

HOUSEHOLD BUDGET SURVEY IN ALBANIA 2016



Final Interview

TO BE FILLED BY THE SUPERVISOR	
1	District _____ <input type="text"/>
	Municipality/Commune _____ <input type="text"/>
	City/Village _____ <input type="text"/>
	PSU _____ <input type="text"/>
2	Household code <input type="text"/> (from HBS/4)
3	Interviewer Code _____ <input type="text"/>
	Supervisor Code _____ <input type="text"/>
4	Household Progressive Number <input type="text"/> (from 01 to the total number of compiled HBS/2 in the month)
TO BE FILLED BY THE INTERVIEWER	
5	Household Diary Reference Time Month <input type="text"/>
	from _____ to _____ period <input type="text"/>
6	Latitude _____
	Longitude _____
7	Self-consumption booklet filled YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
_____ / _____ Household phone number	
Date of delivery to Supervisor <input type="text"/> <input type="text"/> day month	
INTERVIEWER	
_____ (Name, Surname)	
CONTROLLED BY THE SUPERVISOR	
_____ (Name, Surname)	

Dear interviewer,

As you already know from the Manual of Instructions, as soon as the calendar month including the 14 recording days in the Diary of Purchases is over, you have to withdraw the Diary of Purchases (and, if present, the Self-consumption booklet) and to complete the Final Interview on household's expenditures by face-to-face interview with the household.

The interview should be made posing the questions slowly and, when foreseen, listing the expenditure items, so that the interviewee fully understands the questions and has adequate time to answer.

It is necessary to remind the household on different periods of time the question refers to (one month, three months, six months, one year).

Once the interview is over and before leaving the family, please carefully verify that the recording of the expenditures in the Diary of Purchases (and, if present, in the Self-consumption booklet), was carried out correctly. This is to avoid duplications with the Final Interview on household expenditures and/or some other irregularities.

Once the specified tasks have been carried out, please fill in the part of your competence at the end of the Final Interview. This part should be completed after leaving the interviewee's house, since it deals with information about the behaviour of the household itself during the interview.

Before delivering the completed forms to your supervisor, and in order to allow the joint processing of the information you collected, please check carefully that all the forms referring to the same household report the same information on the front pages.

What we are asking you is particularly demanding, but your help is of crucial importance for the success of the survey, and we are sure we can rely on you.

Thank you very much for your co-operation.

Question 3

RELATIONSHIP TO HEAD OF HOUSEHOLD	
Head	1
Spouse / Partner	2
Child / Adopted child	3
Grandchild	4
Niece / Nephew	5
Father / Mother	6
Sister / Brother	7
Son / Daughter-in-law	8
Brother / Sister-in-law	9
Grandfather / mother	10
Father / mother-in-law	11
Other relative	12
Not related	13

Question 11

HIGHEST LEVEL OF EDUCATION	
None	0
Primary 4-5 years	1
7 / 8 / 9 years school	2
Lower secondary vocational (2-3 years)	3
Upper secondary (general)	4
Upper secondary technical (4-5 years)	5
Tertiary (BA)	6
Tertiary (BAMA)	7
Tertiary (old system before Bologna)	8
Post-graduate/Master	9
Doctorate /PhD	10

Question 14

REASON FOR NOT PRESENCE IN THE HOUSEHOLD	
Education	1
Working	2
In military service	3
Business trip	4
Hospitalisation	5
Tourist travel	6
Emigration	7
Other	8

Question 7

MARITAL STATUS	
Single	1
Married	2
Living together/informal marriage	3
Divorced/Separated	4
Widow/er	5

Section 1 - DATA ON HOUSEHOLD MEMBERS

1	2	3	4		5			6	7	8	9	10	11	12	13		14	15	
			Relationship to the head of household	Sex	Year of birth										Presence in the household during the 14 days period of Diary				
No.	NAME				Male 1	Female 2	Day	Month	Year	Age if <12 years old >>8	Marital status	Mother code If no present write 99	Father code If no present write 99 If <12 years old >>11	Spouse / Partner code If no present write 99 If Q.7=1 >>11	Highest diploma attained	Number of school years completed	YES 1 (>>15)	NO 2	If NO reason for not presence
01		01														<input type="checkbox"/> 1 <input type="checkbox"/> 2			
02																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
03																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
04																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
05																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
06																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
07																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
08																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
09																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
10																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
11																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
12																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
13																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
14																<input type="checkbox"/> 1 <input type="checkbox"/> 2			
15																<input type="checkbox"/> 1 <input type="checkbox"/> 2			

Section 1A - LABOUR (Only persons 15 years old and over)

No.	16		17		18		19											20		21	22	
	During the past 7 days, have you worked (at least one hour) for a public or private enterprise or company, an NGO or any other individual, or on your own account in agriculture or non-agriculture, or in an occasional job or even helping a member of the household		Do you have a permanent/ long term job (even though you did not work during the last 7 days) from which you were temporarily absent (for reasons as illness, maternity leave, holidays, strike, temporary work load reduction, training etc.)?		During the past 4 weeks, have you tried in any way to find a job or start your own business?		What is the main reason you did not look for a job during the last 4 weeks? (MOST IMPORTANT REASON))											If you were offered a job, are you ready to start working within the following 2 weeks?		What is your occupation in this job? (Main job)	FOR OFFICE CODING	
	YES 1 (>>21)	NO 2	YES 1 (>>21)	NO 2	YES 1 (>>20)	NO 2	1 (END)	2 (END)	3 (END)	4 (END)	5 (END)	6 (END)	7	8	9 (END)	10	11	YES 1	NO 2		CODE	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

No.	23 What is the main economic activity of the enterprise you're working on or of your own business?	24				25			26		27		
		In this job are you ...				This job is ...			You work in ...				
		1	2	3	4	1	2	3	4	5			
		EMPLOYER	SELF EMPLOYED (OWN ACCOUNT WORKER)	EMPLOYEE	UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE	PERMANENT JOB OR WITH A INDEFINITE TIME CONTRACT	TEMPORARY JOB WITH SHORT TERM CONTRACT	TEMPORARY JOB WITHOUT CONTRACT	OCCASIONAL JOB	SEASONAL JOB	PUBLIC SECTOR	PRIVATE SECTOR	INTERNATIONAL OR NON-PROFIT ORGANISATION
		FOR OFFICE CODING				CODE							
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: DATA ON DWELLING

A) MAIN DWELLING

CHARACTERISTICS OF DWELLING		
1. Dwelling type (to be filled by the interviewer based on own observation):		
Individual house	<input type="checkbox"/>	1
Dwelling is in a building with up to 15 apartments	<input type="checkbox"/>	2
Dwelling is in a building with more than 15 apartments	<input type="checkbox"/>	3
Non-residential building being used as residence (school, barrack)	<input type="checkbox"/>	4 >> P.5
Other (Specify _____)	<input type="checkbox"/>	5 >> P.5
2. In what year was this dwelling constructed? (if don't know, write 9997) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. What is the area used by the household? m ² <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4. How many rooms are used by the household? (excluding: kitchen, balconies, corridors, bathrooms) No. <input type="text"/> <input type="text"/>		
DWELLING SERVICES		
5. Does this dwelling/building has:	YES=1	NO=2
Separate kitchen	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internal toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2
External toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Shower	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Drinking water supply	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Hot water	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Electric power	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sewerage system	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Central Heating of dwelling or building	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Telephone line	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internet connection	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Garage	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Pantry	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Attic	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Balcony	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Rampa	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Elevator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. If hot water is available, what kind of appliance you mainly use?		
Electric boiler	<input type="checkbox"/>	1
Self-provided heating (gas, petrol, etc.)	<input type="checkbox"/>	2
Central heating (gas, petrol, etc.)	<input type="checkbox"/>	3
Solar panels	<input type="checkbox"/>	4
Other (Specify _____)	<input type="checkbox"/>	5
7. In what way is heat mainly supplied to this dwelling?		
Self-provided heating by the building (gas, petrol etc.)	<input type="checkbox"/>	1
Self provided heating of dwelling (gas, petrol, etc.)	<input type="checkbox"/>	2
Conditioner, electric radiator, wood stove and other single equipment apparatus	<input type="checkbox"/>	3
Other (Specify _____)	<input type="checkbox"/>	4
8. What sources are mainly used for heating in this dwelling?		
Kerosene, gasoil and other liquid combustible	<input type="checkbox"/>	1
Gas in gas cylinders	<input type="checkbox"/>	2
Electricity	<input type="checkbox"/>	3
Coal, firewood and other solid materials	<input type="checkbox"/>	4
Others (solar panels, etc.)	<input type="checkbox"/>	5

Section 2: DATA ON DWELLING

LEGAL STATUS OF USE OF THE DWELLING

9. In what year did your household come into this house for the first time? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
10. What is the legal status of use of the dwelling?			
Owner or owner with a mortgage on dwelling	<input type="checkbox"/>	1>>Q.13a	
Becoming owner waiting for the legalization	<input type="checkbox"/>	2>>Q.13a	
Rented from a private individual	<input type="checkbox"/>	3	
Rented from the state	<input type="checkbox"/>	4	
Live for free or in use	<input type="checkbox"/>	5>>Q.13a	
Other e.g. joint-owner, etc. (Specify _____)	<input type="checkbox"/>	6>>Q.13a	
11. Was the dwelling rented with the equipment?			
YES	<input type="checkbox"/>	1	
NO	<input type="checkbox"/>	2	
12. What is your monthly rent? (except for garages not provided in connection with the dwelling, heating, common services, electricity etc.)		Code	New code
		041111	041101
		Old leks <input type="text"/>	
		>>Q.14	
(If owner, joint-owner, becoming owner or live for free; that is all cases real rent is not paid)			
13a. Assume that you want to rent this dwelling without equipment, what would be a monthly rent you would pay?		Code	New code
		042111	042101
		Old leks <input type="text"/>	
13b. Assume that you want to rent this dwelling with equipment, what would be a monthly rent you would pay?		Code	New code
		042112	042102
		Old leks <input type="text"/>	
14. Is this dwelling used for:			
Only for dwelling	<input type="checkbox"/>	1	
For dwelling and business activity	<input type="checkbox"/>	2	
For dwelling and renting	<input type="checkbox"/>	3	

CURRENT EXPENDITURES FOR DWELLING

15. How much did you pay last month for:	Code	New code	Value in Old leks	Commercial Unit	Quantity in commercial unit
Electric power bill (without tax for TV)	045111	045101		kWh	
Telephone services bill (fix line)	083111	083011			
Mobile phone cards and mobil phone bills	083112	083021			
Public phones (including prepaid cards of Alban Tirana, etc.)	083113	083012			
Bundled telecommunication services (Includes:- telephony/Internet/television)		083041			
Central heating	045511	045501		kWh	
Drinking water system bill(with out tax for cleaning)	044111	044101			
Sewerage system bill	044311	044301			
Common expenditures in multi-occupied building (lift, common lighting, cleaning, etc.)	044411	044411			
Internet services at home	083114	083031			
Security services	044411	044421			
Waste removal (this is not tax for environment)	044211	044201			
Garage rentals and other rentals paid by tenants in connection with the dwelling	041111	041221			
Other services related to dwelling(road cleaning and chimney sweeping)	044411	044491			
No expenditures				<input type="checkbox"/>	9
16. How much did you pay in the last 3 months for:	Code	New code	Value in Old leks	Commercial Unit	Quantity in commercial unit
Gas in cylinders	045211	045211		litre	
Liquefied hydrocarbons(butan, propan, etc)	045221	045221		litre	
Kerosene, gasoil and other liquid combustibile (single equipment apparatus and/or self-provided heating)	045311	045301		litre	
Coal (single equipment apparatus and/or self-provided heating)	045411	045411		kg	
Fire wood, other solid fuels (single equipment apparatus and/or self-provided)	045411	045491		m ³ stere	
Other common expenditures (to specify _____)	049111	049111			
No expenditures				<input type="checkbox"/>	9

Section 2: DATA ON DWELLING

MAINTENANCE OF MAIN DWELLING

17. Did you make expenditures for regular maintenance and repair of this dwelling in the last 6 months?									
YES			<input type="checkbox"/> 1						
NO			<input type="checkbox"/> 2 >>Q.19						
18. What was the amount of the expenditures for regular works by specified items? (if done on your own, please specify the amount paid for materials only)									
Kind of work	Services			Materials			Total		
	Code	New code	Value in Old leks	Code	New code	Value in Old leks	Code	New code	Value in Old leks
Painting and wall-paper	043211	043241		043111	043104		043311	043314	
Maintenance and repair of hydro-sanitary installations	043212	043211		043112	043101		043312	043311	
Maintenance and repair of electrical and heating installations	043213	043221		043113	043102		043313	043312	
Maintenance and repair of heating instalation	043213	043231		043113	043103		043313	043313	
Maintenance of floors, doors and windows	043214	043251		043114	043105		043314	043315	
Other services and materials for maintenance and repair of the dwelling	043215	043291		043115	043109		043315	043316	
Can't remember the amount	<input type="checkbox"/> 9								
19. Did you make expenditures for extraordinary maintenance and repair of this dwelling in the last 6 months?									
YES			<input type="checkbox"/> 1						
NO			<input type="checkbox"/> 2 >>Q.21						
20. What was the amount of the expenditures for extraordinary works by specified items? (if done on your own, please specify the amount paid for materials only).									
Kind of work	Services		Materials		Total				
	Code	Value in Old leks	Code	Value in Old leks	Code	Value in Old leks			
External works (fasads, roofs, stairs etc.)	046211		046111		046311				
Internal works (floors, walls, ceiling; wall-to-wall carpet expenditures are not included).	046212		046112		046312				
Installation or replacement of hydro-sanitary installations	046213		046113		046313				
Installation or replacement of doors, windows and window frames	046214		046114		046314				
Installation or replacement of electrical and heating installations	046215		046115		046315				
Other works not specified	046216		046116		046316				
Can't remember the amount	<input type="checkbox"/> 9								

Section 2: DATA ON DWELLING

B) SECONDARY DWELLING

21. Does your household use another apartment, house or country house in addition to this apartment or house?								
YES		<input type="checkbox"/> 1						
NO		<input type="checkbox"/> 2 >>Q.30						
22. How many secondary dwellings does your household use? <input type="checkbox"/>								
23. What is the legal status; what is the monthly rent and if you are the owner, joint owner or live for free, what would you pay if rented monthly?								
Legal status		Secondary dwelling			Paid or estimated monthly rent			
		First	Second	Third	Code	New code	Value in Old Leks	
Owner or joint owner of dwelling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	042221	042201			
Rent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	041211	041211			
Live for free	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	042222	042202			
CURRENT EXPENDITURES OF SECOND DWELLING								
24. How much did you pay last month for:				Code	New code	Value in Old Leks	Commercial Unit	Quantity in commercial unit
Electric power bill (without tax for TV)				045111	045101		kWh	
Telephone services bill (fix line)				083111	083011			
Bundled telecommunication services (Includes:- telephony/ Internet/television packages)				083041	083041			
Central heating				045511	045501		kWh	
Drinking water system bill				044111	044101			
Sewerage system bill				044311	044301			
Common expenditures in multi-occupied building (lift, common lighting, cleaning, costs of the Building Manager, etc.)				044411	044411			
Internet services at home				083114	083031			
Security services				044411	044421			
Waste removal (excluding tax for environment)				044211	044201			
Garage rentals and other rentals paid by tenants in connection with thw dwelling				041111	041221			
Other services related to dwelling(road cleaning and chimney sweeping)				044411	044491			
No expenditures							<input type="checkbox"/> 9	
25. How much did you pay in the last 3 months for:				Code	New code	Value in Old Leks	Commercial Unit	Quantity in commercial unit
Gas in cylinders				045211	045211		litre	
Liquefied hydrocarbons(butan, propan, etc)				045221	045221		litre	
Kerosene, gasoil and other liquid combustibile (single equipment apparatus and/or self-provided heating)				045311	045301		litre	
Coal((single equipment apparatus and/or self-provided heating)				045411	045411		kg	
Fire wood, coal (single equipment apparatus and/or self-provided heating)				045411	045491		m ³ stere	
Other common expenditures (to specify _____)				049111	049111			
No expenditures							<input type="checkbox"/> 9	

Section 2: DATA ON DWELLING

MAINTENANCE OF SECONDARY DWELLING

26. Did you make expenditures for regular maintenance and repairs of this dwelling in the last 6 months?

YES 1NO 2 >>Q.28

27. What was the amount of expenditures for regular works by items? (if done on your own, please specify the amount paid for materials only).

Kind of work	Services			Materials			Total		
	Code	New code	Value in Old leks	Code	New code	Value in Old leks	Code	New code	Value in Old leks
Painting and wall-paper	043211	043241		043111	043104		043311	043314	
Maintenance and repair of hydro-sanitary installations	043212	043211		043112	043101		043312	043311	
Maintenance and repair of electrical and heating installations	043213	043221		043113	043102		043313	043312	
Maintenance and repair of heating instalation	043213	043231			043103			043313	
Maintenance of floors, doors and windows	043214	043251		043114	043105		043314	043315	
Other services and materials for maintenance and repair of the dwelling	043215	043291		043115	043109		043315	043316	
Can't remember the amount	<input type="checkbox"/> 9								

28. Did you make expenditures for extraordinary maintenance and repair of this dwelling in the last 6 months?

YES 1NO 2 >>Q.30

29. What was the amount of the expenditures for extraordinary works by specified items ? (if done on your own, please specify the amount paid for materials only)?

Kind of work	Services		Materials		Total	
	Code	Value in Old leks	Code	Value in Old leks	Code	Value in Old leks
External works (fasads, roofs, stairs etc.)	046211		046111		046311	
Internal works (floors, walls, ceiling; wall-to-wall carpet expenditures are not included).	046212		046112		046312	
Installation or replacement of hydro-sanitary installations	046213		046113		046313	
Installation or replacement of doors, windows and window frames	046214		046114		046314	
Installation or replacement of electrical and heating installations	046215		046115		046315	
Other works not specified	046216		046116		046316	
Can't remember the amount	<input type="checkbox"/> 9					

Section 2 - DATA ON DWELLING

C) DURABLE GOODS
(for main and secondary dwellings)

30. Does your household have any of the following appliances / equipment? For the items acquired in the last 3 months indicate the total amount paid. Write the cost for eventually repairment in the last 3 months.

Kind of appliance / equipment	Code	New code	YES=1 NO=2	How many years ago you acquire this equipment? If you own more than one equipment refer to most recent equipment	For goods bought in the last 3 months, write total amount			
					Amount paid in Old Leks			
					NEW		SECOND HAND	
Electric and gas cookers	053131	053131	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Microwave oven	053131	053133	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Firewood and coal stove	053132	053132	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Refrigerator	053111	053111	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Freezer or fridge-freezer	053111	053112	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Dish washer	053122	053122	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Washing machine	053121	053121	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Drying machine	053121	053123	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Drying machine	053151	053151	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Stem-cleaning machines	053151	053152	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Electric radiators	053141	053141	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Humidifier	053141	053146	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Ventilator	053141	053145	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Boilers	053143	053143	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Solar panels	053143	053144	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Air conditioning	053142	053142	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Sewing and knitting	053161	053191	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Iron for ironing	053212	053231	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Safes		053192	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4	
Repairement of any item above	053311	053301	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3			

31. During the last 3 months, did your household purchase (in cash, by instalments or on credit) any of the above items to be given as presents to relatives not living in the household or to friends?

YES 1

NO 2 >> Section 3

32. If YES, please specify the type of appliance / equipment and the amount paid in Old Leks:

Type of appliance/equipment	New code	Amount paid in Old Leks	
		NEW	SECOND HAND
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Section 3: EXPENDITURES FOR FURNITURE, HOUSEHOLD APPLIANCES AND SERVICES

1. Which of the following furniture did your family buy (in cash or on credit) for yourself, for the main or secondary dwelling, in the last month, including presents?					
A) INSIDE OR GARDEN FURNITURE					
Articles	Code	New code	Amount paid in Old Leks		
			NEW	SECOND HAND	
Tables, chairs, cupboards and other kitchen furnishing	051111	051111	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Living room furnishings	051112	051112	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Bedroom furnishings	051113	051113	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Bathroom furnishings		051114	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Garden furniture		051121	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Bunk bed, baby furniture such as cradles, highchairs and play pens	051113	051192	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Lamps, paintings ect.	051114	051131	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Paintings, sculptures, engravings	051114	051191	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Carpets and rugs	051211	051211	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Other floor coverings	051211	051221	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Curtains	052111	052011	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Bed linen (sheets, pillowcases, blankets etc)	052112	052021	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Table linen	052112	052031	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Bathroom linen (towels face cloths etc)	052112	052032	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Other household textiles(Specify)		052091	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
"Major tools and equipment for house and garden (electric drills, saws and hedge cutters, garden tractors, etc.)"	055111	055111	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Leasing and rental of major tools equipments		055122	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Dry-cleaning, laundering and dyeing of household linen, household textiles and carpets	056221	056221	<input type="checkbox"/> 3		
Hire of carpets,household equipment and household linen		056231	<input type="checkbox"/> 3		
Other domestic services and household services(cleaners, window cleaning, pest extermination, disinfections)		056291	<input type="checkbox"/> 3		
Household textiles repairing cost		052041	<input type="checkbox"/> 3		
Furniture repairing cost	051311	051301	<input type="checkbox"/> 3		
Services of laying of fitted carpets and floor coverings		051231	<input type="checkbox"/> 3		
Repair of major tools equipments		055121	<input type="checkbox"/> 3		
No purchase				<input type="checkbox"/> 9	
B) SMALL ELECTRIC HOUSEHOLD APPLIANCES, DISHES, UTENSILS ETC.					
Articles	Code	New code	Amount paid in Old Leks		
			NEW	SECOND HAND	
Food processing appliances(multi- funcion machinw, food mixer and blenders, slicing machines)	053211	053211	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Coffe machines, tea makers and similar appliances(water boilers, kettles)	053211	053221	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Toasters and grills	053211	053241	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Other small electric appliances (coffe mills juice extractors, deep fryers, electric blanket etc.)	053211	053291	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Cutlery	054121	054021	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Food serving dishes (plates, bowls, etc.)	054111	054011	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Glasses, vases etc. (made of glass)	054112	054012	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Cups (for coffee, tea ect.)	054113	054013	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Meal preparation dishes (deep pots, pots, pans, pie pans, food scale etc.)	054131	054031	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Other household non-electric articles (ironing boards, etc.)	054132	054032	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Reparing of non electric kichen utensils and articles	054141	054041	<input type="checkbox"/> 3		
Reparing of non electric kichen utensils and articles				<input type="checkbox"/> 9	
2. Did your family make expenditures for domestic workers in the last month? (including social duties and expenditures for nursery, if paid).					
YES			<input type="checkbox"/> 1		
NO			<input type="checkbox"/> 2	>> Section 4	
Type of assistance / service	Code	New code	Amount paid in Old Leks		
Periodical services (cleaning, gardeners, cooks etc.)	056211	056211			
Baby sitters and other paid services for children	056212	056212			
Assistence and other paid services for non self-sufficient elderly and disabled		124021			
Services to maintain people in their private homes		124031			
Child care services		124013			
Expenditures for kindergarten		124011			
Expenditures for nursery	124121	124012			

Section 4: GARMENTS AND FOOTWEAR

1. What are the following goods or services that your family bought (in cash or on credit) for yourself or to make presents, in the last month?						
Articles	Code	New code	Amount paid in Old Leks			
			NEW		SECOND HAND	
Textile to make clothing	031111	031101	<input type="checkbox"/>	3		
Garments for man						
Coats, raincoats, jackets, suits	031211	031211	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Trousers, jeans	031212	031212	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Underwears, socks, night clothes and similars	031213	031213	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Shirts	031214	031214	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Pullovers and T-shirts	031215	031215	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sport garments	031216	031216	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other garments (including clothes for work)	031217	031217	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Garments for women						
Coats, raincoats, jackets, suits	031221	031221	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Trousers, jeans	031222	031222	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Dresses, skirts	031223	031223	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Underwear, socks, night clothes and similars	031224	031224	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Pulovers, blouses	031225	031225	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sport garments	031226	031226	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other garments (including clothes for work)	031227	031227	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Garments for children (from 0 to 13 years)						
Coats, raincoats, jackets, suits	031231	031231	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Trousers, jeans	031232	031232	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Dresses, skirts	031233	031233	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Underwear, socks, night clothes and similars	031234	031234	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Shirts, blouses	031235	031235	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sport garments	031236	031236	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other garments (including school dress)	031237	031237	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other						
Expenditures to make garments for men	031218	031218	<input type="checkbox"/>	3		
Expenditures to make garments for women	031228	031228	<input type="checkbox"/>	3		
Expenditures to make garments for children		031238	<input type="checkbox"/>	3		
Hire of garments (include wedding dress)	031413	031422	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other articles and clothing accessories (caps, hats, gloves, ties, scarves, shawls, belts etc.)	031311	031311	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Footwear						
Shoes for men	032111	032111	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sandals for men	032112	032112	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sport footwears for men (exclude footwears for specific sports)	032113	032113	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Shoes for women	032121	032121	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sandals for women	032122	032122	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sport footwears for women (exclude footwears for specific sports)	032123	032123	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Shoes for children	032131	032131	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sandals for children	032132	032132	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Sports footwear for children (exclude footwears for specific sports)	032133	032133	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Hire of footwaer		032201	<input type="checkbox"/>	3	<input type="checkbox"/>	4
Other (Specify _____)	031511	031511	<input type="checkbox"/>	3	<input type="checkbox"/>	4
No purchase			<input type="checkbox"/>	9		

Section 5: HEALTH

1. Did your family make any expenditure or receive the following services free of charge in hospital or clinic (also to only one day), or therapy (regular or extraordinary), medical examinations, check up, control or other health expenditures, in the last 3 months?								
YES	<input type="checkbox"/>	1						
NO	<input type="checkbox"/>	2 >>Q.3						
2. What was the amount ¹ of expenditures by specified items (excluding expenditures for medicines and other expenses included in the Diary of Purchases)								
<i>(1) Attention: Expenditures really paid by the household</i>								
Kind of expenditure	Code	New code	Public			Private		
			Value in Old Leks ¹	Informal payments (gifts or cash)	Total value in Old Leks ¹	Value in Old Leks ¹	Informal payments (gifts or cash)	Total value in Old Leks ¹
Admissions to clinics or hospitals (includes medical services, food services, drinks, care etc.) (do not include institutions serving old people)								
Services by general or specialised hospitals and transportation to health provider in Albania	063111	063001						
Services by general or specialised hospitals and transportation to health provider abroad	063112	063002						
Services by medical and rehabilitation centres etc, in Albania	063113	063003						
Services by medical and rehabilitation centres etc, abroad	063114	063004						
Out of hospital services and treatments								
Physicians in general	062111	062111						
Physicians or specialist practice		062121						
Dentist (repairs, oral hygiene, prosthetics etc.)	062211	062201						
Laboratory findings (blood ect)	062311	062311						
Other diagnostic control (X- rays, electro cardiogramme, ultra sound etc.)	062312	062312						
Nurses and paramedical (physiotherapist, remedial gymnastics, acupuncture, thermal cures, curettage etc.)	062321	062321						
Other paramedical services	062321	062391						
Therapeutic appliances and equipment Value in Old Leks¹								
Corrective eye-glasses and contact lenses	061311	061311						
Hearing aids, prosthesis (except dental)	061312	061321						
Blood pressure and blood sugar monitoring devices etc.	061313	061391						
Wheelchairs, special beds, orthopaedic shoes, braces, rutches etc.	061314	061392						
Repair of therapeutic appliances and equipment etc.	061315	061331						
Services rendered free of charge <input type="checkbox"/> 9								
<i>(1) Attention: Expenditures really paid by the household</i>								
3. Does any member of your household have health insurances?								
YES	<input type="checkbox"/>	1						
NO	<input type="checkbox"/>	2 >>Section 6						
4. How many members of your households have health insurance? Number <input type="text"/>								

Section 6: TRANSPORT AND COMMUNICATION

A) VEHICLES

1. What kind of vehicles does your family have?							
Type of vehicle	Code	New code	YES = 1 NO = 2		How many years ago you acquire this vehicle? If you own more than one refer to most recent vehicle.	For vehicles bought in the last 3 months, write the total expenditures in Old Leks (also if by credit)	
						NEW	SECOND HAND
New Car	071111	071111	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Motorcycles	071211	071201	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Motorbikes, scooters, mopeds	071212	071202	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Camper vans, trailers	092111	092111	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bicycles	071311	071301	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Animal drawn vehicles	071411	071401	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
1.a - (Only if you have a car) How many cars has your family? Number <input type="text"/>							
2. Did your family buy in the last 3 months any of the above specified vehicles to make a present (also, if bought on credit)?							
YES <input type="checkbox"/> 1							
NO <input type="checkbox"/> 2 >>Q.4							
3. If YES, please specify the type of vehicles and the amount paid:							
Type of vehicle	Code	Amount paid in Old Leks					
		NEW	SECOND HAND				
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4				
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4				
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4				
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4				
ATTENTION: The next question must be answered only if the family has a vehicle (if modality 1 is ticked at Q. 1), otherwise go to the question number 5.							
4. What were the expenditures for all the vehicles of your family?							
Kind of expenditures	Code	New code	Amount paid in Old Leks				
Annual registration of the vehicle (compulsory insurance, technical inspection and other costs for the registration: excludes camper vans, caravans and Casco insurance)	125411	125411					
In the last month for:							
Tyres for cars bicycles, motorcycles	072111	072111					
Spare parts and accessories (spark plugs, batteries, etc.)	072111	072121					
Accessories for personal transport equipment(including GPS		072131					
Oil, lubricants, antifreeze etc.	072215	072241					
Maintenance and repairs (mechanic, body work, car electrician, washing, etc.)	072311	072301					
Expenditure for private garage or for renting a garage		072412					
Other expenditures	072412	072911					
No expenditures			<input type="checkbox"/> 9				
5. Did your family make any expenditure for buses, train, airplane and ship (excluding refundable work travel expenditures), in the last month for interurban transport?							
YES <input type="checkbox"/> 1							
NO <input type="checkbox"/> 2 >>Q.7							

Section 6: TRANSPORT AND COMMUNICATION

6. How much did you spend for:					
Kind of expenditures	Code	New code	Amount paid in Old Leks		
			In Albania	Abroad	
Single or monthly tickets for interurban transport or for long distance transport by bus, coach, etc. (excludes school bus and minibus)	073211	073211			
Single or monthly tickets for railway	073111	073111			
Passenger transport by underground and tram		073121			
Fly tickets	073311	073321			
Single or monthly tickets for sea	073411	073411			
Single or monthly tickets for lake and waterway	073411	073421			
B) COMMUNICATIONS					
7. Which of the following equipment has your family?					
Kind of equipment	Code	New code	YES = 1 NO = 2	For goods bought in the last 3 months, write the total expenditures (also if by credit)	
				NEW	SECOND HAND
Telephone	082111	082011	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mobile phone	082112	082021	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Devices with several functions (Ipad, Iphone etc)		082022	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Telephone with answering machine	082113	082031	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fax	082114	082032	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Did your family buy in the last 3 months any of the above specified communication equipment to make a present?					
YES			<input type="checkbox"/> 1		
NO			<input type="checkbox"/> 2 >> Section 7		
9. If YES, please specify the type of equipment and the amount paid in Old Leks:					
Kind of equipment	New code	Amount paid in Old Leks			
		NEW	SECOND HAND		
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4		

Section 7 - SPARE TIME, CULTURE, EDUCATION AND TRAVELS

A) SPARE TIME

1. What kind of following equipment or services does your family have?						
Kind of equipment	Code	New code	YES = 1 NO = 2	How many years ago you acquire this equipment? If you own more than one refer to most recent equipment.	For goods bought in the last 3 months, write the total expenditures (also if by credit)	
					NEW	SECOND HAND
Television	091121	091121	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Video recorder / DVD	091211	091122	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
HI-FI systems	091111	091111	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Aeroplanes, microlight aircraft, gliders, hang-gliders and hot-air balloons	092112	092121	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Boat (sailing or motor boat), rubber boat, rowing boat, canoe, windsurf board etc.	092112	092131	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Major items for games and sport, includes: - canoes, kayaks, wind-surfing boards, sea-diving equipment and golf carts	092112	092151	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Music instruments, parts and accessories for such articles	092211	092211	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Major durables for indoor recreation	092221	092221	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Television aerials, satellite dish (Sat+, Digitalb) (without subscription)	091122	091123	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Personal computer (excluding play station, etc.) equipment	091311	091311	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Repair of audio-visual and information processing equipment	091511	091501	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	
Repair of major durables for recreation and culture	092311	092301	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 3	
No expenditures	<input type="checkbox"/> 9					
2. Did your family buy in the last 3 months any of the above-specified items to make a present?						
YES <input type="checkbox"/> 1						
NO <input type="checkbox"/> 2 >>Q.4						
3. If YES, please specify the kind of expenditures and the amount paid:						
Kind of equipment	New code	Amount paid in Old Leks				
		NEW	SECOND HAND			
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	<input type="text"/>	<input type="checkbox"/> 3	<input type="checkbox"/> 4			

4. Did your family make expenditures (in cash or on credit) to buy or rent any of specified equipment (including presents), in the last month?

Kind of equipment / expenditures	Code	New code	Amount paid in Old Leks	
			NEW	SECOND HAND
Equipment for sport (ski equipment (except ski shoes), ice skates, hunting and fishing equipment, rackets, etc)	093211	093211	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Equipments and accessories for the beach	093212	093212	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Equipment for camping and open-air recreation (tents, back-packs, sleeping bags, camping toves etc.), and repairs of such equipment	093211	093221	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sports participation:	094111	094121	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Photographic equipment, video cameras, projectors, enlarges, microscopes, binoculars, etc.	091212	091211	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Radio, microphones and earphones	091112	091112	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Portable sound and vision devices		091131	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Accessories for photographic and cinematographic equipment		091221	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Optical instruments		091231	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other equipment for the reception, recording and reproduction of sound and picture		091191	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Accessories for information processing equipment		091321	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Softwares		091331	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Calculators, typewriter, printers, personal computer accessories (CD, floppy disk, etc.)	091312	091341	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Pre-recorded recording media		091411	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Unrecorded recording media		091421	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Binding services and E-book downloads		095141	<input type="checkbox"/> 3	
Other recording media		091491	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Amusement: painting and dancing courses, etc.	094112	094122	<input type="checkbox"/> 3	
Hobby (model-making, collection etc.)	093111	093111	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Horses, ponies and accessories		092141	<input type="checkbox"/> 3	
Pets (purchase)	093411	093411	<input type="checkbox"/> 3	
Repair of equipment for sport, camping and open-air recreation		093231	<input type="checkbox"/> 3	
No expenditures			<input type="checkbox"/> 9	

B) CULTURE

5. In the last month, how much did you spend to:

Kind of equipment	Code	New code	Amount paid in Old Leks
Subscription to newspapers	095211	095212	
Subscription to magazines etc		095222	
No expenditures			<input type="checkbox"/> 9

C) EDUCATION

6. Did your household make expenditures for education in the last month?	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 >>Q.8

7.Specify the type of expenditures and the amount paid:								
Kind of expenditures	Code	New code	YES = 1 NO = 2		Inside country Amount paid in Old Leks		Abroad Amount paid in Old Leks	
					Public	Private	Public	Private
Pre - school	101111	101011	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Registration fee / school payment, etc, for:								
Elementary school 1-5 grade	101112	101021	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Elementary school 6-9 grade	102111	102001	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Secondary school	103111	102002	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Vocational education (2-3 years)		102003	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Vocational education (4-5 years)		102004	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Post secondary non tertiary education		103001	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
University(old system)		104001	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Bachelor		104002	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Master		104003	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Doctorature/PGD	104111	104004	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Courses (language, computer, training courses etc.)	105111	105001	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
School bus (excludes city transport)	073214	073213	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
School books	095111	095121	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Private lessons and repetitions	105112	105002	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
Expenditures to lodgings for pupils and students living out of the household	112111	112031	<input type="checkbox"/> 1	<input type="checkbox"/> 2				

D) TRAVELS

8. Did any members of your household make expenditures for holidays, (at least one overnight stay), in Albania or abroad, during last 3 months, (in any form of payment including credit)? Exclude bussiness travels të fundit (pagesa të çdo lloji përfshirë edhe kredinë)? Përjashtohen udhëtimet për motive pune.	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 >>Section 8

9. What was the amount of expenditures by specified items?			
Kind of expenditures	Code	New code	Amount paid in Old Leks
Package domenic holidays (includes school trips)	096111	096011	
Package international holidays (includes school trips)	096111	096021	
Half day one day Excursion domestic	096112	096012	
Half day one day Excursion international	096112	096022	
Full or half-board in Albania (to hotel, motels, inns and similar accomodation services hotel complex, holiday village, camping, etc.)	112112	112011	
Full or half-board abroad (to hotel, motels, inns and similar accomodation services hotel complex, holiday village, camping, etc.)	112112	112012	
Overnight stay in Albania (hotel, hotel complex, holiday village, camping, private house etc.)	112113	112021	
Overnight stay abroad (hotel, hotel complex, holiday village, camping, private house etc.)	112113	112022	

Section 8: OTHER ARTICLES AND SERVICES

A) OTHER PERSONAL ARTICLES

1. What were expenditures for purchase or repair of specified products for your household (including presents) in the last month:				
Kind of expenditures	Code	New code	Amount paid in Old Leks	
			NEW	SECOND HAND
Bags, suitcase and other travel goods (travel bags, hand-bags, etc.)	123211	123211	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Precious Jewellery, clocks and watches and gold and silver personal effects, etc.	123111	123111	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Clock and watches(clock, watches,alarm clocks,travel clocks)		123121	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Jewellery (no precious)	123112	123112	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other personal articles (articles for smokers, umbrellas, sun-glasses, etc.)	123221	123291	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Articles for babies (baby carriages and similar articles, car seats)	123222	123221	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Electric appliance to personal care (hair-driers, depilates, razors and cutters etc.)	121211	121211	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Repair of above personal effects		123231	<input type="checkbox"/> 3	<input type="checkbox"/> 4
No purchase			<input type="checkbox"/> 9	

B) PERIODIC AND EXTRAORDINARY EXPENDITURES

2. What was the expenditures of your family in the last 3 months?				
Kind of expenditures	Code	New code	YES = 1 NO = 2	Amount paid in Old Leks
Public insurance connected to the health (except social insurance)	125311	125311	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Private insurance connected to the health (except social insurance)		125321	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Insurance connected with the main dwelling (theft, fire, damage etc.)	125211	125201	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Insurance connected with the secondary dwellings (theft, fire, damage, etc.)	125212	125202	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Casco insurance for vehicles	125412	125412	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Travel insurance		125421	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Other insurance related to service charges for other insurance such as civil liability for injury or damage to third parties and/or their property		125501	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Driving lessons and driver's test (to motorcycles, cars, boats, airplanes)	072414	072431	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Subscription to radio, TV, (Sat +)	094231	094231	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Rent of equipment for leisure (video cassetts, CD, DVD, etc)	094232	094241	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Other cultural services,includes:- rental and leasing services of musical instruments		094291	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Counselling (Includes: - guidance, adoption services for families)		124041	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Fees to lawyer, notaries, architect, etc. (excludes doctor's fees)	127111	127021	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Funeral services		127031	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Religious services (expenditures in religious institutions and personnel etc.) for weddings,birthdays,funerals, baptises	127112	127043	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Services of musicians, clowns, performers for private entertainments		094212	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Removal transport of objects, hired means	073611	073621	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Expenditures for provision of documents (photocopying, advertisements, etc)	127113	127042	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Administrative fees(issuing of marriage, birth/death, citizenship certificates, passports, etc)	127114	127011	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Financial services(banks,saving banks, money charges, western union etc)	126211	126211	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Fees and sevice charges of brokers, investments counsellors		126221	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Other fees and services (includes:bodyguard,private detectives,matrimonial agencies and marriage guidance counsellors)		127041	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Gross expenditures in restaurants for weeding, funeral, birthdays, baptises ceremonies	111112	111113	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
No expenditures			<input type="checkbox"/> 9	

3. Did your family do any of the following expenditures, in the last 12 months:				
Kind of expenditures	YES = 1 NO = 2	Code	Amount paid in Old Leks	
Life insurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2	132111		
Housing loan to buy a dwelling	<input type="checkbox"/> 1 <input type="checkbox"/> 2	132112		
Reimbursement of loans from banks, financial firms, friends, relatives, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2	132113		

Section 9: HOUSEHOLD INCOME AND SAVINGS

1. Which of the below mentioned sources of income your family had in the last 12 months?				
No	Sources of income	Does the household have: YES=1 NO=2	If YES, how many members receive?	Net annual total amount for household in Old Leks
A	B	1	2	3
1	Income from paid employment (covers full and part-time paid employment):			
1,1	Salaries of the employees at local employers	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
1,2	Meal allowance and transport to and from the work at local employers	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
1,3	Salaries of the employees at foreign employers (international organizations, embassies, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
1,4	Allowance for living in other town and fees for management board members	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
1,5	Other income from employment (leave pay, bonuses, severance pay, food for winter, firewood, sick leave payment or single payment in case of death, in-kind receipts from employment)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
2	Income from own company, craft, agricultural firms or free lance activity (employers and self-employees)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
3	Pensions			
3,1	Pension in the country	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
3,2	Pension from abroad	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
4	Property income:			
4,1	Interest from savings and dividends	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
4,2	Rents from renting land	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
4,3	Rents from renting residential premises	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
4,4	Rents from renting business premises, garages etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
4,5	Rents from renting equipment, cattle etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
5	Other fees and additions receipts			
5,1	Disability pension	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
5,2	Survivor pension	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
5,3	Unemployment benefit	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
5,4	Social care/services for elderly, disabled	<input type="checkbox"/> 1 <input type="checkbox"/> 2	_ _	
6	Ndihma ekonomike	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
7	Remittances and receipts from abroad (except pensions from abroad)	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
8	Receipts in cash from relatives, friends etc. in the country	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
9	Other (to specify):			
9,1		<input type="checkbox"/> 1 <input type="checkbox"/> 2		
9,2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		
9,3		<input type="checkbox"/> 1 <input type="checkbox"/> 2		
2. What is, in your opinion, the lowest monthly income that would meet the needs of your household?				
			Amount in Old Leks	_ _ _ _ _ _ _
3. How does your household normally utilize its yearly income?				
The family uses it all		<input type="checkbox"/>	1 >> Section 10	
The family saves part of it		<input type="checkbox"/>	2	
4. How much does your household approximately save in one year?				
			Amount in Old Leks	_ _ _ _ _ _ _

Section 10: DWELLING UNITS NOT IN USE

1. Are you owner of a dwelling unit that you do not use?	
YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 >> Section 11
2. What is the reason for not use?	
Rented	<input type="checkbox"/> 1
Lent free of charge	<input type="checkbox"/> 2
Located in other state	<input type="checkbox"/> 3
Illegally occupied by others	<input type="checkbox"/> 4
Devastated	<input type="checkbox"/> 5
Not in use	<input type="checkbox"/> 6

Section 11: SUBJECTIVE QUESTIONS

If you wanted to, could your household afford to:		
1. Pay the rent,mortgage or utility bills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Keep your house adequately warm	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. To face unexpected expenses in 500 euro	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Eat meat, chicken or fish at least every second day	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have friends or family for a drink or meal at least once a month	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Pay for a week's annual holiday away from home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Replace worn out furniture	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. To pay for one week for annual holidays away from home	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. To replace old furniture	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2. Where do you buy mainly food products:		
MULTI CHOICE		
	OFTEN	RARE
Supermarket <input type="checkbox"/> 1		
Market place <input type="checkbox"/> 2		
Shop in the neighborhood <input type="checkbox"/> 3		
Other (specify) <input type="checkbox"/> 4		

3. Where do you buy mainly fruit/vegetables:		
MULTI CHOICE		
	OFTEN	RARE
Supermarket <input type="checkbox"/> 1		
Market place <input type="checkbox"/> 2		
Shop in the neighborhood <input type="checkbox"/> 3		
Other (specify) <input type="checkbox"/> 4		

TO BE FILLED BY THE ENUMERATOR
(after completed final interview)

CONTACT WITH INTERVIEWED HOUSEHOLD

1. Delivery of diaries

Number of visits to household

2. Final Interview

Number of visits to household

3. Duration of the Final Interview

Less than 30 minutes

 1

30 - 45 minutes

 2

45 - 60 minutes

 3

More than 60 minutes

 4

4. Who compiled the diaries?

Serial number of person from Section 1: Data on household members

5. Who answered the questions in the Final Interview?

Serial number of person from Section 1: Data on household members

RESPONSE/COOPERATION OF THE HOUSEHOLD

6. In keeping the diaries

Poor

 1

Satisfactory

 2

Good

 3

Excellent (they were very much interested in)

 4

7. During Final Interview

Poor

 1

Satisfactory

 2

Good

 3

Excellent (they were very much interested in)

 4

Data obtained by the Household Budget Survey 2016 are considered as official secret and will be published only as aggregated data. Data confidentiality is guaranteed by the “Law on Statistics” (Nr. 9180, date 05.02.2004). All those who participate in this Survey are obliged and responsible to respect the rules on data confidentiality. The enumerators are obliged and responsible to underline this to the households.

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