

WAVE	ENTITY	SERIAL	HOUSEHOLD	CHECK
4				

LIVING IN BOSNIA AND HERZEGOVINA

WAVE 4 QUESTIONNAIRE

2004

TRANSFER THE ID CODES OF ALL ADULTS AGED 15 AND OVER FROM THE CONTROL FORM ONTO THE CONNECTING INFORMATION, MODULE 1. INCLUDE OSMS AND NSMs.

MODULES 2, 10 AND 11 ARE COMPLETED BY
HEAD OF HOUSEHOLD OR MOST KNOWLEDGABLE PERSON

THE FOLLOWING STATEMENT MUST BE READ TO ALL RESPONDENTS:

This interview is completely voluntary - if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

1	<p>INTERVIEWER CHECK THE CONTROL FORM is this same dwelling unit as last year?</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="text-align: right; margin-right: 10px;"> Yes....1 No.....2 </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> CODE </div> </div>	
2	<p>What is the construction type of primary dwelling? - CODE FROM OBSERVATION</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> Multifamily residential building..1 Individual dwelling.....2 Block of houses.....3 Part of a house.....4 Other.....5 </div> <div style="width: 25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> CODE </div> </div> </div> </div>	
3	<p>What is the condition of the unit? - CODE FROM OBSERVATION</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> Very good condition.....1 Appropriate for living.....2 Inappropriate for living.....3 Partly devastated.....4 Major devastation.....5 Under construction, mostly incomplete.....6 Other.....7 </div> <div style="width: 25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> CODE </div> </div> </div> </div>	
4	<p>Approximately when was this dwelling constructed?</p> <div style="text-align: right; margin-top: 10px;"> YEAR <div style="display: flex; border: 1px solid black; width: 40px; height: 25px; margin-left: 5px;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </div>	
5	<p>What is the area of this dwelling, in square meters?</p> <div style="text-align: right; margin-top: 10px;"> SQUARE METERS <div style="display: flex; border: 1px solid black; width: 40px; height: 25px; margin-left: 5px;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </div>	
6	<p>How many rooms in the dwelling unit are used by the household? [DO NOT INCLUDE BATHROOMS, HALLWAYS, CORRIDORS, CLOSETS, STORAGE SPACES, WC OR BALCONIES UNLESS ENCLOSED AND HEATED]</p> <div style="text-align: right; margin-top: 10px;"> NUMBER OF ROOMS <div style="display: flex; border: 1px solid black; width: 20px; height: 25px; margin-left: 5px;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </div>	

7	<p>Does this dwelling have the following rooms or spaces?</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="text-align: right; margin-right: 10px;"> Yes.....1 No.....2 </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> CODE </div> </div> <div style="margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">a)</td><td style="width: 70%;">Separate kitchen.....</td><td style="width: 10%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="width: 15%; text-align: center;">a</td></tr> <tr><td>b)</td><td>Bathroom with WC.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">b</td></tr> <tr><td>c)</td><td>WC with separate bathroom.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">c</td></tr> <tr><td>d)</td><td>Corridor.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">d</td></tr> <tr><td>e)</td><td>Pantry.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">e</td></tr> <tr><td>f)</td><td>Balcony or terrace.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">f</td></tr> <tr><td>g)</td><td>Cellar.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">g</td></tr> <tr><td>h)</td><td>Attic.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">h</td></tr> <tr><td>i)</td><td>Woodshed.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">i</td></tr> <tr><td>j)</td><td>Garage.....</td><td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </td><td style="text-align: center;">j</td></tr> </table> </div>	a)	Separate kitchen.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	a	b)	Bathroom with WC.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	b	c)	WC with separate bathroom.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	c	d)	Corridor.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	d	e)	Pantry.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	e	f)	Balcony or terrace.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	f	g)	Cellar.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	g	h)	Attic.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	h	i)	Woodshed.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	i	j)	Garage.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	j	
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j)	Garage.....	<div style="border: 1px solid black; width: 30px; height: 25px;"></div>	j																																							
8	<p>What is the source of drinking water used by this household?</p> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> Running water within unit.....1 »10 Running water on property.....2 »10 Public standpipe.....3 Well or spring.....4 Other.....5 </div> <div style="width: 25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> CODE </div> </div> </div> </div>																																									
9	<p>How far away is this source of water?</p> <div style="text-align: right; margin-top: 10px;"> METERS <div style="display: flex; border: 1px solid black; width: 40px; height: 25px; margin-left: 5px;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </div>																																									

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

10	What is the main source of heating for your dwelling?	
	District heating by utility or boiler house.....1 »12a	CODE <input type="text"/>
	Own central heating system.....2	
	Separate heating devices.....3	
	Other.....4	
11	What is the main type of energy used?	
	Electricity.....1	CODE <input type="text"/>
	Gas from networks.....2	
	Coal, firewood, other solid fuel...3	
	Other.....4	
12a	Does this dwelling receive municipal hot water	
	Yes.....1	CODE <input type="text"/>
	No.....2	
12b	Is this dwelling connected to a sewer or sanitation system?	
	Yes, public sewers.....1	
	Yes, septic tank.....2	CODE <input type="text"/>
	No, latrine only.....3	
	Other.....4	
13	Does this household have access to a telephone? [EXCLUDE MOBILE PHONES]	
	Yes, own phone.....1	CODE <input type="text"/>
	Yes, shared phone.....2	
	No.....3	
14	Do members of this household own a mobile phone(s)? [EXCLUDE COMPANY PHONES]	
	Yes, one mobile phone.....1	CODE <input type="text"/>
	Yes, two or more mobile phones...2	
	No.....3	
15	Does this household have an Internet connection?	
	Yes, a modem connection.....1	
	Yes, an ISDN connection.....2	CODE <input type="text"/>
	Yes, other.....3	
	No.....4	

16	What is the legal status of this dwelling?							
	Owned/co-owned outright by a household member.....1							
	Under privatisation by household member.....2							
	Tenancy right holder.....3 »25	CODE <input type="text"/>						
	Renter.....4 »25							
	Temporary occupant.....5 »25							
	Uses free of charge (on loan from relatives or friends)...6 »24							
	Illegal occupant (in abandoned house or flat.....7 »24							
	Emergency lodging, collective centre for refugees, DPs....8 »24							
	Other.....9 »25							
17	Did you obtain this dwelling through a swap with another household?							
	Yes.....1	CODE <input type="text"/>						
	No.....2							
18	Did any household member use vouchers to purchase/privatize this dwelling?							
	Yes.....1	CODE <input type="text"/>						
	No.....2 »21							
19	Which household members used vouchers?							
	[WRITE IN THE ID CODES OF ANY PERSON WHO USED VOUCHERS]	ID <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
		ID <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
		ID <table border="1"><tr><td></td><td></td></tr></table>						
20	What was the value of the vouchers used? [ESTIMATED NOMINAL VALUE]	KM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

21	Does any member of the household have a title or other legal document showing ownership of this dwelling? Yes.....1 No.....2 »23	CODE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
22	Which household members hold the title? [INTERVIEWER WRITE IN THE ID CODES OF HOUSEHOLD MEMBERS WHO HOLD TITLE]	ID <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> ID <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> ID <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
23	Can you or other member of the household sell this dwelling: Yes, without limitations.....1 Yes, but with some limitations....2 No.....3 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">[»27]</div>	CODE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
24	If you had to pay rent for this dwelling, how much would you have to pay a month? <div style="text-align: center; font-weight: bold; font-size: 1.2em;">[»27]</div>	KM <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
25	Who is the owner of this dwelling? Private person or group.....1 Enterprise.....2 Public institutions (municipal)..3 Military flat.....4 Unknown.....5 Other.....6	CODE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
26	What is the monthly rent paid by this household for this dwelling unit?	KM <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>

27	How many hours a day, on average, was electricity available in your dwelling during the last month?	HRS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
28	How many hours a day, on average, did this dwelling receive water during the last month?	HRS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
29	How much did your household spend on the following 3 months ago?	
30	And in the worst winter month?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 3 MONTHS AGO KM <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="text-align: center;"> WORST MONTH KM <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div>
a	Gas in containers.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
b	Oil, liquid fuels.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
c	Coal.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
d	Firewood.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
e	Water and sewerage.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
f	Electricity.....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>
g	Piped gas (network).....	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px;"></div>

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

31	How much did your household spend on the following three months ago?					
a.	Common Rooms Fees.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
b.	Hot water.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
c.	District Heat.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
d.	Solid waste disposal.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
e.	Telephone, [FIXED LINE ONLY].....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
f.	Mobile phones.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
g.	Internet.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
h.	TV and radio subscriptions.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
i.	House or flat insurance.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
j.	Land occupation fee.....	KM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
32	Does anyone in this household own another building or house?					
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>				
	No.....2 »35					
33	For which purpose is this dwelling used?					
	Summer or vacation house.....1					
	Part year residence.....2					
	Rental property.....3					
	In use by family members free of charge.....4	CODE <table border="1"><tr><td></td></tr></table>				
	Illegally occupied by other person (refugee, dp, other)....5					
	Not used, significantly destroyed.....6					
	Not used due to other reasons....7					
	Other.....8					

34	If you could sell this second dwelling today, what could you sell it for?	KM <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
35	If you wanted to, could you afford to...							
	Yes.....1							
	No.....2	CODE <table border="1"><tr><td></td></tr></table>						
a.	Have friends or family for a drink or meal at least once a month?	<table border="1"><tr><td></td></tr></table>						
b.	Pay for a week's annual holiday away from home?	<table border="1"><tr><td></td></tr></table>						
c.	Replace worn out furniture?	<table border="1"><tr><td></td></tr></table>						
d.	Buy new, rather than second hand clothes?	<table border="1"><tr><td></td></tr></table>						
e.	Eat meat, chicken or fish at least every second day?	<table border="1"><tr><td></td></tr></table>						
f.	Keep your house adequately warm?	<table border="1"><tr><td></td></tr></table>						
36	Many people these days are finding it difficult to keep up with their housing payments. In the last 14 months would you say you have had any difficulties paying for your accommodation?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2 »39							
37	Did you have to borrow money?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2							
38	Did you have to cut back on other household spending in order to make the payments?							
	Yes.....1	CODE <table border="1"><tr><td></td></tr></table>						
	No.....2							

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

39	<p>Does your accommodation have any of the following problems?</p> <p>Yes.....1 No.....2</p>	
		CODE
a	Shortage of space.....	<input type="text"/>
b	Noise from neighbours.....	<input type="text"/>
c	Other street noise (traffic, businesses, factories etc).....	<input type="text"/>
d	Too dark, not enough light.....	<input type="text"/>
e	Lack of adequate heating facilities...	<input type="text"/>
f	War damage.....	<input type="text"/>
g	Leaky roof.....	<input type="text"/>
h	Damp walls, floors, foundations etc...	<input type="text"/>
i	Rot in window frames or doors.....	<input type="text"/>
j	Pollution, grime or other environmental problems caused by traffic or industry..	<input type="text"/>
k	Vandalism or crime in the area.....	<input type="text"/>
40	<p>Is there a car or van normally available for private use by you or a member of your household?</p> <p>IF YES How many?</p> <p>None.....1 One.....2 Two or more....3</p>	<p>CODE</p> <input type="text"/>
41	<p>How much does your household spend on transport in an average week?</p> <p>[INCLUDE COST OF PETROL AND PUBLIC TRANSPORT]</p>	<p>KM</p> <input type="text"/> <input type="text"/> <input type="text"/>

LIVING IN BIH, WAVE 4
MODULE 2: HOUSING

42 How many of the following items does your household own? <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> [INTERVIEWER: WITH THIS QUESTION, DETERMINE WHICH DURABLES THE HOUSEHOLD HAS. WRITE FOR EACH ITEM THE NUMBER OF PIECES THEN PROCEED WITH QUESTIONS 43-46.] </div>		
ITEM	CODE	PIECES
Stove	201	
Washer	202	
Dryer	203	
Dishwasher	204	
Refrigerator	205	
Freezer	206	
Microwave	207	
Vacuum cleaner	208	
Sewing machine	209	
Ironing roller	210	
Satellite dish	211	
TV	212	
Video player	213	
Video camera	214	
Stereo, CD player	215	
Radio cassette	216	
PC	217	
Accordion	218	
Piano	219	
Bicycle	220	
Motorcycle	221	
Car	222	
Van, jeep	223	

I T E M	43	44	45	46
	<div style="border: 1px solid black; padding: 5px;"> [INTERVIEWER: LIST ALL THE ITEMS IDENTIFIED IN QUESTION 42, THEN ASK QUESTIONS 43-46 FOR EACH ITEM. WRITE DOWN ONLY DESCRIPTION OF ITEMS WHERE THERE IS MORE THAN ONE. FOR OTHERS WRITE ONLY CODE.] </div>	How many years ago did you acquire this [ITEM]?	Did you purchase it or receive it as a gift or for payment of services, find in flat or acquire in other way? <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> Purchase....1 Gift.....2 Other.....3 </div>	According to current prices, what do you think you could get if you sold it?
	DESCRIPTION	CODE	NUMBER	KM

1														
2														
3														
4														
5														
6														
7														
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11														
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LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

MODULE 3

1. INTERVIEWER WRITE IN DATE OF INTERVIEW			2. INTERVIEWER WRITE IN TIME INTERVIEW BEGAN		3. What is your current legal marital status? READ OUT...		4. Has your marital status changed in the last year, that is since Sept 1st 2003?		5. So you have recently been [READ MARITAL STATUS] When did that happen?		6. <u>INTERVIEWER CHECK:</u> IS RESPONDENT A NSM [CODE 2 IN COLUMN 5 OF MODULE 1]? Yes...1 No....2 »22	
DAY	MONTH	YEAR	HOURS	MINUTES	CODE	CODE	MONTH	YEAR	CODE			

[illegible]

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>7. How many times have you been married?</p> <p>None 0 »9</p> <p>Once.....1</p> <p>Twice.....2</p> <p>Three times.....3</p> <p>More than three..4</p>	<p>8. In what month and year did you marry (for the first time)?</p>		<p>9. Do you have, or have you ever had/fathered any children?</p> <p>Yes....1</p> <p>No.....2 »12</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>BIOLOGICAL CHILDREN ONLY: <u>EXCLUDE</u> STILL BIRTHS, ADOPTED, FOSTERED OR STEP CHILDREN</p> </div>	<p>10. How many children have you had/fathered in all?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>BIOLOGICAL CHILDREN ONLY</p> </div>	<p>11. Can you please tell me the date of birth of your eldest (first born) child?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>BIOLOGICAL CHILDREN ONLY</p> </div>	
CODE	MONTH	YEAR	CODE	WRITE IN NUMBER	MONTH	YEAR

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>12. What was your own first job after leaving full-time education? Please tell me the exact job title and describe the work you did. [ENTER CODE 0 AND ENTER JOB TITLE AND DESCRIPTION]</p> <div style="text-align: right; margin-top: 100px;"> CODE Still in full-time education.....1 »16 Never had paid job.....2 »16 </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> DO NOT FILL IN CODE - FOR SUPERVISORS ONLY </div>				<p>13. Were you working as an employee or self employed?</p> <p>Employee.....1 »15 Self employed..2</p>	<p>14. Did you have any employees?</p> <p>Yes.....1 »16 No.....2 »16</p>	<p>15. Did you have any managerial duties or were you supervising any other employees?</p> <p>Manager.....1 Supervisor.....2 Not manager or supervisor.....3</p>	<p>16. How many years of kindergarten or pre-school did you attend?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IF NEVER ATTENDED WRITE 0 </div>
CODE	JOB TITLE	DESCRIPTION OF WORK DONE	OCC. CODE	CODE	CODE	CODE	YEARS

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

17. Have you ever attended school? Yes...1 No....2 »21	18. What is highest level (grade/years) of education you have completed? Primary.....1 Secondary compulsory....2 Secondary technical.....3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7	19. What is your area of specialization? General.....1 Education.....2 Arts & humanities.....3 Social science, economy, law.....4 Technical industry construction.....5 Agriculture.....6 Health & social protection.....7 Services.....8 Other.....9	20. What is the highest diploma you have obtained? No diploma.....1 Primary school certificate.....2 Secondary school certificate....3 Junior college.....4 Undergraduate diploma (include Master or Doctor of Science)...5	21. Please could you look at this card [SHOWCARD A] and tell me which of these groups you consider you belong to. Bosniac.....1 Serb.....2 Croat.....3 Other.....4	
CODE	LEVEL	GRADE/ YEAR	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

22. Are you presently attending education (academic year 2004-2005)?	23. Do you intend to continue your education?	24. Why did you stop your education?	25. Is this the same school you attended in the last school year (2003-2004)?	26. What grade are you in? [IF RESPONDENT ATTENDS PART-TIME CODE AS OTHER]	27. Have you gained any qualifications since Sept 2003?	28. What is the qualification that you gained?
Yes...1 »25 No....2	Yes...1 »27 No....2	<p>Finished.....1 Too expensive.....2 No interest.....3 Other job.....4 Never went to school.5 Other.....6</p> <p style="text-align: center;">GO TO »27</p>	Yes.....1 No.....2	<p>Primary.....1 Secondary compulsory.2 Secondary technical..3 Vocational.....4 Junior college.....5 University (include postgrad).....6 Other.....7</p>	Yes..1 No...2 »29	<p>Primary school certificate.....1 Secondary school certificate.....2 Junior college.....3 Undergraduate diploma (include Master or Doctor of Science)..4 Other.....5</p>
CODE	CODE	CODE	CODE	LEVEL	YEAR/ GRADE	CODE

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

29.

During the previous academic year (2003-2004) how much did your household spend on your education for:

IF NOTHING, WRITE 0

IF RESPONDENT CANNOT SEPARATE ALL COSTS, PUT THE AMOUNTS FOR THOSE THAT CAN

IDENTIFY IN THE APPROPRIATE COLUMNS AND THE TOTAL FOR ALL OTHER COSTS IN COLUMN I.

IF INFORMANT CANNOT SEPARATE ANY COSTS, PUT TOTAL IN COLUMN I.

A. Annual Tuition	B. Special Tuition	C. Membership fee for parents association	D. School uniforms and other school clothing	E. Textbooks	F. Other school materials (notebooks, pencils etc)	G. Food and lodging	H. Other costs (additional instruction, faculty classes)	I. Total Costs (not included in previous columns)
KM	KM	KM	KM	KM	KM	KM	KM	KM

[illegible]

LIVING IN BiH, WAVE 4
MODULE 3: INDIVIDUAL DEMOGRAPHY AND EDUCATION

<p>30.</p> <p>How much did your households spend for school repairs, maintenance and assistance for improving teaching, etc. in the previous academic year (2003-2004)?</p> <p>IF NOTHING, WRITE 0</p>	<p>31.</p> <p>Did anyone from outside your household, such as relative, friend, pay any of your education costs during the last 14 months?</p>	<p>32.</p> <p>Who paid partly or completely your education costs over the last 14 months?</p> <p>Relative from BiH..... 1</p> <p>Relative from abroad.....2</p> <p>Humanitarian organisation...3</p> <p>Other country government...4</p> <p>Company stipend.....5</p> <p>Political Party stipend.....6</p> <p>Credit.....7</p> <p>Neighbour/Friend.....8</p> <p>Other.....9</p>	<p>33.</p> <p>How much was this worth in total?</p>
<p>A.School repairs</p>	<p>B. School maintenance</p>	<p>C. Assistance for improving teaching (participation in purchase of teaching materials, etc...)</p>	
KM	KM	KM	CODE
			CODE
			KM

[illegible]

LIVING IN BiH, WAVE 4

MODULE 4: HEALTH

MODULE 4

<p>1 Please think back over the last fourteen months about how your health has been. Compared to other people of your own age would you say that your health has on the whole been READ OUT...</p> <p>Excellent.....1 Good.....2 Fair.....3 Poor.....4 OR very poor.....5</p>	<p>2 Do you have health insurance?</p> <p>Yes...1 No....2</p>	<p>3. Do you have any chronic diseases?</p> <p>Yes..1 No...2 »5</p>	<p>4. Which diseases? SHOWCARD B</p> <p>High blood pressure..1 Arthritis.....2 Bronchial asthma....3 Chronic bronchitis...4 Ulcer.....5 Psychological disease/ schizophrenia.....6 Multiple sclerosis...7 Anaemia.....8 Diabetes.....9 Malignant tumor....10 Other.....11</p>	<p>5. During the last 14 months how many times did you visit a general practitioner at the ambulanta or DZ to get health care services?</p> <p>None..0 »7</p>	<p>6. How much money did you pay for visits to the ambulanta or DZ during the last 14 months?</p> <div style="border: 1px solid black; padding: 5px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>7. INTERVIEWER CHECK: IS THIS PERSON:</p> <p>Female aged 15-49.....1 Other.....2 »11</p> <p>WRITE ANSWER AND FOLLOW SKIP PATTERN</p>				
CODE	CODE	CODE	RANKING			NUMBER OF TIMES	AMOUNT IN KM			CODE
			1	2	3					

LIVING IN BiH, WAVE 4
MODULE 4: HEALTH

<p>8. During the previous 14 months, how many times did you visit a gynaecologist to obtain health care services?</p> <p style="text-align: right;">None...0 »11</p>	<p>9. Where did you visit this gynaecologist?</p> <p style="text-align: right;">Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>10. How much money did you pay for health services obtained from the gynaecologist during the last 14 months?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>11. During the last 14 months, how many times did you visit the dentist?</p> <p style="text-align: right;">None..0 »14</p>	<p>12. Where did you visit this dentist?</p> <p style="text-align: right;">Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>13. How much money did you pay for visits to the dentist during the last 14 months?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>14. During the last 14 months, how many times did you visit any other type of doctor?</p> <p style="text-align: right;">None..0 »17</p>
TIMES	CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER

LIVING IN BiH, WAVE 4
MODULE 4: HEALTH

<p>15. Where did you visit this other doctor?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>16. How much money did you pay for costs associated with those visits to the other doctor during the last 14 months?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>17. During the last 14 months, how many times did you visit a private nurse, paramedic, midwife?</p> <p>None..0 »20</p>	<p>18. Where did you visit the private nurse, paramedic, midwife?</p> <p>Ambulanta.....1 Health centre.2 Hospital.....3 Private.....4</p>	<p>19. How much money did you pay for visits to the private nurse, paramedic, midwife during the last 14 months?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>	<p>20. During the 14 months how many times did you use services of a physical therapist, chiropractor, herbalist or home nurse?</p> <p>None..0 »22</p>	<p>21. During the last 14 months how much did you pay for these services?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INCLUDE COSTS OF: DRUGS, TRANSPORT, LABORATORY TESTS AND ESTIMATED IN KIND PAYMENTS. IF NONE WRITE IN 0</p> </div>
CODE	AMOUNT IN KM	NUMBER	CODE	AMOUNT IN KM	NUMBER	AMOUNT IN KM

LIVING IN BiH, WAVE 4
MODULE 4: HEALTH

22. During the last 14 months did you purchase on your own initiative, without prescription, any drugs to treat any health problem? Yes...1 No....2 »24	23. How much did you pay for all drugs purchased on your own initiative during the last 14 months?	24. Who assisted you in paying your health care costs during the last 14 months? No one.....1 Relative from BiH.....2 Relative out of BiH.....3 Other.....4	25. During the last 14 months, did you stay in hospital or spa? Yes...1 No....2 »29	26. How many days did you spend in hospital or a spa during the last 14 months?	27. How much money did you pay for hospital/ spa stays during the last 14 months? <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> INCLUDE TRANSPORT COSTS DO NOT INCLUDE COSTS REIMBURSED BY HEALTH INSURANCE </div>	28. Who assisted you in paying all or part of the health care costs for your hospital or spa during the last 14 months? No one.....1 Relative from BiH.....2 Relative out of BiH.....3 Other.....4	29. During the last 14 months did you need medical services but you did not obtain them? Yes.....1 No.....2 »31
CODE	AMOUNT IN KM	RANK	CODE	NUMBER OF DAYS	AMOUNT IN KM	CODE	CODE
		1. 2.					

LIVING IN BiH, WAVE 4

MODULE 4: HEALTH

<p>30. What was the main reason you did not obtain them?</p> <p>Minor disorder, I treated it on my own.....1 Minor disorder, did not treat it.....2 No health insurance.....3 Too far.....4 Poor service.....5 Too expensive.....6 Other.....7</p>	<p>31. During previous 4 weeks how many days you did not perform your usual daily activities due to illness?</p>	<p>32. Would you say that your health is better, worse or about the same as it was a year ago?</p> <p>Better.....1 Worse.....2 About the same..3</p>	<p>33. How many cigarettes did you smoke in last 7 days?</p> <p>If none..0 »35</p>	<p>34 At what age did you start smoking?</p>	<p>35 Do you consider yourself to be disabled?</p> <p>Yes....1 No.....2 »38</p>
CODE	NUMBER OF DAYS	CODE	NUMBER	AGE	CODE

LIVING IN BiH, WAVE 4
MODULE 4: HEALTH

<p>36</p> <p>How would you describe your disability?</p> <p>Hearing impairment.....1</p> <p>Profoundly deaf.....2</p> <p>Visually impaired.....3</p> <p>Blind.....4</p> <p>Mobility impaired.....5</p> <p>Housebound.....6</p> <p>Learning disabilities.....7</p> <p>War wounded.....8</p> <p>Other [WRITE IN].....9</p>	<p>37.</p> <p>In what year did you become disabled?</p>	<p>38.</p> <p>Has your health activity limited your ability to perform vigorous activities such as lifting heavy objects, running, or participation in strenuous sports?</p> <p>No.....1</p> <p>Yes, less than 3 months.....2</p> <p>Yes, more than 3 months.....3</p>	<p>39.</p> <p>Has your health limited your walking uphill?</p> <p>No.....1</p> <p>Yes, less than 3 months.....2</p> <p>Yes, more than 3 months.....3</p>	<p>40.</p> <p>Has your health limited your from bending, lifting, or stooping?</p> <p>No.....1</p> <p>Yes, less than 3 months.....2</p> <p>Yes, more than 3 months.....3</p>	<p>41.</p> <p>For the next few questions please look at Showcard C And tell me if during the last week you felt low in energy, slowed down?</p> <p>Not at all.....1</p> <p>A little.....2</p> <p>Quite a bit.....3</p> <p>Extremely often.4</p>
CODE	YEAR	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4

MODULE 4: HEALTH

42. During the last week did you accuse yourself for different things?	43. During the last week did you have problems falling asleep or sleeping?	44. During the last week did you feel hopeless in terms of the future?	45. During the last week did you feel melancholic?	46. During the last week did you feel that you worried too much about different things?	47. During the last week did you feel that everything was an effort?	48. During the last week did you constantly recall the most painful events you experienced during the war?
Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4	Not at all.....1 A little.....2 Quite a bit.....3 Extremely often.4
CODE	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

MODULE 5

	MAIN JOB
1.	1. The first job was to identify the main problem area.
2.	2. The second job was to determine the scope of the problem.
3.	3. The third job was to develop a plan of action.
4.	4. The fourth job was to implement the plan.
5.	5. The fifth job was to evaluate the results.
6.	6. The sixth job was to report the findings.
7.	7. The seventh job was to recommend solutions.
8.	8. The eighth job was to monitor progress.
9.	9. The ninth job was to adjust the plan as needed.
10.	10. The tenth job was to complete the project.

1. During the previous week, did you work, do any income earning activity (at least one hour)?	2. During the previous week, did you work for any cash or in-kind payment or family benefit (at least 1 hour)?	3. Though you did not work during the previous week, do you have a job to go back to?	4. Why didn't you work during the previous week? ECONOMIC AND GENERAL REASONS 'In waiting list.'.....1 Enterprise doesn't work because of war2 Bankruptcy, liquidation, closure of enterprise..3 PERSONAL REASONS Illness, injury, temporary unable to work.....4 Maternity leave.....5 Annual vacation.....6 Unpaid leave for personal reasons.....7 Taking care of family member.....8 Other.....9 Seasonality of work.....10	5. What is your occupation in your main job?		
Yes.1 »5 No..2	Yes....1 »5 No.....2	Yes...1 No....2 »37				
CODE	CODE	CODE	CODE	NAME	DESCRIPTION	OCC. CODE

[illegible]

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

<p>6. What is main activity of the unit in which you work?</p> <div data-bbox="423 533 768 620" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> DO NOT FILL IN CODE - FOR SUPERVISOR USE ONLY </div>	<p>7. What is your employment status?</p> <p>Owner/co-owner of enterprise which employs workers.....1 >>61 page 34</p> <p>Owner/co-owner of enterprise which doesn't employ workers.2 >>61 page 34</p> <p>Owner/co-owner of "small business" (employs and doesn't employ workers).....3 >>61 page 34</p> <p>Farmer on own farm.....4</p> <p>Entrepreneur in free profession.....5 >>61 page 34</p> <p>-----</p> <p>Work for employer in private sector.....6 »9</p> <p>Work in public enterprise, institution, organization.....7 »9</p> <p>Unpaid supporting family member.....8 »9</p> <p>Work for international organization..... 9 »9</p> <p>-----</p> <p>Do other activity, such as sale of agric. and other products, provide house, intellectual & other services...10 »61 page 34</p>	<p>8. How many workers work for you (do not include supporting family members)?</p> <p style="text-align: right; font-size: 1.2em;">»10</p>	
DESCRIPTION	IND. CODE	CODE	NUMBER

[illegible]

LIVING IN BiH, WAVE 4

MODULE 5: LABOUR

<p>9. What is the number of employees in the enterprise, shop, institution, farm where you work?</p>	<p>10. Where is your usual work place?</p> <p>At home.....1 In firm out of home.....2 Market place....3 On farm.....4 Moving.....5 Other.....6</p>	<p>11. How many hours do you usually work in your main job per week?</p> <p>IF 40 OR 42 HOURS »13</p> <p>IF MORE THAN 90 HOURS CODE 90</p>	<p>12. Why do you usually work more or less than 40/42 hours?</p> <p>YOU WORK MORE Regular office hours are more than 40/42 hours.....1 You usually work overtime.....2</p> <p>YOU WORK LESS Regular office hours are less than 40/42 hours.....3 Illness, invalidity, other.....4 You cannot find full-time job.....5 Education, training.....6 Do not want to work longer..... 7 Other8</p>	<p>13. How many hours did you work last week?</p> <p>FOR PERSONS WHO WERE ABSENT FROM WORK, BUT HAVE JOB WRITE '0',</p> <p>IF MORE THAN 90 HOURS CODE 90</p>
NUMBER	CODE	HOURS	CODE	HOURS

LIVING IN BiH, WAVE 4

MODULE 5: LABOUR

<p>14. Which of the listed benefits do you receive at your work? [FOR PERSONS ABSENT FROM WORK, WHAT THEY WOULD RECIEVE IF THEY WORKED]</p>			<p>15. What is the amount of your usual monthly NET salary or earning at your main job?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>IF NO EARNING WRITE 0 »19 If started job but not yet paid enter amount will receive and >>18</p> </div>		<p>16. What was the amount of your last paid monthly salary or earning?</p>		<p>17. When did you receive your last salary?</p>		<p>18. For which period is it?</p>	
A. Salary or part of one	B. Health insurance	C. Pension insurance								
Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2	KM		KM		MONTH	YEAR	MONTH	YEAR

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

<p>19. How did you start doing your current job?</p> <p>You responded to an ad.....1 Through Employment Bureau..2 Employer contacted you.....3 Scholarship.....4 Through acquaintance, relative, friend.....5 Other.....6</p>	<p>20. How long have you been doing your current job?</p> <p>Less than 6 months..1 7 months to 11 months.....2 1 to 3 years.....3 4 to 5 years.....4 6 to 10 years.....5 11 to 20 years.....6 > 21 years.....7</p>	<p>21. What was your employment status before this job?</p> <p>You worked in public sector.....1 In public sector, but "wait-listed".....2 You worked for private employer.....3 In private sector as owner4 You worked as supporting member in family business, farm5 You attended education6 Unemployed registered with Employment Bureau7 Unemployed and not registered with Employment Bureau8 Housewife9 Other10</p>	<p>22. How many kilometres do you have to travel to your job? [ONE WAY ONLY]</p>	<p>23. How many minutes, on average, does it take you to get to your job?</p>
CODE	CODE	CODE	KM	MINUTES

LIVING IN BiH, WAVE 4

MODULE 5: LABOUR

<p>29. What is your employment status in your (main) additional job?</p> <p>Owner/co-owner of enterprise which employs workers.....1 >>61 page 34</p> <p>Owner/co-owner of enterprise which doesn't employ workers.2 >>61 page 34</p> <p>Owner/co-owner of "small business" (employs and doesn't employ workers).....3 >>61 page 34</p> <p>Farmer on own farm.....4</p> <p>Entrepreneur in free profession.....5 >>61 page 34</p> <p>-----</p> <p>Work for employer in private sector.....6</p> <p>Work in public enterprise, institution, organization.....7</p> <p>Unpaid supporting familiy member.....8</p> <p>Work for international organization..... 9</p> <p>-----</p> <p>Do other activity, such as sale of agric. and other products, provide house, intellectual &other services...10 »61 page 34</p>	<p>30. During the previous week, how many hours did you work at your (main) additional job?</p> <p>None.....0</p> <p>1-10 hrs...1</p> <p>11-20 hrs...2</p> <p>21-30 hrs...3</p> <p>31-40 hrs...4</p> <p>41-50 hrs...5</p> <p>More than 50 hrs....6</p>	<p>31. What is your occupation at your (main) additional work?</p> <div data-bbox="1765 539 2007 628" style="border: 1px solid black; padding: 5px; text-align: center;"> TO BE FILLED IN BY SUPERVISOR </div>	
CODE	CODE	DESCRIPTION	OCC. CODE

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR


32. What is the main activity of the unit where your perform your (main) additional work?							
							»43
36. For which period is it?							

DESCRIPTION		OCC. CODE	KM	KM	MONTH	YEAR	MONTH	YEAR
-------------	--	--------------	----	----	-------	------	-------	------


[illegible]

LIVING IN BiH, WAVE 4

MODULE 5: LABOUR

<p>37. <u>INTERVIEWER</u> <u>CHECK: IS</u> <u>RESPONDENT A NSM</u> <u>[CODE 2 AT</u> <u>COLUMN 5 OF</u> <u>MODULE 11?</u></p> <p>Yes...1 No....2 »46</p>	<p>38. When did you work last time?</p> <p>IF NEVER WORKED WRITE 999999 AND »46</p>		<p>39. Why did you stop working?</p> <p>You were fired.....1 Enterprise closed.....2 Retired.....3 Fixed term contract expired...4 Personal, family, health reasons.....5 Reduced workload.....6 Bankruptcy.....7 Displaced.....8 Other.....9</p>	<p>40. What was your occupation at your last job?</p> <div data-bbox="1856 510 2051 612" style="border: 1px solid black; padding: 5px; text-align: center;"> TO BE FILLED IN BY SUPERVISOR </div> <div style="text-align: center;">  </div>		
CODE	MONTH	YEAR	CODE	NAME	DESCRIPTION	OCC. CODE

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

<p>41. What was the main activity of the unit in which your performed your last job?</p> <div data-bbox="432 518 672 614" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> TO BE FILLED IN BY SUPERVISOR </div> <div data-bbox="577 670 600 694" style="text-align: center;">  </div>	<p>42. What was your employment status at your last job?</p> <p>Work for employer in private sector.....1 Work in public enterprise, institution, organization.2 Other.....3</p> <p style="text-align: center;">>> 46</p>	<p>43. Would you like to get a new job in the next 12 months?</p> <p>Yes...1 No....2 >>54</p>	<p>44. What is the main reason you would like to get a new job?</p> <p>Higher salary.....1 To work in my field.....2 To progress in my field.....3 A more interesting job.....4</p>	<p>45. How likely do you think it is that you will find another job in the next twelve months?</p> <p>Very likely. . . 1 Likely.2 Unlikely. . . . 3 Very Unlikely. . 4</p> <p style="text-align: center;">>> 54</p>	
DESCRIPTION	IND. CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

<p>46. During the previous 4 weeks, did you try in any way to find job or start own business?</p> <p>Yes.....1 »49 No.....2</p>	<p>47. Do you want to work?</p> <p>Yes.....1 No.....2 »54</p>	<p>48. What was the main reason that you did not look for a job during the previous 4 weeks?</p> <p>You expected to get back to the same job - same employer.....1 Family, personal, health reasons.....2 Think no adequate job for you.....3 You attended regular or extraordinary education.....4 Waiting for season.....5 Expecting to move home.....6 Other.....7</p>	<p>49. For how long have you been looking for job or trying to start own business?</p> <p>Less than 1 month....1 1-3 months.....2 4-6 months.....3 7-11 months.....4 More than 1 year.....5 More than 2 years....6 More than 3 years....7 More than 5 years....8 More than 10 years...9</p>	<p>50. How likely do you think it is that you will find a job or start your own business in the next twelve months?</p> <p>Very likely.....1 Likely.....2 Unlikely. . . . 3 Very Unlikely. .4</p>
CODE	CODE	CODE		CODE

LIVING IN BiH, WAVE 4

MODULE 5: LABOUR

51. During the previous 4 weeks, in which ways did you look for job or try to start own business? Didn't look in past 4 weeks.0 You registered with Employment Bureau.....1 You applied to ads.....2 You enquired with friends, relatives,acquaintances..3 You contacted employer directly.....4 Becoming self employed....5 Other.....6				52. If you were offered a job now, or if you were in position to start own business now, would you be able to start in working within NEXT TWO WEEKS? Yes....1 »54 No.....2	53. Why wouldn't you be able to start? Family, personal reasons.....1 Regular education..2 Health reasons.....3 Other.....4	54. Are you registered with Employment Bureau? Yes..1 No...2 »59	55. Do you have health insurance from the Employment Bureau? Yes...1 No....2	56. Do you have pension insurance from the Employment Bureau? Yes...1 No....2	57. Do you have cash benefits from the Employment Bureau? Yes...1 No....2 >>59
1st MENTION	2nd MENTION	3rd MENTION	4th MENTION	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 5: LABOUR

58. How much have you received in the last fourteen months?	59. Which of the following best describes your activity status? Employed by employer(in private or public sector).....1 Carrying out independent activity, profession (has own business, shop, farm, free profession, contract work).2 Seasonal worker.....3 ----- Supporting member in family enterprise, shop, farm.....4 Housewife.....5 Student/pupil.....6 Pensioner.....7 Unemployed (couldn't find job, don't want to work).....8 ----- Military service.....9 Incapable to work.....10	60 On what date did your current spell of being [CODE AT Q59] begin? <div style="text-align: center;"> IF DATE BEFORE SEPT 2003 »MODULE 7 IF DATE SEPT 2003 OR AFTER » MODULE 6 </div>	
KM	CODE	MONTH	YEAR

LIVING IN BiH, WAVE 4
MODULE 5: EMPLOYMENT

Enterprise Number	61 INTERVIEWER CHECK. Has this routed from Q7 or Q29? Q7.....1 Q29.....2	62 INTERVIEWER Enter the ID of the respondent	63 In what type of activities were you or members of your household engaged? Trade.....1 Services.....2 Production...3 Other.....4		64 Who were (are) the persons responsible for each of these activities?		65. How long have you been doing this business?		66. Where does this business take place? House, permanent resident place..1 Shop.....2 Kiosk.....3 Outdoor/Indoor or market.....4 Other permanent place.....5 Street.....6 Moving.....7		67. Are you or any of your household members the sole owner of the whole business? YES..1 »69 NO...2		68. What share of profit stays in this household, does not go to the other owners of the business?		Enterprise Number
	CODE	ID	WRITE IN DESCRIPTION OF ACTIVITY	CODE	ID CODES 1. 2. 3.			NUMBER OF YEARS MONTHS		CODE	CODE	PERCENTAGE			
1														1	
2														2	
3														3	
4														4	

LIVING IN BiH, WAVE 4
MODULE 5: EMPLOYMENT

69. How many months were you personally engaged in this activity in the past 12 months?	70. How many members of your household, were engaged in this business, during last 12 months?	71. How many persons who are not members of your household, were engaged in this business, during last 12 months?	72. During last 12 months, how many months did your business operate?	73. During an average month in which your business operated, how much money did it earn from selling products or services? (i.e. total cash and in-kind value of all goods and services you obtained by selling goods and services) before deducting any of your business or household expenses.	74. In a month with average sales, how much in total did you spend on inputs (labor force, raw material, transport, el. power, water, fuel, rent of premises, maintenance, taxes, registration fee, insurance, etc, including any paid in kind)?	75. What are the main problems that you had with your business in the last 12 months? <div style="font-family: monospace; font-size: 0.8em;"> Low earnings.....1 Lack of capital.....2 Lack of own skill.....3 Lack of raw materials..4 Lack of clients.....5 Lack of labour force...6 Difficulty to obtain all legal documents....7 Black market.....8 Other reasons.....9 </div>																
MONTHS	NUMBER	NUMBER	MONTHS	AMOUNT IN KM								AMOUNT IN KM								Rank		
																				1.	2.	3.

LIVING IN BiH, WAVE 4
MODULE 5: EMPLOYMENT

ENTERPRISE NUMBER	76. Now I would like to ask you about your fixed assets (i.e. equipment, buildings, vehicles, tools, etc) you use in your business. Does your enterprise own [ITEM]: YES.....1 NO.....2		ENTERPRISE NUMBER	YES.....1 NO.....2	
1	Land		3	Land	
	Buildings			Buildings	
	Equipment and machines			Equipment and machines	
	Furniture			Furniture	
	Small and large tools			Small and large tools	
	Big vehicles (trucks, cars, boats, etc)			Big vehicles (trucks, cars, boats, etc)	
	Small vehicles (bicycles, wheel barrow)			Small vehicles (bicycles, wheel barrow)	
	Other fixed assets			Other fixed assets	
2	Land		4	Land	
	Buildings			Buildings	
	Equipment and machines			Equipment and machines	
	Furniture			Furniture	
	Small and large tools			Small and large tools	
	Big vehicles (trucks, cars, boats, etc)			Big vehicles (trucks, cars, boats, etc)	
	Small vehicles (bicycles, wheel barrow)			Small vehicles (bicycles, wheel barrow)	
	Other fixed assets			Other fixed assets	

RETURN TO Q10 (PAGE 23) OR Q30 (PAGE 27) MODULE 5

Module 6: Complete one grid for each respondent where date at Q60 is **Sept 2003 or after**

ENTER PERSON ID

--	--

I'd like to ask you a few questions about what you have been doing since September last year, in the way of work, unemployment or things like time spent retired or looking after your family. As we need to get as complete a picture as possible I'd like you to tell me about any spells, you may have had, in or out of employment, even if they were just a few days when you were waiting to take up another job. I'd also like you to tell me about any changes that might have happened while you were working, like getting promoted or starting a different job with the same employer. I'll start by asking you what you were doing immediately before your current spell which you told me started on (CHECK DATE AT Q60) J1. Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing immediately before then? ENTER CODE FROM CARD D ON GRID AT J4.
J2 And on what date did you start doing that? ENTER DATE AT J5, IF DON'T KNOW MONTH ENTER RF
J3 If employment (codes 01 or 02) ask Occupation (J6) and Working unit of activity (J7). Continue with J1 - J3 until date reported at J5 is before September 2003.

	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q60 is **Sept 2003 or after**

ENTER PERSON ID

--	--

I'd like to ask you a few questions about what you have been doing since September last year, in the way of work, unemployment or things like time spent retired or looking after your family. As we need to get as complete a picture as possible I'd like you to tell me about any spells, you may have had, in or out of employment, even if they were just a few days when you were waiting to take up another job. I'd also like you to tell me about any changes that might have happened while you were working, like getting promoted or starting a different job with the same employer. I'll start by asking you what you were doing immediately before your current spell which you told me started on (CHECK DATE AT Q60) J1. Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing immediately before then? ENTER CODE FROM CARD D ON GRID AT J4.
 J2 And on what date did you start doing that? ENTER DATE AT J5, IF DON'T KNOW MONTH ENTER RF
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	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q60 is **Sept 2003 or after**

ENTER PERSON ID

--	--

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Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q60 is **Sept 2003 or after**

ENTER PERSON ID

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	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

Module 6: Complete one grid for each respondent where date at Q60 is **Sept 2003 or after**

ENTER PERSON ID

--	--

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	J4.	J5.	J6.	SUPERVISOR - OCCUPATION CODE		J7	SUPEVISOR - INDUSTRY CODE	
Spell No. before current status	Status Code from Card D	Date Spell Began Month Year	If employment (codes 01 or 02) Enter Occupation			If employment (codes 01 or 02) Enter Working unit of activity		
1								
2								
3								
4								
5								
6								
7								

LIVING IN BiH, WAVE 4
MODULE 8: MIGRATION

MODULE 8

1, <u>INTERVIEWER</u> <u>CHECK: IS</u> <u>RESPONDENT A NSM</u> [CODE 2 AT COLUMN 5 OF MODULE 1]? Yes...1 No....2 »5	2, Were you born in the territory of Bosnia and Herzegovina? Yes.....1 No, in another Ex-Yu Republic.....2 »6 No, in another country.....3 »6	3, In which municipality were you born?	4, Your birth place is: Village....1 City.....2 Suburb.....3	5, Have you lived CONTINUOUSLY in this settlement since you were born? Yes.....1 »9 No.....2	
CODE	CODE	MUNICIPALITY	SUPERVISOR CODE	CODE	CODE

[illegible]

LIVING IN BiH, WAVE 4
MODULE 8: MIGRATION

6, Where did you live just before the war (April 1992) Territory of BiH...1 No, in other Ex-Yu Republic.....2 »8 No, in another country.....3 »8	7, In which municipality did you live just before the war (April 1992)?				8, This place is a: Village....1 City.....2 Suburb.....3	9, Do you like living in this neighbourhood? Yes.....1 No.....2	10, If you could chose, would you stay here in your present place of residence or would you prefer to move somewhere else? Stay here.....1 »12 Prefer to move..2
CODE	MUNICIPALITY	SUPERVISOR CODE			CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 8: MIGRATION

11, Where would you like to move to?	12, How likely do you think it is that you will move in the coming year? READ OUT...	13, Though you may not want to move do you expect you will move in the coming year?	14, Where do you expect to move to in the coming year?	15, Can I just check, have you yourself lived in this house/flat for more than a year, that is before Sept 1st 2003?	16, In what month and year did you move here?	
Within the same municipality.....1 Another municipality...2 Abroad.....3	Very likely.....1 Quite likely.....2 Not very likely....3 Not likely at all..4	Yes..1 No...2 »15	Within the same municipality.....1 Another municipality..2 Abroad.....3	Yes....1 »17 No.....2		
CODE	CODE	CODE	CODE	CODE	MONTH	YEAR

							2	0	0	
							2	0	0	
							2	0	0	
							2	0	0	
							2	0	0	
							2	0	0	
							2	0	0	
							2	0	0	

LIVING IN BiH, WAVE 4
MODULE 8: MIGRATION

<p>17, What was the reason why you moved to your current place?</p> <p>War.....1 Property occupied.....2 Security.....3 No adequate living conditions.....4 Family reasons.....5 Job.....6 Other reasons.....7 Returnee.....8 Property destroyed in the war.....9</p>	<p>18, Which one of listed statuses describes best your current status in your current place?</p> <p>Permanent residence-with no moving during the war...1 Permanent residence-displaced person -returnee.....2 Permanent residence - refugee-returnee.....3</p> <p>Temporary residence: displaced person.....4 Temporary residence-refugee-displaced person.....5 Temporary residence: refugee.....6 Temporary residence: other.....7</p>	<p>19, Please think back to September to November 2001, at that time were you living in BiH or abroad?</p> <p>In BiH.....1 Abroad.....2</p>
CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 9: VALUES AND OPINIONS

MODULE 9

INTRODUCTION I am now going to read out a list of facilities and services in your local area. For each one please tell me whether you consider your local area services to be excellent, very good, fair or poor.	1, Schools	2, Medical/health services	3, Social services	4, Advice centres/facilities	5, Police services	6, Public transport services
	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0
	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 9: VALUES AND OPINIONS

7, Shopping facilities	8, Leisure facilities	9, Skills training facilities	10, Street cleaning services	11, Rubbish collection services	12, The availability of newspapers and mobile coverage	And now some questions about how you feel about your own life. Please look at SHOWCARD F and tell me which number best describes how dissatisfied or satisfied you are with the following aspects of your current situation.
Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	Excellent.....1 Very good.....2 Fair.....3 Poor.....4 Doesn't apply..0	
CODE	CODE	CODE	CODE	CODE	CODE	

LIVING IN BiH, WAVE 4
MODULE 9: VALUES AND OPINIONS

13, Your health	14, The income of your household	15, Your house/flat	16, Your husband/wife/ partner	17, Your job (if in employment)	18, Your social life	19, The amount of leisure time you have	20, The way you spend your leisure time	21, Using the same scale how dissatisfied or satisfied are you with your life overall?
CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7 Doesn't apply code 0	CODE NUMBER FROM 1 TO 7 Doesn't apply code 0	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7	CODE NUMBER FROM 1 TO 7
CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE

LIVING IN BiH, WAVE 4
MODULE 9: VALUES AND OPINIONS

<p>22, Would you say that you are more satisfied with life, less satisfied or feel about the same as you did a year ago?</p> <p>More satisfied....1 Less satisfied....2 About the same....3</p>	<p>Here are some views about society. Do you personally agree or disagree about the following statements?</p>	<p>23, Ordinary people get their fair share of BiH's economic wealth.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>24, There is one law for the rich and one for the poor.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>25, It is the governments job to provide a decent standard of living for everyone.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>	<p>26, Strong laws are needed to protect the working conditions and wages of employees.</p> <p>Strongly agree....1 Agree.....2 Neither agree nor disagree.....3 Disagree.....4 Strongly disagree..5</p>
CODE		CODE	CODE	CODE	CODE

PART A: WEEKLY EXPENSES

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

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

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

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART B1: FOOD CONSUMPTION

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

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART B1: FOOD CONSUMPTION

F O O D C O D E	1. During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?		2. How much, on average, did your household consume of purchased [ITEM] during the last twelve months?			3. How much, on average per month, did you spend on [ITEM] during the last 12 months?			4. How much did you consume of [ITEM] from own production in the last 12 months?			5. What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?			6. What is the total value of [ITEM] consumed that you received as gifts during the last 12 months?		
	<div>YES...1</div> <div>NO...2 >>NEXT ITEM</div>		<div>IF NONE WRITE 0>>4</div>			<div>IF NONE WRITE 0>>6</div>						<div>IF NONE WRITE 0 >> NEXT ITEM</div>					
			QUANTITY			KM			QUANTITY			KM			KM		
16	Yogurt, sour milk, kefir	LT															
17	Sour cream	LT															
18	Cream cheese	KG															
19	White (fat) cheese (Travnik, Sjenica, Edamer, etc.)	KG															
20	Eggs (poultry eggs and powdered eggs) piece	UN															
	V EDIBLE OIL AND FAT																
21	Butter	KG															
22	Margarine, rendered butter	KG															
23	Edible oil (sunflower, olive, maize, etc.)	LT															
24	Other animal origin fat (pig fat, suet, lard, cracklings, raw bacon)	KG															
	VI SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONARY																
25	Sugar (refined, non-refined, crystal and cubes)	KG															
26	Jam, marmalade, preserves, jelly,	KG															
27	Natural and artificial honey	KG															
28	Chocolate for cooking or eating	KG															
29	Other confectionary (bonbons, candies, ice-cream, chewing gum, taffies)																
	VII OTHER FOOD PRODUCTS																
30	Baby formula																
31	Sauces and seasoning (mustard, mayonnaise, ketchup, vegeta, black pepper, chilli)																
32	Vinegar	LT															

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART B1: FOOD CONSUMPTION

F O O D C O D E	1. During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?			2. How much, on average, did your household consume of purchased [ITEM] during the last twelve months?			3. How much, on average per month, did you spend on [ITEM] during the last 12 months?			4. How much did you consume of [ITEM] from own production in the last 12 months?			5. What was the value of the [ITEM] consumed in the last year (last 12 months) from your own production?			6. What is the total value of [ITEM] consumed that you received as gifts during the last 12 months?		
	<div>YES...1</div> <div>NO...2 >>NEXT ITEM</div>			<div>IF NONE WRITE 0>>4</div>						<div>IF NONE WRITE 0>>6</div>						<div>IF NONE WRITE 0 >> NEXT ITEM</div>		
				QUANTITY			KM			QUANTITY			KM			KM		
33	Salt	KG																
34	Soup concentrate	KG																
35	Other products (baking soda, pudding, dry cream powder, vanilla sugar, fruit extract)																	
	B - SOFT DRINKS																	
	I COFFEE, TEA, COCOA																	
36	Coffee (caffeinated and decaf), roasted or ground, instant, coffee extracts and substitutes	KG																
37	Tea (and other herbal beverages)																	
38	Powdered cocoa and chocolate (with sugar and sugar-free)	KG																
	II MINERAL WATER, SOFT DRINKS AND JUICES																	
39	Mineral water	LT																
40	Soft drinks (lemonade, Coke, Sprite, Fanta, etc.)	LT																
41	Fruit syrups, juices and drink concentrates (cedevita)	LT																
	A - ALCOHOLIC DRINKS																	
	I BRANDY AND LIQUEUR																	
42	Strong alcohol drinks (brandy - all types, liqueur, cognac, vodka, rum, whisky, etc.)	LT																
	II WINE																	
43	Wine - all types	LT																
	III BEER																	
44	Beer (all types of beer such as bright, dark and alcohol-free beer)	LT																

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART B2: SEASONAL PRODUCTS - FRUITS AND VEGETABLES

F O O D C O D E	1. During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?			2. How many months in the past 12 months did your household purchase [ITEM]?			3. What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]?			4. How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]?			5. How many months in the past 12 months did your household consume [ITEM] that you grew or produced at home?			6. How much did you consume of [ITEM] from own production in a typical month?			7. What was the value of the [ITEM] consumed in a typical month from your own production?			8. What is the total value of [ITEM] consumed that you received as gifts during the last 12 months ?		
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> YES...1 NO...2 >>NEXT ITEM </div>			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF NONE WRITE 0>>5 </div>						<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF NONE WRITE 0>>8 </div>									<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> IF NONE WRITE 0>>NEXT ITEM </div>					
				MONTHS			QUANTITY			KM			MONTHS			QUANTITY			KM			KM		
	A - SEASONAL PRODUCTS																							
I FRUIT																								
45	Fresh citrus fruit (lemon, orange, tangerine, grapefruit, kiwi)	KG																						
46	Banana	KG																						
47	Apple	KG																						
48	Pear	KG																						
49	Grape	KG																						
50	Stone fruit (peach, apricot, plum, cherry, sour cherry, olive)	KG																						
51	Other fruit (strawberry, raspberry, blackberry, currant, blueberry, melon and water melon)	KG																						
52	Nuts, almonds, chestnuts, peanuts	KG																						
53	Dry fruit	KG																						
54	Fresh leaf vegetable (lettuce, spinach, common beet, dandelion leaves)	KG																						
55	Cabbage-like vegetable (cabbage, cauliflower, kale, Brussel sprouts)	KG																						

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART B2: SEASONAL PRODUCTS - FRUITS AND VEGETABLES

F O O D C O D E	1. During the last 12 months, did your household consume any of the following food items (exclude all foods purchased for further processing or sale in your household business)?			2. How many months in the past 12 months did your household purchase [ITEM]?		3. What quantity of [ITEM] do you usually buy in one of the months that you purchase [ITEM]?				4. How much do you usually spend for [ITEM] in one of the months that you purchase [ITEM]?				5. How many months in the past 12 months did your household consume [ITEM] that you grew or produced at home?				6. How much did you consume of [ITEM] from own production in a typical month?				7. What was the value of the [ITEM] consumed in a typical month from your own production?				8. What is the total value of [ITEM] consumed that you received as gifts during the last 12 months ?			
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> YES...1 NO...2 >>NEXT ITEM </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>5 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>8 </div>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>8 </div>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>8 </div>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>8 </div>				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0>>8 </div>							
			MONTHS	QUANTITY				KM				MONTHS				QUANTITY				KM				KM					
56	Tomato	KG																											
57	Green pepper	KG																											
58	Cucumber, kg	KG																											
59	Peas, green beans, kg	KG																											
60	Dried beans, kg	KG																											
61	Carrot, kg	KG																											
62	Onions, kg	KG																											
63	Garlic, kg	KG																											
64	Potatoes, kg	KG																											
65	Other types of fresh vegetable (spices, egg plant, zucchini, red beet, radish, musk-mallow, mushrooms, etc.)																												
66	Processed, preserved, dried vegetable and pickles	KG																											

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART C1: MONTHLY EXPENDITURES ON NON-FOOD PRODUCTS

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

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	<p>4. During the last 12 months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>YES ..1 NO ..2 >>NEXT ITEM</p> </div>	<p>5.What is the value of [PRODUCT] purchased during the last 12 months?</p>		<p>6.What is the value of [PRODUCT] received as a gift during the last 12 months?</p>					
	↓	KM		KM					
1	Clothes fabric (artificial, natural fibers, hand made material, or natural-artificial fiber blend) sewing and knitting kits								
2	Men's clothing								
3	Women's clothing								
4	Children's clothing								
5	Clothing sewing and repair								
6	Dry cleaning, washing and dying of clothing								
7	Men's footwear								
8	Women's footwear								
9	Children's footwear								
10	Footwear repair and cleaning								
11	Furniture								
12	Carpets and other floor coverings								
13	Repair of furniture and floor coverings								

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	4. During the last 12 months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)	5.What is the value of [PRODUCT] purchased during the last 12 months?	6.What is the value of [PRODUCT] received as a gift during the last 12 months?
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> YES ..1 NO ..2 >>NEXT ITEM </div> <div style="text-align: center; margin-top: 10px;">↓</div>		
		KM	KM
14	Household textile (upholstery fabric, slipcovers, bed linens (comforters and covers), curtains, tableclothes, towels, kitchen towels, shopping bags, bedspread, etc.)		
15	Main household appliances (washing machine, dishwasher, stove, refrigerator, vacuum cleaner, etc.)		
16	Small household appliances (coffee grinder, mixer, hairdryer, fryer, etc.)		
17	Repair of household appliances		
18	Dishware, pots and pans, cutlery		
19	Main tools and equipment		
20	Small tools and accessories		
21	Household cleaning supplies (broom, sponge, garbage bags, needles, nails, lightbulbs, candles, rope, hangers, saranwrap, etc.)		
22	Assistance in house (window cleaning, carpet cleaning, daily help, painters, etc.)		
23	Personal Transport Means (cars, vans, bicycles, boats, etc)		
24	Transport means maintenance (Except parking costs) (Registration, including obligatory and special car insurance, oil changing, filters, carwashing etc.)		
25	Public transport (inter-city, etc.)		
26	PTT services (except fixed and cellular phone subscription) (letters, postcards, stamps, telegrams, purchase phones, fax machines, mobiles, telephone cards, internet costs)		

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	<p>4. During the last 12 months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>YES ..1 NO ..2 >>NEXT ITEM</p> </div> <div style="text-align: center; margin-top: 10px;">↓</div>	<p>5.What is the value of [PRODUCT] purchased during the last 12 months?</p>	<p>6.What is the value of [PRODUCT] received as a gift during the last 12 months?</p>
		KM	KM
27	Sound and picture recording and reproduction equipment (radio cassette machine, walkman, tv, VCR, record player, microphone, etc.)		
28	Photographic, cinematography equipment and optical equipment (video camera, cameras, film etc.)		
29	Data procession equipment (PC, printers, calculaters, typewriter, etc.)		
30	Sound and picture recording equipment (video tapes, diskettes, CDs, cassettes)		
31	Repair of audio-visual, photographic devices and data processing equipment		
32	Recreation and culture durable goods (musical instrument, sport equipment, camping equipment, small boats, sail boat, kayak, canoe etc.)		
33	Repair of recreation and culture durable goods		
34	Equipment for sport, recreation and playing in open area (playing cards, chess set, toys of all kinds, record albums, small sports equipment, equip. for hunting and fishing, beach equipments, barbecues and similar)		
35	Pets and care (Dogs, cats, birds, fish, hamster, etc. food, equipment & vet. services)		
36	Flowers (soil, pots, vases, seeds, christmas tree, christmas decorations, etc.)		
37	Recreation and culture related services (tickets for theater, cinema, concerts and sporting events, renting movies, film deleloping, renting sport equipment and use of sport facilities,)		
38	Excursion, vacations, etc. including transport, accommodation and food during vacation (exclude school excursions)		

LIVING IN BiH, WAVE 4
MODULE 10: CONSUMPTION

PART C2: NON-FOOD PRODUCTS, ANNUAL

O R D E R N O .	4. During the last 12 months, did your household buy, spend money or receive as a gift any of the following products: (exclude all products purchased for further processing or sale in your household business)	5.What is the value of [PRODUCT] purchased during the last 12 months?	6.What is the value of [PRODUCT] received as a gift during the last 12 months?
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> YES ..1 NO ..2 >>NEXT ITEM </div> ↓	KM	KM
39	Personal care services (except hairdresser/barber) (beauty salon, sauna, massage, manicure, etc.)		
40	Purchase of personal care devices/products, excluding cosmetics (razors and shavers, nail files, scissors, tweezers, etc.)		
41	Other personal property (watches, jewelry, handbags, suitcases, umbrellas, glasses, pipes, strollers, etc.) and repair		
42	Insurance services (property and persons and vehicle)		
43	Financial services (bank services, advisory services)		
44	Other services (different membership fees, religious fees, civil association fees, etc.)		
45	Expenses related to disputes (lawyer's services, fines, court expenses)		
46	Gifts in cash and charity contributions (contributions to sick people, humanitarian organizations, etc.)		
47	Special events and ceremonies (weddings, funerals, memorials, etc.)		
48	Losses (financial, theft of wallet, cars, property, and gambling, etc.)		

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

PART A LAND USE

1. During the agricultural season 2003-2004 did any member of your household use or cultivate any agricultural land, irrespectively of ownerhsip?
include: arable land, pastures, forest and water surface)

YES...1

NO....2 >> **PART C**

P L O T C O D E	2. Please list all plots of land that any member of your household used or cultivated. Describe or give the name of each plot.	3. What is the area of the plot? Square metres..1 Ars.....2 Dunums.....3 Hectare.....4 Acres.....5 <div style="text-align: center;">↓</div>		4. What land category is it? Arable land.....1 »6 Orchard.....2 »6 Vineyard.....3 »6 Meadow.....4 »6 Pasture.....5 » part B forest.....6 » part C Water surface.....7 » part C Economic yard.....8 » part B Fallow and uncultivated land.....9	5. If it is fallow or uncultivated land, what is the main reason? Crop rotation.....1 Lack of: - Cash to purchase inputs..2 - Labour.....3 - Equipment.....4 Profitability.....5 Other reasons.....6	6. What is the status of this plot? Owned co-owned..1 Rented.....2 Taken to use....3
	PLOT NAME	AMOUNT	UNIT CODE	CODE	CODE	CODE

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

YES...1

1. Did any member of your household grow any of these crops during the 2003-2004 agricultural season? NO....2 >> **PART C**

PART B: CROP PRODUCTION AND USE

C R O P C O D E	2. During the agricultural 2003-2004 season, did you plant and sow [CROP]? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> YES...1 NO....2 >> NEXT CROP </div>		3. How much land was under crop [CROP]? <div style="text-align: center;"> Square metres...1 Ars.....2 Dunums.....3 Hectare.....4 Acres.....5 </div>		4. How much [CROP] did your household harvest during the 2003-2004 season? <div style="text-align: center;"> Kilogram....1 Ton.....2 Sack 30kg...3 Sack 50kg...4 Sack 100kg...5 </div>	
	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">CROP NAME</div>	↓	↓	↓	↓	↓
	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE		
1	Winter wheat					
2	Spring wheat					
3	Maize					
4	Barley					
5	Oat					
6	Rye					
7	Other cereals					
8	Potato					
9	Bean					
10	Pea					
11	Vetch					
12	Other legumes					
13	Sugar beet					
14	Soybean					
15	Sunflower					
16	Rape					
17	Tobacco					
18	Cabbage					
19	Cauliflower					
20	Kale					

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

PART B: CROP PRODUCTION AND USE

C R O P C O D E	2. During the agricultural 2003-2004 season, did you plant and sow [CROP]?		3. How much land was under crop [CROP]?		4. How much [CROP] did your household harvest during the 2003- 2004 season?	
	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> YES...1 NO....2 >>NEXT CROP </div>		<div style="text-align: center;"> Square metres..1 Ars.....2 Dunums.....3 Hectare.....4 Acres.....5 ↓ </div>		<div style="text-align: center;"> Kilogram....1 Ton.....2 Sack 30kg...3 Sack 50kg...4 Sack 100kg...5 ↓ </div>	
	CROP NAME		AMOUNT	UNIT CODE	AMOUNT	UNIT CODE
21	Spinach					
22	Lettuce					
23	Other leafy vegetables					
24	Melon					
25	Water melon					
26	Cucumber					
27	Squash					
28	Strawberry					
29	Raspberry etc.					
30	Green Pepper					
31	Tomato					
32	Eggplant					
33	Feferoni					
34	Carrot					
35	Garlic					
36	Onion					
37	Red beet					
38	Radish					
39	Other roots					
40	Apple					
41	Pear					

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

PART B: CROP PRODUCTION AND USE

C R O P C O D E	2. During the agricultural 2003-2004 season, did you plant and sow [CROP]?		3. How much land was under crop [CROP]?		4. How much [CROP] did your household harvest during the 2003- 2004 season?	
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> YES...1 NO....2 >>NEXT CROP </div>		Square metres..1 Ars.....2 Dunums.....3 Hectare.....4 Acres.....5 ↓		Kilogram....1 Ton.....2 Sack 30kg...3 Sack 50kg...4 Sack 100kg...5 ↓	
	CROP NAME	↓	AMOUNT	UNIT CODE	AMOUNT	UNIT CODE
42	Plum					
43	Cherry					
44	Sour cherry					
45	Peach					
46	Apricot					
47	Quince					
48	Nut					
49	Citrus fruits					
50	Other trees (olive etc.)					
51	Wine grape					
52	Table grape					
	Pastures					
53	Natural meadows					
54	Natural pastures					
55	Alfalfa					
56	Clover					
57	Grass clover					
58	Other					

PART C: LIVESTOCK

YES...1

C O D E	2. Did your household possess any of the listed animals during the last 12 months?			3. How many [TYPE] does your household possess today?			4. If you wanted to sell today one of [TYPE] how much could you get for it?			5. How many [TYPE] did you sell during the last 12 months?			6. How much did your household get during the last 12 months from sale of [TYPE]?			7. How many [TYPE] did your household eat during the last 12 months?			8. For how many of your [TYPE] did you use veterinary services during the last 12 months?			9. Did you have to pay for these services?			10. How much did you pay?			11. Did your household sell any fresh products from your [TYPE] during the last 12 months?			12. How much did you get from sales of these products from your [TYPE] during the last 12 months?		
	YES...1 NO...2 >>NEXT ROW									IF NONE, WRITE 0>>7			INCLUDE VALUE OF IN KIND PAYMENTS			IF NONE, WRITE 0			Yes...1 No....2			IF NONE, WRITE 0			EXCLUDE PRODUCT USED FOR FAMILY BUSINESS Yes...1 No....2			INCLUDE VALUE OF IN KIND PAYMENTS					
	TYPE OF ANIMAL			NUMBER OF HEADS/UNIT	KM			NUMBER OF HEADS/UNIT	KM			NUMBER OF HEADS/UNIT	KM			NUMBER OF HEADS/UNIT	KM			CODE	KM			CODE	KM								
1	Calf																																
2	Heifer																																
3	Dairy cow																																
4	Breeding bull																																
5	Ox																																
6	Horse																																
7	Donkey																																
8	Mule and hinny																																
9	Pig																																
10	Sheep																																
11	Goat																																
12	Chicken																																
13	Other poultry																																
14	Rabbits																																
15	Bee hives																																
16	Fish, kg																																

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

PART D: FARM CAPITAL ASSETS

E Q U I P M E N T C O D E	1. Does your household possess any of the following equipment or machinery, either owned outright or co-owned?		2. How many [TYPE] does your household own outright?	3. How many does your household co-own with other households?	4. How did your household obtain [TYPE]?		5, If you wanted to sell one of your [TYPE] how much money could you get for it?					
	TYPE OF AGRICULTURAL EQUIPMENT	NUMBER	NUMBER	CODE FIRST	CODE SECOND	AMOUNT IN KM						
1	Motocultivator											
2	Small tractor (<40 KS)											
3	Big tractor (>40 KS)											
4	Plough											
5	Disk harrow											
6	Harrow											
7	Seeder											
8	Digger											
9	Fertilizer spreader											
10	Sprayer											
11	Mower											
12	Hay tedder											
13	Hay bailer											
14	Combine harvester											
15	Thresher											
16	Com crusher											
17	Silage equipment											
18	Water pump											
19	Irrigation system											
20	Truck											
21	Trailer (for truck)											
22	Milking machine											
23	Lacto-freezer											
24	Incubator											

LIVING IN BiH, WAVE 4
MODULE 11: AGRICULTURAL ACTIVITIES

PART E: ANIMAL FEED

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

YES...1
NO...2 >> MODULE 12

C O D E	2. Which of the following animal feed did you use during the last 12 months ?	3. How much animal feed did your household use in total during the last 12 months ?		4. How much animal feed did your household buy in the last 12 months ?	
	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto; text-align: center; font-size: 0.8em;"> YES.....1 NO.....2 </div> <div style="text-align: center; margin-top: 10px;">↓</div>	<div style="text-align: center; margin-top: 10px;">↓</div>		<div style="text-align: center; margin-top: 10px;">↓</div>	
	FEED TYPE	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE

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

LIVING IN BiH, WAVE 4
MODULE 12: INTERVIEWER OBSERVATIONS

INTERVIEWER OBSERVATIONS

1 INTERVIEWER WRITE IN TIME INTERVIEW ENDED	2 INTERVIEWER: Who provided the information for Module 10, Consumption?	3 INTERVIEWER: Who provided the information for Module 11, Agriculture?	4 INTERVIEWER Was the information for this respondent given by proxy? Yes...1 No...2 »6	5 INTERVIEWER Who provided this proxy information. Write in the ID code of the person. If outside the household code 00	6 INTERVIEWER Was this interview influenced by the presence of other people? Yes...1 No...2 »8	7 INTERVIEWER: Who influenced the interview? Write in the ID code of the person. If outside the household code 00	8 INTERVIEWER: GO TO THE CONTROL FORM TO COLLECT TRACKING INFORMATION ON EACH RESPONDENT, EVEN IF THEY HAVE NO PLANS TO MOVE WITHIN THE NEXT 12 MONTHS.
<div style="display: flex; justify-content: space-between;"> 1 2 </div> <div style="display: flex; justify-content: space-between;"> 3 4 </div> <div style="display: flex; justify-content: space-between;"> 5 6 </div> <div style="display: flex; justify-content: space-between;"> 7 8 </div>							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828
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THIS PAGE FOR USE BY SUPERVISOR ONLY

Supervisor Name _____

Supervisor Number _____

Date_____

1. Ensure that that IDD is transferred correctly from the Control Form to the Questionnaire

CIRCLE

CODE

- 1 Interviewer correctly specified IDD
- 2 Supervisor corrected IDD
- 3 IDD is missing and cannot be reconstructed

2. Ensure that sex and date of birth are consistent across the Control Form and Questionnaire for all persons aged 15 and over

CIRCLE

CODE

- 1 Interviewer correctly specified sex and date of birth
- 2 Supervisor corrected sex and date of birth for ID (s)
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14
- 3 Sex and date of birth is missing and cannot be reconstructed for IDs
(Please circle) 01 02 03 04 05 06 07 08 09 10 11 12 13 14

INITIAL IF PASSED CHECK_____

LIVING IN BiH, WAVE 4
MODULE 1: CONNECTING INFORMATION

INTERVIEWER COPY ID, NAME AND DATE OF BIRTH FROM THE CONTROL FORM FOR ALL ADULTS AGED 15 AND OVER

1	2	3			4	5
I D N U M B E R	FULL NAME OF HOUSEHOLD MEMBER	ENTER DATE OF BIRTH			ENTER AGE. ONLY HOUSEHOLD MEMBERS AGED 15+ (BEFORE DEC. 1ST 2004) SHOULD BE TRANSFERRED	IF ORIGINAL SAMPLE MEMBER [CODE 1 OR 2 IN QUESTION 5 OF CONTROL FORM] CODE 1. IF NEW SAMPLE MEMBER (NSM) [CODE 1 IN QUESTION 6] CODE 2 OSM.....1 NSM.....2
	FULL NAME	DAY	MONTH	YEAR	YEAR	CODE

[illegible]

SHOWCARD A

1 Bosniac

2 Serb

3 Croat

4 Other

SHOWCARD B

High blood pressure	1
Arthritis	2
Bronchial asthma	3
Chronic bronchitis	4
Ulcer	5
Psychological disease / schizophrenia	6
Multiple sclerosis	7
Anaemia	8
Diabetes	9
Malignant tumour	10
Other	11

SHOWCARD C

- 1 Not at all**
- 2 A little**
- 3 Quite a bit**
- 4 Extremely often**

SHOWCARD D

- 01 Doing a different job for the same employer**
- 02 Working for a different employer**
- 02 In employment**
- 02 Working for myself (self-employed)**
- 03 Unemployed/looking for work**
- 04 Retired from work altogether**
- 05 Looking after family or home**
- 06 In full time education/student/pupil**
- 07 Long term sick or disabled**
- 08 On maternity leave**
- 09 Military service**
- 10 Something else**

SHOWCARD E

- 1 Other national bank**
- 2 Commercial bank**
- 3 Credit union**
- 4 Foreign bank**
- 5 Employer**
- 6 Relative**
- 7 Friend**
- 8 Other individual**
- 9 Other institution**

SHOWCARD F

1 Not satisfied at all

2

3

4

5

6

7 Completely satisfied