

# SECTION 1

Family Roster

Education

Non-agricultural enterprise

Employment

Social Organization/Network

## PART A: HOUSEHOLD ROSTER

PERSON INTERVIEWED: PREFERABLY THE HEAD OF THE HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A "PRINCIPAL RESPONDENT" TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

RESPONDENT: \_\_\_\_\_ ID CODE:

1-3. I would like to make a complete list of all the people who normally use the same entrance, live and eat their meals together in this dwelling.

\* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Start with the head of the household, wife/husband of household head, his/her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE.

WRITE DOWN THE NAME IN CAPITAL LETTERS, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

\* Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families, who normally live and eat their meals this dwelling.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

\* Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals with your family. For instance, tenants, lodgers, servants or other persons who are not relatives.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

\* Are there any other persons not now present but who normally live and eat their meals here? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-11 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.12. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.\*

4-10. Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS ANY DIFFICULTY WITH HIS AGE OR DATE OF BIRTH (QUESTIONS 5 AND 6), USE THE CALENDAR OF EVENTS TO MAKE AN ESTIMATE.

12. CLASSIFY EACH PERSON ACCORDING TO CRITERIA

LOOK AT THE ANSWER TO QUESTION 11.

\* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 9 MONTHS OR LESS ARE CLASSIFIED AS HOUSEHOLD MEMBERS. DECEASED INDIVIDUALS ARE NEVER CLASSIFIED AS HOUSEHOLD MEMBERS. LODGERS ARE NOT CLASSIFIED AS HOUSEHOLD MEMBERS. HIRED WORKERS AND SERVANTS, IF THEY HAVE THEIR OWN FAMILY IN A DIFFERENT PLACE, ARE ALSO NOT CLASSIFIED AS HOUSEHOLD MEMBERS. GUESTS WHO HAVE COME TO VISIT FOR 3 OR MORE MONTHS ARE CLASSIFIED AS MEMBERS OF HOUSEHOLD.

\* IF THE ANSWER IS MORE THAN 9 MONTHS, ONLY THE FOLLOWING ARE HOUSEHOLD MEMBERS:

- THE HEAD OF HOUSEHOLD
- INFANTS LESS THAN 3 MONTHS OLD

\* APART FROM THE CASES LISTED ABOVE, ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS. ENTER CODE 1 FOR EACH HOUSEHOLD MEMBER AND CODE 2 FOR ALL OTHER PERSONS. GO ON TO THE NEXT PERSON LISTED.

## HOUSEHOLD ROSTER

| I<br>D<br>C<br>O<br>D<br>E | 1.<br>FIRST NAME | 2.<br>What is<br>[NAME]'s sex?<br><br>MALE . 1<br>FEMALE . 2 | 3.<br>RELATIONSHIP TO HEAD<br>HEAD.....1<br>WIFE/HUSBAND.....2<br>SON/DAUGHTER.....3<br>GRANDCHILD.....4<br>NIECE/NEPHEW.....5<br>FATHER/MOTHER.....6<br>SISTER/BROTHER.....7<br>SON/DAUGHTER-IN-LAW...8<br>BROTHER/SISTER-IN-LAW.9<br>GRANDFATHER/MOTHER...10<br>FATHER/MOTHER-IN-LAW.11<br>OTHER RELATIVE.....12<br>SERVANT.....13<br>TENANT.....14<br>OTHER ..15 | 4.<br>DATE OF<br>BIRTH |  | 5.<br>How<br>old is<br>[NAME]<br>? | 6.<br>MARITAL STATUS<br>MARRIED.....1<br>LIVING TOGETHER..2<br>LIVING APART BUT<br>NOT SEPARATED.....3<br>(»Q. 8)<br>DIVORCED OR<br>SEPARATED.....4<br>(»Q. 8)<br>WIDOW/ER.....5<br>(»Q. 8)<br>NEVER MARRIED.....6<br>(»Q. 8) | 7.<br>Who is the<br>husband/wife/<br>partner of<br>[NAME] ?<br><br>WRITE THE ID<br>CODE.IF THE<br>PERSON IS<br>NOT IN THE<br>HOUSEHOLD,<br>WRITE "0". | 8.<br>Does the father<br>of [NAME] live in<br>this household<br>now? If yes, who<br>is he?<br><br>WRITE THE ID<br>CODE.IF THE<br>PERSON IS NOT<br>IN THE<br>HOUSEHOLD,<br>WRITE "0". | 9.<br>Does the mother<br>of [NAME] live in<br>this household<br>now? If yes, who<br>is she?<br><br>WRITE THE ID<br>CODE.IF THE<br>PERSON IS<br>NOT IN THE<br>HOUSEHOLD,<br>WRITE "0". | 10.<br>Which ethnic group<br>does [NAME] belong<br>to?<br>ALBANIAN.....1<br>CROAT.....2<br>MONTENEGRIN. 3<br>MUSLIM<br>SLAV/BOSNIAC/<br>GORANI .....4<br>ROMA.....5<br>SERB...6<br>TURK.....7<br>YUGOSLAV.....8<br>OTHERS .....9 |
|----------------------------|------------------|--|---|------------------------|--|------------------------------------|---|---|--|---|--|
|                            | MONTH            | YEAR   | YEARS   |                        |  |                                    |   |   |  |   |  |
| 1                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 2                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 3                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 4                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 5                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 6                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 7                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 8                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 9                          |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 10                         |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 11                         |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 12                         |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 13                         |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 14                         |                  |  |   |                        |  |                                    |   |   |  |   |  |
| 15                         |                  |  |   |                        |  |                                    |   |   |  |   |  |

## DISPLACEMENT

|                            |  |   |   |  |   |   |
|----------------------------|--|---|---|--|---|---|
| I<br>D<br>C<br>O<br>D<br>E | 1.<br>Where was [NAME] born?<br>HERE<br>(SITE OF SURVEY).0<br>OTHER<br>MUNICIPALITY.1-30<br>FORMER YUGOSLAVIA.44<br>ALBANIA/SERBIA**.....55<br>WESTERN EUROPE.....66<br>OTHER.....77 | 2.<br>This place<br>was...<br><br>RURAL.....1<br>URBAN.....2<br>MIXED 3 | 3.<br>Where did [NAME] live immediately before<br>the conflict (March 1998)?<br><br>HERE (SITE OF SURVEY).0<br>OTHER MUNICIPALITY.1-30<br>FORMER YUGOSLAVIA.....44<br>ALBANIA/SERBIA**.....55<br>WESTERN EUROPE.....66<br>OTHER.....77<br>NOT YET BORN.....88 | 4.<br>How many times has<br>[NAME] changed<br>residence since the<br>beginning of the conflict<br>(March 1998)?<br><br>IF 0>>NEXT PERSON | 5.<br>What was the main reason<br>for this absence?<br><br>SECURITY....1<br>HOUSE<br>INHABITABLE.2<br>WORK.....3<br>STUDY... ..4<br>OTHER .....5<br><br>1st 2nd 3rd 4th | 6.<br>Where was [NAME] living during most<br>of this absence?<br>OTHER LOCALITY BUT SAME<br>MUNICIPALITY.....0<br>OTHER MUNICIPALITY.1-30<br>FORMER YUGOSLAVIA.....44<br>ALBANIA/SERBIA**.....55<br>WESTERN EUROPE.....66<br>OTHER.....77 |
|                            |  |   |   |  |   |   |

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| 1  |  | **: in Questions 1, 3 and 6 Substituted Serbia to Albania in Serb questionnaire |  |  |  |  |  |  |
| 2  |  |   |  |  |  |  |  |  |
| 3  |  |   |  |  |  |  |  |  |
| 4  |  |   |  |  |  |  |  |  |
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| 9  |  |   |  |  |  |  |  |  |
| 10 |  |   |  |  |  |  |  |  |
| 11 |  |   |  |  |  |  |  |  |
| 12 |  |   |  |  |  |  |  |  |
| 13 |  |   |  |  |  |  |  |  |
| 14 |  |   |  |  |  |  |  |  |
| 15 |  |   |  |  |  |  |  |  |

## NEW HOUSEHOLD MEMBERS

Since the beginning of the conflict (March 1998), did any new members join this household, (excluding children born after March 1998)?

1. YES

2. NO (»NEXT PART)

11/11/2019

| 1.  | 2.                                      | 3.  | 4.  | 5.  |
|---|---|---|---|---|
| WRITE DOWN<br>THE ID CODE OF<br>THE NEW<br>MEMBERS<br>JOINING THE<br>HOUSEHOLD<br>AFTER MARCH<br>1998 | When did [NAME] join<br>your household? | Why did [NAME] join this<br>household?<br>SECURITY.....1<br>HOUSE INHABITABLE..2<br>WORK.....3<br>MARRIED.....4<br>WIDOWED.....5<br>ORPHANED.....6<br>STUDY.....7<br>OTHER .....8 | Where was [NAME] living before joining your<br>household?<br><br>SAME MUNICIPALITY.....0<br>OTHER MUNICIPALITY.1-30<br>FORMER YUGOSLAVIA.....44<br>ALBANIA/SERBIA**.....55<br>WESTERN EUROPE.....66<br>OTHER.....77 | How long do you think<br>[NAME] is going to remain<br>a member of your<br>household?<br>PERMANENTLY 1<br>DEPENDING ON<br>HIS/HER JOB OR<br>STUDIES 2<br>DOES NOT KNOW 3 |
| ID CODE   | MONTH                                   | YEAR  |   |   |

|  |     |    |          |   |   |
|--|-----|----|----------|---|---|
|  |     |    |          |   |   |
|  | **: | in | Question | 4 | Substituted Serbia to Albania in Serb questionnaire |
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| 1.<br>WRITE DOWN<br>THE ID CODE<br>OF<br>HOUSEHOLD<br>MEMBERS<br>OVER 16<br>YEARS OLD | 2.<br>Is your spouse currently<br>living with you?<br><br>0. NEVER MARRIED<br>AND SPOSE DEAD<br>(>>7)<br>1. YES<br>(>>7)<br>2. NO | 3.<br>Which ethnic group does<br>s/he belong to?<br><br>ALBANIAN.....1<br>CROAT..... 2<br>MONTENEGRIN. 3<br>MUSLIM<br>SLAV/BOSNIAC/<br>GORANI .... 4<br>ROMA.....5<br>SERB... ..6<br>TURK.....7<br>YUGOSLAV......8<br>OTHERS .....9 | 4.<br>Why did <b>your spouse</b><br>leave your household?<br><br>SECURITY.....1<br>WORK .. .2<br>FAMILY REASONS...3<br>STUDY.....4<br>OTHER .. .5 | 5.<br>Where is <b>your spouse</b> now living?<br><br>SAME MUNICIPALITY.....0<br>OTHER MUNICIPALITY.1-30<br>FORMER YUGOSLAVIA.....44<br>ALBANIA?SERBIA**...55<br>WESTERN EUROPE.....66<br>OTHER.....77 | 6.<br>How long<br>has s/he<br>been<br>away?<br>("O" IF<br>LESS<br>THAN A<br>YEAR) | 7.<br>Do you have<br>any children<br>currently living<br>away from<br>home?<br><br>1. YES<br>2. NO<br>>> NEXT<br>PERSON | 8.<br>Where are they living?<br><br>SAME<br>MUNICIPALITY.....0<br>OTHER MUNICIPALITY.1-<br>30<br>FORMER<br>YUGOSLAVIA.....44<br>ALBANIA/SERBIA**.....<br>...55<br>WESTERN<br>EUROPE......66<br>OTHER .....77 | 9.<br>When did he/she left? |      |      |      |      |
|---|---|---|---|---|---|---|--|-----------------------------|------|------|------|------|
| ID CODE   |   |   |   |   | YEARS   |   |  |                             | YEAR | YEAR | YEAR | YEAR |
|   |   |   |   |   |   |   |  |                             | 1st  | 2nd  | 3rd  | 4th  |
|   |   |   |   |   |   |   |  |                             |      |      |      |      |
|   |   |   |   |   |   |   |  |                             |      |      |      |      |
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\*\*:: in Questions 5 & 8 (4 times in Q. 8 ) Substituted Serbia to  
Albania in Serb questionnaire

[illegible]

ALL HOUSEHOLD MEMBERS AGE 5 AND OLDER  
FOR CHILDREN UNDER 12, THE MAIN CAREGIVER ANSWERS

8



ALL HOUSEHOLD MEMBERS AGE 5 AND OLDER  
FOR CHILDREN UNDER 12 , THE MAIN CAREGIVER ANSWERS

9

|                                      |   |   |  |   |  |  |  |   |  |   |
|--------------------------------------|---|---|--|---|--|--|--|---|--|---|
| 1.<br>I<br>D<br><br>C<br>O<br>D<br>E | 2.<br>I<br>D<br><br>R<br>E<br>S<br>P<br>O<br>N<br>D<br>E<br>N<br>T<br>? | 3.<br>During the past 7 days, have you performed any activity for someone who is not living in this house, for example, an enterprise, company, the public sector, a NGO or any other individual? | 4.<br>During the past 7 days, have you performed any activity on a farm operated by a member of your household, (cultivating crops, or other farming tasks) or have you cared for livestock belonging to a member of your household? | 5.<br>During the past 7 days, have you performed any activity privately or in a business belonging to you or someone in this house, for example, as a shop-keeper, barber, mason, carpenter or taxi driver? | 6.<br>CHECK THE ANSWERS TO QUESTIONS 2, 3 AND 4. (WORK IN LAST 7 DAYS) | 7.<br>Although you reported no work in the past 7 days, have you ever sold goods in the street, helped someone for their business, sold some homemade products, repaired cars....? CHECKING QUESTION | 8.<br>Do you have a permanent job even though you did not work in the last 7 days? | 9.<br>What is the main reason that you did not work in the last 7 days?   | 10.<br>Have you looked for work in the last 7 days?  | 11.<br>What is the main reason you did not look for a job in the last 7 days? (MOST IMPORTANT REASON) |
|                                      |   | YES...1<br>NO....2  | YES...1<br>NO....2   | YES...1<br>NO....2  | ANY YES...1<br>(»PART B1)<br>ALL NO...2                                | YES...1<br>UPDATE 4 AND 5<br>(» PART B1)<br>NO....2  | YES...1<br>NO...2<br>(»Q.9)  | »PART A2<br>SICK.....1<br>MATERNITY...2<br>HOUSEHOLD<br>MEMBER ILL.3<br>VACATION...4<br>STRIKE/<br>SUSPENSION.5<br>TEMPORARY WORKLOAD<br>REDUCTION..6<br>TEMPORARY CLOSURE 7<br>PERMANENT CLOSURE 8<br>OTHER .9 | »A2<br>STUDENT.....1<br>HOUSEWIFE/CHILDCARE....2<br>TOO OLD/RETIRED. 3<br>HANDICAPPED.....4<br>WAITING FOR REPLY FROM<br>EMPLOYER. 5<br>WAITING FOR RECALL BY<br>EMPLOYER... 6<br>WAITING FOR BUSY SEASON. 7<br>OTHER HH MEMBER DOES NOT WANT<br>YOU TO WORK 8<br>NO SOURCE OF EMPLOYMENT IN THE<br>COMMUNITY 9<br>NO JOB FOR YOUR ETHNIC GROUP<br>10<br>OTHER..... 11 |   |

[illegible]

I would like to ask you some questions about **all the activities you performed** in the last 7 days whether work on a farm, *privately*, in a household business, or for someone else. Let's start with the work that you did in **the past 7 days**.

| ID<br>CODE | ACTIVITY<br>CON | 1.<br>What did you do?  |                    | 2.<br>What kind of trade or business is it connected with? |                  | 3.<br>In this work were you working on :   |  | 4.<br>For how many different employers did you do this activity in the last 7 days? |
|------------|-----------------|---|--------------------|--|------------------|--|--|---|
|            |                 | WRITTEN<br>DESCRIPTION  | OCCUPATION<br>CODE | WRITTEN<br>DESCRIPTION                                     | INDUSTRY<br>CODE | FARM OWNED OR RENTED<br>BY HOUSEHOLD<br>MEMBER 1 (»Q.5)<br><br>OWN ACCOUNT/HOUSEHOLD<br>ENTERPRISE.....2(>Q.5)<br><br>WORK FOR NON-HOUSEHOLD<br>MEMBER.....3 |  |   |
|            |                 | USE ONE LINE PER ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON |                    |  |                  |  |  |   |
|            | A               |   |                    |  |                  |  |  |   |
|            | B               |   |                    |  |                  |  |  |   |
|            | C               |   |                    |  |                  |  |  |   |
|            | D               |   |                    |  |                  |  |  |   |
|            | E               |   |                    |  |                  |  |  |   |
|            | F               |   |                    |  |                  |  |  |   |
|            | G               |   |                    |  |                  |  |  |   |
|            | H               |   |                    |  |                  |  |  |   |
|            | I               |   |                    |  |                  |  |  |   |
|            | J               |   |                    |  |                  |  |  |   |
|            | K               |   |                    |  |                  |  |  |   |
|            | L               |   |                    |  |                  |  |  |   |
|            | M               |   |                    |  |                  |  |  |   |
|            | N               |   |                    |  |                  |  |  |   |
|            | O               |   |                    |  |                  |  |  |   |

for

|                            |   |  |   |  |   |   |  |
|----------------------------|---|--|---|--|---|---|--|
| I<br>D<br>C<br>O<br>D<br>E | A<br>C<br>T<br>I<br>V<br>I<br>T<br>Y<br><br>C<br>O<br>N | 5.<br>For how many days in the last 7 days did you do this activity, for any employer? | 6.<br>For how many hours in the last 7 days did you do this activity? | 7.<br>For how many weeks in the last 12 months did you do this activity? | 8.<br>During these weeks, how many hours per week did you usually do this work? | 9.<br>Did you do any other work in the last 7 days, or did you have any other permanent job from which you were temporarily absent?<br><br>YES...1<br>(»NEXT LINE)<br>NO....2 | 10.<br>FOR EACH PERSON, CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q. 6 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF HE OR SHE REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)<br>ACTIVITY FOR WHICH ANSWER TO 6 IS HIGHEST.....1<br>ACTIVITY FOR WHICH ANSWER TO 6 IS SECOND HIGHEST...2<br>ALL OTHER ACTIVITIES ...3<br><br>(PART C1) |
|                            |   | DAYS<br>PER WEEK   | HOURS<br>PER WEEK   | WEEKS<br>PER YEAR  | HOURS<br>PER WEEK   |   |  |

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[illegible]

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|--------------------------------|--|---|-------|--|----------------------------|--|--|---|----------------------------|--|---------------------|---|----------------------|--|----------------------|---|----------------------|--|--------------------------------|--|
| I<br>D<br><br>C<br>O<br>D<br>E | 8.   | How much was your last payment?<br>IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect? What period of time did this payment cover? | 9.    | How many hours did you work (or will you work) for the pay you just reported? Please include any hours of paid vacation or sick leave. | 10.                        | Do you receive any payment for this work in any other form (meals, tips, transport)? | 11.  | What is the value of those payments? Over what time interval? | 12.                        | Is this the only employer for whom you did this work in the last 7 days? | 13.                 | During the last 7 days, how many days did you work for this employer? | 14.                  | During the last 7 days, how many hours did you work for this employer? | 15.                  | During the last 12 months, for how many weeks did you work for this employer? | 16.                  | During the weeks you worked for this employer in the last 12 months, for how many hours did you usually work per week? | 17.                            | CHECK QUESTION<br>10 IN PART B1 DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS? |
|                                | 1. DEM<br>2. DINAR<br>CURRENCY: <input type="text"/> |   |       |  | YES...1<br>NO...2<br>(»12) |  | 1. DEM<br>2. DINAR<br>CURRENCY: <input type="text"/> |   | YES...1<br>(»17)<br>NO...2 |  | DAYS<br>PER<br>WEEK |   | HOURS<br>PER<br>WEEK |  | WEEKS<br>PER<br>YEAR |   | HOURS<br>PER<br>WEEK |  | YES...1<br>NO...2<br>(»PART A2 |  |
|                                | AMOUNT   | TIME UNIT   | HOURS |  |                            |  | AMOUNT   | TIME UNIT   |                            |  |                     |   |                      |  |                      |   |                      |  |                                |  |
|                                |  |   |       |  |                            |  |  |   |                            |  |                     |   |                      |  |                      |   |                      |  |                                |  |

[illegible]

HOUR....2 DAY....3 WEEK....4 FORTNIGHT...5 MONTH.....6 QUARTER....7 HALF YEAR...8 YEAR...9

[illegible][illegible]

|                            |                                |  |              |  |                            |  |                                |   |                            |  |                     |   |                      |  |                      |   |                      |  |                |
|----------------------------|--------------------------------|--|--------------|--|----------------------------|--|--------------------------------|---|----------------------------|--|---------------------|---|----------------------|--|----------------------|---|----------------------|--|----------------|
| I<br>D<br>C<br>O<br>D<br>E | 25.                            | How much was your last payment?<br>IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment do you expect? What period of time did this payment cover? | 26.          | How many hours did you work (or will you work) for the pay you just reported? Please include any hours of paid vacation or sick leave. | 27.                        | Do you receive any payment for this work in any other form (meals, tips, transport)? | 28.                            | What is the value of those payments? Over what time interval? | 29.                        | Is this the only employer for whom you did this work in the last 7 days? | 30.                 | During the last 7 days, how many days did you work for this employer? | 31.                  | During the last 7 days, how many hours did you work for this employer? | 32.                  | During the last 12 months, for how many weeks did you work for this employer? | 33.                  | During the last 12 months, for how many weeks did you usually work per week? |                |
|                            | 1. DEM<br>2. DINAR             |  |              |  |                            |  | 1. DEM<br>2. DINAR             |   | YES...1<br>(»A2)           |  | DAYS<br>PER         |   | HOURS<br>PER         |  | WEEKS<br>PER         |   | HOURS<br>PER         |  |                |
|                            | CURRENCY: <input type="text"/> |  |              |  | YES...1<br>NO...2<br>(»29) |  | CURRENCY: <input type="text"/> |   | YES...1<br>(»A2)<br>NO...2 |  | DAYS<br>PER<br>WEEK |   | HOURS<br>PER<br>WEEK |  | WEEKS<br>PER<br>YEAR |   | HOURS<br>PER<br>WEEK |  |                |
|                            | AMOUNT<br>UNIT                 |  | TIME<br>UNIT |  | HOURS                      |  | AMOUNT<br>UNIT                 |   | TIME<br>UNIT               |  | AMOUNT<br>UNIT      |   | TIME<br>UNIT         |  | AMOUNT<br>UNIT       |   | TIME<br>UNIT         |  | AMOUNT<br>UNIT |

[illegible]

|            |           |            |                 |             |               |               |          |
|------------|-----------|------------|-----------------|-------------|---------------|---------------|----------|
| HOURLY...2 | DAILY...3 | WEEKLY...4 | FORTNIGHTLY...5 | MONTHLY...6 | QUARTERLY...7 | HALF YEAR...8 | YEAR...9 |
|------------|-----------|------------|-----------------|-------------|---------------|---------------|----------|



IF THE PERSON DID NOT REPORT WORK IN THE PAST 7 DAYS, PLEASE ASK THE FOLLOWING QUESTIONS.  
IF THE PERSON REPORTED SOME WORK IN PART B1 AND C1. PLEASE GO TO PART B2.

|                |  |   |   |   |   |   |   |   |  |
|----------------|--|---|---|---|---|---|---|---|--|
| 1.             | 2.   | 3.  | 4.  | 5.  | 6.  | 7.  | 8.  | 9.  | 10.  |
| IDENTIFICATION | During the past 12 months, have you performed any activity for someone who is not living in this house, for example, an enterprise, company, the public sector, a NGO or any other individual? | During the past 12 months, have you performed any activity on a farm operated by a member of your household, (cultivating crops, or other farming tasks) or have you cared for livestock belonging to a member of your household? | During the past 12 months, have you performed any activity <i>privately or in a business</i> belonging to you or someone in this house, for example, as a shop-keeper, barber, mason, carpenter or taxi driver? | CHECK THE ANSWERS TO QUESTIONS 2, 3 AND 4. (WORK IN LAST 12 months) | Although you reported no work in the past 12 months, have you ever sold goods in the street, helped someone for their business, sold some homemade products, repaired cars....? CHECKING QUESTION | Do you have a permanent job even though you did not work in the last 12 months? | What is the main reason that you did not work in the last 12 months?  | Have you looked for work in the last 12 months? | What is the main reason you did not look for a job in the last 12 months? (MOST IMPORTANT REASON)  |
|                | YES...1<br>NO....2   | YES...1<br>NO....2  | YES...1<br>NO....2  | ANY YES...1<br>(>>PART B2)<br>ALL NO...2                            | YES...1<br>UPDATE 4 AND 5<br>(>> B2).<br>NO...2<br>(>>Q.9)  | YES...1<br>NO...2<br>(>>Q.9)  | <div style="border: 1px solid black; padding: 5px; text-align: center;">&gt;&gt;PART D</div> SICK.....1<br>MATERNITY..2<br>HOUSEHOLD<br>MEMBER ILL.3<br>VACATION...4<br>STRIKE/<br>SUSPENSION.5<br>TEMPORARY WORKLOAD<br>REDUCTION..6<br>TEMPORARY CLOSURE 7<br>PERMANENT CLOSURE 8<br>OTHER .9 | YES...1<br>(PART D)<br>NO...2                   | STUDENT..... .1<br>HOUSEWIFE/CHILDCARE....2<br>TOO OLD/RETIRED. 3<br>HANDICAPPED..... 4<br>WAITING FOR REPLY FROM EMPLOYER. 5<br>WAITING FOR RECALL BY EMPLOYER... 6<br>WAITING FOR BUSY SEASON. 7<br>OTHER HH MEMBER DOES NOT WANT YOU TO WORK 8<br>NO SOURCE OF EMPLOYMENT IN THE COMMUNITY 9<br>NO JOB FOR YOUR ETHNIC GROUP.....10<br>CHILDREN.....11<br>OTHER..... 12<br>IF 11 (CHILD) GO TO NEXT PERSON OTHERWISE >>PART D |

[illegible]

I would like to ask you some questions about the **activities you performed** in the last 12 months whether work on a farm, *privately*, *in a household business*, or for someone else. I would like to know about all the other activities you have had in the past 12 months, **the ones you mentioned for the past 7 days and others which you did not perform in the past 7 days**. START WITH THE ONES MENTIONED IN THE PAST 7 DAYS (COPY THE ANSWERS TO 1,2,3 IN PART B1).

| ID | ACTIVITY CODE | 1.<br>What did you do?  |                 | 2.<br>What kind of trade or business is it connected with? |               | 3.<br>In this work were you working on a farm owned or rented by you or a member of your household, were you working <i>privately</i> or in a nonfarm business belonging to you or a member of your household, or were you working for someone who is not a member of your household? |        | 4.<br>For how many different employers did you do this activity in the last 12 months? |
|----|---------------|---|-----------------|--|---------------|---|--------|--|
|    |               | WRITTEN DESCRIPTION   | OCCUPATION CODE | WRITTEN DESCRIPTION  | INDUSTRY CODE | MEMBER.....3  | NUMBER |  |
|    |               | USE ONE LINE PER ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON |                 |  |               | FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 (»Q.5)<br>OWN ACCOUNT/HOUSEHOLD ENTERPRISE.....2 (>Q.5)<br>WORK FOR NON-HOUSEHOLD MEMBER.....3   |        |  |
|    | A             |   |                 |  |               |   |        |  |
|    | B             |   |                 |  |               |   |        |  |
|    | C             |   |                 |  |               |   |        |  |
|    | D             |   |                 |  |               |   |        |  |
|    | E             |   |                 |  |               |   |        |  |
|    | F             |   |                 |  |               |   |        |  |
|    | G             |   |                 |  |               |   |        |  |
|    | H             |   |                 |  |               |   |        |  |
|    | I             |   |                 |  |               |   |        |  |
|    | J             |   |                 |  |               |   |        |  |
|    | K             |   |                 |  |               |   |        |  |
|    | L             |   |                 |  |               |   |        |  |
|    | M             |   |                 |  |               |   |        |  |
|    | N             |   |                 |  |               |   |        |  |
|    | O             |   |                 |  |               |   |        |  |

I would  
some  
you did

|                            |   |  |  |   |  |  |
|----------------------------|---|--|--|---|--|--|
| I<br>D<br>C<br>O<br>D<br>E | A<br>C<br>T<br>I<br>V<br>I<br>T<br>Y<br><br>C<br>O<br>N | 5.<br>For how<br>many<br>weeks in<br>the last 12<br>months did<br>you do this<br>activity? | 6.<br>During<br>these<br>weeks, how<br>many hours<br>per week<br>did you<br>usually do<br>this work? | 7.<br>MULTIPLY<br>THE<br>NUMBER IN<br>5. BY THE<br>NUMBER IN 6<br>TO OBTAIN<br>HOURS IN<br>THE LAST 12<br>MONTHS. | 8.<br>Did you do any<br>other work in<br>the last 12<br>months, or did<br>you have any<br>other<br>permanent job<br>from which you<br>were<br>temporarily<br>absent?<br><br>YES...1<br>(»NEXT<br>LINE)<br>NO...2 | 9.<br>FOR EACH PERSON, CHECK FOR<br>FIRST AND SECOND HIGHEST<br>ANSWERS TO Q.7(HOURS<br>WORKED IN LAST 12 MONTHS)<br>FOR THIS INDIVIDUAL. (IF HE/SHE<br>REPORTED ONLY ONE<br>ACTIVITY, MARK IT AS CODE 1).<br><br>ACTIVITY FOR WHICH<br>ANSWER IN 7 IS<br>HIGHEST.....1<br>ACTIVITY FOR WHICH<br>ANSWER IN 7 IS<br>SECOND HIGHEST...2<br>ALL OTHER ACTIVITIES<br>...3<br><br>(PART C2) |
|                            |   | WEEKS<br>PER YEAR  | HOURS<br>PER WEEK  | HOURS<br>PER YEAR   |  |  |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | A |  |  |  |  |  |
|  | B |  |  |  |  |  |
|  | C |  |  |  |  |  |
|  | D |  |  |  |  |  |
|  | E |  |  |  |  |  |
|  | F |  |  |  |  |  |
|  | G |  |  |  |  |  |
|  | H |  |  |  |  |  |
|  | I |  |  |  |  |  |
|  | J |  |  |  |  |  |
|  | K |  |  |  |  |  |
|  | L |  |  |  |  |  |
|  | M |  |  |  |  |  |
|  | N |  |  |  |  |  |
|  | O |  |  |  |  |  |

[illegible]

|        |     |   |
|--------|-----|---|
| I<br>D | 8.  | How much was your last payment?   |
| C      | 9.  | How many hours did you work for the pay you just reported? Please include any hours of paid vacation or sick leave.                               |
| O      | 10. | Do you receive any payment for this work in any other form (meals, tips, transport)?  |
| D      | 11. | What is the value of those payments?<br>Over what time interval?  |
| E      | 12. | Is this the only employer for whom you did this work in the past 12 months?   |
|        | 13. | During the last 12 months, how many months did you work for this employer?  |
|        | 14. | During the last 12 months, for how many weeks did you work for this employer?   |
|        | 15. | During the weeks you worked for this employer in the last 12 months, for how many hours did you usually work per week?                            |
|        | 16. | CHECK QUESTION 9 IN PART B2.<br><br>DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 12 MONTHS ?<br><br>YES...1 NO....2 (>PART D) |
|        |     | 1. DEM<br>2. DINAR<br>CURRENCY:   |
|        |     | AMOUNT TIME UNIT HOURS  |
|        |     | YES...1 NO....2 (>12)   |
|        |     | 1. DEM<br>2. DINAR<br>CURRENCY:   |
|        |     | AMOUNT TIME UNIT YEARS MONTHS PER YEAR WEEKS PER YEAR HOURS PER WEEK YES...1 NO....2 (>> 16) (>PART D)  |

[illegible]

HOUR....2 DAY....3 WEEK....4 FORTNIGHT...5 MONTH.....6 QUARTER....7 HALF YEAR...8 YEAR...9

|  |     |   |  |   |  |  |   |   |
|--|-----|---|--|---|--|--|---|---|
|  | 17. | FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 9 OF PART B2. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 12 MONTHS). | 18.<br>Now I would like to ask you about your work as [OCCUPATION FROM Q. 17]. Where did you carry out most of this work in the last 12 months?<br>FARM OWNED OR RENTED BY<br>HOUSEHOLD MEMBER.....1<br>OTHER FARM.....2<br>YOUR HOME.....3<br>OTHER HOME.....4<br>VEHICLE.....5<br>FROM DOOR TO DOOR.....6<br>IN THE STREET, NO FIXED PLACE..7<br>IN THE STREET, FIXED PLACE.... 8<br>IN A MARKET 9<br>OFFICE/FACTORY.....10<br>OTHER .....11 | 19.<br>In this work were you...<br>(READ ALL RESPONSES)<br><br>an employer?....1(»part D)<br>a private worker or unpaid workerin a household farm or nonfarm business?.....2(»part D)<br>a paid worker in a household farm or nonfarm business?.....3(»24)<br>an employee of someone who is not a member of your household?.....4 | 20.<br>Is your employer for this work... (READ ALL RESPONSES)<br><br>a private company.1<br>a village employment program?... 2<br>UNMIK, public sector?.....3<br>a socially-owned enterprise or cooperative?....4<br>a NGO or humanitarian organization 5<br>a private individual?.....6 | 21.<br>How many people altogether work at the place where you do this work?<br><br><br><br><br><br><br><br><br><br>WRITE<br>222<br>IF >100<br><br><br>NUMBER | 22.<br>Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work?<br><br><br><br><br><br><br><br><br><br>YES...1<br>(»24)<br>NO....2 | 23.<br>What is the main reason you receive no payment for this work?<br><br><br><br><br><br><br><br><br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">»Q.26</div><br><br>APPRENTICESHIP OR UNPAID TRAINEESHIP...1<br>LABOR EXCHANGE.2<br>PAYING OF DEBT.3<br>OTHER ...4 |
|  |     | OCCUPATION CODE   |  |   |  |  |   |   |

[illegible]

## PART C2: MAIN AND SECONDARY JOB IN THE LAST 12 MONTHS

ALL PERSONS WITH T IN Q.5 OF PART A2

|                                |                                |  |              |  |                   |  |                                |  |                 |   |                |  |              |   |              |  |      |
|--------------------------------|--------------------------------|--|--------------|--|-------------------|--|--------------------------------|--|-----------------|---|----------------|--|--------------|---|--------------|--|------|
| I<br>D<br><br>C<br>O<br>D<br>E | 24.                            | How much was your last payment?<br>What period of time did this payment cover? | 25.          | How many hours did you work for the pay you just reported?<br>Please include any hours of paid vacation or sick leave. | 26.               | Do you receive any payment for this work in any other form (meals, tips, transport)? | 27.                            | What is the value of those payments?<br>Over what time interval? | 28.             | Is this the only other employer for whom you did this work in the last 12 months? | 29.            | During the last 12 months, how many months did you work for this employer? | 30.          | During the last 12 months, for how many weeks did you work for this employer? | 31.          | During the weeks you worked for this employer in the last 12 months, for how many hours did you usually work per week? |      |
|                                | 1. DEM<br>2. DINAR             |  |              |  |                   |  | 1. DEM<br>2. DINAR             |  |                 |   |                |  |              |   |              |  |      |
|                                | CURRENCY: <input type="text"/> |  |              |  | YES...1<br>NO...2 |  | CURRENCY: <input type="text"/> |  | YES...1<br>(»D) |   | MONTHS<br>PER  |  | WEEKS<br>PER |   | HOURS<br>PER |  |      |
|                                | AMOUNT<br>UNIT                 |  | TIME<br>UNIT |  | HOURS             |  | AMOUNT<br>UNIT                 |  | TIME<br>UNIT    |   | NO...2<br>YEAR |  | YEAR         |   | YEAR         |  | WEEK |

[illegible]

|                 |                 |                  |                      |                    |                     |                      |                 |
|-----------------|-----------------|------------------|----------------------|--------------------|---------------------|----------------------|-----------------|
| <i>HOUR...2</i> | <i>DAY....3</i> | <i>WEEK....4</i> | <i>FORTNIGHT...5</i> | <i>MONTH.....6</i> | <i>QUARTER....7</i> | <i>HALF YEAR...8</i> | <i>YEAR...9</i> |
|-----------------|-----------------|------------------|----------------------|--------------------|---------------------|----------------------|-----------------|

## PART D: LFP IN 1991

|                            |                                      | Before abolishment of autonomy (1991)  |   |   |   |
|----------------------------|--------------------------------------|--|---|---|---|
| 1                          | 2                                    | 3  | 4   | 5   |   |
| I<br>D<br>C<br>O<br>D<br>E | A<br>C<br>T<br>I<br>V<br>I<br>T<br>Y | <p>I would like to ask you some questions about the kinds of activities you were performing before the abolishment of autonomy, in 1991. This includes work on a farm, <u>privately</u>, for a household business, or for someone else.</p> <p>What kind of work did you do?</p> | <p>What kind of trade or business was this work connected with?</p>   | <p>Did you have any other activity from which you generated income in 1991?</p> | <p>Which of these activities was the most important at that time, in the sense that you worked the most hours in it? And which was the next most important?</p> |
|                            | C<br>O<br>D<br>E                     | <p>TOO YOUNG TO WORK: WRITE 999 IN OCCUPATION CODE AND GO NEXT PERSON</p> <p>STUDENT WRITE 888, GO NEXT PERSON</p> <p>PENSIONER WRITE 777, GO NEXT PERSON, I DID NOT WORK: WRITE 666</p>   | <p>In Serbian Questionnaire the title of this section and question 2 say "Before 1991" instead of "Before abolishment of autonomy (1991)"</p> | <p>YES...1<br/>(»NEXT LINE)<br/>NO....2</p>                                     | <p>»PART E</p> <p>ACTIVITY REPORTED AS MOST IMPORTANT...1<br/>ACTIVITY REPORTED AS NEXT MOST IMPORTANT.2<br/>OTHER ACTIVITIES.....3</p>                         |
|                            | ONE LINE PER ACTIVITY                | OCCUPATION CODE  | WRITTEN DESCRIPTION   | INDUSTRY CODE   |   |
|                            | WRITTEN DESCRIPTION                  |  |   |   |   |
| A                          |                                      |  |   |   |   |
| B                          |                                      |  |   |   |   |
| C                          |                                      |  |   |   |   |
| D                          |                                      |  |   |   |   |
| E                          |                                      |  |   |   |   |
| F                          |                                      |  |   |   |   |
| G                          |                                      |  |   |   |   |
| H                          |                                      |  |   |   |   |
| I                          |                                      |  |   |   |   |
| J                          |                                      |  |   |   |   |
| K                          |                                      |  |   |   |   |
| L                          |                                      |  |   |   |   |



## PART E: MAIN ACTIVITY IN 1991

ALL PERSONS ABOVE 20 YEARS OLD WITH AN ANSWER IN q.5 in PART D

| E. MAIN ACTIVITY IN 1991       |    |  |            |    |   |   |  |   |  |                    |   |        |  |    |   |
|--------------------------------|----|--|------------|----|---|---|--|---|--|--------------------|---|--------|--|----|---|
| I<br>D<br><br>C<br>O<br>D<br>E | 1. | FOR EACH PERSON WORKING BEFORE 1991, LOOK AT THE ANSWERS TO QUESTION 5 OF PART D. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION (MAIN OCCUPATION TEN YEARS AGO) |            | 2. | Now I would like to ask you about your main activity in 1991 as [READ OCCUPATION FROM Q. 1]. If you did this work for more than one employer at that time, please think about your work for the employer for whom you worked the most hours. Where were you carrying out most of this work? | 3.  | In this work were you...<br>(READ ALL RESPONSES) | 4.  | Were you working in the same farm or business in the last 12 months? | 5.                 | Was your employer for this work... (READ ALL RESPONSES) | 6.     | How many people altogether worked at the place where you did this work, in 1991? | 7. | Were you entitled to the benefits of social security system in this work? |
|                                |    |  | OCCUPATION |    | FARM OWNED OR RENTED BY<br>HOUSEHOLD MEMBER.....1<br>OTHER FARM.....2<br>YOUR HOME.....3<br>OTHER HOME.....4<br>VEHICLE.....5<br>FROM DOOR TO DOOR.....6<br>IN THE STREET, NO FIXED PLACE..7<br>IN THE STREET, FIXED PLACE.... 8<br>IN A MARKET 9<br>OFFICE/FACTORY.....10<br>OTHER .....11 | an employer?.....1<br>a worker <i>privately</i> or unpaid worker in a household farm or <i>nonfarm business</i> ?.....2<br>a paid worker in a household farm or <i>nonfarm business</i> ?.....3<br>an employee of someone who is not a member of your household?.....4 ( <i>&gt;&gt;5</i> ) | YES...1<br>( <i>&gt;Q. 6</i> )<br>NO...2         | a private company..1<br>a village employment program?.... 2<br>government, public sector?.....3<br>a socially-owned enterprise or cooperative?.....4<br>a NGO or humanitarian organization 5<br>a private individual?.....6 | WRITE<br>222<br>IF >100  | YES...1<br>NO....2 |   |        |  |    |   |
|                                |    | OCCUPATION   | CODE       |    |   |   |  |   |  |                    |   | NUMBER |  |    |   |

[illegible]

## PART E: MAIN ACTIVITY IN 1991

ALL PERSONS ABOVE 20 YEARS OLD WITH AN ANSWER IN q.5 in PART D

| E. MAIN ACTIVITY IN 1991       |  |  |  |  |  |   |  |  |
|--------------------------------|--|--|--|--|--|---|--|--|
| I<br>D<br><br>C<br>O<br>D<br>E | 8.<br><br>Were you working for this employer in the last 12 months?<br><br><br><br><br><br><br><br><br><br>YES...1 (>> NEXT PERSON)<br><br><br><br>NO....2 | 9.<br>What is the main reason you no longer work in that job?<br>LOST JOB, LAID OFF OR BUSINESS FAILED.....1<br>DECIDED TO CONCENTRATE ON OTHER JOB ALREADY DOING.<br>2(>NEXT PERSON)<br>FOUND JOB WITH BETTER PAY OR WORKING CONDITIONS...3(>13)<br>MOVED,DISPLACED.....5(>11)<br>RETIRED.....6(>NEXT PERSON)<br>BECAME DISABLED.....7(>14)<br>STARTED SCHOOL OR TRAINING PROGRAM.....8(>14)<br>HOUSEHOLD RESPONSIBILITIES.....9(>14)<br>JOB WAS SEASONAL.....10(>11)<br>OTHER ...11(>11) | 10.<br>What is the main reason you lost that job?<br>PLANT CLOSED DOWN OR MOVED.....1<br>POSITION OR SHIFT ABOLISHED.....2<br>FIXED DURATION JOB COMPLETED..3<br>OWN BUSINESS FAILED.....4<br>FIRED .....5<br>DISCRIMINATION FOR ETHNIC REASONS<br>6<br>WAR (DISPLACED, DESTRUCTION)...7 | 11.<br>Did you find work to replace that job?<br><br><br><br><br><br><br>YES...1<br>NO....2<br><br>(>14) | 12.<br>How many weeks after losing that job did you start working in the replacement job?<br><br><br><br><br><br>WEEKS | 13.<br>How many jobs have you had since then?<br><br><br><br><br><br>NUMBER<br><br>»NEXT PERSON | 14.<br>How long have you been without work since losing that job?<br><br><br><br><br><br>IF MORE THAN 2 YEARS,<br>LEAVE MONTHS BLANK<br><br><br>YEARS MONTHS |  |

[illegible]

|  |  |                                 |             |   |                |
|--|--|---------------------------------|-------------|---|----------------|
| <p>1.</p> <p>Over the past 12 months, has anyone in your household operated any non-agricultural business which produces goods or services (for example, artisan, metalworking, construction, repair work; also include processing and selling your outputs from your own crops if done regularly) or has anyone in your household owned a shop or operate a trading business?</p> <p>YES...1<br/>NO....2<br/>( »NEXT MODULE )</p> | <p>2.</p> <p>What kind of business does your household operate?</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">             PROBE TO DETERMINE INDUSTRIAL SECTOR IN WHICH ENTERPRISE OPERATES.           </div> |                                 |             | <p>3.</p> <p>Who is most informed about and/or in charge of day-to-day operations of the business?</p> <div style="border: 1px solid black; padding: 5px;"> <p>COLLECT THE INFORMATION ON THIS PAGE FOR ALL BUSINESSES BEFORE PROCEEDING TO PART B. THEN COMPLETE PARTS B -F FOR THE FIRST BUSINESS, THEN THE SECOND, ETC., UNTIL ALL BUSINESSES ARE SURVEYED. (THERE IS ROOM ON PARTS C - E FOR THREE ENTERPRISES. IF THIS HOUSEHOLD HAS MORE THAN THREE ENTERPRISES, FILL OUT A SEPARATE SET OF PAGES FOR PARTS C -E FOR THE ADDITIONAL BUSINESSES.)</p> <p>IF IT IS NOT POSSIBLE TO SPEAK TO THE PERSON WHO IS MOST INFORMED ABOUT AND/OR IN CHARGE OF THE BUSINESS, FILL PART A AND TRY TO COME BACK LATER TO TALK TO THIS PERSON.</p> </div> |                |
|  | <p>business<br/>ID</p>   | <p>FULL WRITTEN DESCRIPTION</p> | <p>CODE</p> | <p>FIRST NAME</p>   | <p>ID CODE</p> |
|  | <p>1</p>   |                                 |             |   |                |
|  | <p>2</p>   |                                 |             |   |                |
|  | <p>3</p>   |                                 |             |   |                |
|  | <p>4</p>   |                                 |             |   |                |
|  | <p>5</p>   |                                 |             |   |                |
|  | <p>6</p>   |                                 |             |   |                |

## PART B: GENERAL INFORMATION

## PERSON MOST INFORMED ABOUT EACH ENTERPRISE

| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | 1.<br>Are you<br>[READ<br>ANSWER<br>TO PART<br>A, Q.3? | 2.<br>IF THE<br>RESPONDEN<br>T IS NOT<br>THE<br>PERSON<br>INDICATED<br>IN PART A,<br>Q.3, RECORD<br>THE<br>RESPONDEN<br>T'S ID HERE. | 3.<br>I would like to talk to<br>you about your<br>business doing [READ<br>ANSWER TO PART A,<br>Q.2]. For how long<br>has the business been<br>in operation? |        | 4.<br>Where do you operate the business?<br><br>HOME, INSIDE THE<br>RESIDENCE.....1<br>HOME OUTSIDE THE<br>RESIDENCE.....2<br>INDUSTRIAL SITE.....3<br>TRADITIONAL MARKET...4<br>COMMERCIAL DISTRICT<br>SHOP.....5<br>ROADSIDE.....6<br>OTHER FIXED PLACE....7<br>MOBILE.....8 | 5.<br>Do you or<br>the<br>members of<br>your<br>household<br>own all of<br>this<br>enterprise? | 6.<br>In how<br>many<br>households<br>do the other<br>owners<br>live? | 7.<br>What share<br>of the<br>profits is<br>kept by this<br>household,<br>rather than<br>the other<br>owners? | 8.<br>Has this<br>business been<br>in operation<br>during the past<br>7 days?<br><br><div>»»PART C</div><br><br>YES...1<br>NO....2 |
|--|--|--|--|--------|--|--|---|---|--|
|  | YES...1<br>(»3)<br>NO....2                             | ID<br>NUMBER   | YEARS  | MONTHS | YES...1<br>(»8)<br>NO....2   | NUMBER   | PERCENT   |   |  |
| 1  |  |  |  |        |  |  |   |   |  |
| 2  |  |  |  |        |  |  |   |   |  |
| 3  |  |  |  |        |  |  |   |   |  |

## PART C: EMPLOYMENT

## PERSON MOST INFORMED ABOUT EACH ENTERPRISE

| b<br>u<br>s<br>i<br>n<br>e<br>s<br>s<br><br>C<br>O<br>D<br>E | 1.  | 2.   | 3.  | 4.   | 5.   | 6.   | 7.   | 8.  | 9.   | 10.  | 11.  |
|--|---|--|---|--|--|--|--|---|--|--|--|
|  | CHECK ANSWER<br>TO PART B, Q.8.           | Have you<br>yourself spent<br>time working in<br>this business at<br>any time during<br>the past<br>7days? | Please list for me the<br>names of all other<br>household members<br>who have worked in<br>this business during<br>the past 7 days. | ENTER<br>THE ID<br>CODES<br>FOR ALL<br>PEOPLE<br>LISTED IN<br>3. | During the<br>past 7 days,<br>how many<br>people did<br>this business<br>employ who<br>are not<br>members of<br>this<br>household? | How many of<br>them did you<br>pay, in cash<br>or in kind? | Are there any<br>family members<br>who have spent<br>time working in<br>this business<br>during the past 12<br>months but not<br>during the past<br>7days? | Please list for me the<br>names of all household<br>members who have<br>worked in this<br>business during the<br>past 12 months (but<br>not during the past 7<br>days). | ENTER<br>THE ID<br>CODES<br>FOR ALL<br>PEOPLE<br>LISTED IN<br>8. | During the<br>past 12<br>months, how<br>many people<br>did this<br>business<br>employ who<br>are not<br>members of<br>this<br>household? | How many of<br>them did you<br>pay, in cash<br>or in kind? |
|  | ANSWER IS 1..1<br>ANSWER IS 2..2<br>(»12) | YES...1<br>NO....2   | IF MORE THAN 6<br>OTHER<br>WORKERS, LIST<br>THE 6 MOST<br>IMPORTANT   | ID CODE  | IF 0, »7<br>NUMBER   | NUMBER   | YES...1<br>NO....2<br>(»10)  | IF MORE THAN 6<br>OTHER<br>WORKERS, LIST<br>THE 6 MOST<br>IMPORTANT   | ID CODE  | IF 0,<br>»PART D<br>NUMBER   | »»PART D<br>NUMBER   |
| 1  |   |  |   |  |  |  |  |   |  |  |  |
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PART C: EMPLOYMENT

PERSON MOST INFORMED ABOUT EACH ENTERPRISE

|   |   |  |   |  |
|---|---|--|---|--|
| 12.<br>Have you<br>b yourself spent<br>u time working in<br>s this business at<br>i any time during<br>n the past 12<br>e months?<br>s<br>s<br>C<br>O<br>D<br>E<br>YES...1<br>NO....2 | 13.<br>Please list for me the<br>names of all other<br>household members<br>who have worked in<br>this business during<br>the past 12 months.<br><br><div>IF MORE THAN 6<br/>OTHER<br/>WORKERS, LIST<br/>THE 6 MOST<br/>IMPORTANT</div><br>NAME | 14.<br>ENTER THE<br>ID CODES<br>FOR ALL<br>PEOPLE<br>LISTED IN<br>13.<br><br>ID CODE | 15.<br>During the<br>past 12<br>months, how<br>many people<br>did this<br>business<br>employ who<br>are not<br>members of<br>this<br>household?<br><br><div>IF 0,<br/>»PART D</div><br>NUMBER | 16.<br>How many of<br>them did you<br>pay, in cash<br>or in kind?<br><br><div>»»PART D</div><br>NUMBER |
| 1   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
| 2   |   |  |   |  |
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| 3   |   |  |   |  |
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## PART D: REVENUES AND OPERATION SCHEDULE

## PERSON MOST INFORMED ABOUT EACH ENTERPRISE

| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | 1.   | 2.  | 3.   |               | 4.  | 5.   |               | 6.  | 7.   |               | 8.   | 9.  |
|--|--|---|--|---------------|---|--|---------------|---|--|---------------|--|---|
|  | <p>The next questions are about the revenue you earn from your business. Please include all revenues in your answers (that is the total cash and in-kind value of goods and services that you receive from the sale of goods and services) before subtracting any business expenditures and any expenses for your household.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">CHECK ANSWER TO PART B, Q.8</div> <p>ANSWER IS 1..1<br/>ANSWER IS 2..2<br/>(»8)</p> | <p>During the past 7 days, for how many days was the business in operation?</p> <p>DAYS</p> | <p>During the past 7 days, how much money has the business received from the sales of its products, goods or services?</p> <p>CURRENCY: 1 DEM<br/>2. DINAR</p> | CURR-<br>ENCY | <p>During the past 7 days, has the business made any transactions using something other than money? For example, has the business received payments in the form of goods and services, or have you paid for the purchase of any items with your own products?</p> <p>YES..1<br/>NO...2<br/>(»6)</p> | <p>What was the value of these transactions (the value of goods and services received as payment and the value of your own products that you used for payment) over the past 7 days?</p> <p>CURRENCY: 1 DEM<br/>2. DINAR</p> | CURR-<br>ENCY | <p>During the past 7 days, has your household consumed any goods or services produced by this business?</p> <p>YES..1<br/>NO...2<br/>(»8)</p> | <p>What was the value of the goods and services consumed by your household over the past 7 days?</p> <p>CURRENCY: 1 DEM<br/>2. DINAR</p> | CURR-<br>ENCY | <p>During the past 12 months, for how many months was the business in operation?</p> <p>MONTHS</p> | <p>During the months that the business was in operation, how many days per month did this business usually operate?</p> <p>DAYS</p> |
| 1  |  |   |  |               |   |  |               |   |  |               |  |   |
| 2  |  |   |  |               |   |  |               |   |  |               |  |   |
| 3  |  |   |  |               |   |  |               |   |  |               |  |   |

## PART D2: REVENUES AND OPERATION SCHEDULE

## PERSON MOST INFORMED ABOUT EACH ENTERPRISE

[illegible]



PART E: EXPENDITURES ON INPUTS

PERSON MOST INFORMED ABOUT EACH ENTERPRISE

|                 |  |   |  |
|-----------------|--|---|--|
| ENTERPRISE CODE | 1.   | 2.  | 3.   |
|                 | CHECK ANSWER TO PART B, Q.8.               | During the past 7 days, how much have you spent in total on the purchase of inputs (labor, raw materials, items for resale, transport, electricity, water, fuel, rental, maintenance, taxes, registration fees, insurance, etc.)? | In a month with 'average sales,' how much have you spent in total on the purchase of inputs (labor, raw materials, items for resale, transport, electricity, water, fuel, rental, maintenance, taxes, registration fees, insurance, etc.)? |
|                 |  | CURRENCY: 1 DEM 2. DINAR  | CURRENCY: 1 DEM 2. DINAR   |
|                 | ANSWER IS 1..1<br>ANSWER IS 2..2<br>( >3 ) | AMOUNT  | AMOUNT   |

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

WORKSHEET FOR CALCULATING TOTALS IN 2 AND 3

|               |                 |                     |
|---------------|-----------------|---------------------|
| LABOR         |                 |                     |
| RAW MATERIALS |                 |                     |
| RESALE ITEMS  |                 |                     |
| TRANSPORT     |                 |                     |
| ELECTRICITY   |                 |                     |
| WATER         |                 |                     |
| FUEL          |                 |                     |
| RENT          |                 |                     |
| TAXES         |                 |                     |
| TOTAL         |                 |                     |
|               | 7 DAYS<br>IN Q2 | 12 MONTHS<br>IN Q.3 |

|  |                       |   |   |   |   |
|--|-----------------------|---|---|---|---|
| E<br>N<br>T<br>E<br>R<br>P<br>R<br>I<br>S<br>E<br><br>C<br>O<br>D<br>E | I<br>T<br>E<br>M<br>S | 1.<br>I would now like to ask you questions about the assets (that is, equipment, buildings, vehicles, tools, etc.) that you use in your business.<br><br>At present, does this business own this [ITEM]? | 2.<br>Is this enterprise the sole owner of this [ITEM], or is ownership shared with another business, or with another individual?<br><br>SOLE OWNER...1<br>SHARED WITH ANOTHER BUSINESS 2<br>SHARED WITH ANOTHER INDIVIDUAL 3 | 3.<br>If you wanted to sell the [ITEM], how much could you sell it for today?<br><br>»NEXT ITEM, Q.1.<br>IF LAST ITEM, »4 | 4.<br>During the past 12 months, did this business acquire any business assets (like those we just talked about)?<br><br>YES...1<br>NO...2<br>(»BUSINESS 2) |
|  |                       | YES...1<br>NO...2<br>(»NEXT ITEM, Q.1.<br>IF LAST ITEM, »4)   | AMOUNT  |   |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 | Land                                       |  |  |  |  |
|   | Buildings                                  |  |  |  |  |
|   | Equipment and machinery                    |  |  |  |  |
|   | Furniture                                  |  |  |  |  |
|   | Small or large tools                       |  |  |  |  |
|   | Large vehicles (trucks, cars, boats, etc.) |  |  |  |  |
|   | Small vehicles (bicycles, carts, etc.)     |  |  |  |  |
|   | Other durable goods                        |  |  |  |  |
| 2 | Land                                       |  |  |  |  |
|   | Buildings                                  |  |  |  |  |
|   | Equipment and machinery                    |  |  |  |  |
|   | Furniture                                  |  |  |  |  |
|   | Small or large tools                       |  |  |  |  |
|   | Large vehicles (trucks, cars, boats, etc.) |  |  |  |  |
|   | Small vehicles (bicycles, carts, etc.)     |  |  |  |  |
|   | Other durable goods                        |  |  |  |  |
| 3 | Land                                       |  |  |  |  |
|   | Buildings                                  |  |  |  |  |
|   | Equipment and machinery                    |  |  |  |  |
|   | Furniture                                  |  |  |  |  |
|   | Small or large tools                       |  |  |  |  |
|   | Large vehicles (trucks, cars, boats, etc.) |  |  |  |  |
|   | Small vehicles (bicycles, carts, etc.)     |  |  |  |  |
|   | Other durable goods                        |  |  |  |  |

1. How does your household generally find out what is going on in Kosovo?

|  | 1ST | 2ND | 3RD |
|--|-----|-----|-----|
| Television                                       | 1   |     |     |
| Radio  | 2   |     |     |
| Newspaper  | 3   |     |     |
| Organization (political, economic and or social) | 4   |     |     |
| Coworkers  | 5   |     |     |
| Relatives, friends and neighbors                 | 6   |     |     |
| Others   | 7   |     |     |
| Do not find out                                  | 8   |     |     |

2. Are any members of your household active in any of the following groups, organizations and/or associations?

|                                       | YES...1 | NO...2 |
|---------------------------------------|---------|--------|
| Farmer's group.....                   |         | No. 1  |
| Businessman's groups.....             |         | No. 2  |
| Cooperative.....                      |         | No. 3  |
| Trade union.....                      |         | No. 4  |
| Professional association.....         |         | No. 5  |
| Credit/finance group.....             |         | No. 6  |
| Youth group.....                      |         | No. 7  |
| Women's group.....                    |         | No. 8  |
| Religious group.....                  |         | No. 9  |
| Ethnicity-based group.....            |         | No. 10 |
| Cultural association.....             |         | No. 11 |
| Sports group.....                     |         | No. 12 |
| Neighborhood/village association..... |         | No. 13 |
| Political party.....                  | **      | No. 14 |
| Other .....                           |         | No. 15 |

3. During the past 12 months, have members of your household joined other members of your community come together to address a common concern?

|                           |   |
|---------------------------|---|
| Yes, once                 | 1 |
| Yes, twice or three times | 2 |
| Yes, regularly            | 3 |
| No                        | 4 |

4. During the past 12 months, have members of your household joined other members of your community to approach an official (government and/or NGO) for assistance with a common concern?

|                           |   |
|---------------------------|---|
| Yes, once                 | 1 |
| Yes, twice or three times | 2 |
| Yes, regularly            | 3 |
| No                        | 4 |

5. If a member of your household suffered from a serious illness or died suddenly, who would you turn to for assistance?

| 1st | 2nd | 3rd |
|-----|-----|-----|
|     |     |     |

RECORD FIRST THREE CHOICES

|                     |   |
|---------------------|---|
| HUMANITARIAN GROUP  | 1 |
| RELATIVES IN KOSOVO | 2 |
| RELATIVES ABROAD    | 3 |
| NEIGHBORS           | 4 |
| FRIENDS             | 5 |
| COMMUNITY LEADERS   | 6 |
| RELIGIOUS LEADERS   | 7 |
| OTHERS              | 8 |

6. If you suffered an economic loss (e.g. bad harvest, loss of employment), who would you turn to for assistance?

| 1st | 2nd | 3rd |
|-----|-----|-----|
|     |     |     |

USE SAME CODES AS IN QUESTION 5

7. Over the past 12 months, have any member of your household been the victim of....?

| YES...1              | NO...2 , (>> GO TO NEXT MODULE) |
|----------------------|---------------------------------|
| Corruption/extortion |                                 |
| Harassment/threats   |                                 |
| Physical aggression  |                                 |
| Theft/robbery        |                                 |
| Sexual aggression    |                                 |
| Kidnapping           |                                 |

8. In this(ese) situation(s), who did you first turn to for assistance?

|                      |   |
|----------------------|---|
| KFOR                 | 1 |
| INTERNATIONAL POLICE | 2 |
| UNMIK POLICE         | 3 |
| KPC                  | 4 |
| RELATIVES            | 5 |
| NOBODY               | 6 |
| OTHERS               | 7 |

# SECTION 2

## Agriculture

1. Does any member of your household currently owns and/or operates land, forest, meadow, pasture?

YES..1

NO...2 (»PART A2)

(INCLUDE ALSO THE DWELLING PLOT)

| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 2.<br>Please tell me about each plot of land that a member of your household has access to? Please describe or give me the name of each plot.<br><br>COMPLETE THIS QUESTION FOR ALL PLOTS. THEN ASK QUESTIONS 3-10 FOR EACH PLOT BEFORE GOING TO THE NEXT PLOT. | 3.<br>What is the area of the plot?<br><br>SQUARE METERS.....1<br>HECTARES..2<br>ARES.....3 | UNIT | 4.<br>What kind of land is this?<br>PROBE FOR ANY PLOT GIVEN.<br><br>DWELLING..1<br>ANNUAL CROPS AND VEGETABLE GARDENS....2<br>TEMPORARY MEADOWS (LESS THAN 5 YEARS)..3<br>ORCHARDS....4<br>VINEYARDS..... 5<br>PERMANENT PASTURES 6<br>FORESTS 7<br>WATER SURFACE....8<br>LEFT FALLOW ....9<br><br>IF 9 GO TO 5, OTHERWISE GO TO 6 | 5.<br>If plot is fallow, what was the reason?<br>Crop rotation.....1<br>Lack of inputs.....2<br>Lack of manpower..3<br>Lack of equipment..4<br>Economic profitability ....5<br>Mines .....6<br>Other risks ..... 7 | 6.<br>Was this plot irrigated during the 1997-1998 season?<br><br>YES..1<br>NO..2 | 7.<br>Was this plot irrigated during the 1999-2000 season?<br><br>YES..1<br>NO..2<br><br>IF 2 GO TO 9 | 8.<br>If the plot was irrigated, from what source?<br><br>Own well..1<br>Public pipeline..2<br>Stream 3<br>Main Irrigation Scheme....4<br>Other ..5 | 9.<br>What is the status of the plot?<br><br>OWNED..1<br>RENTED..2<br>BORROWED/GIFT..3<br><br>IF 2 OR 3, GO TO 11 | 10.<br>If you were to sell this plot of land today, how much could you sell it for?<br><br>Currency<br>DEM 1<br>DINAR 2 |
|--|---|---|------|---|--|---|---|---|---|---|
|  | NAME OF PLOT  | AMOUNT  | CODE |   |  |   |   |   |   | NEXT PLOT   |

|    |  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|
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| 2  |  |  |  |  |  |  |  |  |  |  |
| 3  |  |  |  |  |  |  |  |  |  |  |
| 4  |  |  |  |  |  |  |  |  |  |  |
| 5  |  |  |  |  |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |  |  |  |  |
| 7  |  |  |  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |

| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 11.  | 12.   | 13.  | 14.  | 15.  |      |      | <b>USE CODES<br/>WITH STAR<br/>WHENEVER<br/>POSSIBLE</b><br><br><b>UNIT CODES:</b><br>KILO*....1<br>GRAM*....2<br>LITER*... 3<br>BUNCH... 4<br>TIN..... 5<br>PIECES.. 6<br>CARTONS. 7<br>BOTTLES. 8 |
|--|--|---|--|--|--|------|------|---|
|  | From whom was this plot rented or borrowed?  | During the last cropping season what kind of arrangement was made with the owner of the land for you to use it? | What share of the output is given to the landlord?                         | How much money did you or will you give to the owner for the use of this land during the last cropping season? | How much did you or will you give to the owner in kind for the use of this land during the last cropping season? |      |      |   |
|  | RELATIVE.....1<br>FRIEND.....2<br>OTHER<br>HOUSEHOLD....3<br>LOCAL<br>AUTHORITY....4<br>PRIVATE<br>ORGANIZATION.5<br>GOVERNMENT...6<br>OTHER ..7 | RENT.....1<br>SHARECROP..2<br>NO PAYMENT....3<br>EXCHANGE OF THIS<br>PLOT FOR ANOTHER.4<br>OTHER .5             | IF NO MONEY<br>PAYMENT,<br>WRITE ZERO.<br><br>Currency<br>DEM 1<br>DINAR 2 | IF NOTHING GIVEN<br>IN KIND, WRITE 0<br>IN ALL COLUMNS.<br>USE CROP CODES<br>FROM SECTION B1                   | UNIT   | CROP |      |   |
|  |  |   | PER-   |  | AMOUNT   | CODE | CODE |   |
|  |  |   | CENTAGE  |  |  |      |      |   |

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| 3  |  |  |  |  |  |  |  |
| 4  |  |  |  |  |  |  |  |
| 5  |  |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |  |
| 7  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |

1. During the last cropping season 1999-2000  
has your household rented out or lent out any of its own land to another household?

YES...1  
NO...2 (»PART B1)

| P<br>L<br>O<br>T<br><br>C<br>O<br>D<br>E | 2.              | 3.      | 4.     |              | 5.  | 6.   | 7.   | 8.   | 9.  | 10.   | 11.   | 12.  |     |              | USE CODES<br>WITH STAR<br>WHENEVER<br>POSSIBLE<br><br>UNIT<br>CODES:<br>KILO*....<br>1<br>GRAM*....<br>2<br>LITER*...<br>3<br>BUNCH...<br>4<br>TIN*....<br>5<br>PIECES..<br>6<br>CARTONS..<br>7<br>BOTTLES..<br>8 |
|--|-----------------|---------|--------|--------------|---|--|--|--|---|---|---|--|-----|--------------|---|
|  | NAME<br>OF PLOT | ID CODE | AMOUNT | AREA<br>CODE | What kind of land is this?<br><br>DWELLING...1<br>ANNUAL CROPS AND<br>VEGETABLE GARDENS.....2<br>TEMPORARY MEADOWS (LESS<br>THAN 5 YEARS)....3<br>ORCHARDS....4<br>VINEYARDS 5<br>PERMANENT PASTURES 6<br>FORESTS 7<br>WATER SURFACE....8 | If you were<br>to sell this<br>plot of land<br>today, how<br>much<br>could you<br>sell it for?<br><br>Currency<br>DEM 1<br>DINAR 2 | How<br>many<br>years has<br>it been<br>since this<br>plot was<br>fallow, or<br>cleared<br>from the<br>bush?<br><br>YEARS | To whom is this plot<br>rented out or lent out?<br><br>RELATIVE.....1<br>FRIEND.....2<br>OTHER<br>HOUSEHOLD....3<br>LOCAL<br>AUTHORITY....4<br>PRIVATE<br>ORGANIZATION.5<br>GOVERNMENT...6<br>OTHER ...7 | During the last cropping<br>season what kind of<br>rental or use<br>arrangement was made<br>with the renter using the<br>land?<br><br>RENTAL.....1<br>SHARECROP..2<br>NO PAYMENT.3<br>EXCHANGE OF THIS<br>PLOT FOR<br>ANOTHER...4<br>OTHER .....5 | What<br>share of<br>the output<br>is given to<br>your<br>household<br>by the<br>tenants?<br><br>PERCEN-<br>TAGE | How much<br>money did you<br>or will you<br>receive for the<br>use of this land<br>during the last<br>cropping<br>season?<br><br>IF NO<br>MONEY<br>PAYMENT,<br><br>Currency<br>DEM 1<br>DINAR 2 | How much did<br>you or will you<br>receive in kind for<br>the use of this<br>land during the<br>last cropping<br>season?<br><br>IF NOTHING<br>RECEIVED IN<br>KIND, WRITE 0<br>IN ALL<br>COLUMNS. | AMT | UNIT<br>CODE |   |
| 16                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 17                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 18                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 19                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 20                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 21                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 22                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |
| 23                                       |                 |         |        |              |   |  |  |  |   |   |   |  |     |              |   |

1. Did any member of your household plant/cultivate any crop during the season 1999-2000?

YES 1

NO 2

GO TO SECTION B2

Now, I would like to speak about your household's agricultural production

|                                      |  |                                 |  |  |              |  |  |  |   |  |  |
|--------------------------------------|--|---------------------------------|--|--|--------------|--|--|--|---|--|--|
| C<br>R<br>O<br>P<br>C<br>O<br>D<br>E | 2. In the 1999-2000 season, have you planted/cultivated any [CROP] ? |                                 | 3. How was this [...] cultivated?  | 4. What surface of land has been planted with this crop? |              | 5. How much of [CROP] has your household harvested, during the last cropping season? | 6. CHECK IF THE HARVEST IS BIGGER THEN 0 | 7. What surface has been planted with this crop? |   | 8. How much of [CROP] has your household harvested, during the last cropping season? | 9. CHECK IF THE HARVEST IS BIGGER THEN 0 |
|                                      | CROP NAME  | YES 1<br>NO 2<br>(>> NEXT CROP) | IN PURE STANDS...1<br>INTERCROPE D-MAIN CROP...2<br>INTERCROPE D-SECONDARY CROP...3<br>IF 3 >> Q.7 | SURF<br>ACE  | UNIT<br>CODE | Kg   | YES...1<br>NO...2<br>GO TO NEXT CROP     | Code of main crop                                | % | Kg   | YES...1<br>NO...2                        |

## Annual crops

|    |                  |  |  |  |  |  |  |  |  |  |  |
|----|------------------|--|--|--|--|--|--|--|--|--|--|
| 1  | Winter wheat     |  |  |  |  |  |  |  |  |  |  |
| 2  | Maize            |  |  |  |  |  |  |  |  |  |  |
| 3  | Barley           |  |  |  |  |  |  |  |  |  |  |
| 4  | Oats             |  |  |  |  |  |  |  |  |  |  |
| 5  | Rye              |  |  |  |  |  |  |  |  |  |  |
| 6  | Potato           |  |  |  |  |  |  |  |  |  |  |
| 7  | White beans      |  |  |  |  |  |  |  |  |  |  |
| 8  | Peas             |  |  |  |  |  |  |  |  |  |  |
| 9  | Lentils          |  |  |  |  |  |  |  |  |  |  |
| 10 | Vetches          |  |  |  |  |  |  |  |  |  |  |
| 11 | Sugar beets      |  |  |  |  |  |  |  |  |  |  |
| 12 | Soybean          |  |  |  |  |  |  |  |  |  |  |
| 13 | Sunflower        |  |  |  |  |  |  |  |  |  |  |
| 14 | Rapeseed (Colza) |  |  |  |  |  |  |  |  |  |  |
| 15 | Tobacco          |  |  |  |  |  |  |  |  |  |  |
| 16 | Cabbage          |  |  |  |  |  |  |  |  |  |  |
| 17 | Cauliflower      |  |  |  |  |  |  |  |  |  |  |
| 18 | Spinach          |  |  |  |  |  |  |  |  |  |  |
| 19 | Salad crops      |  |  |  |  |  |  |  |  |  |  |
| 20 | Other leafy veg. |  |  |  |  |  |  |  |  |  |  |
| 21 | Melons           |  |  |  |  |  |  |  |  |  |  |
| 22 | Watermelons      |  |  |  |  |  |  |  |  |  |  |
| 23 | Cucumber         |  |  |  |  |  |  |  |  |  |  |
| 24 | Pumpkin, squash  |  |  |  |  |  |  |  |  |  |  |
| 25 | Strawberry       |  |  |  |  |  |  |  |  |  |  |
| 26 | Pepper           |  |  |  |  |  |  |  |  |  |  |
| 27 | Tomato           |  |  |  |  |  |  |  |  |  |  |
| 28 | Eggplant         |  |  |  |  |  |  |  |  |  |  |
| 29 | Carrot           |  |  |  |  |  |  |  |  |  |  |
| 30 | Garlic           |  |  |  |  |  |  |  |  |  |  |



| C<br>R<br>O<br>P<br>C<br>O<br>D<br>E | 2. In the 1999-2000 season, have you planted/cultivated any [CROP] ? |                                 | 3. How was this [...] cultivated?  | 4. What surface of land has been planted with this crop? |           | 5. How much of [CROP] has your household harvested , during the last cropping season? | 6. CHECK IF THE HARVEST IS BIGGER THEN 0 | 7. What surface has been planted with this crop? |   | 8. How much of [CROP] has your household harvested , during the last cropping season? | 9. CHECK IF THE HARVEST IS BIGGER THEN 0 |
|--------------------------------------|--|---------------------------------|--|--|-----------|---|--|--|---|---|--|
|                                      | CROP NAME  | YES 1<br>NO 2<br>(>> NEXT CROP) | IN PURE STANDS...1<br>INTERCROPE D-MAIN CROP...2<br>INTERCROPE D-SECONDARY CROP...3<br>IF 3 >> Q.7 | SURFACE  | UNIT CODE | Kg  | YES...1<br>NO...2<br>GO TO NEXT CROP     | Code of main crop                                | % | Kg  | YES...1<br>NO...2                        |

|    |          |  |  |  |  |  |  |  |  |  |  |
|----|----------|--|--|--|--|--|--|--|--|--|--|
| 31 | Onions   |  |  |  |  |  |  |  |  |  |  |
| 32 | Red beet |  |  |  |  |  |  |  |  |  |  |
| 33 | Radish   |  |  |  |  |  |  |  |  |  |  |

**Fodder crops - Meadows and Pastures**

|    |               |  |  |  |  |  |  |  |  |  |  |
|----|---------------|--|--|--|--|--|--|--|--|--|--|
| 34 | Alfalfa       |  |  |  |  |  |  |  |  |  |  |
| 35 | Clover        |  |  |  |  |  |  |  |  |  |  |
| 36 | Mixed grasses |  |  |  |  |  |  |  |  |  |  |

**Permanent crops: Vineyards, Orchards**

|    |               |  |  |  |  |  |  |  |  |  |  |
|----|---------------|--|--|--|--|--|--|--|--|--|--|
| 37 | Apple         |  |  |  |  |  |  |  |  |  |  |
| 38 | Pear          |  |  |  |  |  |  |  |  |  |  |
| 39 | Quince        |  |  |  |  |  |  |  |  |  |  |
| 40 | Apricot       |  |  |  |  |  |  |  |  |  |  |
| 41 | Cherry (sour) |  |  |  |  |  |  |  |  |  |  |
| 42 | Peach         |  |  |  |  |  |  |  |  |  |  |
| 43 | Plums         |  |  |  |  |  |  |  |  |  |  |
| 44 | Other trees   |  |  |  |  |  |  |  |  |  |  |
| 45 | Wine grapes   |  |  |  |  |  |  |  |  |  |  |
| 46 | Table grapes  |  |  |  |  |  |  |  |  |  |  |
| 47 | Raisins       |  |  |  |  |  |  |  |  |  |  |

## B2: CROP PRODUCTION: FORESTS

1. Do you own any forest?

1. YES

2. NO

GO TO 6

|   |  |  |  |            |      |
|---|--|--|--|------------|------|
| 2.<br>LIST ALL<br>PLOT<br>CODES<br>WITH<br>FOREST IN<br>PART A1,<br>Q.4 | 3.<br>Could you<br>please tell me<br>what is the<br>approximate<br>age of the<br>forest in this<br>plot (number<br>of years)?<br><br>YEARS | 4.<br>In the 1999-<br>2000<br>season, did<br>you exploit<br>this forest?<br><br>1. YES<br>2. NO<br>( >> NEXT<br>PLOT ) | 5.<br>What products did you obtain from the<br>forest in last 12 months? |            |      |
|   |  |  | TIMBER   | FUEL WOOD  | BARK |
|   |  |  | CUB. MTRS  | CUB METERS | T    |
|   |  |  |  |            |      |
|   |  |  |  |            |      |
|   |  |  |  |            |      |

ASK THE MOST KNOWLEDGEABLE PERSON

6. Did you have access to  
any public authorized forest?

1. YES

2. NO

GO TO SECTION C

|  |           |      |
|--|-----------|------|
| 7.<br>What products did you obtain from the<br>forest in last 12 months? |           |      |
| TIMBER   | FUEL WOOD | BARK |
| CUB. MTRS  | CUB. MTRS | T    |
|  |           |      |

## ASK THE MOST KNOWLEDGEABLE PERSON

## SEEDS

1  
2

- 1 Local Private Stockiest
- 2 Municipality Private Stockiest
- 3 Neighbor
- 4 Co-operative/Combinat
- 5 Other

## ASK THE MOST KNOWLEDGEABLE PERSON

|                                       |   |  |   |  |  |  |   |   |
|---------------------------------------|---|--|---|--|--|--|---|---|
| 1.                                    | 2.  | 3.   | 4.  | 5.   | 6.   | 7.   | 8.  | 9.  |
| REPORT<br>THE<br>CULTIVATED CROP CODE | Did you use fertilizer for cultivating this crop? | In the 1999-2000 season, What type of fertilizers did you use on [CROP]? | What was the total quantity of fertilizer used? | How much fertilizer did your household purchase in the 1999-2000 season? | How much did your household spend on fertilizer in the 1999-2000 season?<br><br><b>CURRENCY</b><br>1.DM<br>2.DINAR | Where did you buy the fertilizer?<br><br><b>CODES FROM THE RIGHT</b> | For [CROP], how much did you receive from other sources in the 1999-2000 season?<br><br>if 0,<br>>> NEXT ROW kg | Who provided the fertilizer for [crop]?<br><br><b>HUMANITARIAN GR RELATIVES IN KO RELATIVES ABROA BANK 4 SOCIALLY OWNED ENTERPRISE/Stat 5 EMPLOYER 6 OTHERS 7</b><br><br><b>MAIN SOURCE</b> |
| SEE B1.<br>Q2                         | YES...1<br>NO...2<br>2>>NEXT ROW                  | FERTILIZER CODE ON THE RIGHT   | kg  | if 0, >> 8<br><br>kg   |  |  |   |   |

**\*\*Added State of Serbia to Socially Owned Enterprise in Question 9 (Code 5) in Serbian Questionnaire**

INPUTS PART C:

ASK THE MOST KNOWLEDGEABLE PERSON

MANURE

|  |  |   |  |  |  |   |  |  |
|--|--|---|--|--|--|---|--|--|
| 1.<br><br>REPORT<br>THE<br>CULTIVAT<br>ED CROP<br>CODE | 2.<br><br>Did you use<br>manure for<br>cultivating<br>this crop? | 3.<br><br>In the 1999-2000<br>season, What<br>type of manure<br>did you use on<br>[CROP]? | 4.<br><br>What was the total<br>quantity of<br>manure<br>used? | 5.<br><br>How much<br>manure did<br>your<br>household<br>purchase<br>in the 1999-<br>2000<br>season? | 6.<br><br>How much<br>did your<br>household<br>spend on<br>manure in<br>the 1999-<br>2000<br>season? | 7.<br><br>Where did<br>you buy the<br>manure? | 8.<br><br>For<br>[CROP], how<br>much<br>did you<br>receive<br>from other<br>sources in<br>the 1999-<br>2000<br>season? | 9.<br><br>Who provided the<br>manure for [crop]?   |
| SEE B1.<br>Q2  | YES..1   | MANURE CODE<br><br>ON THE RIGHT   | kg   | kg   | CURRENCY<br>1.DM<br>2.DINAR  | CODES FROM<br>THE RIGHT                       | if 0,<br>>> NEXT<br>ROW  | HUMANITARIAN GROUP<br>1<br>RELATIVES IN KOSOVO<br>2<br>RELATIVES ABROAD<br>BANK 4<br>SOCIALLY OWNED<br>ENTERPRISE/State of<br>Serbia** 5<br>EMPLOYER 6<br>OTHERS 7 |
|  | NO..2  |   |  |  | if 0, >> 8   |   | kg   | MAIN SOURCE  |
|  | 2>>NEXT<br>ROW   |   |  |  |  |   |  |  |

Codes for bought inputs:

- |   |                                |
|---|--------------------------------|
| 1 | Local Private Stockiest        |
| 2 | Municipality Private Stockiest |
| 3 | Neighbor                       |
| 4 | Co-operative/Combinat          |
| 5 | Other                          |

Manure

- |    |                |
|----|----------------|
| 1. | Large ruminant |
| 2. | Small ruminant |
| 3. | Other animal   |
| 4. | Green manure   |

\*\*Added State of Serbia to Socially Owned  
Enterprise in Question 9 (Code 5) in Serbian  
Questionnaire

|  |   |  |  |   |   |                                  |  |  |
|--|---|--|--|---|---|----------------------------------|--|--|
| 1.                                       | 2.  | 3.   | 4.   | 5.  | 6.  | 7.                               | 8.   | 9.   |
| REPORT<br>THE<br>CULTIVATED CROP<br>CODE | Did you use pesticides for cultivating this crop? | In the 1999-2000 season, What type of pesticide did you use on [CROP]? | What was the total quantity of pesticide used? | How much pesticide did your household purchase in the 1999-2000 season? | How much did your household spend on pesticide in the 1999-2000 season? | Where did you buy the pesticide? | For [CROP], how much did you receive from other sources in the 1999-2000 season? | Who provided the pesticide for [crop]?   |
|  | YES...1   |  |  |   |   |                                  |  | HUMANITARIAN GROUP 1<br>RELATIVES IN KOVACH 2<br>RELATIVES ABROAD 3<br>BANK 4<br>SOCIALLY OWNED 5<br>of Serbia** 6<br>EMPLOYER 7<br>OTHERS 8 |
| SEE B1.<br>Q2                            | NO...2  | PESTICIDE  |  | if 0, >> 8  | CURRENCY<br>1. DM<br>2. DINAR   | CODES FROM<br>THE RIGHT          | if 0,<br>>> NEXT<br>ROW  |  |
|  | 2>> NEXT<br>ROW                                   | CODE ON THE<br>RIGHT   | kg   | kg  |   |                                  | kg   | MAIN SOURCE  |

|  |   |
|--|---|
| HUMANITARIAN GROUP                             | 1 |
| RELATIVES IN KOSOVO                            | 2 |
| RELATIVES ABROAD                               | 3 |
| BANK   | 4 |
| SOCIALLY OWNED ENTERPRISE/State<br>of Serbia** | 5 |
| EMPLOYER                                       | 6 |
| OTHERS   | 7 |

**\*\*Added State of Serbia to Socially Owned Enterprise in Question 9 (Code 5) in Serbian Questionnaire**

1. Insecticide
2. Fungicide
3. Herbicide

1 Local Private Stockiest

2 Municipality Private Stockiest

3 Neighbor

4 Co-operative/Combinat

5 Other

Now I would like to ask you some questions about labor that you hired during the 1999-2000 season.

47

Now I would like to ask you some questions about machinery and equipment that you rented during the 1999-2000 season.

48



[illegible]

|   |                                |
|---|--------------------------------|
| 1 | Local Private Stockiest        |
| 2 | Municipality Private Stockiest |
| 3 | Neighbor                       |
| 4 | Co-operative/Combinat          |
| 5 | Other                          |

UNIT CODES: KILOGRAM..1 50 KILOGRAMS SACK..2 100 KILOGRAMS SACK..3 LITER..4 CARTLOAD..5 OTHER (SPECIFY )..6

51

| E<br>Q<br>U<br>I<br>P<br>M<br>E<br>N<br>T<br><br>C<br>O<br>D<br>E | TYPE OF<br>FARM EQUIPMENT       | 1.<br>Does your household own any [...]?<br><br>FIRST ASK Q.1 FOR ALL ITEMS.<br>THEN ASK Q. 2-15 FOR EACH ITEM BEFORE GOING TO THE NEXT ITEM. | 2.<br>How many [...] does your household own?<br><br>DO NOT COUNT EQUIPMENT JOINTLY OWNED WITH OTHER HOUSEHOLDS | 3.<br>Does your household own any [...] jointly with any other household?<br><br>YES...1<br>NO...2<br>(»6) | 4.<br>How many [...] are owned with another household? | 5.<br>What share of these [...] belong to your household?<br><br>IF SHARE DIFFERS OVER ITEMS, PUT IN AVERAGE<br><br>PERCENTAGE | 6.<br>If you sold one of those [...] today, how much money could you get for it?<br><br>IF MORE THAN ONE ITEM, ASK FOR AVERAGE VALUE. REPORT FULL VALUE OF ITEMS SHARED WITH OTHER HOUSEHOLDS.<br><br>1. DM<br>2. DINAR<br><br>AMM.      Curr.Cod. |  | 7.<br>What is the working condition of [...]?<br><br>1. EXCELLENT<br>2. GOOD<br>3. FAIR<br>4. BAD<br>5. NOT WORKING | 8.<br>Did you use the [...] during the 1999-2000 season?<br><br>1. YES<br>2. NO |
|---|---------------------------------|---|---|--|--|--|--|--|---|---|
|   |                                 | YES...1<br>NO...2<br>(»NEXT ITEM)   |   |  |  |  |  |  |   |   |
|   |                                 |   |   |  |  |  |  |  |   |   |
| 1   | Large tractor (>40 horse power) |   |   |  |  |  |  |  |   |   |
| 2   | Small tractor (<40horse power)  |   |   |  |  |  |  |  |   |   |
| 3   | Motocultivator                  |   |   |  |  |  |  |  |   |   |
| 4   | Plough                          |   |   |  |  |  |  |  |   |   |
| 5   | Disk harrow                     |   |   |  |  |  |  |  |   |   |
| 6   | Tooth harrow                    |   |   |  |  |  |  |  |   |   |
| 7   | Seed driller                    |   |   |  |  |  |  |  |   |   |
| 8   | Cultivator                      |   |   |  |  |  |  |  |   |   |
| 9   | Fertiliser broadcaster          |   |   |  |  |  |  |  |   |   |
| 10  | Sprayer                         |   |   |  |  |  |  |  |   |   |
| 11  | Mower                           |   |   |  |  |  |  |  |   |   |
| 12  | Hayraker                        |   |   |  |  |  |  |  |   |   |
| 13  | Haybaler                        |   |   |  |  |  |  |  |   |   |
| 14  | Combine harvester               |   |   |  |  |  |  |  |   |   |
| 15  | Thresher                        |   |   |  |  |  |  |  |   |   |
| 16  | Mill                            |   |   |  |  |  |  |  |   |   |
| 17  | Water Pump                      |   |   |  |  |  |  |  |   |   |

| E<br>Q<br>U<br>I<br>P<br>M<br>E<br>N<br>T<br><br>C<br>O<br>D<br>E | TYPE OF<br>FARM EQUIPMENT | 9.<br><br>Did you<br>repair the<br>[...] during<br>the 1999-<br>2000<br>season? | 10.<br><br>How much<br>did you<br>spend on<br>maintenance<br>in total for<br>the [...] during the<br>1999-2000<br>season? | 11.<br><br>Did you<br>receive any<br>Aid for the<br>repairing? | 12.<br><br>In which form?                             | 13.<br><br>What was<br>the value of<br>the Aid<br>received? | 14.<br><br>When did you receive<br>this assistance?    | 15.<br><br>Who provided the<br>assistance?  |
|---|---------------------------|---|---|--|---|---|--|---|
|   |                           | 1. YES<br>2. NO<br>>> 11  | CURRENCY<br>1. DM<br>2. DINAR   | 1. YES<br>2. NO<br>>> NEXT<br>ITEM                             | 1. PARTS<br>2. VOUCHER<br>3. NEW EQUIPMENT<br>4. CASH | CURRENCY<br>1. DM<br>2. DINAR                               | 1. PAST 30 DAYS<br>2. 1 TO 6 MO. AGO<br>3. 6 TO 12 MO. | HUMANITARIAN GROUP<br>1<br>RELATIVES IN<br>KOSOVO 2<br>RELATIVES ABROAD<br>3<br>BANK 4<br>SOCIALLY OWNED<br>ENTERPRISE/State<br>of Serbia** 5<br>EMPLOYER 6<br>OTHERS 7 |
|   |                           |   | AMOUNT  |  |   | AMOUNT  |  |   |
|   |                           |   |   |  |   |   |  |   |

|    |                                 |  |  |  |  |  |  |  |
|----|---------------------------------|--|--|--|--|--|--|--|
| 1  | Large tractor (>40 horse power) |  |  |  |  |  |  |  |
| 2  | Small tractor (<40horse power)  |  |  |  |  |  |  |  |
| 3  | Motocultivator                  |  |  |  |  |  |  |  |
| 4  | Plough                          |  |  |  |  |  |  |  |
| 5  | Disk harrow                     |  |  |  |  |  |  |  |
| 6  | Tooth harrow                    |  |  |  |  |  |  |  |
| 7  | Seed driller                    |  |  |  |  |  |  |  |
| 8  | Cultivator                      |  |  |  |  |  |  |  |
| 9  | Fertiliser broadcaster          |  |  |  |  |  |  |  |
| 10 | Sprayer                         |  |  |  |  |  |  |  |
| 11 | Mower                           |  |  |  |  |  |  |  |
| 12 | Hayraker                        |  |  |  |  |  |  |  |
| 13 | Haybaler                        |  |  |  |  |  |  |  |
| 14 | Combine harvester               |  |  |  |  |  |  |  |
| 15 | Thresher                        |  |  |  |  |  |  |  |
| 16 | Mill                            |  |  |  |  |  |  |  |
| 17 | Water Pump                      |  |  |  |  |  |  |  |

\*\*Added State of Serbia to Socially Owned Enterprise in Question 15 (Code 5) in Serbian Questionnaire

1. Has any member of your household raised or owned livestock, poultry or any other domesticated animal during the last 12 months?

YES . . 1  
NO . . . 2 (»NEXT MODULE)

| A<br>N<br>I<br>M<br>A<br>L<br><br>C<br>O<br>D<br>E | During the last 12 months, has any member of your household raised any [...]? | 2.   | 3.   | 4.   | 5.  | 6.   | 7.  | 8.   | 9.   | 10.   | 11.   | 12.   | 13.   | 14.   | 15.   | 16.  |
|--|---|--|--|--|---|--|---|--|--|---|---|---|---|---|---|--|
|  |   | FIRST ASK Q. 2 FOR ALL ANIMALS, THEN ASK Q. 3-27 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE. | How many [...] were owned by your household at the end of the lastmonth? | If you sold one of those [...] today, how much money could you get for it? | How many of your [...] did you sell the last 12 months? | How much did your household receive for the sale of all these [...] during the last 12 months? | How many of your [...] did you sell last month? | How much did your household receive for the sale of all these [...] during last month? | How many of your [...] did you eat last month? | How many of your [...] died or were lost during the last 12 months? | How many of your [...] died or were lost during the last month? | How many of your [...] were given away during the last 12 months? | How many of your [...] were given away during the last month? | How many of your [...] did your household purchase during the last 12 months? | How much did you pay for these [...] purchased during the last 12 months?     | How many of your household purchase during the last month? |
|  |   |  |  |  |   |  |   |  |  |   |   |   |   |   |   |  |
| ANIMAL   | ANIMAL  | YES . . 1<br>NO . . . 2<br>(»NEXT ANIMAL)  | IF ZERO, GO TO Q. 5.   | CURRENCY<br>1 . DM<br>2 . DINAR  | IF ZERO, GO TO Q. 9.                                    | INCLUDE<br>VALUE OF IN<br>KIND<br>PAYMENTS<br>CURRENCY<br>1 . DM<br>2 . DINAR                  | IF ZERO, GO TO QUESTION 9.                      | CURRENCY<br>1 . DM<br>2 . DINAR  |  | IF ZERO, GO TO Q. 12  |   | IF ZERO, GO TO Q. 14.   |   | IF ZERO, GO TO Q. 18.   | INCLUDE<br>VALUE OF<br>IN KIND<br>PAYMENTS<br>CURRENCY<br>1 . DM<br>2 . DINAR | IF ZERO, GO TO QUESTION 18.                                |
|  |   |  |  |  |   |  |   |  |  |   |   |   |   |   |   |  |
|  |   |  | NUMBER<br>OF<br>ANIMALS  | AMOUNT   | NUMBER<br>OF<br>ANIMALS                                 | AMOUNT   | NUMBER<br>OF<br>ANIMALS                         | AMOUNT   | NUMBER<br>OF<br>ANIMALS                        | NUMBER<br>OF<br>ANIMALS   | NUMBER<br>OF<br>ANIMALS   | NUMBER<br>OF<br>ANIMALS   | NUMBER<br>OF<br>ANIMALS                                       | NUMBER<br>OF<br>ANIMALS   | AMOUNT  | NUMBER<br>OF<br>ANIMALS                                    |

|    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1  | Calves         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  | Beef cattle    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  | Milk cows      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  | Breeding bulls |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  | Buffalos       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  | Horses         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  | Donkeys        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  | Mules          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  | Pigs           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Sheep          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | Goats          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Chickens       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Other Poultry  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Rabbits        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Bees (Hives)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Trouts         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| A<br>N<br>I<br>M<br>A<br>L<br><br>C<br>O<br>D<br>E | During the last 12 months, has any member of your household raised [...]?                      | 17.   | 18.   | 19.  | 20.   | 21.   | 22.  | 23.                                       | 24.                   | 25.  | 26.  | 27.  |
|--|--|---|---|--|---|---|--|---|-----------------------|--|--|--|
|  |  | How much did you pay for these [...] purchased during the last month? | How many [...] were born or received as gifts by your household during the last year? | How many [...] were born or received as gifts by your household during the last month? | Who donated these animals?<br>HUMANITARIAN GROUP 1<br>RELATIVES IN KOSOVO 2<br>RELATIVES ABROAD 3<br>BANK 4<br>SOCIALLY OWNED ENTERPRISE/Stae of Serbia** 5<br>EMPLOYER 6<br>BORN 7<br>OTHERS 8 | How many of your [...] were vaccinated during the last month? | How many of your [...] were vaccinated during the last 12months? | Did you have to pay for the vaccinations? | How much did you pay? | Did your household sell any fresh byproducts from your [...] during the last year? | What was that fresh byproduct?   | How much did you obtain from the sales of these [...] byproducts during the last year? |
| ANIMAL   | FIRST ASK Q. 2 FOR ALL ANIMALS, THEN ASK Q. 3-27 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE. | INCLUDE VALUE OF IN KIND PAYMENTS                                     | IF ZERO, GO TO QUESTION 21  |  |   |   |  |   |                       | EXCLUDE PRODUCTS USED BY HOUSEHOLD BUSINESSES                                      | EGGS.....1<br>MILK.....2<br>MEAT.....3<br>HONEY.....4<br>YOGURT.....5<br>CURD...6<br>CHEESE 7<br>OTHER 8 | INCLUDE VALUE OF IN KIND PAYMENTS  |
|  |  | CURRENCY 1.DM<br>2. DINAR   |   | NUMBER OF ANIMALS  | NUMBER OF ANIMALS   | MAIN SOURCE   | NUMBER OF ANIMALS  | NUMBER OF ANIMALS                         | IF 0 >> 25            | CURRENCY 1.DM<br>2. DINAR  | YES...1<br>NO...2<br>( »NEXT ANIMAL )  | CURRENCY 1.DM<br>2. DINAR  |
|  |  | AMOUNT  |   |  |   |   |  | YES...1<br>NO...2<br>>> 25.               | AMOUNT                |  | FIRST SECOND   | AMOUNT   |
| 1  | Calves   |   |   |  |   |   |  |   |                       |  |  |  |
| 2  | Beef cattle  |   |   |  |   |   |  |   |                       |  |  |  |
| 3  | Milk cows  |   |   |  |   |   |  |   |                       |  |  |  |
| 4  | Breeding bulls   |   |   |  |   |   |  |   |                       |  |  |  |
| 5  | Buffalos   |   |   |  |   |   |  |   |                       |  |  |  |
| 6  | Horses   |   |   |  |   |   |  |   |                       |  |  |  |
| 7  | Donkeys  |   |   |  |   |   |  |   |                       |  |  |  |
| 8  | Mules  |   |   |  |   |   |  |   |                       |  |  |  |
| 9  | Pigs   |   |   |  |   |   |  |   |                       |  |  |  |
| 10   | Sheep  |   |   |  |   |   |  |   |                       |  |  |  |
| 11   | Goats  |   |   |  |   |   |  |   |                       |  |  |  |
| 12   | Chickens   |   |   |  |   |   |  |   |                       |  |  |  |
| 13   | Other Poultry  |   |   |  |   |   |  |   |                       |  |  |  |
| 14   | Rabbits  |   |   |  |   |   |  |   |                       |  |  |  |
| 15   | Bees (Hives)   |   |   |  |   |   |  |   |                       |  |  |  |
| 16   | Trouts   |   |   |  |   |   |  |   |                       |  |  |  |

\*\*Added State of Serbia to Socially Owned Enterprise in Question 20 (Code 5) in Serbian Questionnaire

1. Has any member of your household purchased or received any animal feed during the last 12 months?

YES...1

NO...2 NEXT MODULE

| 2.  | 3.  | 4.   | 5.   | 6.  | 7.   | 8.   | 9.  | 10.  | 11.  | 12.   | 13.   | 14.  | 15.  | 16.  |
|---|---|------|--|---|------|--|---|--|------|---|---|--|------|--|
| Has any member of your household purchased or received any [...]?                         | How much did your household purchase in the last 12 months? |      | How much did your household spend in the last 12 months? | How much did your household purchase in the last 30 days? |      | How much did your household spend in the last 30 days? | Did you receive any [FEED] in the last 12 months? | How much did your household receive in the last 12 months? |      | Who donated this feed?<br>HUMANITARIAN GROUP 1<br>RELATIVES IN KOSOVO 2<br>RELATIVES ABROAD 3<br>BANK 4<br>SOCIOALLY OWNED ENTERPRISE 5<br>EMPLOYER 6<br>OTHERS 7 | Did you receive any [FEED] in the last 30 days? | How much did your household receive in the last 30 days? |      | Who donated this feed?<br>HUMANITARIAN GROUP 1<br>RELATIVES IN KOSOVO 2<br>RELATIVES ABROAD 3<br>BANK 4<br>SOCIOALLY OWNED ENTERPRISE/Sate of Serbia** 5<br>EMPLOYER 6<br>OTHERS 7 |
| FIRST ASK Q. 2 FOR ALL FEED, THEN ASK Q. 3-16 FOR EACH FEED BEFORE GOING TO THE NEXT ONE. | IF ZERO, GO TO Q. 9.  |      | CURRENCY 1.DM 2. DINAR                                   | IF ZERO, GO TO Q.9.                                       |      | SAME CURRENCY AS 5                                     | YES...1 NO...2 (»NEXT FEED)                       |  |      |   | YES...1 NO...2 (»NEXT FEED)                     |  |      |  |
| ANIMAL  | QUANTITY  | UNIT | AMOUNT   | QUANTITY  | UNIT | AMOUNT   | FEED  | QUANTITY   | UNIT | MAIN SOURCE   | FEED  | QUANTITY   | UNIT | MAIN SOURCE  |
| 1   | Hay   |      |  |   |      |  |   |  |      |   |   |  |      |  |
| 2   | Fresh fodder  |      |  |   |      |  |   |  |      |   |   |  |      |  |
| 3   | Maize meal, grains  |      |  |   |      |  |   |  |      |   |   |  |      |  |
| 4   | Concentrates  |      |  |   |      |  |   |  |      |   |   |  |      |  |
| 5   | Bran  |      |  |   |      |  |   |  |      |   |   |  |      |  |
| 6   | Other   |      |  |   |      |  |   |  |      |   |   |  |      |  |

\*\*Added State of Serbia to Socially Owned Enterprise in Question 16 (Code 5) in Serbian Questionnaire

Codes for units:  
1 Small Duaj  
2 Large Duaj  
3 Kilogram



# SECTION 3

## Consumption

## PART A: DAILY EXPENSES

MOST KNOWLEDGEABLE MEMBER: \_\_ \_\_ -

|  |  |  |  |  |    |     |
|--|--|--|--|--|----|-----|
|  | 1.<br>In the past 7 days, has any member of your household spent money on any of the following items?<br><br>PUT AN X (X ) IN THE APPROPRIATE BOX FOR EACH ITEM. ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2. |  |  | 2.<br>How much did your household spend for [ITEM]?<br><br><br><br><br><br><br><br><br><br>CURRENCY<br>1. DM<br>2. Dinar |    |     |
|  |  |  |  |  |    |     |
|  |  |  |  |  | NO | YES |

|   |                                      |  |  |  |
|---|--------------------------------------|--|--|--|
| 1 | Tobacco, cigarettes, cigars          |  |  |  |
| 2 | Newspapers or magazines              |  |  |  |
| 3 | Fares for busses, trams, taxis, etc. |  |  |  |

|  |   |  |        |        |
|--|---|--|--------|--------|
|  | 3.<br>How many [MEALS/SNACKS] were eaten by household members outside of the home during the past 7 days? | 4.<br>What was the value of these [MEALS] eaten outside of the home in the last 7 days?<br><br><br><br><br><br><br><br><br><br>CURRENCY<br>1. DM<br>2. Dinar |        |        |
|  |   |  |        |        |
|  |   |  | NUMBER | AMOUNT |

|  |  |  |
|--|--|--|
| Breakfast                              |  |  |
| Lunch                                  |  |  |
| Dinner/supper                          |  |  |
| Snack or beverages (including alcohol) |  |  |

|   |  | PURCHASES IN LAST 30 DAYS                                   |                                |                                |   | TYPICAL YEAR   |   | HOME PRODUCTION  |  |   |  | GIFTS |      | AID |          | STOCKS |        | <b>USE CODES WITH STAR WHENEVER POSSIBLE</b><br><br><b>UNIT CODES:</b><br>KILO*...1<br>GRAM*...2<br>LITER*...3<br>BUNCH...4<br>TIN*...5<br>PIECES...6<br>CARTONS...7<br>BOTTLES...8<br><br><b>CURRENCY CODES:</b><br>DEM 1<br>DINAR 2 |
|---|--|---|--------------------------------|--------------------------------|---|--|---|--|--|---|--|-------|------|-----|----------|--------|--------|---|
| 1.  | 2.   | 3.  | 4.                             | 5.                             | 6.  | 7.   | 8.  | 9.   | 10.  | 11.   | 12.  |       |      |     |          |        |        |   |
| In the following questions, I want to ask about all food consumed by your household, regardless of which person ate it.<br><br>Has your household consumed [FOOD] during the past 12 months? Please exclude from your answer any [FOOD] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q.1 IS YES, ASK Q.2-12. | Have the members of your household bought any [FOOD] in the past 30 days, that is since [DAY/DATE] ?<br><br>YES . 1<br>NO . . 2<br>( » 6 ) | How many times in the past 30 days, have you bought [FOOD]? | How much did you buy in total? | How much did you pay in total? | How many months in the past 12 months did your household purchase [FOOD]?<br><br>IF NONE WRITE ZERO | How many months in the past 12 months did your household consume [FOOD] that you grew or produced at home?<br><br>IF NONE WRITE ZERO, » 10 | During those months, how much did you consume in a typical month? | What was the value of the [FOOD] you consumed in a typical month from your own production? | What is the total value of the [FOOD] consumed that you received as a gift over the past 12 months?<br><br>IF NONE, WRITE ZERO | What is the total value of the [FOOD] consumed that you received from aid over the past 12 months?<br><br>IF NONE, WRITE ZERO | How much of [FOOD] do you currently have stored? |       |      |     |          |        |        |   |
|   |  |   |                                |                                |   |  |   |  |  |   |  | AMT   | UNIT | AMT | CURRENCY | MONTHS | MONTHS |   |
| 1 Bread   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 2 Maize and other cereals (flour or grain)  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 3 Pasta and rice (macaroni)   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 4 Beans   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 5 Butter and other fat  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 6 Milk  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 7 Yogurt  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 8 Curd  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 9 Fresh cheese  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 10 Baby Formula   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 11 Mutton/lamb/goat   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 12 Beef/ Buffalo  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 13 Chicken and other poultry  |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 14 Pork   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |
| 15 Eggs   |  |   |                                |                                |   |  |   |  |  |   |  |       |      |     |          |        |        |   |

|   |                                 | PURCHASES IN LAST 30 DAYS   |   |                                      |                                      | TYPICAL YEAR  |  | HOME PRODUCTION   |  |  |   | GIFTS   | AID | STOCKS |  | <b>USE CODES WITH STAR WHENEVER POSSIBLE</b><br><br><b>UNIT CODES:</b><br>KILO*...1<br>GRAM*...2<br>LITER*...3<br>BUNCH...4<br>TIN....5<br>PIECES...6<br>CARTONS...7<br>BOTTLES...8<br><br><b>CURRENCY CODES:</b><br>DEM 1<br>DINAR 2 |
|---|---------------------------------|---|---|--------------------------------------|--------------------------------------|---|--|---|--|--|---|---|-----|--------|--|---|
| 1.<br>In the following questions, I want to ask about all food consumed by your household, regardless of which person ate it.<br><br>Has your household consumed [FOOD] during the past 12 months? Please exclude from your answer any [FOOD] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q.1 IS YES, ASK Q.2-12. |                                 | 2.<br>Have the members of your household bought any [FOOD] in the past 30 days, that is since [DAY/DATE]? | 3.<br>How many times in the past 30 days, have you bought [FOOD]? | 4.<br>How much did you buy in total? | 5.<br>How much did you pay in total? | 6.<br>How many months in the past 12 months did your household purchase [FOOD]? | 7.<br>How many months in the past 12 months did your household consume [FOOD] that you grew or produced at home? | 8.<br>During those months, how much did you consume in a typical month? | 9.<br>What was the value of the [FOOD] you consumed in a typical month from your own production? | 10.<br>What is the total value of the [FOOD] consumed that you received as a gift over the past 12 months? | 11.<br>What is the total value of the [FOOD] consumed that you received from aid over the past 12 months? | 12.<br>How much of [FOOD] do you currently have stored? |     |        |  |   |
| NO YES  |                                 | YES . 1<br>NO . . 2<br>(» 6)  |   | AMT UNIT                             | AMT CURRENCY                         | MONTHS  | MONTHS   | AMT UNIT  | UNIT CURRENCY  | AMOUNT   | AMOUNT  | AMT UNIT  |     |        |  |   |
|   |                                 |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 16  | Fish                            |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 17  | Garlic                          |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 18  | Sweet Pepper                    |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 19  | Cucumber                        |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 20  | Tomatoes                        |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 21  | Cabbage                         |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 22  | Other vegetables                |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 23  | Grapes                          |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 24  | Apples                          |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 25  | Orange and Lemons               |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 26  | Other Fruits                    |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 27  | Canned Foods                    |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 28  | Pickles                         |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 29  | Jam and fruit preserves         |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |
| 30  | Soft drinks (Coca. and juices.) |   |   |                                      |                                      |   |  |   |  |  |   |   |     |        |  |   |

|  |                            | PURCHASES IN LAST 30 DAYS   |     |   |  | TYPICAL YEAR                   |      | HOME PRODUCTION                |          |   |        | GIFTS  |      | AID   |          | STOCKS   |        | <b>USE CODES</b><br><b>WITH STAR</b><br><b>WHENEVER</b><br><b>POSSIBLE</b><br><br><b>UNIT CODES:</b><br>KILO*...1<br>GRAM*...2<br>LITER*...3<br>BUNCH...4<br>TIN...5<br>PIECES...6<br>CARTONS...7<br>BOTTLES...8<br><br><b>CURRENCY</b><br><b>CODES:</b><br>DEM 1<br>DINAR 2 |   |  |  |  |  |  |
|--|----------------------------|---|-----|---|--|--------------------------------|------|--------------------------------|----------|---|--------|--|------|---|----------|--|--------|--|---|--|--|--|--|--|
| 1.   |                            | 2.  |     | 3.  |  | 4.                             |      | 5.                             |          | 6.  |        | 7.   |      | 8.  |          | 9.   |        |  | 10.   |  | 11.  |  | 12.  |  |
| In the following questions, I want to ask about all food consumed by your household, regardless of which person ate it.  |                            | Have the members of your household bought any [FOOD] in the past 30 days, that is since [DAY/DATE]? |     | How many times in the past 30 days, have you bought [FOOD]? |  | How much did you buy in total? |      | How much did you pay in total? |          | How many months in the past 12 months did your household purchase [FOOD]? |        | How many months in the past 12 months did your household consume [FOOD] that you grew or produced at home? |      | During those months, how much did you consume in a typical month? |          | What was the value of the [FOOD] you consumed in a typical month from your own production? |        |  | What is the total value of the [FOOD] consumed that you received as a gift over the past 12 months? |  | What is the total value of the [FOOD] consumed that you received from aid over the past 12 months? |  | How much of [FOOD] do you currently have stored? |  |
| Has your household consumed [FOOD] during the past 12 months? Please exclude from your answer any [FOOD] purchased for processing or resale in a household enterprise. |                            | YES . 1<br>NO . . 2<br>(» 6)  |     |   |  |                                |      |                                |          | IF NONE<br>WRITE<br>ZERO  |        | IF NONE<br>WRITE<br>ZERO,<br>» 10  |      |   |          |  |        |  | IF<br>NONE,<br>WRITE<br>ZERO  |  | IF<br>NONE,<br>WRITE<br>ZERO   |  |  |  |
|  |                            | NO  | YES |   |  | AMT                            | UNIT | AMT                            | CURRENCY | MONTHS  | MONTHS | AMT  | UNIT | UNIT  | CURRENCY | AMOUNT   | AMOUNT | AMT  | UNIT  |  |  |  |  |  |
| 31   | Beer                       |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 32   | Shlivovica                 |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 33   | Fast food: bureks, etc.... |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 34   | Yeast                      |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 35   | Biscuits and cakes         |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 36   | Spices                     |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 37   | Tea                        |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 38   | Coffee                     |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |
| 39   | Misc. other food expenses  |   |     |   |  |                                |      |                                |          |   |        |  |      |   |          |  |        |  |   |  |  |  |  |  |

## PART B: STORED FOOD

MOST KNOWLEDGEABLE MEMBER

|   |               | PURCHASES IN LAST YEAR  |  |  |  |                                |      |                                |              | GIFTS  |      | AID   |        | STOCKS   |      | USE CODES<br>WITH STAR<br>WHENEVER<br>POSSIBLE<br><br>UNIT CODES:<br>KILO*....1<br>GRAM*....2<br>LITER*... 3<br>BUNCH... 4<br>TIN.....5<br>PIECES.. 6<br>CARTONS. 7<br>BOTTLES. 8<br><br>CURRENCY<br>CODES:<br>DEM 1<br>DINAR 2 |  |  |
|---|---------------|---|--|--|--|--------------------------------|------|--------------------------------|--------------|--|------|---|--------|--|------|---|--|--|
| 1.  |               | 2.  |  | 3.   |  | 4.                             |      | 5.                             |              | 6.   |      | 7.  |        | 8.   |      |   | 9.   |  |
| In the following questions, I want to ask about all food consumed by your household, regardless of which person ate it.<br><br>Has your household consumed [FOOD] during the past 12 months? Please exclude from your answer any [FOOD] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q.1 IS YES, ASK Q.2-12. |               | Have the members of your household bought any [FOOD] in the past 12 months?<br><br>YES . 1<br>NO . . 2<br>( > 7 ) |  | How many times in the past 12 months, have you bought [FOOD] ? |  | How much did you buy in total? |      | How much did you pay in total? |              | How much did you purchase in the last 30 days, that is since [DATE]? |      | What is the total value of the [FOOD] consumed that you received as a gift over the past 12 months?<br><br>IF<br>NONE,<br>WRITE<br>ZERO |        | What is the total value of the [FOOD] consumed that you received from aid over the past 12 months?<br><br>IF<br>NONE,<br>WRITE<br>ZERO |      |   | How much of [FOOD] do you currently have stored? |  |
| NO YES  |               |   |  |  |  | AMT                            | UNIT | AMT                            | CURR<br>ENCY | AMT  | UNIT | AMOUNT  | AMOUNT | AMT  | UNIT |   |  |  |
| 40  | Wheat (flour) |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 41  | Sunflower oil |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 42  | Sugar         |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 43  | Potatoes      |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 44  | Honey         |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 45  | Onions        |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |
| 46  | Salt          |   |  |  |  |                                |      |                                |              |  |      |   |        |  |      |   |  |  |

| 1.<br>In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.<br>C<br>Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM.<br>IF THE ANSWER TO Q.1 IS YES, ASK Q.2-6 | 2.<br>Currency used for purchases for this article<br><br>USE THE SAME CURRENCY FOR THIS ARTICLE<br><br>CURRENCY:<br>1. DM<br>2. DINAR | 3.<br>Have the members of your household bought any [ITEM] in the last 30 days?<br><br>YES . 1<br>NO . . 2<br>( > 5 ) | PURCHASES 30 DAYS             |   | 12 MONTHS   | GIFTS 12 MONTHS  |  |
|---|--|---|-------------------------------|---|---|--|--|
|   |  |   | 4.<br>How much did you spend? | 5.<br>How much did your household spend for [ITEM] during the past 12 months? | 6.<br>Did you receive any [ITEM] as a gift during the past 12 months? | 7.<br>What is the value of all the [ITEM] that you received as a gift during the past 12 months? |  |
|   |  |   | AMOUNT                        | AMOUNT  | AMOUNT  | AMOUNT   |  |
| NO YES CODE   |  |   |                               |   |   |  |  |
| Firewood  |  |   |                               |   |   |  |  |
| Charcoal  |  |   |                               |   |   |  |  |
| Cooking gas   |  |   |                               |   |   |  |  |
| Other fuels   |  |   |                               |   |   |  |  |
| Electricity   |  |   |                               |   |   |  |  |
| Personal care items (soap, shampoo, toothpaste, etc.) and cosmetics   |  |   |                               |   |   |  |  |
| Personal services (haircuts, shaving, etc.)   |  |   |                               |   |   |  |  |
| Women's clothing and footwear   |  |   |                               |   |   |  |  |
| Men's clothing and footwear   |  |   |                               |   |   |  |  |
| Children's clothing and footwear  |  |   |                               |   |   |  |  |
| Cloth and sewing supplies, Tailoring  |  |   |                               |   |   |  |  |

| 1.<br>In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.<br>C<br>Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM.<br>IF THE ANSWER TO Q.1 IS YES, ASK Q.2-6 | 2.<br>Currency used for purchases for this article<br><br><br>USE THE SAME CURRENCY FOR THIS ARTICLE<br><br><br>CURRENCY:<br>1. DM<br>2. DINAR | 3.<br>Have the members of your household bought any [ITEM] in the last 30 days?<br><br><br>YES . 1<br>NO . . 2<br>( > 5 ) | PURCHASES 30 DAYS             |   | 12 MONTHS   | GIFTS 12 MONTHS  |  |
|---|--|---|-------------------------------|---|---|--|--|
|   |  |   | 4.<br>How much did you spend? | 5.<br>How much did your household spend for [ITEM] during the past 12 months? | 6.<br>Did you receive any [ITEM] as a gift during the past 12 months? | 7.<br>What is the value of all the [ITEM] that you received as a gift during the past 12 months? |  |
|   |  |   | AMOUNT                        | AMOUNT  | AMOUNT  | AMOUNT   |  |
|   |  |   |                               |   |   |  |  |
| Laundry and dry cleaning  |  |   |                               |   |   |  |  |
| Household cleaning and toilet supplies (soap, washing powder, bleach, etc.)   |  |   |                               |   |   |  |  |
| Kitchen supplies (napkins, matches, garbage bags, etc.)   |  |   |                               |   |   |  |  |
| Over the counter remedies and medicines   |  |   |                               |   |   |  |  |
| Prescription medicines and health services (doctor fees, hospital charges, etc.)  |  |   |                               |   |   |  |  |
| Books, stationery (excluding textbooks)   |  |   |                               |   |   |  |  |
| Postal expenses, telegrams,   |  |   |                               |   |   |  |  |
| Entertainment (cinema, cassette rentals, cultural and sporting events, etc.)  |  |   |                               |   |   |  |  |
| Electrical items (light bulbs, cords, plugs, batteries, etc.)   |  |   |                               |   |   |  |  |
| Repair and maintenance of household articles  |  |   |                               |   |   |  |  |
| Rent  |  |   |                               |   |   |  |  |



| 1.<br>In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.<br>C<br>Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM.<br>IF THE ANSWER TO Q.1 IS YES, ASK Q.2-6 | 2.<br>Currency used for purchases for this article<br><br>USE THE SAME CURRENCY FOR THIS ARTICLE<br><br>CURRENCY:<br>1. DM<br>2. DINAR | 3.<br>Have the members of your household bought any [ITEM] in the last 30 days?<br><br>YES . 1<br>NO . . 2<br>( > 5 ) | PURCHASES 30 DAYS             |   | 12 MONTHS   | GIFTS 12 MONTHS  |  |
|---|--|---|-------------------------------|---|---|--|--|
|   |  |   | 4.<br>How much did you spend? | 5.<br>How much did your household spend for [ITEM] during the past 12 months? | 6.<br>Did you receive any [ITEM] as a gift during the past 12 months? | 7.<br>What is the value of all the [ITEM] that you received as a gift during the past 12 months? |  |
|   |  |   | AMOUNT                        | AMOUNT  | AMOUNT  | AMOUNT   |  |
| Household linens (sheets, blankets, towels, etc.)   |  |   |                               |   |   |  |  |
| Small kitchen appliances (blender, mixer, etc.)   |  |   |                               |   |   |  |  |
| Dishes (crookery, cutlery, glassware, etc.) and kitchen utensils  |  |   |                               |   |   |  |  |
| Small electrical items (radio, walkman, watch, clock, etc.)   |  |   |                               |   |   |  |  |
| Household tools   |  |   |                               |   |   |  |  |
| Sports and hobby equipment, toys  |  |   |                               |   |   |  |  |
| Toys and musical instruments  |  |   |                               |   |   |  |  |
| Vehicle repair, maintenance, parts and licenses (do not include gasoline)   |  |   |                               |   |   |  |  |
| Repair and regular maintenance of the house   |  |   |                               |   |   |  |  |
| Home improvements and additions   |  |   |                               |   |   |  |  |
| Insurance (auto, property)  |  |   |                               |   |   |  |  |

| 1.<br>In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.<br>C<br>Has your household bought, spent money on or received gifts of any [ITEM] during the past 12 months? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.<br><br>PUT AN X (X) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM.<br>IF THE ANSWER TO Q.1 IS YES, ASK Q.2-6 | 2.<br>Currency used for purchases for this article<br><br>USE THE SAME CURRENCY FOR THIS ARTICLE<br><br>CURRENCY:<br>1. DM<br>2. DINAR | 3.<br>Have the members of your household bought any [ITEM] in the last 30 days?<br><br>YES . 1<br>NO . . 2<br>( > 5 ) | PURCHASES 30 DAYS             |   | 12 MONTHS   | GIFTS 12 MONTHS  |  |  |  |  |
|---|--|---|-------------------------------|---|---|--|--|--|--|--|
|   |  |   | 4.<br>How much did you spend? | 5.<br>How much did your household spend for [ITEM] during the past 12 months? | 6.<br>Did you receive any [ITEM] as a gift during the past 12 months? | 7.<br>What is the value of all the [ITEM] that you received as a gift during the past 12 months? |  |  |  |  |
|   |  |   | AMOUNT                        | AMOUNT  | AMOUNT  | AMOUNT   |  |  |  |  |
| <table border="1"> <tr> <td>NO</td> <td>YES</td> <td>CODE</td> </tr> </table>   | NO   | YES   | CODE                          |   |   | Currency<br>1. DEM<br>2. DINAR   |  | YES . . 1<br>NO . . . 2<br>( > NEXT ITEM ) |  |  |
| NO  | YES  | CODE  |                               |   |   |  |  |  |  |  |
| Excursion, holiday (including travel and lodging)   |  | 34  |                               |   |   |  |  |  |  |  |
| Charity, donations, contributions to clubs or organizations   |  | 35  |                               |   |   |  |  |  |  |  |
| Customs tax   |  | 36  |                               |   |   |  |  |  |  |  |
| Excise tax  |  | 37  |                               |   |   |  |  |  |  |  |
| Gambling and cash losses  |  | 38  |                               |   |   |  |  |  |  |  |
| Legal or notary services  |  | 39  |                               |   |   |  |  |  |  |  |
| Marriages, births, and other ceremonies   |  | 40  |                               |   |   |  |  |  |  |  |
| Marriages gifts (dowries)   |  | 41  |                               |   |   |  |  |  |  |  |
| Funeral expenses  |  | 42  |                               |   |   |  |  |  |  |  |

## PART D: EXPENDITURES ON PRIVATE INTER-HOUSEHOLD REMITTANCES

MOST KNOWLEDGEABLE PERSON

1. During the past 12 months has any member of your household provided money or goods to persons who are not members of your household? For example for relatives living elsewhere, child support or alimony, or to friends or neighbors?

YES...1

NO...2 (»PART E)

|   |  |  |                    |   |
|---|--|--|--------------------|---|
| 2.<br>Has your household provided assistance to [TYPE OF RECIPIENTS] during the past 12 months? | 3.<br>How many individual [RECIPIENT] has your household provided assistance to? | 4. 5.<br>How much money have members of the household sent to [RECIPIENT] in the past 12 months? |                    | 6.<br>What is the approximate value in cash of the assistance given in food or other goods?<br><br>USE THE SAME CURRENCY AS IN 5. |
|   |  | AMOUNT   | 1. DEM<br>2. DINAR |   |
| TYPE OF RECIPIENT   | YES...1<br>NO...2<br>GO NEXT   |  |                    | AMOUNT  |

|   |                                |  |  |  |  |  |
|---|--------------------------------|--|--|--|--|--|
| 1 | Spouse of a household member   |  |  |  |  |  |
| 2 | Children of a household member |  |  |  |  |  |
| 3 | Siblings of a household member |  |  |  |  |  |
| 4 | Parents of a household member  |  |  |  |  |  |
| 5 | Other relatives                |  |  |  |  |  |
| 6 | Friends                        |  |  |  |  |  |
| 7 | Neighbors                      |  |  |  |  |  |
| 8 | Charitable organizations       |  |  |  |  |  |
| 9 | Others                         |  |  |  |  |  |

| 1. Does your household currently own any of the following items?<br><br><div style="border: 1px solid black; padding: 10px; text-align: center;">           DETERMINE WHICH DURABLES THE HOUSEHOLD OWNS BY ASKING Q.1. FOR EACH DURABLE OWNED, AND PROCEED TO ASK Q.2-4 FOR EACH ITEM.         </div> |      |     |    | 2.<br>How many years ago did you acquire this [ITEM]? | 3.<br>Did you purchase it or receive it as a gift or payment for services?<br><br>PURCHASE . . 1<br>GIFT OR<br>PAYMENT . . 2 | 4.<br>If you wanted to sell this [ITEM] today, how much would you receive? |
|---|------|-----|----|---|--|--|
|   |      |     |    |   |  | CURRENCY<br>1. Dem<br>2. DINAR   |
| ITEM  | CODE | YES | NO | YEARS   |  | AMOUNT   |
| Electric or gas stove   | 201  |     |    |   |  |  |
| Wood stove  | 202  |     |    |   |  |  |
| Generator   | 203  |     |    |   |  |  |
| Water heater  | 204  |     |    |   |  |  |
| Water reservoir   | 205  |     |    |   |  |  |
| Refrigerator  | 206  |     |    |   |  |  |
| Freezer   | 207  |     |    |   |  |  |
| Washing Machine   | 208  |     |    |   |  |  |
| Sewing/knitting machine   | 209  |     |    |   |  |  |
| Fan   | 210  |     |    |   |  |  |
| Television  | 211  |     |    |   |  |  |
| Video player  | 212  |     |    |   |  |  |
| Tape player/CD player   | 213  |     |    |   |  |  |
| Camera, video camera  | 214  |     |    |   |  |  |
| Cellular phone  | 215  |     |    |   |  |  |
| Computer  | 216  |     |    |   |  |  |
| Satellite dish  | 217  |     |    |   |  |  |
| Jewelry   | 218  |     |    |   |  |  |
| Bicycle   | 219  |     |    |   |  |  |
| Motorcycle/scooter  | 220  |     |    |   |  |  |
| Car or truck  | 221  |     |    |   |  |  |

## SECTION 4

Health

Remittances

Social Protection

Dwelling

INDIVIDUALS AGE 15 AND OVER SELF REPORT;  
MOTHERS/GUARDIANS ANSWER FOR CHILDREN LESS THAN AGE 15

[illegible]

INDIVIDUALS AGE 15 AND OVER SELF REPORT;  
MOTHERS/GUARDIANS ANSWER FOR CHILDREN LESS THAN AGE 15

[illegible]

INDIVIDUALS AGE 15 AND OVER SELF REPORT;  
MOTHERS/GUARDIANS ANSWER FOR CHILDREN LESS THAN AGE 15

72



\*\*: in Question 28 and 39 added Serb Social System/ Other (5) to Serbian questionnaire. In Albanian says only "Other".

|        | 33.                                | 34.                             | 35.  | 36.  | 37.   | 38.  | 39.   | 40.   | 41.   |  |
|--------|------------------------------------|---------------------------------|--|--|---|--|---|---|---|--|
| I<br>D | <b>R E S P O N D E N T C O D E</b> | Where was the hospital located? | How much did you pay, either in money or in kind, for all costs associated with these days spent in a public hospital during the past 12 months? Include any medicines prescribed during these stays, even if purchased elsewhere.<br><br>EXCLUDE MEDICINES<br><br>EXCLUDE TRANSPORT COSTS.<br><br>EXCLUDE COSTS TO BE REIMBURSED BY INSURANCE | Did these costs include food, bedlinens, heating?<br><br>FOOD      1<br>BEDLINENS 2<br>HEATING   3 | How much did you pay, either in money or in kind, for all medicines prescribed during this spell in hospital, even if purchased and consumed elsewhere. | How much did you pay, either in money or in kind, in transport cost. | What was the value of any gifts (money, food, services) made to hospital staff during the past 12 months?<br><br>NOBODY                 0<br>RELATIVE IN KOSOVO.....1<br>RELATIVE ABROAD.....2<br>HUMANITARIAN ORGANIZATION...3<br>NEIGHBOR/<br>FRIEND.....4<br>Serb Social System/OTHER** ...5 | Who has helped in paying for some or all your health care <b>during the past 12 months?</b> | <b>During the past 4 weeks,</b> did you have any health problem for which you did not seek medical treatment?<br><br>YES..1<br>NO...2<br>(>NEXT PERSON) | Why did you not seek treatment?<br><br>MINOR AILMENT, SELF TREATED.....1<br>MINOR AILMENT, NO TREATMENT.....2<br>TOO FAR.....3<br>UNSAFE TO TRAVEL....4<br>FACILITY CLOSED.....5<br>POOR SERVICE.....6<br>TOO EXPENSIVE.....7<br>OTHER.....8 |
| C      |                                    | MUNICIPALITY CODE 1-30          |  |  |   |  | USE SAME CURRENCY as in 37  |   |   |  |
| O      |                                    | IN YUGOSLAVIA   91              |  |  |   |  |   |   |   |  |
| D      |                                    | ABROAD          92              |  |  |   |  |   |   |   |  |
| E      |                                    | AMOUNT                          | CURRENCY<br>1. DEM<br>2. DINAR   |  | AMOUNT  | 1. DEM<br>2. DINAR   | AMOUNT  | 1ST   2ND   3RD   |   |  |

[illegible]

[illegible]

|                            |  |   |   |  |  |  |  |
|----------------------------|--|---|---|--|--|--|--|
| I<br>D<br>C<br>O<br>D<br>E | R<br>E<br>S<br>P<br>O<br>N<br>D<br>E<br>N<br>T | 9.<br>If you had to stand up from sitting on the floor without help, could you do it easily, with difficulty or not at all? | 10.<br>If you had to carry a heavy load, such as a pail of water, for 20 meters, could you do it easily, with difficulty or not at all? | 11.<br>If you had to walk 5 kilometers, could you do it easily, with difficulty or not at all? | 12.<br>If you had to bow, squat or kneel, could you do it easily, with difficulty or not at all? | 13.<br>Do you hold a disability card?  | 14.<br>In the past 7 days, how many factory pre-rolled cigarettes did you smoke? |
|                            |  | EASILY.....1<br>WITH<br>DIFFICULTY.2<br>NOT AT ALL.3  | EASILY.....1<br>WITH<br>DIFFICULTY.2<br>NOT AT ALL.3  | EASILY.....1<br>WITH<br>DIFFICULTY.2<br>NOT AT ALL.3   | EASILY.....1<br>WITH<br>DIFFICULTY.2<br>NOT AT ALL.3   | YES. .1<br>NO .2   | IF NO SMOKERS<br>WRITE.....0<br><br>NUMBER OF<br>CIGARETTES                      |
|                            |  |   |   |  |  | Note: In Serbian questionnaire question 14 asked how many packs rather than how many cigarettes, but Serbian adjusted at Data Coding stage by multiplying by 20. |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
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|                            |  |   |   |  |  |  |  |
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|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |
|                            |  |   |   |  |  |  |  |

## MISCELLANEOUS INCOME PART A: INCOME FROM PRIVATE INTER-HOUSEHOLD TRANSFERS

MOST KNOWLEDGEABLE PERSON

1. During the past 12 months, has your household or any of its members received any money or goods from persons who are not members of your household? For example from relatives living elsewhere, child support or alimony, or from friends or neighbors?

11

YES...1

NO....2 (»NEXT SECTION)

|                                     |  |  |  |  |   |  |   |   |   |
|-------------------------------------|--|--|--|--|---|--|---|---|---|
| I<br>D<br><br>D<br>O<br>N<br>O<br>R | <p>2.</p> <p>What are the first names of the persons who sent assistance to this household during the past 12 months?</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">LIST ALL NAMES BEFORE GOING TO 3-10</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">NAMES</div> | <p>3.</p> <p>What is the relationship between [NAME OF DONOR] and the head of the household?</p> <p>Donor is _____</p> <p>SPOUSE.....1</p> <p>CHILD.....2</p> <p>GRANDCHILD.....3</p> <p>NIECE/NEPHEW.....4</p> <p>PARENT.....5</p> <p>SISTER/BROTHER.....6</p> <p>OTHER RELATIVE.....7</p> <p>NO RELATION.....8</p> | <p>4.</p> <p>Where does [DONOR] live?</p> <p>SAME MUNICIPALITY.....0</p> <p>OTHER MUNICIPALITY.1-30</p> <p>FORMER YUGOSLAVIA.....44</p> <p>ALBANIA/SERBIA**....55</p> <p>SWITZERLAND.....60</p> <p>GERMANY.....61</p> <p>ITALY.....62</p> <p>OTHER WESTERN EUROPE.63</p> <p>USA.....77</p> <p>OTHER.....88</p> | <p>5.</p> <p>How much money have members of the household received from [DONOR] in the past 12 months?</p> <div style="text-align: right;">CURRENCY</div> <div style="text-align: right;">1. DEM</div> <div style="text-align: right;">2. DINAR</div> <div style="text-align: right;">AMOUNT</div> | <p>6.</p> <p>What is the approximate value in cash of the assistance given in food or other goods in the past 12 months?</p> <div style="text-align: right;">USE SAME CURRENCY</div> <div style="text-align: right;">AMOUNT</div> | <p>7.</p> <p>Is the assistance sent by [DONOR] provided for a specific reason?</p> <p>YES...1</p> <p>NO...2</p> <p>GO TO Q.9</p> | <p>8.</p> <p>What are the top three reasons why [DONOR] sent this assistance?</p> <p>GENERAL EXPENSES...1</p> <p>RECONSTRUCTION...2</p> <p>INVESTMENT.....3</p> <p>DURABLE GOODS.....4</p> <p>WEDDING/FUNERAL..5</p> <p>MEDICAL EXPENSES.6</p> <p>OTHER.....7</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 30%;">1ST</div> <div style="width: 30%;">2ND</div> <div style="width: 30%;">3RD</div> </div> | <p>9.</p> <p>How many times per year does [DONOR] send this assistance?</p> | <p>10.</p> <p>Does the household need to repay the assistance sent by the [DONOR]?</p> <p>YES...1</p> <p>NO...2</p> |
|-------------------------------------|--|--|--|--|---|--|---|---|---|

[illegible]

**SOCIAL PROTECTION**

1. Did your household receive any food aid in the last 6 months?

1. YES ☐

2. NO

&gt;&gt; GO TO 17

|   |  |  |   |  |         |       |       |      |
|---|--|--|---|--|---------|-------|-------|------|
| 2.<br>How many times did your household receive in the last 6 months? | 3.<br>When did the last distribution take place? | 4.<br>Who performed the last distribution? | 5.<br>Who provided the food for the distribution? | 6.<br>How much (in kg) did you receive at the last distribution? |         |       |       |      |
|   | DAY  | MONTH                                      | CODE BELOW  | Wheat flour  | Veg.oil | Beans | Sugar | Salt |
|   |  |  |   |  |         |       |       |      |

7. Do you have a ration card?

1. YES ☐

2. NO, GO TO Q.13

8. How many household members are included in the ration card?

9. Do you know which ration you are entitled to?

1. YES ☐

2. NO, GO TO Q.11

10. Did you always receive the appropriate ration in the past 6 months?

1. YES ☐

2. NO

11. Were you sharing the ration with somebody outside your household?

1. YES ☐

2. NO

12. How long does the ration usually last?

weeks

13. Have some members of your household been de-registered?

1. YES ☐

2. NO

14. Did they all de-register voluntarily?

1. YES ☐

2. NO

15. Do you have a de-registration sheet?

1. YES ☐

2. NO

16. When do you think the next distribution will be?

DAY MONTH

**CODES QUESTIONS 4 AND 5**

1. MTS
2. Red Cross
3. Church
4. Other local agency
5. WFP
6. CRS
7. MCI
8. Other Int. Agency
9. Don't know

Is any member of your household currently eligible to receive payment benefits from employer or any public

17. administration (UNMIK/JIAS, FRY, other state)?

YES...1

NO....2 (&gt;GO TO Q.21)

18. List the three most important types of benefits that your household is eligible for?

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

- |                            |    |
|----------------------------|----|
| Any public pension         | 1  |
| Company or private pension | 2  |
| Survivor's pension         | 3  |
| Invalidity pension         | 4  |
| Unemployment benefit       | 5  |
| Illness payments           | 6  |
| Disability payments        | 7  |
| Job search programs        | 8  |
| Maternity payments         | 9  |
| Child allowances           | 10 |
| Social assistance payment  | 11 |

19. Does your household receive these payments regularly?

YES...1

NO....2

20. How much have you received over the last year?

|       |                      |
|-------|----------------------|
|       | DM                   |
| Cash  | <input type="text"/> |
| Other | <input type="text"/> |

21. Did your household receive any assistance from Center for Social Welfare in the past 6 months?

1. YES   
 2. NO, GO TO Q.23

|           |    |
|-----------|----|
| 22.       |    |
| How much? |    |
| Cash      | DM |
| Other     |    |

23. Are members of your family registered with the Center for Social Welfare Programme?

1. YES   
 2. NO, GO TO Q. 30

| 24.<br>Who is<br>registered<br>? | 25.<br>Category | 26.<br>Has<br>[person]<br>already<br>received? | 27.<br>How many<br>times? | 28.<br>How much cash last<br>time? | 29.<br>Did they<br>receive the<br>food<br>componen<br>t last time? |
|----------------------------------|-----------------|--|---------------------------|------------------------------------|--|
| ID                               | I or II         | 1. YES<br>2. NO<br>>Q.30                       |                           | DM                                 | 1. YES<br>2. NO  |
|                                  |                 |  |                           |                                    |  |
|                                  |                 |  |                           |                                    |  |
|                                  |                 |  |                           |                                    |  |

30. Has anybody from this household ever visited the UNMIK Center for Social Work?

- YES...1  
 NO....2

31. Has this household ever been visited by the staff of the UNMIK Center for Social Work?

- YES...1  
 NO....2, GO to Q.33

32. Have you been satisfied with the services provided at the UNMIK Center for Social Work?

- Very satisfied 1  
 Satisfied 2  
 Somewhat unsatisfied 3  
 Very unsatisfied 4

33. Did any member of your household participate in a credit program?

1. YES   
 2. NO, GO TO Q.37

34. Did any member of your household receive any loan?

1. YES   
 2. NO, GO TO Q.37

35. How much did they receive?

DM 

36. Who was providing the loan? USE CODES BELOW (Next Page)

37. Did this household receive any aid for repairing/rebuilding your house in the last 12 months?

1. YES ☐

2. NO, GO TO Q. 40

38. How much was it worth?

DM  
Dinars

39. Who donated it?

USE CODES BELOW

40. Did you receive any additional aid in the past 12 months?

1. YES ☐

2. NO, GO TO OTHER MODULE

| ASK Q.41<br>FOR ALL,<br>THEN GO<br>TO 42-44 |                 | 41.<br>Did you<br>receive ?<br><br>1. YES<br>2. NO,<br>NEXT | 42.<br>How much<br>was it<br>worth?<br><br>DM | 43.<br>Who<br>donated?<br><br>USE<br>CODES ON<br>RIGHT | 44.<br>When was the last month you<br>received [ITEM]?<br><br>MONTH      YEAR |  |
|---|-----------------|---|---|--|---|--|
| A   | Winter fuel     |   |   |  |   |  |
| B   | Fresh food      |   |   |  |   |  |
| C   | Winter clothes  |   |   |  |   |  |
| D   | Children's kits |   |   |  |   |  |
| E   | Education kits  |   |   |  |   |  |
| F   | Stoves          |   |   |  |   |  |
| G   | Others          |   |   |  |   |  |

CODES FOR Q.36, 39 AND 43.

|                     |   |
|---------------------|---|
| HUMANITARIAN GROUP  | 1 |
| RELATIVES IN KOSOVO | 2 |
| RELATIVES ABROAD    | 3 |
| BANK                | 4 |
| SOCIALLY OWNED      |   |
| ENTERPRISE/State of |   |
| Serbia**            | 5 |
| EMPLOYER            | 6 |
| OTHERS              | 7 |

\*\*Added State of Serbia to Socially Owned  
Enterprise in Question 36, 39 and 43 (Code 5) in  
Serbian Questionnaire



MISCELLANEOUS INCOMES PART C : OTHER NONLABOR HOUSEHOLD INCOME

MOST KNOWLEDGEABLE PERSON

|                |  |  |
|----------------|--|--|
| INCOME SOURCES | 1.<br>In the last 12 months, did your household, or any of its members, receive any payments, in cash or in any other form, from the following | 2.<br>How much did your household receive in the last 12 months from [SOURCE] including the value of any payment in the form of goods? |
|                | <p>YES...1</p> <p>NO...2</p> <p>(»NEXT SOURCE)</p>   | <p>CURRENCY</p> <p>1. DEM</p> <p>2. DINAR</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>  |

|   |   |  |  |
|---|---|--|--|
| 1 | Rental income:                            |  |  |
|   | Apartment, house, other living space      |  |  |
|   | Land                                      |  |  |
|   | Car, truck, other vehicles                |  |  |
|   | Other rental                              |  |  |
| 2 | Revenue from sale of assets:              |  |  |
|   | Sale of real estate (house, land, etc...) |  |  |
|   | Sale of vehicles                          |  |  |
|   | Sale of durable goods of the household    |  |  |
|   | Other sale of assets                      |  |  |
| 4 | Other Income:                             |  |  |

DWELLING

HEAD OF HOUSEHOLD

Now I would like to ask you about your housing conditions.

By housing, I mean all rooms and separate structures (including tents and prefabs) used by the members of your household

| D<br>W<br>E<br>L<br>L<br>I<br>N<br>G<br><br>C<br>O<br>D | Dwelling type<br>DAMAGED: PLEASE<br>REFER TO THE<br>CATEGORIES USED IN<br>THE IMG/UNHCR<br>INVENTORIES | 1.<br>Does your<br>household use<br>[STRUCTURE]<br>? LIST<br>ALL<br>STRUCTURE<br>S BEFORE<br>ASKING Q. 2-<br>6<br><br>YES...1<br>NO...2<br>(»next dwelling | 2.<br>How large is<br>the part of the<br>[STRUCTURE]<br>your<br>household<br>use? DO NOT<br>INCLUDE<br>KITCHEN,<br>CORRIDORS<br>AND<br>BATHROOMS<br><br>SQ. MTRS | 3.<br>What is the<br>main material<br>of the walls of<br>this<br>[STRUCTURE]<br>MUD. 1<br>STONES 2<br>WOOD 3<br>BRICKS 4<br>CEMENT<br>BLOCKS 5<br>OTHER 6 | 4.<br>How many<br>separations<br>(rooms)<br>does the<br>[STRUCTU<br>RE] have?<br>TENTS:<br>GIVE<br>NUMBER,<br><br>NUMBER | 5.<br>When was<br>the<br>[STRUCTU<br>RE] built?<br><br>YEAR | 6.<br>How did your household<br>obtain this<br>[STRUCTURE]?<br>PURCHASED... 1<br>FROM EMPLOYER 2<br>BUILT PERSONNALLY 3<br>SWAPPED 4<br>INHERITED 5<br>ASSIGNED AFTER WAR 6<br>OCCUPIED BECAUSE<br>VACANT 7<br>DONATED 8<br>RENTED 9<br>OTHERS 10 |
|---|--|--|--|---|--|---|---|
| 1   | Tent   |  |  |   |  |   |   |
| 2   | Prefab/container   |  |  |   |  |   |   |
| 3   | Damaged house  |  |  |   |  |   |   |
| 4   | Damaged apartment  |  |  |   |  |   |   |
| 5   | Intact/Repaired house  |  |  |   |  |   |   |
| 6   | Intact/Repaired apartment  |  |  |   |  |   |   |
| 7   | Barracks   |  |  |   |  |   |   |
| 8   | Others   |  |  |   |  |   |   |

## AMENITIES

## HEAD OF HOUSEHOLD

1. What is the main source of water to wash for your household?

CENTRALIZED PIPELINE 1 &gt;&gt;Q.3

STANDING WATER PIPE 2 &gt;&gt;Q.4

WELL 3 &gt;&gt;Q.4

SPRING 4 &gt;&gt;Q.4

BROUGHT IN WATER (TRUCK) 5 &gt;&gt;Q.4

PUBLIC TAP 6

OTHER 7

2. How long does it take to bring the water to the main dwelling? mn

3. How many hours per day was water available on average in the past 7 days? hrs

4. What is the main source of hot water for your household?

CENTRALIZED SUPPLY 1

ELECTRIC WATER HEATER 2

COAL STOVE 3

WOOD STOVE 4

GAS WATER HEATER 5

NO HOT WATER 6

OTHER 7

5. What type of toilet does your household uses?

FLUSH TOILET 1

LATRINE 2

NO TOILET 0 &gt;&gt;Q7

6. Is it shared with other households

Yes 1

No 2

7. Does your household have access to electricity?

Yes 1

No 2 &gt;&gt;Q10

8. How many hours per day was electricity available on average in the past 7 days? hrs

9. Has your electricity supply improved in the past 12 months? 1  
Yes

No 2

10. How do you light your dwelling when electricity is unavailable?

GENERATOR 1

KEROSENE LAMPS 2 FLASHLIGHTS 3 OTHER 4

11. How does your household usually heat its dwelling?

WOOD STOVE 1

ELECTRIC HEATER 2

DISTRICT HEATING 3

WATER RADIATORS- FROM A GAS, COAL, ELACTRIC  
BOILER INSIDE THE HOUSE 4

COAL STOVE 5

OTHER 6

12. How many months between October 99 and April 2000, did your household heat the dwellings? mo

13. How many rooms did your household manage to heat when it was heating the dwelling in the past 12 months?

14. Where is the nearest telephone used by the members of your household?

INSIDE THE DWELLING 1

NEIGHBOR'S HOUSE 2

PUBLIC PLACE 3

NO TELEPHONE ACCESSIBLE 0

15. How does your household dispose of garbage?

STREET CONTAINERS 1

COLLECTED BY TRUCK 2

DUMPED 3

BURNED 4

BURIED 5