

BiH Law on Statistics, ("Official Gazette of Bosnia and Herzegovina", 26/04 and 42/04);
Law on Statistics of the Federation of BiH (Official Gazette of Federation, 63/03 i 9/09);
Law on Statistics of the RS, ("Official Gazette of the Republika Srpska", 85/03).

LFS1a									
To be completed for all household members									
SEQUENCE NO. MEM.OF HOUSEHOLD	Insert a sequence number of father of the household member If he does not live in the household , please insert 99.	Insert a sequence number of mother of the household member If she does not live in the household, please insert 99.	NATIONALITY, WHICH COUNTRY? If BiH and some other country, please insert BiH. (Coding by statistical office)	WHICH COUNTRY WERE YOU BORN IN? (according to the present state borders) If born in BiH >> 14 Other >> 13 (Coding by statistical office)	SINCE WHICH YEAR HAVE YOU BEEN LIVING IN BiH? Please insert a year	DID YOU LIVE IN THIS MUNICIPALITY 12 MONTHS BEFORE THE SURVEY? Yes1 >> 16 No2	WHERE DID YOU LIVE 12 MONTHS BEFORE THE SURVEY? If in BiH, please insert municipality If outside BiH, please insert a state (Coding by statistical office)		
1	9	10	11	12	13	14	15		
01	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
02	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
03	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
04	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
05	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
06	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
07	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
08	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
09	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		
10	_ _	_ _	_ _ _	_ _ _	_ _ _ _	_	_ _ _ _ _ _ _		

LFS1a						
To be completed for all household members						
SEQUENCE NO. MEM.OF HOUSEHOLD	SCHOOL COMPLETED - EDUCATION LEVEL	WHAT IS THE FIELD OF YOUR EDUCATION/TRAINING?	WHICH YEAR DID YOU REACH THAT LEVEL OF EDUCATION?	WERE YOU ABSENT FROM THE HOUSEHOLD ALL 12 MONTHS OR MORE?	WHAT WERE THE REASONS OF YOUR ABSENCE?	FOR PERSON WHO: ANSWERS Q5 WITH CHOICE 1 AND Q19 WITH CHOICE 2 OR Q5 WITH CHOICE 1 AND Q20 WITH CHOICE 1,2 OR 3 PLEASE INSERT 1
1	16	17	18	19	20	21
01	_ _	_ _	_ _ _ _	_	_	_
02	_ _	_ _	_ _ _ _	_	_	_
03	_ _	_ _	_ _ _ _	_	_	_
04	_ _	_ _	_ _ _ _	_	_	_
05	_ _	_ _	_ _ _ _	_	_	_
06	_ _	_ _	_ _ _ _	_	_	_
07	_ _	_ _	_ _ _ _	_	_	_
08	_ _	_ _	_ _ _ _	_	_	_
09	_ _	_ _	_ _ _ _	_	_	_
10	_ _	_ _	_ _ _ _	_	_	_

LFS1b

To be compiled for all household members who, in the first part of Questionnaire ARS1a) in the Column 21, were coded 1

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				1	2	3	4	5
				Sequence number of household member providing answers				
				1	2	3	4	5
A. LABOUR ACTIVITY DURING THE REFERENCE WEEK								
1	HAVE YOU DONE ANY WORK FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY (AT LEAST, ONE HOUR)?							
	Yes	1	⇒ 4					
	No	2	⇒ 1.a					
1.a	HAVE YOU DONE ANY CASUAL, TEMPORARY OR RANDOM WORKING ACTIVITY FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY, EVEN IF YOU ARE NOT PAYED ?							
	Yes	1	⇒ 4					
	No	2	⇒ 1.b					
1.b	HAVE YOU DONE ANY WORKING ACTIVITY FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY, EVEN IF YOU ARE STUDENT, UNEMPLOYED, HOUSEWIFE OR PENSIONER ?							
	Yes	1	⇒ 4					
	No	2	⇒ 1.c					
1.c	HAVE YOU DONE ANY OF FOLLOWING ACTIVITIES FOR PAY OR PROFIT DURING THE REFERENCE WEEK FROM MONDAY TO SUNDAY:							
	Sale on market, street or in the house	1	} 4					
	Babysitting or cleaning the house (not your own)	2						
	Give private lessons (foreign language, music, computers, etc.)	3						
	Repair personalized household items or the like for other people	4						
	Made construction, installation and other work	5						
	Provided the services of hairdressers, crooks, taxis and other services	6						
	Other _____	7						
	No	8	⇒ 1.d					
1.d	HAVE YOU DONE ANY UNPAID ACTIVITIES AT LEAST ONE HOUR IN THE FIRM, SHOP OR ON THE AGRICULTURE ECONOMY IN THE PROPERTY OF YOUR HOUSEHOLD MEMBER, EVEN IF YOU ARE STUDENT, UNEMPLOYED, HOUSEWIFE OR PENSIONER ?							
	Yes	1	⇒ 4					
	No	2	⇒ 2					
2	ALTHOUGH YOU DID NOT WORK DURING THE REFERENCE WEEK , DO YOU HAVE A JOB OR BUSINESS TO RETURN TO?							
	Yes	1	⇒ 3					
	No	2	⇒ 42					
3	WHAT WERE THE REASON FOR NOT WORKING DURING THE REFERENCE WEEK ALTHOUGH YOU HAVE A JOB OR BUSINESS TO RETURN TO?							
	Own illness, injury, etc.	01	} 4					
	Maternity leave	02						
	Bad weather or seasonal reasons	03						
	Slack work	04	} 3a					
	Labour dispute (strike, cease of work)	05						
	School education or training	06						
	Parental leave	07						
	Holidays	08						
	Paid leave (annual leave etc..)	09						
	Other reasons	10						
3.a	FOR HOW LONG HAVE YOU BEEN ABSENT FROM WORK?							
	Absent for up to and including 3 months	1	⇒ 4					
	Absent for more than 3 months	2	⇒ 3.b					
3.b	IS YOUR ABSENCE RENUMERATED?							
	Yes, less than 50% of my salary	1	⇒ 42					
	Yes, 50% and more of my salary	2	⇒ 4					
	No, I am not receiving my salary	3	⇒ 42					

Sequence no.	Questions – Answers:		Codes	Questions	Sequence number of household member				
					_ _	_ _	_ _	_ _	_ _
B. EMPLOYMENT CHARACTERISTICS OF THE MAIN JOB									
4	Sequence no. of hh member	WHAT IS YOUR OCCUPATION ON WITH MAIN JOB? (detailed description your present job)							
	_ _								
	_ _								
	_ _								
	_ _								
	_ _								
	Coding by statistical office (ISCO 08)		↓	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
5	Sequence no. of hh member	WHAT IS THE MAIN ACTIVITY OF THE UNIT YOU ARE EMPLOYED WITH? (detailed description of products/services)							
	_ _								
	_ _								
	_ _								
	_ _								
	_ _								
	Coding by statistical office (NACE rev 2)		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
6	WHAT IS THE TYPE OF OWNERSHIP OF THE UNIT YOU WORK FOR?								
	State owned	1	↓	_	_	_	_	_	
	Private owned - registered	2							
	Private owned - nonregistered	3							
	Other - registered	4							
	Other - nonregistered	5							
	Do not know	6							
7	WHAT IS YOUR EMPLOYMENT STATUS?								
	Owner/joint owner with employees - employer	1	} 14	_	_	_	_	_	
	Farmer with own farm and employees	2							
	Unpaid assisting family member	3							
	Owner/joint owner without employees - self-employed	4	} 15						
	Farmer on own farm without employees	5							
	Employed by foreign company	6							} 7a
	Employed by employer	7							
7.a	DOES YOUR JOB HAVE A SUPERVISORY ROLE (SUPERVISOR OR MANAGER)?								
	Yes	1	↓	_	_	_	_	_	
	No	2							
7.b	WHAT TYPE OF EMPLOYMENT CONTRACT YOU HAVE?								
	Written contract	1	↓	_	_	_	_	_	
	Oral contract	2							
	I do not have a work contract	3							
8	DO YOU HAVE INDEFINITE OR DEFINITE WORK CONTRACT (permanent or temporary)?								
	Indefinite	1	⇒ 11	_	_	_	_	_	
	Definite	2	⇒ 9						
9	WHICH OF THE GIVEN REASONS DESCRIBE THE BEST YOUR DEFINITE WORK CONTRACT (temporary work)?								
	Educational training/ trainee at job	1	↓	_	_	_	_	_	
	Could not find a permanent job	2							
	Did not want a permanent job	3							
	Probationary work	4							

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member					
				_ _	_ _	_ _	_ _	_ _	
10	WHAT IS THE TOTAL DURATION OF YOUR TEMPORARY JOB (temporary work)?								
	(Insert a number of months, if less than one month, please insert 00.)		↓	_ _	_ _	_ _	_ _	_ _	
10.a	DO YOU HAVE A CONTRACT FOR TEMPORARY WORK WITH THE EMPLOYMENT AGENCY?								
	Yes	1	↓	_	_	_	_	_	
	No	2							
11	DO YOU EXERCISE YOUR PAYMENT RIGHTS AT JOB, SALARY, BENEFITS ETC.?								
	Yes	1	⇒ 12	_	_	_	_	_	
	No	2	⇒ 14						
12	WHEN DID YOU RECEIVE THE LAST SALARY OR BENEFIT AT PRESENT JOB?								
	Month		↓	_ _	_ _	_ _	_ _	_ _	
	Year			_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
13	WHICH PERIOD YOUR LAST SALARY, PART OF IT OR BENEFIT WAS REFERRED TO?								
	Month		↓	_ _	_ _	_ _	_ _	_ _	
	Year			_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
14	HOW MANY PERSONS ARE EMPLOYED IN THE UNIT YOU WORK FOR?								
	Exact number, if ≤ 10	01-10	↓	_ _	_ _	_ _	_ _	_ _	
	11 to 19	11							
	20 to 49	12							
	50 to 99	13							
	100 to 249	14							
	250 and more	15							
	Don't know, but less than 11	16							
	Don't know, but more than 10	17							
15	DO YOU EXERCISE YOUR HEALTH INSURANCE RIGHTS AT YOUR JOB?								
	Yes	1	↓	_	_	_	_	_	
	No	2							
	Do not know	3							
16	DO YOU EXERCISE YOUR PENSION RIGHTS AT YOUR JOB?								
	Yes	1	↓	_	_	_	_	_	
	No	2							
	Do not know	3							
17	Sequence no. of hh member	WHAT IS A NAME OF MUNICIPALITY YOU WORK IN? (if you work abroad, please insert a country)							
	_ _		↓	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
	_ _								
	_ _								
	_ _								
	_ _								
	_ _								
			Coding by statistical office						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member											
				_ _	_ _	_ _	_ _	_ _							
18	WHERE DO YOU USUALLY WORK?														
	At home	1	↓	_	_	_	_	_							
	At firm, institution, shop or other organisation	2													
	At market	3													
	At agricultural holding	4													
	Street counter	5													
	In a car/vehicle	6													
	No specific location	7													
	Other	8													
19	WHEN DID YOU START TO WORK AT PRESENT JOB?														
	Month		↓	_ _	_ _	_ _	_ _	_ _							
	Year														
19.a	HAVE YOU STARTED TO WORK AT THIS JOB YOU HAVE GOT THROUGH THE EMPLOYMENT AGENCY?														
	Yes	1	↓	_	_	_	_	_							
	No	2													
20	DO YOU WORK FULL TIME OR LESS THAN FULL TIME?														
	Full time	1	⇒ 22	_	_	_	_	_							
	Less than full time	2	⇒ 21												
21	WHICH ARE THE REASONS FOR WORKING LESS THAN FULL TIME?														
	Looking after children or incapacitated adults	1	⇒ 21a	_	_	_	_	_							
	Education, training	2	} 22												
	Illness or disability	3													
	Can not find a full-time job	4													
	Personal or family reasons	5													
	Other reasons	6													
21.a	THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS														
	The institutions of care for children are not available or affordable	1	↓	_	_	_	_	_							
	The institutions of care for ill, disabled or elderly are not available or affordable	2													
	The institutions of care for children or ill, disabled or elderly are not available or affordable	3													
	The institutions of care do not affect the decision on working hours	4													
22	HOW MANY HOURS DO YOU USUALLY WORK PER WEEK?														
	Hours	01-99	↓	_ _	_ _	_ _	_ _	_ _							
23	DID YOU WORK A NUMBER OF USUAL WORKING HOURS DURING THE REFERENCE WEEK?														
	Yes	1	⇒ 26	_	_	_	_	_							
	No	2	⇒ 24												
24	HOW MANY HOURS DID YOU WORK DURING THE REFERENCE WEEK?														
	Hours	00	⇒ 26	_ _	_ _	_ _	_ _	_ _							
		01-99	⇒ 25												
25	WHAT IS A MAIN REASON FOR HOURS ACTUALLY WORKED DURING THE REFERENCE WEEK BEING DIFFERENT FROM PERSON'S USUAL HOURS?														
	a) If person worked <u>more</u> than usual number of hours														
	Flexible/varying working hours	01	⇒ 25.a	_ _	_ _	_ _	_ _	_ _							
	Paid overtime	02	⇒ 25.b												
	Unpaid overtime	03	} 26												
	Other reasons	04													
	b) If person worked <u>less</u> than usual working hours due to														
	Bad weather	05													
	Reduced work due to technical or economic	06													
	Labour dispute (strike, work stoppage)	07													
	Education or training	08													
	Flexible/varying working hours	09													
	Own illness or injury	10													
	Maternity or parental leave	11													
	Special leave from personal or family reasons	12													
	Paid leave (annual leave and other)	13													
	Holidays	14													
	Start or change of job	15													
	End of job without taking up a new one	16													
	Other reasons	17													

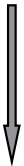




Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member					
				_ _	_ _	_ _	_ _	_ _	
25.a	NUMBER OF HOURS OF PAID OVERTIME								
	Hours	01-99	⇒ 26	_ _	_ _	_ _	_ _	_ _	
25.b	NUMBER OF HOURS OF UNPAID OVERTIME								
	Hours	01-99	↓	_ _	_ _	_ _	_ _	_ _	
26	DO YOU WISH TO WORK MORE THAN USUAL NUMBER OF HOURS?								
	Yes	1	⇒ 27	_	_	_	_	_	
	No	2	⇒ 29						
27	WHAT IS THE WAY YOU CAN WORK MORE THAN USUAL NUMBER OF HOURS?								
	Through an additional job	1	↓	_	_	_	_	_	
	Through a job with more working hours	2							
	Only within the present job	3							
	Other	4							
28	HOW MANY HOURS WOULD YOU LIKE TO WORK IN TOTAL?								
	Hours	01-99	↓	_ _	_ _	_ _	_ _	_ _	
Reference period for questions 29 - 34 is the last month of work (last four weeks).									
29	DID YOU WORK IN SHIFTS DURING THE LAST FOUR WEEKS?								
	Yes	1	↓	_	_	_	_	_	
	No	2							
30	HOW OFTEN DID YOU WORK IN THE AFTERNOON DURING THE LAST FOUR WEEKS?								
	Usual	1	↓	_	_	_	_	_	
	Sometimes	2							
	Never	3							
31	HOW OFTEN DID YOU WORK AT NIGHT DURING THE LAST FOUR WEEKS?								
	Usual	1	↓	_	_	_	_	_	
	Sometimes	2							
	Never	3							
32	HOW OFTEN DID YOU WORK ON SATURDAYS DURING THE LAST FOUR WEEKS?								
	Usual	1	↓	_	_	_	_	_	
	Sometimes	2							
	Never	3							
33	HOW OFTEN DID YOU WORK ON SUNDAYS DURING THE LAST FOUR WEEKS?								
	Usual	1	↓	_	_	_	_	_	
	Sometimes	2							
	Never	3							
34	HOW OFTEN DID YOU WORK AT HOME DURING THE LAST FOUR WEEKS?								
	Usual	1	↓	_	_	_	_	_	
	Sometimes	2							
	Never	3							

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
C. SECOND - ADDITIONAL JOB								
35	DID YOU HAVE DURING THE REFERENCE WEEK SOME OTHER JOB, IN ADDITION TO YOUR MAIN JOB, FOR WHICH YOU RECEIVED SALARY OR BENEFIT (either in money or in kind)?							
	Yes	1	⇒ 36	_	_	_	_	_
	No	2	⇒ 40	_	_	_	_	_
36	THE WAY YOU WORK IN THE SECOND JOB:							
	Usual work	1	↓	_	_	_	_	_
	Seasonal work	2		_	_	_	_	_
	Temporary work	3		_	_	_	_	_
37	Sequence no. of hh member	WHAT IS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORK FOR? (detailed description of products/services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (NACE rev. 2)		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
38	WHAT IS YOUR PROFESSIONAL STATUS IN THE SECOND JOB?							
	Owner/joint owner with employees - employer	1	↓	_	_	_	_	_
	Farmer on its own agric. holding with employees	2						
	Unpaid assisting family member	3						
	Owner/joint owner without employees/self-employed	4						
	Farmer on its own agric. holding without employees	5						
	Working for foreign organization	6						
	Working for employer } employee	7						
39	HOW MANY HOURS DID YOU WORK IN THE SECOND JOB DURING THE REFERENCE WEEK?							
	Hours	01-99	↓	_ _	_ _	_ _	_ _	_ _
40	ARE YOU SEEKING EMPLOYMENT ALTHOUGH YOU ALREADY HAVE ONE?							
	Yes	1	⇒ 41	_	_	_	_	_
	No	2	⇒ 71	_	_	_	_	_
41	WHAT ARE MAIN REASONS FOR SEEKING ANOTHER EMPLOYMENT?							
	Present employment is uncertain	1	51	_	_	_	_	_
	Present employment is temporary/ending soon	2						
	Wish to work more hours than presently worked	3						
	Wish to work less hours than presently worked	4						
	Wish to have additional employment	5						
	Wish to have better job (salary, etc.)	6						
	Other reasons	7						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
D. PREVIOUS WORK EXPERIENCE								
42	HAVE YOU EVER WORKED FOR SALARY OR BENEFIT (in money or in kind)?							
	Yes	1	⇒ 43	_	_	_	_	_
	No	2	⇒ 48	_	_	_	_	_
43	WHEN DID YOU LEAVE THE LAST PAID JOB?							
	Month	↓		_ _	_ _	_ _	_ _	_ _
	Year		_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
44	WHAT WAS THE MAIN REASON FOR LEAVING THE LAST JOB?							
	Dismissed/due to different reasons	01	↓	_ _	_ _	_ _	_ _	_ _
	A job of limited duration/seasonal or temporary duration	02						
	Company ceased operations	03						
	Taking care of children or incapacitated persons	04						
	Other personal or family responsibilities	05						
	Education or training	06						
	Own illness or disability	07						
	Early retirement	08						
	Regular or pension from retirement	09						
	Other reasons	10						
45	Sequence no. of hh member	WHAT WAS YOUR PROFESSIONAL STATUS IN THE LAST JOB? (detailed description of your present job)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (ISCO 08)		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
46	Sequence no. of hh member	WHAT WAS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (detailed description of products/services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (NACE rev. 2)		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
47	WHAT WAS YOUR OCCUPATION IN THE LAST JOB?							
	Owner/joint owner with employees - employer	1	↓	_	_	_	_	_
	Farmer on its own agri.holding with employees	2						
	Unpaid assisting family member	3						
	Owner/joint owner without employees - self-employed	4						
	Farmer on its own agric.holding without employees	5						
	Worked for foreign company	6						
	Worked for the employer	7						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
E. SEARCH FOR EMPLOYMENT								
48	DID YOU SEARCH EMPLOYMENT DURING THE LAST FOR WEEKS?							
	Yes	1	→ 51	_	_	_	_	_
	No	2	→ 49					
49	WHAT IS THE MAIN REASON FOR NOT SEARCHING EMPLOYMENT IN THE LAST FOUR WEEKS?							
	Have found a job which will start in no more than 3 months	01	} 68	_ _	_ _	_ _	_ _	_ _
	Have found a job which will start in more than 3 months	02						
	looking after children or incapacitated adults, elderly persons, etc.	03	→ 49a					
	awaiting recall to work	04	} 50					
	believe that no work is available	05						
	other personal or family reasons	06						
	education or training	07						
	retirement	08						
	own illness or disability	09						
	Other reasons	10						
49.a	THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS?							
	The institutions of care for children are not available or affordable	1	↓	_	_	_	_	_
	The institutions of care for ill, disabled or elderly are not available or affordable	2						
	The institutions of care for children or ill, disabled or elderly are not available or affordable	3						
	The institutions of care do not affect the decision on working hours	4						
50	WISH TO WORK ALTHOUGH NOT SEEKING EMPLOYMENT?							
	Wish to work	1	→ 69	_	_	_	_	_
	Do not wish to work	2	→ 71					
51	WHICH TYPE OF JOB YOU HAVE BEEN SEEKING FOR?							
	Self-employed	1	↓	_	_	_	_	_
	Employed only in full-time job	2						
	Employed only in part-time job	3						
	Employed in full-time job, but accepting part-time job	4						
	Employed in part-time job, but accepting full-time job	5						
	Any other job	6						
52	HAVE YOU REJECTED ANY JOB OFFERED DURING THE LAST FOUR WEEKS?							
	Yes	1	→ 53	_	_	_	_	_
	No	2	→ 54					
53	WHAT WAS A REASON FOR REJECTING A JOB OFFERED?							
	Place of work	1	↓	_	_	_	_	_
	Unacceptable working hours	2						
	No career advancement	3						
	Job offered did not correspond with qualification	4						
	Unacceptable salary	5						
	Other reasons	6						
54	HOW LONG HAVE YOU BEEN SEARCHING EMPLOYMENT? (Please specify a number of months)							
	Months		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
F. METHODS USED DURING THE LAST FOUR WEEKS TO FIND JOB								
55	HAVE YOU CONTACTED THE PUBLIC EMPLOYMENT OFFICE TO FIND JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
56	HAVE YOU CONTACTED THE PRIVATE EMPLOYMENT AGENCY TO FIND JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
57	HAVE YOU CONTACTED THE EMPLOYERS DIRECTLY?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
58	HAVE YOU ASKED FRIENDS, RELATIVES ABOUT THE JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
59	HAVE YOU STUDIED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
60	HAVE YOU INSERTED, ANSWERED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
61	HAVE YOU TAKEN A TEST, INTERVIEW OR EXAMINATION TO GET JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
62	HAVE YOU LOOKED FOR LAND, PREMISES, EQUIPMENT ETC. TO START OWN BUSINESS?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
63	HAVE YOU ASKED FOR LICENCE, FINANCIAL RESOURCES ETC. TO START OWN BUSINESS?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
64	ARE YOU WAITING FOR THE RESULTS OF AN APPLICATION FOR JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
65	ARE YOU WAITING FOR THE RESULTS OF A COMPETITION FOR RECRUITMENT - PUBLIC SECTOR?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
66	ARE YOU WAITING FOR THE CALL FROM THE PUBLIC EMPLOYMENT OFFICE?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_
67	HAVE YOU USED ANY OTHER METHOD TO FIND JOB?							
	Yes	1	↓	_	_	_	_	_
	No	2		_	_	_	_	_

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member					
				_ _	_ _	_ _	_ _	_ _	
68	WHAT WAS YOUR STATUS BEFORE STARTING TO SEARCH FOR JOB?								
	Was working	1							
	Was pupil, student, trainee	2		_	_	_	_	_	
	Was doing home activities/housewife	3							
	Other (e.g. pensioner)	4							
69	IF A JOB IS OFFERED NOW, WILL YOU BE ABLE TO START WORKING <u>WITHIN TWO WEEKS</u> ?								
	Yes	1	⇒ 71	_	_	_	_	_	
	No	2	⇒ 70						
70	WHY ARE YOU UNABLE TO START WORKING?								
	Personal or family reasons	1							
	Health reasons	2		_	_	_	_	_	
	Education or training	3							
	Responsibilities at present work	4							
	Other reasons	5							
71	HAVE YOU BEEN REGISTERED WITH THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1	⇒ 72	_	_	_	_	_	
	No	2	⇒ 74						
72	DO YOU RECEIVE BENEFITS FROM THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1		_	_	_	_	_	
	No	2							
73	DO YOU HAVE YOUR HEALTH INSURANCE COVERED BY THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1		_	_	_	_	_	
	No	2							
74	WHICH OF THE MENTIONED STATUS DESCRIBES THE BEST YOUR CURRENT POSITION?								
	Employed	1							
	Unemployed	2		_	_	_	_	_	
	Pupil, student, trainee	3							
	Fulfilling domestic tasks (housewife)	4							
	Pensioner	5							
	Disable to work	6							
	Other inactive person	7							

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
G. EDUCATION								
Questions from 75 to 81 refer to the last four weeks period								
75	DID YOU ATTEND ANY SCHOOL OR TRAINING DURING THE LAST FOUR WEEKS?							
	Yes	1	} 76 ⇒ 78	_	_	_	_	_
	Schoolbreak	2						
	No	3						
76	WHICH TYPE OF SCHOOL DID YOU ATTEND?							
	1 to 3 grades of eight years program elementary school	01	} 78					
	1 to 4 grades of nine years program elementary school	02						
	4 to 7 grades of eight years program elementary school	03						
	5 to 8 grades of nine years program elementary school	04						
	Secondary school : duration from 1 or 2 years	05	} 77	_ _	_ _	_ _	_ _	_ _
	Secondary school : duration 3 years	06						
	Secondary school : duration 4 years and more	07						
	Specialization after secondary school	08						
	High school or first stage of college	09						
	University education - duration 4-4,5 years, study of I cycle	10						
	University education - duration 5-6 years, specialist and master's studies, integrated I and II cycles and II cycle studies	11						
	PhD studies or studies of the III cycle	12						
77	WHAT WAS YOUR FIELD OF EDUCATION?							
	General education programme	01	↓	_ _	_ _	_ _	_ _	_ _
	Education science	02						
	Art and humanities science	03						
	Social sciences, journalism and information	04						
	Business, administration and law	05						
	Natural Sciences, Mathematics and Statistics	06						
	Information and Communications Technology	07						
	Engineering, Manufacturing and Civil Engineering	08						
	Agriculture, Forestry, Fisheries and veterinary	09						
	Health and Social Welfare	10						
	Services	11						
	Unknown	12						
78	HAVE YOU ATTENDED ANY COURSE OR TRAINING DURING THE LAST FOUR WEEKS?							
	Yes	1	⇒ 79	_	_	_	_	_
	No	2	⇒ 82					
79	WHAT WAS A PURPOSE OF ATTENDING THE MENTIONED COURSES OR TRAINING?							
	Mainly job requirement	1	↓	_	_	_	_	_
	Mainly personal reasons	2						
80	WHAT IS A NUMBER OF HOURS SPENT ON LEARNING/TRAINING ACTIVITIES?							
	Hours	01-99	↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
80.a	FIELD OF EDUCATION YOU TOOK A COURSE OR TRAINING IN ?							
	General education programme	01	↓	_ _	_ _	_ _	_ _	_ _
	Education science	02						
	Art and humanities science	03						
	Social sciences, journalism and information	04						
	Business, administration and law	05						
	Natural Sciences, Mathematics and Statistics	06						
	Information and Communications Technology	07						
	Engineering, Manufacturing and Civil Engineering	08						
	Agriculture, Forestry, Fisheries and veterinary	09						
	Health and Social Welfare	10						
	Services	11						
	Unknown	12						
81	DID THESE LEARNING/TRAINING ACTIVITIES TAKE PLACE DURING PAID WORKING HOURS?							
	Only during paid working hours	1	↓	_	_	_	_	_
	Mainly during paid working hours	2						
	Mainly after paid working hours	3						
	Only after paid working hours	4						
	Was not employed	5						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
H. SITUATION ONE YEAR BEFORE SURVEY								
82	WHAT WAS YOUR ACTIVITY STATUS ONE YEAR BEFORE SURVEY? (regarding to reference week)							
	Employed	1	→ 83	_	_	_	_	_
	Unemployed	2	} 85					
	Pupil, student, trainee	3						
	Fulfilling domestic tasks ,housewife	4						
	Retired	5						
	Disable to work	6						
	Other inactive person	7						
83	Sequence no. of hh member	WHAT WAS A MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (a precise description of the products / services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (NACE rev. 2)		↓	_ _	_ _	_ _	_ _	_ _
84	WHAT WAS YOUR STATUS IN THE EMPLOYMENT?							
	Owner/joint owner with employees - employer	1	↓	_	_	_	_	_
	Farmer on own agri.holding with employees	2						
	Unpaid assisting family member	3						
	Owner/joint owner without employees/ self-employed	4						
	Farmer on own agric.holding without employees	5						
	Working for foreign company	6						
	Working for employer	7						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
I. INCOME								
85	WHAT IS YOUR MAIN SOURCE OF INCOME?							
	Salary	1	⇒ 85.a	_	_	_	_	_
	Old-age pension/regular/early pension	2	89					
	Family pension	3						
	Disability pension	4						
	Income from agriculture activities	5						
	Income of property and other activities	6						
	Income of other household members	7						
	Income of other persons not HH members	8						
	Other benefits and contributions	9						
85.a	CAN YOU TELL US THE NET AMOUNT OF YOUR MONTHLY SALARY AT YOUR MAIN JOB? (data refers to the last month)							
	Yes	1	⇒ 85.b	_	_	_	_	_
	No	2	⇒ 86					
85.b	WHAT IS THE TOTAL NET AMOUNT OF YOUR MONTHLY SALARY AT YOUR MAIN JOB? (data refers to the last month)							
	Amount	KM	⇒ 87					
86	WHAT IS THE TOTAL MONTHLY SALARY RECEIVED FROM MAIN JOB? (data refers to the last month)							
	Up to 200 KM	1	↓	_	_	_	_	_
	201 - 300 KM	2						
	301 - 400 KM	3						
	401 - 500 KM	4						
	501 - 700 KM	5						
	701 - 900 KM	6						
	901 - 1.500 KM	7						
	1.501 - 2.500 KM	8						
	2.501 KM and more	9						
87	WHAT ARE OTHER MONTHLY ALLOWANCES FROM YOUR MAIN JOB? (meal allowances, transport etc.)							
	No allowances	1	↓	_	_	_	_	_
	Less than 100 KM	2						
	101 - 150 KM	3						
	151 - 200 KM	4						
	201 - 250 KM	5						
	251 - 300 KM	6						
	301 KM and more	7						
88	WHAT IS THE TOTAL ANNUAL AMOUNT OF ADDITIONAL BENEFITS FROM YOUR MAIN JOB? (all related to regular monthly allowances)							
	Nothing	1	↓	_	_	_	_	_
	Less than 100 KM	2						
	101 - 200 KM	3						
	201 - 300 KM	4						
	301 - 500 KM	5						
	501 - 700 KM	6						
	701 - 1000 KM	7						
	1001 KM and more	8						
- to be answered by head of household or other most familiar person -								
89	WHAT IS THE TOTAL NET ANNUAL INCOME OF YOUR HOUSEHOLD (all household members)?							
	No income	01	↓	_ _				
	Up to 1000 KM	02						
	1001 - 2000 KM	03						
	2001 - 3000 KM	04						
	3001 - 4000 KM	05						
	4001 - 5000 KM	06						
	5001 - 7000 KM	07						
	7001 - 10000 KM	08						
	10001 - 15000 KM	09						
	15001 - 20000 KM	10						
	20001 - 30000 KM	11						
	30001 and more	12						

