

CONFIDENTIAL

Republic of Montenegro

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**HOUSEHOLD SURVEY OF RAE, REFUGEES AND IDPs
IN MONTENEGRO, 2003**

Interviewer Code:

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Date: _____

1. Municipality _____
2. Settlement _____
3. Address _____
4. Phone number _____
5. Head of the Household _____
6. Host of the family (in case of IDPs and refugees) _____

Note: Data Relates to June 2003

Name of Data entry person _____

SECTION 1: HOUSING AND DURABLE GOODS

(TO BE COMPLETED BY THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER)
RESPONDENT ID CODE _____

0.	What type of the dwelling you are living in?	
	Own accommodation (proof of ownership)	1
	Rented accommodation	2
	With relatives/friends	3
	Collective accommodation	4
	Specialized institution	5
	Family settlements	6
	Social institutions	7
	Unknown	8
1.	In what kind of accommodation does your family live?	
	House.....	1
	Studio.....	2
	One bedroom apartment	3
	Two-bedroom apartment	4
	Three-bedroom apartment.....	5
	4 or more bedroom apartment	6
	Special room (in house or apartment)	7→ 2
	Non-housing (dormitory)	8→ 2
	Barracks.....	9
	Tent.....	10
1b.	What age is your house/apartment?	1. Don't know 2. <input type="text"/>
2.	How much is the monthly rent for this house/apartment/room?	1. Don't pay the rent
		2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Eur→ 4
3.	If you were to pay rent, how much would the rent be?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Eur
4.	What is the square meterage of the living space in your house/apartment/room?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ²
5.	Does your house/apartment/room have [...]?	
	a. Electricity.....	1. Yes → A 2. No → b
	A. Is the electricity connection legal?	1. Yes 2. No
	b. Water supply instalations/taps in house/apartment?	1. Yes → c 2. No → B
	B. Distance from the source of water the family is using?	_____
	B1. How many people use the same water source?	_____
	c. Bathroom.....	1. Yes → d 2. No → C
	C. Shared bathroom	1. Yes 2. No
	C1 outdoor WC	1. Yes 2. No
	d. Telephone.....	1. Yes 2. No
	e. Central heating....	1. Yes 2. No
6.	Which of the following best describes your drinking water source?	
		1. Piped into house/apartment
		2. Well with pump
		3. Well with no pump
		4. Own water supply system
		5. Other _____
7.	Do you use [...] to heat your home?	8. Are you planning to use [...] next year or the year after?
	a. Electricity..... 1. Yes 2. No	1. Yes 2. No
	Usual monthly electricity bill for last winter (2002):	
	Expected usual monthly electricity bill for this summer:	
	b. Wood..... 1. Yes 2. No	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Eur 2. I don't get the bill
	c. Gas..... 1. Yes 2. No	1. Yes 2. No
	d. Lignite coal..... 1. Yes 2. No	1. Yes 2. No
	e. Stone (Black) Coal..... 1. Yes 2. No	1. Yes 2. No
	f. Brown (Black) Coal..... 1. Yes 2. No	1. Yes 2. No
	g. Fuel oil/diesel 1. Yes 2. No	1. Yes 2. No
	h. Other type of heating 1. Yes 2. No	1. Yes 2. No

1. How many [...] does your household have?
 DO NOT COUNT APPLIANCES AND VEHICLES USED PRIMARILY FOR BUSINESS
 Enter 0 if the answer is NO

i. Tables	□□	
ii. Chaires	□□	
iii. Beds	□□	
iv. Blankets	□□	

BASIC APPLIANCES

a. Washing machine	□□	Oldage: □□/□□/□□
b. Dishwasher.....	□□	□□/□□/□□
c. Range/Oven.....	□□	□□/□□/□□
d. Refrigerator	□□	□□/□□/□□
e. Freezer.....	□□	□□/□□/□□
f. Microwave.....	□□	□□/□□/□□
g. TV.....	□□	□□/□□/□□
h. Video recorder.....	□□	□□/□□/□□
i. DVD.....	□□	□□/□□/□□
j. Satellite dish.....	□□	□□/□□/□□
k. Computer.....	□□	□□/□□/□□
l. Video cameras.....	□□	□□/□□/□□
m Portable music stereo/radios.....	□□	□□/□□/□□
n. Air conditioner.....	□□	□□/□□/□□
o. Generator.....	□□	□□/□□/□□
p. Heating oven/radiator.....	□□	□□/□□/□□
r. Other household appliances	□□	□□/□□/□□
s. bike	□□	□□/□□/□□

MOTOR VEHICLES (not cars)

r. Motorcycle.....	□□
s. Tractor	□□
t. Lawn mower.....	□□
v. Boat.....	□□
u. Other motor vehicles	□□

2. Do you or anyone in your household own [...]

a. Weekend house	1. Yes □□□□ m ²	2. No
b. Forest plot	1. Yes □□□□ m ²	2. No

3. Does anyone in this household have a car?

	1. Yes
	2. No → SECTION 2

4. Please tell me all cars of this household:
 (Record make and year of each car)

a. _____	Year ____ Diesel 1. Yes 2. No
b. _____	Year ____ Diesel 1. Yes 2. No
c. _____	Year ____ Diesel 1. Yes 2. No
d. _____	Year ____ Diesel 1. Yes 2. No

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Id.	8b. What is the main reason [...] is not in school now, or why did [...] stop at his/her level? (see for possible answers on the bottom of the page)	9. What is [...] current social status? 1. Live unmarried with someone 2. Married 3. Widow 4. Divorced 5. Single 6. Separated 7. Under 15 years old	10. Does [...] 's mother live in this household? ID code on roster of mother 51: Not in household/ live separates 52: Deceased	10. Does [...] 's father live in this household? ID code on roster of father 51: Not in household/ live separates 52: Deceased	11. What was [...] 's primary activity during the past week? 1. Working/helping to earn income 2. Seeking employment 3. Attending school 4. At home, not working 5. Retired 6. Under 6 years old 7. Sick/disabled 8. Other, specify _____	12. Where was [...] born? 1. Montenegro municipality → SECTION 3 2. Serbia (municipality) 3. Kosovo (municipality) 4. Foreign country 5. Ex Yugoslavia (municipality)		13. In what year did you move to Montenegro?
	Code	Code	ID	ID	Code	Code	Munic/Country	Years
1								
2								
3								
4								
5								
6								
7								
8.								
9.								
10.								

Possible answers for question 8b:

1. Too young to attend	5. Found appropriate job	9. Lack of documentation	13. Tradition
2. Lack of motivation	6. Didn't pass entry exam or did poorly in last level	10. Problems with language	14. Unconformity of the environment
3. Unable to pay costs of education (fees,transport)	7. Started family work or intends to do so	11. Legal problems	15. Distance from school
4. Need to work for income	8. Judged to be sufficiently educated	12. Marriage	16. Other, describe

SECTION 3: HEALTH

(To be completed by all household members or proxy respondent if unable to answer for themself)

Id.	0.	1.	1b.	2.	3.	4.	5.
	Interviewer note: ID no. of person answering if proxy	During the <u>past year</u> have you suffered from illness or injury 1. Yes 2. No → 3	What kind of illness/injury was it? NOTE: If more then one, put the most important (See possible answers on the bottom of the page)	During the <u>past 30 days</u> did you have to stop your usual activities because of this condition? 1. Yes 2. No	During the <u>past year</u> have you consulted an health practitioner or visited a health center? 1. Yes → 5 2. No	Why not? 1. I assessed there was no need to visit an health practitioners or a health center 2. I was not able to do that 3. I couldn't afford it → 7	What type of provider did you visit (for your most recent visit)? 1. Hospital 2. Health centre 3. Out-patient clinic 4. Midwife 5. Nurse 6. Private out-patient clinic 7. "Healer" 8. Other
Id.	Code	Code	Code	Code	Code	Code	Code
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Possible answers for question 1b:

1. Cold	4. Back/knee pain	7. Hepatitis, poisoning	10. Psychological problems
2. Influenza	5. Other injuries	8. Diarrhoea	11. Gynalogical problems
3. Headache	6. Chronic disease (cardiovascular disease...)	9. Mange, infested with lice	12. Other, describe

SECTION 4A. EMPLOYMENT AND MAIN JOB

(to be completed by household members 15+ years or proxy respondent unable to answer for themself)

Id.	0.	1.	2.	3.	4.	5.
	Interviewer note: Id no of person answering if proxy	During the previous week, did you work, or were you involved in any gainful activity, for money or in-kind compensation (at least one hour)? 1. Yes → 4 2. No	Though you did not work in the previous week, do you have a job? 1. Yes 2. No → SECTION 4C	Why you did not work last week on the job that you have? 1. Have new job, but haven't started yet 2. On administrative/forced leave 3. Bad weather, not the season for my work 4. Bankruptcy, liquidated closure of enterprise 5. Strike 6. Retraining by employer 7. Temporary unable to work, on a sick leave 8. Illness, injury 9. Maternity leave 10. Annual vacation 11. Unpaid leave for personal reasons 12. Other _____	What area is your main job connected with? SEE CODES AT BOTTOM	Where do you perform that work-job? 1. Office/factory 2. Farm 3. Home 4. In the field "door to door" 5. Vehicle 6. Street, flea market 7. Other
Id .	Code	Code	Code	Code	Code	Code
1						
2						
3						
4						
5						
6						
7						
8.						
9.						
10.						
11.						

- | | | |
|--|--|---|
| <p><i>Codes for Question 4</i></p> <ul style="list-style-type: none"> 1. Agriculture, hunting, forestry 2. Fishing 3. Mining and stone quarrying 4. Manufacturing 5. Water, electric and gas supply | <ul style="list-style-type: none"> 6. Construction 7. Wholesale and retail trade, repair 8. Hotels and restauraunt 9. Transport, storage and communication 10. Financial intermediation 11. Real estate and renting activities | <ul style="list-style-type: none"> 12. Public administration Army or Police 13. Education 14. Health or social work 15. Crafts and services 16. Humanitarian organizations, NGO etc.. 17. Comunal services 18. Other |
|--|--|---|

SECTION 4A. EMPLOYMENT AND MAIN JOB
EMPLOYEES MAIN JOB (see question 6)

Id.	12.	13.	14.	15.				
	What is the type of ownership of the company in which you perform your main job? 1. Private registered 2. Private non registered 3.State owned 4. Mixed 5. Cooperative	Is your wage registered in ZOP? 1. Yes 2. Yes, but not in total amount 3. No	What was your (net) income from this job in the last month?	What is the monthly amount of job-related allowances (cash or value of in-kind) not included in this income? Enter 9,999 for don't know Enter 0 for none				
				Hot meals	Transportation	Housing	Clothes	Other benefits -maternity leave - sick leave -severance pay
	Code	Code	Eur	Eur	Eur	Eur	Eur	Eur
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

→ SECTION 4B

SECTION 4A. EMPLOYMENT AND MAIN JOB
SELF-EMPLOYED MAIN JOB (see question 6)

Id.	16.	17.	18.	19.	20.	21.
	How are you recording your business activities? 1. Have books, run by accountant 2. Have an income and expenditure ledger (for entrepreneur) 3. Only notebook, for personal records 4. Nothing	How did you register your company? 1. Ad 2. Doo 3. Kd 4. Od 5. Not registered	Do you receive regular wage? 1. Yes 2. No → 22	Is your wage registered in ZOP? 1. Yes 2. Yes, but not in total amount 3. No	Are you planning to pursue a new private business activity in the near future? 1. Yes 2. No	How much honoraria did you receive in the last 12 months? Enter 0 if received none.
	Code	Code	Code	Code	Code	Eur
1						
2						
3						
4						
5						
6						
7						
8.						
9.						
10.						

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Id.	22.	23.	24.	25.	26.
	How many unpaid family workers work in your business?	What was your net income in the last month from this business? 1. [] [] . [] [] 7. Refused to answer 8. Don't know	What was your gross income in the last month from this business? 1. [] [] . [] [] 7. Refused to answer 8. Don't know	What was the amount of tax that your business paid last year? 1. [] [] . [] [] 7. Refused to answer 8. Don't know	In the last month did you consume some of the goods that you produce and what is the approximate value of this? 1. Yes, value: [] [] , [] [] [] 2. No 3. Did not produce goods
	Number	Eur / Code	Eur / Code	Eur / Code	Eur / Code
1		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
2		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
3		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
4		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
5		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
6		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
7		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
8.		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
9.		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.
10.		1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.

SECTION 4B. SECONDARY JOB
SELF-EMPLOYED SECONDARY JOB (see question 2)

Id.	13.	14.	15.	16.	17.	18.
	How are you recording your business activities? 1. Have books, run by accountant 2. Have an income and expenditure ledger (for entrepreneur) 3. Only notebook, for personal records 4. Nothing	How did you register your company? 1. Ad 2. Doo 3. Kd 4. Od 5. Not registered	Do you receive regular wage? 1. Yes 2. No → 17	Is your wage registered in ZOP? 1. Yes 2. Yes, but not in total amount 3. No	How many unpaid family workers work in your business?	What was your net income in the last month from this business? 1. [] [] . [] [] 7. Refused to answer 8. Don't know
	Code	Code	Code	Code	Number	Eur/Code
1						1. [] [] , [] [] 7. 8.
2						1. [] [] , [] [] 7. 8.
3						1. [] [] , [] [] 7. 8.
4						1. [] [] , [] [] 7. 8.
5						1. [] [] , [] [] 7. 8.
6						1. [] [] , [] [] 7. 8.
7						1. [] [] , [] [] 7. 8.
8.						1. [] [] , [] [] 7. 8.
9.						1. [] [] , [] [] 7. 8.
10.						1. [] [] , [] [] 7. 8.

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Br.	19.	20.	21.	22.	23.
	What was your gross income in the last month from this business? 1. [] [] [] [] 7. Refused to answer 8. Don't know	What was the amount of tax that your business paid last year? 1. [] [] . [] [] [] 7. Refused to answer 8. Don't know	In the last month did you consume some of the goods that you produce and what is the approximate value of this? 1. Yes, value: [] [] . [] [] [] 2. No 3. Did not produce goods	Are you planning to pursue a new private business activity in the near future? 1. Yes 2. No	How much honoraria did you receive in the last 12 months? Enter 0 if received none.
	Eur/Code	Eur/Code	Eur/Code	Code	Eur
1.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
2.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
3.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
4.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
5.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
6.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
7.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
9.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		
10.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 7. 8.	1. [] [] , [] [] 2. 3.		

SECTION 6: OTHER HOUSEHOLD INCOME SOURCES

(TO BE COMPLETED BY THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMEBR)

Respondent ID code:

I. Family Material Support (Gov. Assistance)

1. Is your family included in FMS?
 1. Yes
 2. No → 4
2. In what year did your family become registered in FMS?

____ (state the year)
3. What amount did your family receive from FMS in the last month?

____ Eur in last month → 7
4. If no, has your family applied for FMS?
 1. No
 2. Yes, → 6
5. If no, why not?
 1. We are well provided for
 2. We are not informed about how to be included
 3. In any case, we would achieve nothing
 4. Bad attitude of social workers
 5. Difficult to get documents
 6. Other _____ (INTERVIEWER WRITE IN REASON)

→ 11
6. If yes, why is your family not receiving it?
 1. I was rejected
 2. My benefit expired
 3. Other _____ (INTERVIEWER WRITE IN REASON)
7. Do you consider FMS to be fair?
 1. Yes → 9
 2. No
8. If no, why not?
 1. Very strict legal conditions
 2. Very often in FMS are included families that are not poor
 3. Other _____ (INTERVIEWER WRITE IN REASON)

II. Child Allowance Programme

9. Is your family included in CA?
 1. Yes
 2. No, → 11
10. What amount did your family receive from CA in the last month

____ Eur in last month

III. Legal Obligation to Support Someone

11. Does anyone in this household have legal obligation to support someone?
 1. Da → ____ Eur per month
 2. Ne
12. Is anyone in this household supported by someone by legal obligation?
 1. Da → ____ Eur per month
 2. Ne

IV Other social programmes

13. Is your family included in one off momentary support?
 1. Yes → ____ Euros inlast 6 month
 2. No
14. Is your family included in other person care?
 1. Yes → ____ Euros inlast 6 month
 2. No
15. Help for getting some special medication?
 1. Yes → ____ Euros inlast 6 month
 2. No
16. Is your family included in other social programmes?
 1. Yes → ____ Euros inlast 6 month
 2. No

V. TRANSFERS IN CASH

17. How much cash did your household receive in the last month from relatives or friends in Montenegro?

__, ____ Euros in last month
18. How much cash did your household receive in the last month from relatives or friends in Serbia?

__, ____ Euros in last month
19. How much cash did your household receive in the last month from relatives or friends abroad?

__, ____ Euros in last month, _____ (fulfill the country)
20. How much cash did your household receive in the last month from Non-profit organizations?

__, ____ Euros in last month

VI. TRANSFERS IN KIND

21. What is the value of in-kind transfers your household received in the last month from Government? , Euros in last month
22. What is the value of in-kind transfers your household received in the last month from other households? , Euros in last month
23. What is the value of in-kind transfers your household received in the last month from humanitarian organizations? , Euros in last month

VII. OTHER INCOME

24. What was the interest income the household earned in the past 12 months? , Euros in last 12 month
25. What was the dividend income from corporations that the household earned in the past 12 months? , Euros in last 12 month
26. What was the income from rental of other property that the household earned in the past 12 months? , Euros in last 12 month
27. What was the income from rental of agricultural land that the household earned in the past 12 months? , Euros in last 12 month
28. What other income did the household earn in the past 12 months aside from income from social programmes, work income and other income listed above? , Euros in last 12 month
29. What was the income from used public goods and natural resources? , Euros in last 12 month

VIII. SELLING ASSETS

30. Did your household sell any assets in the past 12 months (such as buildings, land, jewelry or valuables, machinery, cars or furniture, major appliances)? 1. Yes
2. No → **SECTION 7**
31. How much did your household make from selling [...] in the past 12 months?
- a. housing or land , Euros in last 12 month
- b. machinery or equipment , Euros in last 12 month
- c. cars , Euros in last 12 month
- d. furniture and durables (and appliances) , Euros in last 12 month
- e. other assets _____ , Euros in last 12 month

SECTION 7: PART I FOOD CONSUMPTION

N.	Name	1. Was [...] consumed by this household during the past week? 1. Yes 2. No	Unit	2. What was the quantity and value of that quantity consumed in the last week, which was <u>purchased</u> in a market or store?		3. What was the quantity and value of that quantity consumed in the last week, which was <u>grown/produced/collected/caught</u> by the household?		4. What was the quantity and value of that quantity consumed in the last week, which was <u>given</u> to the household by others?		5. Where do you usually buy [...]? 1. Store 2. Open market 3. Street
				Quantity	Euros	Quantity	Euros	Quantity	Euros	
Cereals										
101	Flour		Kg							
102	Corn flour		Kg							
103	Breakfast cereal		Kg							
104	Rice		Kg							
105	Pasta		Kg							
106	Bread		Kg							
107	Fresh biscuits, rolls		Kg							
108	Other bakery prods.		Kg							
Vegetables										
201	Tomatoes		Kg							
202	Potatoes		Kg							
203	Onions		Kg							
204	Lettuce		Kg							
205	Beans		Kg							
206	Cucumbers		Kg							
207	Spinach		Kg							
208	Cabbage		Kg							
209	Peas		Kg							
210	Pepper		Kg							
211	Cauliflower		Kg							
212	Carrot		Kg							
213	Mushrooms		Kg							
214	Other fresh veget.		Kg							
215	Frozen vegetables		Kg							

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N.	Name	1. Was [...] consumed by this household during the past week? 1. Yes 2. No	Unit	2. What was the quantity and value of that quantity consumed in the last week, which was <u>purchased</u> in a market or store?		3. What was the quantity and value of that quantity consumed in the last week, which was <u>grown/produced/collected/caught</u> by the household?		4. What was the quantity and value of that quantity consumed in the last week, which was <u>given</u> to the household by others?		5. Where do you usually buy [...] 1. Store 2. Open market 3. Street
				Quantity	Euros	Quantity	Euros	Quantity	Euros	
Fruits										
301	Oranges		Kg							
302	Apples		Kg							
303	Peaches		Kg							
304	Bananas		Kg							
305	Nuts		Kg							
306	Grapes		Kg							
307	Watermelons		Kg							
308	Strawberries		Kg							
309	Cherries		Kg							
310	Lemons		Kg							
311	Other fresh fruits		Kg							
312	Frozen fruits		Kg							
Canned fruit and vegetables										
401	Canned vegetables		Kg							
402	Canned fruit		Kg							
403	Jams		Kg							
404	Honey		Kg							
405	Other		Kg							
Meat and eggs										
501	Veal		Kg							
502	Pork		Kg							
503	Lamb		Kg							
504	Chicken		Kg							
505	Sausage		Kg							
506	Bacon		Kg							
507	Delicatessen		Kg							
508	Ham		Kg							

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N.	Name	1. Was [...] consumed by this household during the past week? 1. Yes 2. No	Unit	2. What was the quantity and value of that quantity consumed in the last week, which was <u>purchased</u> in a market or store?		3. What was the quantity and value of that quantity consumed in the last week, which was <u>grown/produced/collected/caught</u> by the household?		4. What was the quantity and value of that quantity consumed in the last week, which was given to the household by others?		5. Where do you usually buy [...] <ol style="list-style-type: none"> 1. Store 2. Open market 3. Street
				Quantity	Euros	Quantity	Euros	Quantity	Euros	

Drinks

1101	Carbonated drinks		L							
1102	Fruit drinks		L							
1103	Mineral water		L							
1104	Wine		L							
1105	Beer		L							
1106	Liquor		L							
1107	Other drinks		L							

Sweets

1201	Chocolate		Kg							
1202	Candy		Kg							
1203	Cakes and cookies		Kg							
1204	Other sweets									

Other foods

1301.	Semi-prepared food		Kg							
1302	Baby food		Kg							
1303.	Other miscellan.foods		Kg							
1304.	Tobacco, Cigars, Cigarettes									

Meals outside the home

		Breakfast	Lunch	Dinner	Snacks
6.	During the last 7 days, how many meals did your household members have outside the household? Please include meals at friend's and family homes, not paid for, as well as paid meals in restaurants and meals at work.	Num: [][][]	Num : [][][]	Num: [][][]	Num: [][][]
7.	What was the value of meals you paid for?	___ EUR	___ EUR	___ EUR	___ EUR
8.	What was the value of meals you got for free?	___ EUR	___ EUR	___ EUR	___ EUR

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SECTION 7, PART II: NON-FOOD ITEM EXPENDITURES

Interviewer note: exclude expenditures primarily for business

Code	Item	Eur	Place where it was bought 1. Store 2. Open market 3. Street
Personal items (last month)			
101	Toilet soap		
102	Shampoos, conditioners, oils and gels for hair care		
103	Hand cream		
104	Face cream, cosmetics		
105	Deodorant and perfume		
106	Toothpaste and toothbrush		
107	Toilet paper and female hygiene pads		
108	Baby diapers		
109	Razor blades, paste, soap, shaving foam		
110	Hair cut		
111	Books (except school textbooks)		
112	Newspaper and magazines		
113	Mobile phone		
114	Internet		
115	Mail service (includes PTT)		
116	Other personal items		
Utilities (last month)			
202	Amount spent on: Fuel oil and other fuels (except for vehicle fuels)		
203	Gas		
204	Electricity		
205	Water and sewerage maintenance		
206	aste/Rubbish collection		
207	Telephone		
208	Wood		
209	Coal		

201	Do you have any utilities debts (water, electricity, garbage?) 1. Yes 2. No
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Code	Item	Eur	Place where it was bought 1. Store 2. Open market 3. Street
Transport expenditures (last month)			
301	Gas and oil for vehicles		
302	Automobile tyres		
303	Vehicle parts and car repair		
304	Parking		
305	Other equipment and vehicle related expenditures		
306	Taxi		
307	Buses		
308	Trains		
309	Other transport expenditures		
Other household monthly expenditures (last month)			
401	Video cassettes		
402	Discs (CD and cassettes (audio and video), purchase and renting)		
403	Electronic games, game boy, sega, play station /purchase and renting		
404	Laundry detergents, softeners etc.		
405	Detergents for dishes (hand and machine) and products for care		
406	Floor-care products, furniture-care products, bathroom-care products, window-care products		
407	Other cleaning and care products and flat hygiene articles		
408	Pet food and expenses		
409	Other Monthly expenditure		

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Code	Item	Eur	Place where it was bought 1. Store 2. Open market 3. Street
Household items (Last 3 months)			
501	Large furniture items		
502	Other small home furnishings		
503	Lighting equipment of all kinds (chandeliers, lamps...)		
504	Home decoration products		
505	Home repairs		
506	Kitchen equipment: dishes, glasses cutlery (except appliances)		
507	Small appliances (mixer, toaster, coffee grinder, hairdryer, iron ...)		
508	Major appliances (refrig, tv, stove)		
509	Bed linen (sheets, covers, pillowcases...)		
510	Other household textiles (towels, curtains, carpeting, etc...)		
Clothes and Footwear (last 3 months)			
601	Men clothing		
602	Men footwear (sandals, shoes, athletic shoes and boots)		
603	Women clothing		
604	Women footwear (sandals, shoes, athletic shoes and boots)		
605	Childrens clothing		
606	Childrens footwear (sandals, shoes, athletic shoes and boots)		
607	Leather goods (bags, suitcases, travelling bags, purses, gloves etc.)		
608	Footwear care kits		
609	Tailoring services		

Code	Item	Eur
Health care(last 3 months)		
701	Dentist (excluding medication)	
702	Doctor (excluding medication)	
703	Hospital (excluding medication)	
704	Medicine	
705	Optical equipment	
706	Other health expenditures	
Other expenditures (last 3 months)		
801	Sports equipment	
802	Photography expenditures (including film processing)	
803	Toys	
804	Sewing equipment	
805	Music Instruments and accessories	
806	Tickets for concerts, cinemas, theatres, museums, galleries	
807	Tickets for games/matches	
808	Membership fees	
809	Air travel	
810	Holidays (Traveling, vacations – accommodation, hotel, transport, pocket money)	
811	Presents	
812	Child care	
813	Prize games, lotteries, bingo, bookmaking	
814	Watches, wristwatches, wall clocks , jewelry	

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Code	Item	Eur	
Education expenditures (last 12 months)			
901	Enrollment fees, exam fees		
902	Books and paper supplies		
903	Private, individual classes (mathematics, English, computers etc.)		
904	Tuition (paid for per semester)		
905	Other educational expenditures		
Other annual expenditures (last 12 months)			
1101	Automobile technical check and registration		Total:
1102	Insurance of vehicles – basic, with registration		
1103	Taxes (property, real estate, etc...), excluding business taxes.		

Insurance			
Does your household have any insurance (excluding car insurance)?			
1. Yes 2. No			
How much did you household pay for [...] insurance in the past 12 months?			
1.	Life	1. EUR:	2. No
2.	Flat, house	1. EUR:	2. No
3.	Home appliances	1. EUR:	2. No
4.	Harvest, crops	1. EUR:	2. No
5.	Other	1. EUR:	2. No

12. Which materials has been used for your house building?
 1. Bricks
 2. Concrete
 3. Wood
 4. Earth/mud construction
 5. Mixed material
 6. Other material
13. Are there any problems that affect your environment?
 1. Rubbish
 2. Sewage
 3. Air pollution
 4. Mud and non paved streets
 5. High level of the underground water.
 6. Other
14. What is your primary source of income?
 1. Someone from the household is employed all the time
 2. We produce agricultural products
 3. We are craftsman's
 4. We trade and smuggle
 5. Some of us are beggars
 6. We collect rubbish and sell it (paper, metal and other.)
 7. We work as a season workers
 8. We received social help and child allowances
 9. Someone is receiving pension
 10. From the help from relatives and friends
 11. Humanitarian aid
 12. We don't know
 13. Something else _____
15. What is in your opinion the laest amount of money that is needed for one month?
 1. [] [] [] [] [] [] EUR
 2. Don't know
16. Did you have money to pay for the food last month?
 1. Yes 2. No
17. Did you have three meals per day?
 1. Yes 2. No
18. During the last month have you used:
 1. Meat (fresh and canned)
 2. Fruits and vegetables (fresh and canned)
 1. Yes, enough 2. Yes, not enough 3. No
 1. Yes, enough 2. Yes, not enough 3. No
19. In the long term do you think that finding food for your household is
 1. big problem
 2. problem
 3. not a problem at all
20. How do you see your current financial situation?
 1. very bad 2. bad 3. average 4. good 5. very good 6. Don't know
21. *If there is a child younger than 5 years of age where was it born?*
 1. Hospital 2. Home 3. Somewhere else _____
22. Was the child vaccinated?
 1. Yes→24 2. No
23. If the answer is no, why not?
 1. Don't have medical ID
 2. Vaccination is not important
 3. Lack of information
 4. Lack of medical assistance *shots and drugs)
24. Did your community suffer some epidemic during the last three months, and if yes which?
 1. Yes, which _____ 2. No
25. Do you consider education important and can it change the future of your child?
 1. Yes 2. No
26. Are the kids interested in going to school?
 1. Yes 2. No
27. Was someone interested in attracting your kids to go to the school?
 1. Local community
 2. NGO
 3. Local school
 4. Other, _____
28. Do some of your kids attend programmes organized by NGO's?
 1. Yes 2. No → 30
29. If Yes how are you satisfied with those programmes?
 1. Very satisfied
 2. Satisfied
 3. Non satisfied
30. How are the kids, that are not attending school, spending their time?
 1. Helping the elders
 2. Playing
 3. Attending some other educational institution
 4. Collecting recycling material
 5. Begging
 6. Working
 7. Other
31. How old you were when your wife gave a birth to the first child? _____
32. How old should be your son/daughter to have his/her baby? _____
33. How many children your father had? _____