

Albania: Employment and Welfare Survey

August 1996 version

Good (morning/afternoon/evening), I'm _____ and we are conducting a survey for the Ministry of Labor. The purpose of the study is to find out about your living conditions in order to plan future programs in Albania. The information you give to us will be kept confidential. You and your household members will not be identified by name or address in any of the reports we plan to write.

	Name	Code/Number
1. Commune/Bashki		
2. Village/Neighborhood		
3. Household		

Commune/ Bashki	Village/ Neighborhood	Household Number	

5. If no Interview: Reason

No Information on Household 1
 Household migrated..... 2
 Household declined to be interviewed..... 3
 Interview begun but incomplete 4
 Other 5 / __/

6. Name of Interviewer:	
7. Code of Interviewer:	
8. Date:	____ / ____ / 1996 Day Month
9. Time Began:	
10. Time Ended:	

12. Name of Supervisor: _____
 13. Code of Supervisor: _____
 14. Signature of Supervisor _____
 15. Name of Operator: _____
 16. Code of Operator: _____

Strictly Confidential

Section 1.1: HOUSEHOLD ROSTER

NOTE: • The household is defined as all the people living in this dwelling and being part of the same economic entity.

- List all the people in the household first and then ask questions 2 to 11.
- Remember to list all people living outside Albania for employment reasons, renters and visitors.

N u m b e r	1. List names of all individuals in household (List household head first, use first names only)	2. What is "..."'s relationship to household head? (use code box)	3. Gender Male..... 1 Female .2	4. How old is “_” ? Years	5. What is “_”’s civil Status? Married1 Divorced2→7 Widow(er)3→7 Never Married.4→7	6. Is “_”’s spouse currently a member of the household? If yes, use number of spouse If no, write 99	7. Has “_” moved to this location since the first election Y/N. If yes how many months ago? Yes1 No.....0 Months	8. Has “_” been absent during the last 12 month? Yes.....1 No.....0 →sec 1.2	9 How many months was “_” absent last 12 months ? Months	10. Reason for absence : * Work in another part of the country1 Work outside Alban..2 Studies.....3 Vacation/ visiting friends/ relatives4 Institutionalized.....5 Soldier6 Other7	11. Was “_” present more than 15 days last month Yes 1 No..... 0
	Name	Code									
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

* if 1 or 2 expect remittances in section 7

Code box for Question 2

Head 1	Grandchildren8	Cousin 15
Wife/husband 2	Grandparents9	Other relative 16
Son/daughter 3	Father-in-law/mother-in-law.....10	Children from another family 17
Father/mother 4	Son-in-law/daughter-in-law11	Other Non-relative..... 18
Sister/brother 5	Sister-in-law/brother-in-law.....12	Renter..... 19
Step-son/step-daughter . 6	Nephew/niece13	
Step-father/step-mother 7	Uncle/aunt.....14	

Section 1.2: FORMER HOUSEHOLD MEMBERS

NOTE: • Please list individuals who are not currently in the household but have been in the household at the same time since the first democratic elections (4 years ago)

N u m b e r	1. Names	2. What is "..."'s relationship to household head? (use code box)	3. Gender	4. When were they last residing in the household		5. Reason no longer in household	6. If no longer living how old was at the time of death?	7. If living, current age.	8. If living, where are they now
		Code	Male1 Female..... 2	Year	Month	1) Death 2) Marriage (go to 7) 3) Form new HH (go to 7) 4) School (go to 7) 5) Other (go to 7)	Years	Years	In this city/village.....1 Elsewhere in Albania.....2 Abroad.....3
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

Code box for Question 2

Head 1	Grandchildren8	Cousin 15
Wife/husband 2	Grandparents9	Other relative 16
Son/daughter 3	Father-in-law/mother-in-law.....10	Children from another family 17
Father/mother 4	Son-in-law/daughter-in-law11	Other Non-relative..... 18
Sister/brother 5	Sister-in-law/brother-in-law.....12	Renter..... 19
Step-son/step-daughter . 6	Nephew/niece13	
Step-father/step-mother 7	Uncle/aunt14	

Section 2: EDUCATION

Note: Fill for all household members aged 6 months and up.

N u m b e r	Name	1. What is the highest level of formal schooling/ university completed by "..." ? (use code box) Code	2. Did "..." finish the second semester in the term that just ended? Yes . 1 No ..0
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Code for Q. 1

No studies and cannot read or write ... 0 No studies but can read or write1 Creche.....2 Preschool.....3 Elementary 4 Middle School 5	Secondary education (general)..... 6 Secondary education (Technical/vocational)..... 7	Post secondary vocational 8 University 9
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Section 3.1: STATUS OF EMPLOYMENT AND OTHER EARNING ACTIVITIES

- NOTE:**
- Ask all household members **16 years** and older. (Exclude migrants)
 - List all the household members in the correct age group first from the flap and then ask all Questions for that person..
 - Make sure that all pensioners are asked if they have a job.
 - Include self employed.

Name	Number from Household roster	1. Has “_” been working during the past 7 days? Yes....1 → 3 No.....0 → 5	2. In the past 7 days has “_” not been working because he/she is: On sick leave.....1 On maternity leave..2 On vacation.....3 Not in season.....4 Company temporary closed.....5 Other reason.....6 → 5	3. What is “_”’s main current type of work ? Permanent wage job1 Temporary No Contract 2 Temporary/Contract3 Own Business.....4 Own Farm.....5 Helping friends - Relat .6	4. How long has “_” been engaged in this activity Months	5. Is “_” Currently looking for work ? Yes....1 → sec. 3.2 No.....0	6. Why Not? No jobs.....1 Sick.....2 Disabled3 Child care.....4 Education5 Housekeeping...6 Pensioner7 Building House.8 Other (list)9 → 16 Content with current job.....10 → sec. 3.3

Note: Include Self Employment

3.2 (FOR THOSE CURRENTLY LOOKING FOR WORK)

[illegible]

3.3 HISTORY OF EMPLOYMENT (Include migrants)

Name	N u m b e r	17. At the time of the first election did “_” have a different job/ occupation than now?	18. What was “_” this job?	19. When did this activity end?		20. For how long was “_” doing it ?	21. Why did “_” stop doing this job?	22. After this job did “_” have another job different than the current job	23. What was “_” this job?	24. When did this activity end?		25. For how long was “_” doing it ?	26. Why did “_” stop doing this job?
		Yes1 No..0→sec 3.4	Code	Month	Year	Months	Code	Yes 1 No..0→sec 3.4	Code	Month	Year	Months	Code

Codes for Q. 18,23

State Sector temporary1	Farm 9
State Sector Permanent2	Casual job 10
Private Sector Temporary.....3	Student..... 11
Private Sector Permanent4	Housekeeping 12
Coop Temporary5	Military service 13
Coop Permanent6	Pensioner 14
Working for Friends and relatives . 7	Unemployed 15
Own Busines..... 8	Other..... 16

Codes for Q. 21,26

Laid-off1	Stayed home with children 7
Fired.....2	Join military..... 8
Found better job Public.....3	Retired 9
Found better job Private.....4	Leave job voluntarily..... 10
Started Business5	Activity ended..... 11
Went back to school.....6	Other 12

3.4 TRAINING AND PUBLIC WORKS

[illegible]

interviewer go through the roster and ask if the person has participated in public works. Do the same for training.

Section 4.1: MAIN JOB - CURRENT (Working for a salary or commission for somebody else)

Name	Number from HH roster	1. What is the sector of “ _ ” current wage job ? Code	2. What is the type of employer that “ _ ” works for ? Gov’nt 1 State Enterprise . 2 Private 3	3. What type of contract does “ _ ” have: Code	4. How many hours did “ _ ” work last week ? Hours	5. How many weeks did “ _ ” work last month ? Weeks	6. How often does “ _ ” get paid ? Hourly1 Daily2 Weekly...3 Biweekly 4 Monthly .5	7. What was the net pay (take home) received last pay-ment? Lek	8. Are taxes deducted from “ _ ” salary ? Yes... 1 No ... 0	9. Was Child support deducted? Yes1 No.....0	10. Were voluntary pension payments deducted ? Yes 1 No.....0

Codes for Question 1 - Job Sectors

Industry	1	Science\Education.....	10
Construction	2	Arts and Culture	11
Agriculture	3	Health care	12
Forestry	4	Sport /tourism.....	13
Transportation	5	Finance and credit	14
Communications	6	Management and administration...	15
Trade	7	Army and Police	16
Commercial services.....	8	Other non material activities.....	17
Other production activities.....	9		

Codes for Question 3

Contract Termless	1
Contract Fixed term.....	2
No contract.....	3
Commission Contract	4
Help without pay	5
Other	6

MAIN JOB (Working for a salary or commission for somebody else) - Continued: Benefits[illegible]

Section 4.2: SECOND JOB - CURRENT (Working for a salary or commission for somebody else)

Name	Number from HH roster	1. What is the sector of “ _ ” second wage job ? Code	2. What is the type of employer that “ _ ” works for ? Gov’nt 1 State Enterprise . 2 Private 3	3. What type of contract does “ _ ” have: Code	4. How many hours did “ _ ” work last week ? Hours	5. How many weeks did “ _ ” work last month ? Weeks	6. How often does “ _ ” get paid ? Hourly1 Daily2 Weekly...3 Biweekly 4 Monthly .5	7. What was the net pay received last pay-ment? Lek	8. Are taxes deducted from “ _ ” salary ? Yes... 1 No ... 0	9. Was Child support deducted? Yes1 No.....0	10. Were voluntary pension payments deducted ? Yes 1 No.....0

Codes for Question 1 - Job Sectors

Manufacturing/Industry	1	Science\Education.....	10
Construction	2	Arts and Culture	11
Agriculture	3	Health care	12
Forestry	4	Sport /tourism/retirement.....	13
Transportation	5	Finance and credit	14
Communications	6	Management and administration...	15
Trade	7	Army and Police	16
Commercial services.....	8	Other non material activities.....	17
Other production activities.....	9		

Codes for Question 3

Contract Termless	1
Contract Fixed term.....	2
No contract.....	3
Commission Contract	4
Help without pay	5
Other	6

SECOND JOB (Working for a salary or commission for somebody else) - Continued: Benefits[illegible]

Section 5.1: NON-AGRICULTURAL SELF EMPLOYMENT (includes forestry) * Primary or Secondary Work

		1. What is “_”’s first self- employment activity ?	2. What is “_”’s second (if any?) self- employment activity ?	3. How many hours did “_” spend in these activities last week ?	4. How many weeks did “_”spend in these activities last month ?	5. How many months did “_” spend in these activities last 12 months?	6. How much did “_” make (net revenue) in cash from these activities during the past 30 days ? (* see note)
Name	Number from Household Roster	Activity Code	Activity Code	Hours	Weeks	Months	Lek

Self Employment codes for Q.1 and Q.2

Embroidery/dessmaking..... 1	Beautitian / Hair dresser.....8	Prof. Serv: Research15
Restaurant /food processing..... 2	Cleaning9	Prof. Serv: Financial16
Car repair 3	Child care Provider10	Doctor.....17
Construction/ Carpentry 4	Artisan.....11	Lawyer.....18
Taxi driving 5	Translator12	Forestry.....19
Selling/ Retail 6	Security/ clerical services13	
Shoe making and repairs..... 7	Prof. Serv: Tutoring14	Other21

† **Note:** If more than one family member is working on the enterprise code 88 for all but one individual

5.2 BUSINESS ASSETS AND DURABLES for non farm enterprises

Note: • **First:** Ask **Question 1** for all the assets.

Then: Ask **Question 2 to 6** if answered yes to first Question.

- **Remember to exclude** own house or any other assets that have been included in other parts of the questionnaire.

1. Do you own any of the following assets? Commodity Name Code Yes.....1 No0			2. How many? Quantity	3. What is the current resale value of all together? Lek	4. Where were they acquired from ? Code	5. When were they acquired? Year	6. If owned in partnership what is your share (in percent)?
Building for enterprise	1						
Machinery	2						
Computers	3						
Copy machine	4						
Telephone	5						
Medical Equipment	6						
Other capital equipment	7						
Car	8						
Truck	9						
Bus	10						
Motorcycle/bicycle	11						
Motorboat	12						
Boats	13						
Chain saw	14						
other tools	15						
Push cart	16						
Other	17						

Codes for Question 4

State Enterprise..... 1
Coop 2
Private Dealer 3
State Dealer 4
Individual 5
Inherited 6
Through Marriage..... 7
Gift 8
Other 9

	7. How much was spent in total to buy equipment machines for the business in __? Lek	8.How much did you get for selling machines, in_____ Lek
1996		
1995		
1994		
1993		

	9. Total value of inventory in __? Lek	10. Percentage owned by household
June 1996		
June 1995		
June 1994		
June 1993		

6.1 AGRICULTURAL ACTIVITY (including herding) ask everyone 16 or older in rural

[illegible]

Section 6.2 AGRICULTURAL LAND

Do you have access to any agricultural land that could be used to produce crops or raise livestock ?

Yes..... 1

No..... 0 /___/ Go to Section 6.3

	1. Orchards and vineyards	2. Pastures	3. Agricultural land for crop production
1. Area owned by household members (Dynym) currently			
2. Value of land owned (Lek)			
3. How much was distributed by the 'ex-state' cooperative			
4. What year was the main distribution			
5. How much was purchased, inherited , or obtained by marriage			
a) 1996			
b) 1995			
c) 1994			
d) 1993			
6. How much was sold or provided in marriage			
a) 1996			
b) 1995			
c) 1994			
d) 1993			
7. Area owned by State used by Households (Dynym)			
8. Area rented from private landholders (Dynym)			
9. Rent paid last year (Lek)			
10. What is main source of water ?			
Rain 1			
Dam..... 2			
Pump 3			
River / stream/canal 4			
Other 5			

Not more than one answer)

Section 6.3: AGRICULTURE ASSETS

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 5** for all those where a yes was entered

1. Do you own any of the following assets by yourself or together with other people ?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?	5. If partnership what is your share (in percent)?
	Code	Yes....1 No0	Quantity	Lek	Code	%
Tractor	1					
Trailer	2					
Combine	3					
Plows	4					
Truck	5					
Thresher	6					
Chemical applicator	7					
Seeder	8					
Bale press	9					
Cart	10					
Pump	11					
Other (specify)	12					

Codes for Question 4

State Enterprise1
Coop2
Private Dealer.....3
State Dealer.....4
Individual.....5
Inherited.....6
Through marriage7
Gift8
Other (specify).....9

Section 6.4: AGRICULTURE - Livestock: Cattle, Pigs, etc.

	1. Cattle	2. Sheep	3. Goats	4. Horses/ Dunkeys	5. Pigs	6. Poultry
1a. How many _____ (Name of animal) does the household <u>own</u> at the moment?						
1b. How many did you have one summer ago?						
1c. How many did you have two summer ago?						
1d. How many did you have three summer ago?						
2. How many were obtained from the cooperative?						

Section 7.1: Remittances - Income Received from Absent Members of the Household or from Any Other Person.

1. Are there any people who send money or food, or make any other kind of contribution to this household? Include child support payments

Yes..... 1

No..... 0 /____/ ® **Go to Section 7.2**

Interviewer: SAY: "Please name each person who sent money or food or made some other kind of contribution to the household during the past 3 years (record names in the first column).

REMITTANCES RECEIVED

List names of people making the contributions to household	2. Where is ____ now?	3. List number from roster (section 1.1 or 1.2) If not in roster code = 99	4. If code = 99, relation to household head	5. When did this person begin making contribution s?	6. Amount received (cash or value of goods) in last 6 months	7. Amount received (in cash or value of goods) during 1995	8. Amount received (in cash or value of goods) during 1994	9. Amount received (in cash or value of goods) during 1993
Names	Returned Home.....1 Albania2 Abroad3 Code		Code	Year Month	Lek	Lek	Lek	Lek
1.								
2.								
3.								
4.								
5.								
6.								

Codes for Question 4
Wife/Husband/Partner 1
Father/Mother 2
Son/Daughter 3
Brother/Sister 4
Other Relatives 5
Not Related 6
Ex-spouses 7

7.2 REMITTANCES SENT

1. Are there any people who received money or food, or got any other kind of contribution from this household during the last three years? Include child support payments

Yes..... 1

No..... 0 / ____/

® Go to Section 8.1

List names of people receiving contributions from the household	2. Where is ____ now?	3. List number from roster (section 1.1 or 1.2) If not in roster code = 99	4. If code = 99, relation to household head	5. When did this person begin receiving contributions?	6. Amount donated (cash or value of goods) in last 6 months	7. Amount donated (in cash or value of goods) during 1995	8. Amount donated (in cash or value of goods) during 1994	9. Amount donated received (in cash or value of goods) during 1993
Names	Returned Home.... 1 Albania..... 2 Abroad..... 3 Code		Code	Year Month	Lek	Lek	Lek	Lek
1.								
2.								
3.								
4.								
5.								
6.								

Codes for Question 4	
Wife/Husband/Partner	1
Father/Mother	2
Son/Daughter	3
Brother/Sister	4
Other Relatives	5
Not Related	6
Ex-spouse	7

Section 8.1 : SOCIAL ASSISTANCE / INSURANCE

[illegible]

Section 8.2 : BENEFITS AVAILABILITY

	1. Did you ever apply for any of these benefits and were refused?	2 If so, when?	3. Reason?
	<div>Yes=1</div> <div>No=0→sec. 9.1</div>	Year	<div>Not eligible1</div> <div>Eligible but No funds2</div> <div>Waiting for reply3</div> <div>Injustice4</div>
1	Old age pension		
2	Survivor pension		
3	Disability Pension		
4	Other insurance benefits		
5	Unemployment benefits		
6	Monthly social assistance payment (NE)		
7	Disability allowance		
8	Caretaker grant		
9	Other payments from social welfare		
10	Grant from NGO or other agencies		
11	In kind benefits from NGO or other agencies such as: - Free transportation - Medicine certificates - Food / Clothes - Other in kind benefits		

Section 9.1: Housing

-
- 1 Type of building? Apartment.....1
Other multiple family unit2
Single family house.....3
/_____/
-
2. How many rooms in this dwelling (excluding toilets and hallways) are used by your HH?
/_____/
-
3. What is the HH's rental status?
Own dwelling1
Rented from state2 →8
Rented from a private person3 →8
Rented from a private company....4 →8
Not owned, but no rent.....5 →8 /_____/
-
4. If owned: what is the estimated value of the dwelling at the present time (e.g. if you sold it today)?
L /_____/
-
- 5 If owned: have you acquired this property from the government?
Yes1
No0 →7
/_____/
-
6. If yes: when was it acquired?
Year/_____/
-
7. What would a house or apartment like this rent for?
L /_____/→14
-
8. If rented: how much money did the HH pay in rent for this dwelling last month? (if no money, enter 0)
L /_____/

-
9. Does your HH also supply goods and/or services in exchange for this dwelling?
Yes.....1
No0 →11 /_____/
-
10. What is the approximate value of these goods or services supplied last month?
L /_____/
-
11. Is part or all of your rent paid by someone who is not a member of your household (e.g. relative, employer, etc.)?
Yes.....1
No0 →14 /_____/
-
12. Who pays part or all of the rent?
Relative1
State employer2
Private employer3
Public agency.....4
Other5 /_____/
-
13. Percentage paid by others
/_____/ %
-
14. What the main material of the walls of the dwelling?
Pannels.....1
Concrete2
Stone/bricks.....3
Wood.....4
Mud5
Corrugated Iron6
Other7 /_____/
-

15. What type of toilet is available for your HH?

Flush toilet.....1
Latrine.....2
Other3 /___/

16. Is the toilet used only by your HH or do other HHs use it?

This HH only1
Shared2 /___/

17. Is the toilet inside or outside the dwelling?

Inside dwelling1
Inside building.....2
Outside building3 /___/

18. Do you have a studio/workshop in the dwelling?

Yes.....1
No.....0 /___/

19. Do you have a storehouse or barn in/near the dwelling?

Yes.....1
No.....0 /___/

20. Do you own a stable near the dwelling?

Yes.....1
No.....0 /___/

21. What is the main type of water supply does you dwelling have?

Piped public1
Own system / pump /well.....2
River.....3 →23
Other (specify).....4 →23 /___/

22. Where is the tap located?

Inside dwelling1
Inside building.....2
Outside building3 /___/

23. What is your main source of energy for heating in the winter?

Electric heating1
Wood.....2
Kerosene3
Coal4
Oil.....5
Other (specify).....6 /___/

24. How many hours a day was electricity available on an average day this past week in this dwelling?

(If none report 0) /_____/ **Hours**

25. How many hours a day was water available on an average day this past week in this dwelling?

(If none report 0) /_____/ **Hours**

26. How much did you pay last month for:

Item Name	Item Code	Amount paid
Electricity	01	
Gas	02	
Coal	03	
Kerosene	04	
Wood (purchased)	05	
Other energy sources	06	
Water	07	
Waste disposal	08	
Trash collection	09	
Condominium fees	10	

27. Is there a telephone in your dwelling?

Yes.....1
No0 /___/

28. How much did you pay for the telephone last month

L /_____/

29. How long does it take to go to the offices of the commune?

Minutes /_____/

Section 9.2: REAL ESTATE ASSETS

1. Does any member of this household own other property or share of other property (such as a second home, a building or land) -
Do not count house or fields already listed.

Yes 1

No.....0 / ____/

® **Go to 9.3**

Note: First list all properties in **Question 2**. Then answer **Questions 2 to 11**

2. Real estate property	3. Type of property ? House.....1 Non Ag.Land.4 Flat2 Garage.....5 Building.....3 Store House...6 Other7	4. When was it acquired? Mon. Year	5. How was it acquired? Code	6. What is the current resale value? Lek	7. Share owned by your household Percent	8. Is it rented ? Yes ..1 No....0 → next page	9. Total value of rents received in cash and kind last 12 months Lek
1.							
2.							
3.							
4.							
5.							
6.							

Codes for Question 5

State Enterprise1
Coop2
Private Dealer.....3
State Dealer.....4
Individual.....5
Inherited.....6
Through Marriage7
Gift8
Other.....9

Section 9.3: HOUSEHOLD FURNITURE AND DURABLE GOODS

List durable goods that are not used for business

Note: • **First:** Ask **Question 1** for all the assets.

Then: Ask **Question 2 to 4**

1. Do you have any of the following assets?			2. How many?	3. What is the current resale value?	4. When was this asset acquired?
Commodity Name	Code	Yes....1 No0	Quantity	Lek	Year
GAS STOVE	1				
ELECTRIC STOVE	2				
WOOD STOVE	3				
REFRIGERATOR	4				
FREEZER	5				
WASHING MACHINE	6				
SEWING MACHINE	7				
ELECTRIC SEWING MACHINE	8				
TV	9				
VIDEO RECORDER	10				
PARABOLIC ANTENNA	11				
STEREO/RADIO	12				
PERSONAL COMPUTER	13				
CAR (Not for business)	14				
MOTORCYCLE (Not for business)	15				
Bicycle	16				
OTHER (list)	17				

Section 10: Food Expenditure and Consumption

In this section, we look at the patterns of food consumption for the household. This should include all the food that members of the household have consumed during the past month. It should **not** include food that has been bought or produced for resale or exchanging for commercial purposes.

Interviewer :

First: Introduce this section by saying :

"I have a list of different kinds of food that people may have consumed during the past month . As I read each one, I'd like you to tell me whether or not it was consumed in this household during the past month. " Exclude ceremonies.

Then : Ask **Question 1** for each item on the list.

Next : For each of the items marked with a **YES** to **Question 1** : Ask **Questions 3, 4, and 5**

- Note:**
- For **Question 3**, Report the total amount that was consumed last month for that product on a monthly basis. Then record the quantity that was purchased, the quantity that was received from other sources and the quantity that was derived from their own production. These quantities should reflect the source of the commodity used this month, it is possible that they were purchased months ago or that had been receive months ago. Record expenditure only if quantity is not known.
 - Most likely the household acquires each kind of food from only one source. Report a “0” for the quantities of the sources not used.
 - For **Question 4**, report the current know price of the commodity consumed. This price would be different from the price purchased if it the commodity had been purchased a long time ago, or if the commodity had been received from other sources or own production.
 - Exclude double counting. If milk is used to make cheese do not report consumption of this milk and cheese but only the consumption of the final product (i.e. cheese).
-

1. Was __ Consumed by this household during the past month ?			2. Unit	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month?	5.Amount received from other sources last month?	6. What is the current price of __ ?
Commodity name	Code	Yes. 1 No .. 0		Quantity	Lek	Quantity	Quantity	Unit Price

Cereals

Maize flour/grain	101		Kg					
Wheat flour/grain	102		Kg					
Bread (small)	103		Loaf					
Bread (large)	104		Loaf					
Pasta	104		Kg					
Rice	106		Kg					
Other Grains	107		Kg					

Beans	201		Kg					
Potatoes	202		Kg					

Tomatoes	301		Kg					
Peppers	302		Kg					
Eggplants	303		Kg					
Onions	304		Kg					
Olives	305		Kg					
Other Vegetables	306		Kg					

1. Was __ Consumed or purchased by this household during the past month ?			2. Unit	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month?	5.Amount received from other sources last month?	6. What is the current price of __ ?
Commodity name	Code	Yes. 1 No .. 0		Quantity	Lek	Quantity	Quantity	Unit Price

Fruit - Fresh

Grapes	406		Kg					
Watermelon	407		Kg					
Other fruits (1)	410		Kg					
Other fruits (2)	411		Kg					

Canned vegetables	501		Kg					
Canned fruit	502		Kg					
Jams	503		Kg					
Honey	504		Kg					

1. Was ___ Consumed or purchased by this household during the past month ?			2. Unit	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month ?	5.Amount received from other sources last month ?	6. What is the current price of ___ ?
Commodity name	Code	Yes. 1 No...0		Quantity	Lek	Quantity	Quantity	Unit Price

Meat and eggs

Veal and Beef	601		Kg					
Lamb/Goat	603		Kg					
Chicken /Birds	604		Kg					
Sausages	605		Kg					
Eggs	606		Un					
Canned meat	608		Kg					
Other meat	610		Kg					

Fish

Fresh fish	701		Kg					
Frozen fish	702		Kg					
Canned fish	703		Kg					

Milk and Dairy products

Fresh Milk	801		l					
Cheese	802		Kg					
Yogurt	804		Kg					
Powdered milk	805		Kg					
Other	806		Kg					

1. Was __ Consumed or purchased by this household during the past month ?			2. Unit	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month?	5.Amount received from other sources last month?	6. What is the current price of __ ?
Commodity name	Code	Yes. 1 No.. 0		Quantity	Lek	Quantity	Quantity	Unit Price

Oils and fats

Butter	901		Kg					
Margarine	902		Kg					
Olive oil	904		l					
Veg. oil	905		Kg					
Tallow/Lard	906		Kg					

Condiments and Spices

Sugar	1102		Kg					
Spices/Salt	1103		Kg					
Coffee	1104		Kg					
Tea	1105		Kg					

Drinks

Soft drinks	1201		l					
Fruit juices	1202		l					
Wine	1204		l					
Beer	1205		l					
Raki/other alcohol	1206		l					

Prepared meals

person x meal	1301		Meal	At home				
person x meal	1302		Meals	Away from home				

Section 11

1.1 Regular Non-Food Spending

Interviewer: For each of the items listed, ASK:

In the past month, about how much, if anything, was spent on _____ (Ask for each item on the list below)?

	CODE	LEK
PERSONAL ITEMS:		
Cigarettes, tobacco	01	
Entertainment (cinema, sports, music, etc.)	02	
Personalised care items: soap, shampoo, haircuts, facials, and so on	03	
Newspapers/stationery, envelopes, stamps	04	
REGULAR TRANSPORT COSTS:		
Gasoline,oil and car service	07	
Buses, taxis, trains	08	
MISCELLANEOUS:		
Washing powder	09	
Childcare	10	
Religious and membership dues of organizations	11	

1.2 Occasional Non-Food Spending

Interviewer: For each of the items listed, ASK:

And in the past year, how much was spent by the household on:

	CODE	LEK
PERSONAL ITEMS:		
Kitchen equipment, like pots and pans, lamps, and so on	01	
Home maintenance and repairs to the dwelling	02	
Bedding, sheets, blankets and towels	03	
Furniture and other household appliances	04	
CONSTRUCTION, BRICKS, MATERIALS:	05	
CLOTHING AND SHOES:		
Shoes for adults and children	06	
Clothes for adults and children	07	
Material to make clothing or curtains	08	
HEALTH AND CARE:	09	
OTHER ITEMS:		
Ceremonies (weddings, funerals, etc.)	10	
Holidays	11	
Jewelry, watches, other luxury goods	12	

Section 12.1: HEALTH STATUS (Chronic illness)

List names of all individuals in household who have a chronic illness in the last year?	1. Number from HH roster	2. What type of disability or chronic disease did “_” suffer?	3. Did “_” miss work or school because of his/her condition? Yes..... 1 No..... 20	4. For how many months has “_” had the problem Months	5. What type of treatment does “_” receive? None 1 Home (only) .2 Hospital.....3 Nursing home4 Other instit...5	6. What is “_”’s monthly cost for the treatment? Lek
Name						

Code for Question 2

Neurological problems1	Skin / rash problems 10
Eye problems.....2	Mental problems 11
Hearing problems.....3	Physical disability 12
Heart problems4	Arthritis..... 13
Respiratory problems / Asthma.....5	Trauma 14
High blood pressure / Anemia6	Infections..... 15
Stomach problems.....7	Lasting cold 16
Kidneys / Urine retention8	Other problems 17
Diabetes9	

Interviewer: Go through the roster and ask for each individual if they suffered from a chronic illness during past year. If yes report their name and number

12.2 HEALTH STATUS (acute illness)

Name List all individuals who had a short term illness in the last month	1 2. What short term illness did “_” suffer from during past 4 weeks?	3. Did “_” miss work or school because of his/her sickness?	4. How many days during the past month?	5. Is “_” still sick?	6. Did “_” have any medical consultation during the past 4 weeks?	7. Reason for no medical consultation? Not needed 1 Not too sick 2 Too far..... 3 Wait too long... 4 Quality poor..... 5 Too expensive.. 6 Other 7	8. Who was consulted first? Pharmacist 1 Dentist..... 2 Doctor 3 Para medical.... 4 Nurse..... 5 Midwife..... 6 Other 7	9. Was it public or private?	10. Where did the consultation take place? Home 1 PHCU..... 2 Polyclinic 3 Hospital..... 4 Office 5 Other 6	11. How long was the wait?	12. What was the cost of consultation and treatment?	13. What was the cost of tests?	14. Did you also give bakshchesh?	15. What was the cost of drugs?
	Code	Yes.1 No..0→5	Days	Yes 1 No 0	Yes...1→8 No ... 0→7	End of interview		Private... 1 Public 2		Min.	Lek	Lek	Lek	Lek

Codes for Question 2

Fever / Flu / Cold running nose1	Severe Bleeding 9	Ear problem.....17
Blood pressure.....2	Bleeding 10	Heart problem / Chest Pain18
Dizziness3	Urinary problems 11	Stomach pain.....19
Vomiting.....4	Injury: Trauma..... 12	Kidneys20
Diarrhea.....5	Injury: Burn 13	Gall bladder.....21
Constipation.....6	Head ache 14	Dental problems22
Respiratory / Bronchitis.....7	Arms and legs pain 15	Other health problems23
Rash / Skin problems8	Eye problem..... 16	

Interviewer: Go through the roster and ask for each individual if they suffered from an acute illness during past month. If yes report their name and number

Household Roster Flap

Interviewer: Copy name, number, age and gender of all household members reported in the household roster in section 1.1. Use it as, a reference for the other section where reference is made to a household member.

[illegible][illegible]