

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> <p>Yes....1 No.....2</p> <p>CODE <input type="text"/></p>
2	<p>What is the construction type of primary dwelling? - CODE FROM OBSERVATION</p> <p>Multifamily residential building..1 Individual dwelling.....2 Block of houses.....3 Part of a house.....4 Other.....5</p> <p>CODE <input type="text"/></p>
3	<p>What is the condition of the unit? - CODE FROM OBSERVATION</p> <p>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</p> <p>CODE <input type="text"/></p>
4	<p>Approximately when was this dwelling constructed?</p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
5	<p>What is the area of this dwelling, in square meters?</p> <p>SQUARE METERS <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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> <p>NUMBER OF ROOMS <input type="text"/><input type="text"/></p>

7	<p>Does this dwelling have the following rooms or spaces?</p> <p>Yes.....1 No.....2</p> <p>CODE</p> <table> <tr><td>a) Separate kitchen.....</td><td><input type="text"/></td><td>a</td></tr> <tr><td>b) Bathroom with WC.....</td><td><input type="text"/></td><td>b</td></tr> <tr><td>c) WC with separate bathroom.....</td><td><input type="text"/></td><td>c</td></tr> <tr><td>d) Corridor.....</td><td><input type="text"/></td><td>d</td></tr> <tr><td>e) Pantry.....</td><td><input type="text"/></td><td>e</td></tr> <tr><td>f) Balcony or terrace.....</td><td><input type="text"/></td><td>f</td></tr> <tr><td>g) Cellar.....</td><td><input type="text"/></td><td>g</td></tr> <tr><td>h) Attic.....</td><td><input type="text"/></td><td>h</td></tr> <tr><td>i) Woodshed.....</td><td><input type="text"/></td><td>i</td></tr> <tr><td>j) Garage.....</td><td><input type="text"/></td><td>j</td></tr> </table>	a) Separate kitchen.....	<input type="text"/>	a	b) Bathroom with WC.....	<input type="text"/>	b	c) WC with separate bathroom.....	<input type="text"/>	c	d) Corridor.....	<input type="text"/>	d	e) Pantry.....	<input type="text"/>	e	f) Balcony or terrace.....	<input type="text"/>	f	g) Cellar.....	<input type="text"/>	g	h) Attic.....	<input type="text"/>	h	i) Woodshed.....	<input type="text"/>	i	j) Garage.....	<input type="text"/>	j
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i) Woodshed.....	<input type="text"/>	i																													
j) Garage.....	<input type="text"/>	j																													
8	<p>What is the source of drinking water used by this household?</p> <p>Running water within unit.....1 »10 Running water on property.....2 »10 Public standpipe.....3 Well or spring.....4 Other.....5</p> <p>CODE <input type="text"/></p>																														
9	<p>How far away is this source of water?</p> <p>METERS <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>																														

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 Own central heating system.....2 Separate heating devices.....3 Other.....4	CODE <input style="width: 30px; height: 20px;" type="text"/>
11	What is the main type of energy used?  Electricity.....1 Gas from networks.....2 Coal, firewood, other solid fuel...3 Other.....4	CODE <input style="width: 30px; height: 20px;" type="text"/>
12a	Does this dwelling receive municipal hot water Yes.....1 No.....2	CODE <input style="width: 30px; height: 20px;" type="text"/>
12b	Is this dwelling connected to a sewer or sanitation system?  Yes, public sewers.....1 Yes, septic tank.....2 No, latrine only.....3 Other.....4	CODE <input style="width: 30px; height: 20px;" type="text"/>
13	Does this household have access to a telephone? [EXCLUDE MOBILE PHONES]  Yes, own phone.....1 Yes, shared phone.....2 No.....3	CODE <input style="width: 30px; height: 20px;" type="text"/>
14	Do members of this household own a mobile phone(s)? [EXCLUDE COMPANY PHONES]  Yes, one mobile phone.....1 Yes, two or more mobile phones...2 No.....3	CODE <input style="width: 30px; height: 20px;" type="text"/>
15	Does this household have an Internet connection?  Yes, a modem connection.....1 Yes, an ISDN connection.....2 Yes, other.....3 No.....4	CODE <input style="width: 30px; height: 20px;" type="text"/>

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 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	CODE <input style="width: 30px; height: 20px;" type="text"/>
17	Did you obtain this dwelling through a swap with another household?  Yes.....1 No.....2	CODE <input style="width: 30px; height: 20px;" type="text"/>
18	Did any household member use vouchers to purchase/privatize this dwelling?  Yes.....1 No.....2 »21	CODE <input style="width: 30px; height: 20px;" type="text"/>
19	Which household members used vouchers?  [WRITE IN THE ID CODES OF ANY PERSON WHO USED VOUCHERS]	ID <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ID <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ID <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
20	What was the value of the vouchers used? [ESTIMATED NOMINAL VALUE]	KM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></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 <input type="text"/>
22	Which household members hold the title?  [INTERVIEWER WRITE IN THE ID CODES OF HOUSEHOLD MEMBERS WHO HOLD TITLE]	ID <input type="text"/> ID <input type="text"/> ID <input type="text"/>
23	Can you or other member of the household sell this dwelling:  Yes, without limitations.....1 Yes, but with some limitations....2 No.....3  [ »27 ]	CODE <input type="text"/>
24	If you had to pay rent for this dwelling, how much would you have to pay a month?  [ »27 ]	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 <input type="text"/>
26	What is the monthly rent paid by this household for this dwelling unit?	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

27	How many hours a day, on average, was electricity available in your dwelling during the last month?	HRS <input type="text"/> <input type="text"/>
28	How many hours a day, on average, did this dwelling receive water during the last month?	HRS <input type="text"/> <input type="text"/>
29	How much did your household spend on the following 3 months ago?	3 MONTHS AGO
30	And in the worst winter month?	WORST MONTH
		KM
a	Gas in containers.....	<input type="text"/> <input type="text"/> <input type="text"/>
b	Oil, liquid fuels.....	<input type="text"/> <input type="text"/> <input type="text"/>
c	Coal.....	<input type="text"/> <input type="text"/> <input type="text"/>
d	Firewood.....	<input type="text"/> <input type="text"/> <input type="text"/>
e	Water and sewerage.....	<input type="text"/> <input type="text"/> <input type="text"/>
f	Electricity.....	<input type="text"/> <input type="text"/> <input type="text"/>
g	Piped gas (network).....	<input type="text"/> <input type="text"/> <input type="text"/>

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b.	Hot water.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c.	District Heat.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d.	Solid waste disposal.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e.	Telephone, [FIXED LINE ONLY].....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f.	Mobile phones.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g.	Internet.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h.	TV and radio subscriptions.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i.	House or flat insurance.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j.	Land occupation fee.....	KM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32	Does anyone in this household own another building or house?	
	Yes.....1	CODE <input type="text"/>
	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 <input type="text"/>
	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
35	If you wanted to, could you afford to...	
	Yes.....1	
	No.....2	CODE
a.	Have friends or family for a drink or meal at least once a month?	<input type="text"/>
b.	Pay for a week's annual holiday away from home?	<input type="text"/>
c.	Replace worn out furniture?	<input type="text"/>
d.	Buy new, rather than second hand clothes?	<input type="text"/>
e.	Eat meat, chicken or fish at least every second day?	<input type="text"/>
f.	Keep your house adequately warm?	<input type="text"/>
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 <input type="text"/>
	No.....2 »39	
37	Did you have to borrow money?	
	Yes.....1	CODE <input type="text"/>
	No.....2	
38	Did you have to cut back on other household spending in order to make the payments?	
	Yes.....1	CODE <input type="text"/>
	No.....2	

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 <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           [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>	44 How many years ago did you acquire this [ITEM]?	45 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: 5px 0;">           Purchase....1            Gift.....2            Other.....3         </div>	46 According to current prices, what do you think you could get if you sold it?
	DESCRIPTION	CODE	NUMBER	KM

  

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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...  Married.....1 Separated.....2 Divorced.....3 Widowed.....4 or have never been married.....5 »6			4. Has your marital status changed in the last year, that is since Sept 1st 2003?  Yes.....1 No.....2 »6		5. So you have recently been [READ MARITAL STATUS] When did that happen?			6. INTERVIEWER CHECK: 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		

																		2	0	0		
																		2	0	0		
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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 Twice.....2 Three times.....3 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 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


<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> <p>Still in full-time education.....1 »16 Never had paid job.....2 »16</p> <p>DO NOT FILL IN CODE - FOR SUPERVISORS ONLY</p>				<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> <p>IF NEVER ATTENDED WRITE 0</p>
CODE	JOB TITLE	DESCRIPTION OF WORK DONE	OCC. CODE	CODE	CODE	CODE	YEARS

[illegible]

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


[illegible][illegible]

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

How much did your households spend for school repairs, maintenance and assistance for improving teaching, etc. in the previous academic year (2003-2004)?		31. Did anyone from outside your household, such as relative, friend, pay any of your education costs during the last 14 months?		32. Who paid partly or completely your education costs over the last 14 months?		33. How much was this worth in total?	
NOTHING, WRITE 0		<div>YES...1 NO...2 »MODULE 4</div>		Relative from BiH..... 1 Relative from abroad.....2 Humanitarian organisation...3 Other country government....4 Company stipend.....5 Political Party stipend.....6 Credit.....7 Neighbour/Friend.....8 Other.....9			
A. School repairs		B. School maintenance		C. Assistance for improving teaching (participation in purchase of teaching materials, etc...)			
KM		KM		KM		CODE	
CODE		CODE		CODE		KM	


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? <b>SHOWCARD B</b></p> <p>High blood pressure..1 Arthritis.....2 Bronchial asthma....3 Chronic bronchitis...4 Ulcer.....5 Psychological disease/   shizophrenia.....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; margin-top: 10px;"> <p><b>INCLUDE COSTS OF:</b> <b>DRUGS,</b> <b>TRANSPORT,</b> <b>LABORATORY TESTS AND</b> <b>ESTIMATED</b> <b>IN KIND PAYMENTS.</b> <b>IF NONE WRITE IN 0</b></p> </div>	<p>7. <b>INTERVIEWER CHECK:</b> <b>IS THIS PERSON:</b></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

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




LIVING IN BiH, WAVE 4  
MODULE 4: HEALTH

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

30. What was the main reason you did not obtain them?  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	31. During previous 4 weeks how many days you did not perform your usual daily activities due to illness?	32. Would you say that your health is better, worse or about the same as it was a year ago?  Better.....1 Worse.....2 About the same..3	33. How many cigarettes did you smoke in last 7 days?  If none..0 »35	34 At what age did you start smoking?	35 Do you consider yourself to be disabled?  Yes....1 No.....2 »38
CODE	NUMBER OF DAYS	CODE	NUMBER	AGE	CODE


LIVING IN BiH, WAVE 4  
MODULE 4: HEALTH

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

1. During the previous week, did you work, do any income earning activity (at least one hour)?  Yes..1 »5 No..2	2. During the previous week, did you work for any cash or in-kind payment or family benefit (at least 1 hour)?  Yes....1 »5 No.....2	3. Though you did not work during the previous week, do you have a job to go back to?  Yes...1 No....2 »37	4. Why didn't you work during the previous week?  <b>ECONOMIC AND GENERAL REASONS</b> 'In waiting list.'.....1 Enterprise doesn't work because of war .....2 Bankruptcy, liquidation, closure of enterprise..3  <b>PERSONAL REASONS</b> 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?  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">DO NOT FILL IN CODE - FOR SUPERVISOR USE ONLY</div>		
CODE	CODE	CODE	CODE	NAME	DESCRIPTION	OCC. CODE


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="392 418 720 469" 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 &gt;&gt;61 page 34</p> <p>Owner/co-owner of enterprise which doesn't employ workers.2 &gt;&gt;61 page 34</p> <p>Owner/co-owner of "small business" (employs and doesn't employ workers).....3 &gt;&gt;61 page 34</p> <p>Farmer on own farm.....4</p> <p>Entrepreneur in free profession.....5 &gt;&gt;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 &amp; 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;">»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><b>YOU WORK MORE</b> Regular office hours are more than 40/42 hours.....1 You usually work overtime.....2</p> <p><b>YOU WORK LESS</b> 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 Other .....8</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

14. Which of the listed benefits do you receive at your work? [FOR PERSONS ABSENT FROM WORK, WHAT THEY WOULD RECIEVE IF THEY WORKED]			15. What is the amount of your usual monthly NET salary or earning at your main job?  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> IF NO EARNING WRITE 0 »19 If started job but not yet paid enter amount will receive and &gt;&gt;18 </div>	16. What was the amount of your last paid monthly salary or earning?	17. When did you receive your last salary?		18. For which period is it?	
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 &gt; 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 owner .....4 You worked as supporting member in family business, farm .....5 You attended education .....6 Unemployed registered with Employment Bureau .....7 Unemployed and not registered with Employment Bureau .....8 Housewife .....9 Other .....10</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

[illegible]

LIVING IN BiH, WAVE 4  
MODULE 5: LABOUR

ADDITIONAL JOB

<p>24. During the previous week, besides your main job, did you have any other job for which you were paid in cash or in-kind?</p> <p>Yes....1 No.....2 »43</p>	<p>25. How many additional jobs do you have?</p> <p>1.....1 »28 2.....2 3.....3 4 or more..4</p>	<p>26. During an average month, how many hours do you work at your additional jobs?</p> <p>1-10 hrs....1 11-20 hrs...2 21-30 hrs...3 31-40 hrs...4 41-50 hrs...5 50-60 hrs...6 More than 60 hrs....7</p>	<p>27. During an average month, how much do you earn in your additional jobs?</p>	<p>28. Regarding your (main) additional job, is it regular, seasonal or temporary? [MAIN ADDITIONAL JOB IS THAT CHOSEN BY RESPONDENT, IF CAN'T CHOOSE THE ONE WITH THE LONGEST HOURS, IF EQUAL HOURS THE ONE WHICH PAYS THE MOST]</p> <p>Regular.....1 Seasonal....2 Temporary...3</p>
CODE	CODE	CODE	KM	CODE

[illegible]

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 &gt;&gt;61 page 34</p> <p>Owner/co-owner of enterprise which doesn't employ workers.2 &gt;&gt;61 page 34</p> <p>Owner/co-owner of "small business" (employs and doesn't employ workers).....3 &gt;&gt;61 page 34</p> <p>Farmer on own farm.....4</p> <p>Entrepreneur in free profession.....5 &gt;&gt;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 family 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 &amp; 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="1646 578 1869 662" 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

<p>32. What is the main activity of the unit where your perform your (main) additional work?</p>	<p>TO BE FILLED IN BY SUPERVISOR</p>	<p>33. What is the amount of your usual monthly NET salary or earning at your (main) additional job?</p> <p>IF NO EARNING WRITE 0 »43</p> <p>IF STARTED JOB BUT NOT YET PAID ENTER AMOUNT WILL RECEIVE AND &gt;&gt;36</p>	<p>34. What was the amount of your last paid monthly salary or earning for your (main) additional job?</p>	<p>35. When did you receive your last salary?</p>		<p>36. For which period is it?</p> <p>»43</p>	
DESCRIPTION	OCC. CODE	KM	KM	MONTH	YEAR	MONTH	YEAR

[illegible]

LIVING IN BiH, WAVE 4  
MODULE 5: LABOUR

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>	38. When did you work last time?	39. Why did you stop working?  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	40. What was your occupation at your last job?			
Yes...1 No....2 »46	IF NEVER WORKED WRITE 999999 AND »46		<div data-bbox="1728 553 1908 646" 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

[illegible]

LIVING IN BiH, WAVE 4  
MODULE 5: LABOUR

<p>41. What was the main activity of the unit in which you performed your last job?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             TO BE FILLED IN BY SUPERVISOR           </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;">&gt;&gt; 46</p>	<p>43. Would you like to get a new job in the next 12 months?</p> <p>Yes...1 No....2 &gt;&gt;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;">&gt;&gt; 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?  <div style="margin-left: 20px;">           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         </div>				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?        <div style="margin-left: 20px;">           Yes....1 »54            No.....2         </div>	53. Why wouldn't you be able to start?        <div style="margin-left: 20px;">           Family, personal reasons.....1            Regular education..2            Health reasons.....3            Other.....4         </div>	54. Are you registered with Employment Bureau?        <div style="margin-left: 20px;">           Yes..1            No...2 »59         </div>	55. Do you have health insurance from the Employment Bureau?        <div style="margin-left: 20px;">           Yes...1            No....2         </div>	56. Do you have pension insurance from the Employment Bureau?        <div style="margin-left: 20px;">           Yes...1            No....2         </div>	57. Do you have cash benefits from the Employment Bureau?        <div style="margin-left: 20px;">           Yes...1            No....2 &gt;&gt;59         </div>
1st MENTION	2nd MENTION	3rd MENTION	4th MENTION	CODE	CODE	CODE	CODE	CODE	CODE


LIVING IN BiH, WAVE 4  
MODULE 5: LABOUR

<p>58. How much have you received in the last fourteen months?</p>	<p>59. Which of the following best describes your activity status?</p> <p>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</p>	<p>60 On what date did your current spell of being [CODE AT Q59] begin?</p> <p>IF DATE BEFORE SEPT 2003 »MODULE 7</p> <p>IF DATE SEPT 2003 OR AFTER » MODULE 6</p>	
<p>KM</p>	<p>CODE</p>	<p>MONTH</p>	<p>YEAR</p>


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 INTERVIEWE R 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?  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
MONTHS	NUMBER	NUMBER	MONTHS	AMOUNT IN KM	AMOUNT IN KM	Rank
						1.

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

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

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

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

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								

LIVING IN BiH, WAVE 4  
MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

**MODULE 7**

1. Are you registered with the Centre for Social Work?	2. What type of benefits do you receive? [CODE ALL MENTIONS]				3. Are you eligible to receive war veterans pension? [INCLUDE FAMILIES OF DECEASED AND/OR KILLED]	4. How much do you receive per month?	5. Are you eligible to receive war disability benefit? [INCLUDE MILITARY INVALIDS AND FAMILIES]	6. How much do you receive per month?	7. What is your level of disability?	8. Are you eligible to receive survivors pension? [COMING ONLY FROM PIO/MIO]
Yes.....1 No.....2	None . . . . . 0  Financial assistance.1 Social work services.2 Accommodation in a social or childcare institution.....3 Other.....4				Yes.....1 No.....2 »5		Yes....1 No.....2 »8			Yes...1 No....2 »10
CODE	1st	2nd	3rd	4th	CODE	KM	CODE	KM	%	CODE


LIVING IN BiH, WAVE 4

MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

[illegible][illegible]

LIVING IN BiH, WAVE 4  
MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

<b>18.</b>	<b>19.</b>	<b>20.</b>	<b>21</b>	<b>22.</b>	<b>23</b>	<b>24.</b>	<b>25</b>	<b>26.</b>
In the past 14 months how much have you received for temporary allowance? [ONLY FROM THE CENTRE OF SOCIAL WORK]	In the past 14 months how much have you received for carers allowances? [ONLY FROM THE CENTRE OF SOCIAL WORK]	In the past 14 months how much have you received for child benefits? [INCLUDE NEW-BORN BABY PACKAGES, MATERNITY LEAVE AND ARREARS]	In the last 14 months have you received any money, gifts or services in kind from friends or family working in BiH?	How much was this worth in total?	In the last 14 months, have you received any money, gifts or services in kind from friends or family working abroad? INCLUDE PENSIONS FROM ABROAD	How much was this worth in total?	In the last 14 months have you received any money, gifts or services in kind from charities, humanitarian organisations or religious institutions?	How much was this worth in total?
			Yes...1 No....2 » <b>23</b>		Yes...1 No....2 » <b>25</b>		Yes...1 No....2 » <b>27</b>	
KM	KM	KM	CODE	KM	CODE	KM	CODE	KM

[illegible]

LIVING IN BiH, WAVE 4  
MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

<p>27</p> <p>How well would you say you yourself are managing financially these days? Would you say you are...READ OUT</p> <p>Living comfortably.....1 Doing alright.....2 Just about getting by..3 Finding it quite difficult.....4 or Finding it very difficult.....5</p>	<p>28</p> <p>Would you say that you yourself are better off or worse off financially than you were a year ago?</p> <p>Better off..1 »30 Worse off...2 About the same.. 3 »30</p>	<p>29</p> <p>Why is that?</p> <p>Expenses gone up and income (pension, salary, benefits, pocket money) the same.....1</p> <p>Expenses gone up and income (pension, salary, benefits, pocket money) decreased.....2</p> <p>Income (pension, salary, benefits, pocket money) decreased or stopped.....3</p> <p>Other (WRITE IN ANSWER).....4</p>	<p>30</p> <p>Looking ahead, how do you think you will be financially a year from now, will you be...READ OUT</p> <p>Better off.....1 Worse off than you are now..2 Or about the same.....3</p>
CODE	CODE	CODE	CODE


LIVING IN BiH, WAVE 4

MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

<p>31. During the past 14 months did you borrow or obtain funds that you had to (have to) repay? (INCLUDE LOANS ALREADY REPAID).</p> <p>Yes..1 No...2 »37</p>	<p>32. How much was this worth in total?</p>	<p>33. In total, including previous loans, how much do you owe to all sources?</p>	<p>34. When did you most recently borrow money or obtain funds?</p>	<p>35. Please look at <b>Showcard E</b> and tell me where you obtained this most recent loan?</p> <p>Other national bank.....1 Commercial bank.....2 Credit union.....3 Foreign bank.....4 Employer..... 5 Relative..... 6 Friend..... 7 Other individual..... 8 Other institution..... 9</p>	<p>36. How much did you borrow with this most recent loan?</p> <p>&gt;&gt; <b>MODULE 8</b></p>
CODE	KM	KM	MONTH      YEAR	CODE	KM

[illegible]

LIVING IN BiH, WAVE 4  
MODULE 7: SOCIAL PROTECTION, FINANCES AND CREDIT

<b>37</b> During the last 14 months did you try to borrow money from any person or institution and were refused?          Yes...1 No...2 » <b>39</b>	<b>38</b> Who turned you down? <b>SHOWCARD E</b>  <div style="text-align: center;">             Other national bank.....1              Commercial bank.....2              Credit union.....3              Foreign bank.....4              Employer..... 5              Relative..... 6              Friend..... 7              Other individual..... 8              Other institution..... 9         </div> <div style="text-align: center;"> <b>&gt;&gt; MODULE 8</b> </div>	<b>39</b> Why did you not attempt to borrow money in the last 14 months? [CODE THREE ANSWERS IN ORDER OF IMPORTANCE]          <div style="text-align: center;">             No need.....1              Believed would be refused.....2              Too expensive.....3              Inadequate collateral.....4              Do not like to be in debt.....5              Do not know any lender.....6              Other.....7         </div>		
CODE	CODE	1st	2nd	3rd



LIVING IN BiH, WAVE 4  
MODULE 8: MIGRATION

MODULE 8

1. <u>INTERVIEWER</u> <u>CHECK: IS</u> RESPONDENT A NSM [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 <b>CONTINUOUSLY</b> in this settlement since you were born?      Yes.....1 »9 No.....2
CODE	CODE	MUNICIPALITY	SUPERVISOR CODE	CODE	CODE


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

<b>INTRODUCTION</b> 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>YES..1 NO...2 &gt;&gt;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>IF NOTHING WRITE 0 &gt;&gt;NEXT MEAL</div>		<div>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?		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             YES...1 NO...2 &gt;&gt;NEXT ITEM           </div>			<div style="border: 1px solid black; padding: 5px; display: inline-block;">             IF NONE WRITE 0&gt;&gt;4           </div>			<div style="border: 1px solid black; padding: 5px; display: inline-block;">             IF NONE WRITE 0&gt;&gt;6           </div>			<div style="border: 1px solid black; padding: 5px; display: inline-block;">             IF NONE WRITE 0 &gt;&gt; NEXT ITEM           </div>								
				QUANTITY			KM			QUANTITY			KM			KM		
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																
16	Yogurt, sour milk, kefir	LT																
17	Sour cream	LT																
18	Cream cheese	KG																

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 &gt;&gt;NEXT ITEM</div>			<div>IF NONE WRITE 0&gt;&gt;4</div>			<div>IF NONE WRITE 0&gt;&gt;6</div>			<div>IF NONE WRITE 0 &gt;&gt; NEXT ITEM</div>			<div>IF NONE WRITE 0 &gt;&gt; NEXT ITEM</div>					
			QUANTITY	KM			QUANTITY			KM			KM					
19	White (fat) cheese (Travnik, Sjenica, Edamer, etc.)	KG																
20	Eggs (poultry eggs and powdered eggs) piece	UN																
	<b>V EDIBLE OIL AND FAT</b>																	
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																
	<b>VI SUGAR, JAM, HONEY, SYRUPS, CHOCOLATE AND CONFECTIONARY</b>																	
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)																	
	<b>VII OTHER FOOD PRODUCTS</b>																	
30	Baby formula																	
31	Sauces and seasoning (mustard, mayonnaise, ketchup, vegeta, black pepper, chilli)																	
32	Vinegar	LT																
33	Salt	KG																
34	Soup concentrate	KG																
35	Other products (baking soda, pudding, dry cream powder, vanilla sugar, fruit extract)																	
	<b>B - SOFT DRINKS</b>																	
	<b>I COFFEE, TEA, COCOA</b>																	
36	Coffee (caffeinated and decaf), roasted or ground, instant, coffee extracts and substitutes	KG																

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?
		YES...1 NO...2 >>NEXT ITEM		IF NONE WRITE 0>>4		IF NONE WRITE 0>>6		IF NONE WRITE 0 >> NEXT ITEM
				QUANTITY	KM	QUANTITY	KM	KM
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

[illegible]

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 <b>past 12 months</b> 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 <b>past 12 months</b> 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 <b>last 12 months</b> ?							
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> YES...1 NO...2 &gt;&gt;NEXT ITEM </div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IF NONE WRITE 0&gt;&gt;5 </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. <b>During last 30 days months</b> , 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 <b>last 30 days</b> ?	3. What is the value of [PRODUCT] received as a gift during the <b>last 30 days</b> ?
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             YES...1 NO....2 &gt;&gt;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 .	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; width: fit-content; margin: 0 auto;"> YES ..1 NO ..2 &gt;&gt;NEXT ITEM </div>		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 .	<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: 150px;">             YES ..1              NO ..2 &gt;&gt;NEXT ITEM           </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
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: 150px;">             YES ..1              NO ..2 &gt;&gt;NEXT ITEM           </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 ( <b>exclude school excursions</b> )		

LIVING IN BiH, WAVE 4  
MODULE 10: CONSUMPTION

**PART C2: NON-FOOD PRODUCTS, ANNUAL**

O R D E R  N O .	<p><b>4. During the last 12 months</b>, 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;">             YES ..1              NO ..2 &gt;&gt;NEXT ITEM           </div>	<p><b>5.</b>What is the value of [PRODUCT] purchased during the <b>last 12 months</b>?</p>	<p><b>6.</b>What is the value of [PRODUCT] received as a gift during the <b>last 12 months</b>?</p>
	↓	<b>KM</b>	<b>KM</b>
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, irrespective of ownership?  
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  ↓		4. What land category is it?  Arable land.....1 »6 Orchard.....2 »6 Vineyard.....3 »6 Meadow.....4 »6 Pasture.....5 » <b>part B</b> forest.....6 » <b>part C</b> Water surface.....7 » <b>part C</b> Economic yard.....8 » <b>part B</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  
NO....2 >> PART C

1. Did any member of your household grow any of these crops during the 2003-2004 agricultural season?

**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 &gt;&gt;NEXT CROP                 </div>		3. How much land was under crop [CROP]?  <div style="text-align: right; padding-right: 10px;">                     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: right; padding-right: 10px;">                     Kilogram.....1 Ton.....2 Sack 30kg....3 Sack 50kg....4 Sack 100kg...5                 </div>	
	CROP NAME	↓	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; display: inline-block;">           YES...1 NO....2 &gt;&gt;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
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; margin: 10px auto; width: 150px;">           YES...1 NO....2 &gt;&gt;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
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					
	<b>Pastures</b>					
53	Natural meadows					
54	Natural pastures					
55	Alfalfa					
56	Clover					
57	Grass clover					
58	Other					

LIVING IN BiH, WAVE 4  
MODULE 11: AGRICULTURAL ACTIVITIES

## PART C: LIVESTOCK

1.Did any of your household members have livestock, poultry, bees or fish during the last 12 months?

YES...1  
NO....2 >> PART D

[illegible]



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]?  Bought.....1 Inherited.....2 Gift.....3 Humanitarian org.....4 NGO.....5 Governmental org.....6 Relatives.....7 Credit.....8 Other.....9		5. If you wanted to sell one of your [TYPE] how much money could you get for it?							
	YES...1 NO...2 >> NEXT ROW		DO NOT INCLUDE EQUIPMENT CO-OWNED WITH ANOTHER HOUSEHOLD						IF MORE THAN ONE ITEM ASK AVERAGE VALUE. WRITE TOTAL VALUE OF CO-OWNED ITEMS							
	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 <b>last 12 months</b> ?	3. How much animal feed did your household use in total during the <b>last 12 months</b> ?	4. How much animal feed did your household buy in the <b>last 12 months</b> ?
	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                         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>
	<b>FEED TYPE</b>	<b>QUANTITY</b>	<b>UNIT CODE</b>

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.
HOUR   MIN.	ID CODE	ID CODE	CODE	ID CODE	CODE	ID CODE	

[illegible]

**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 I D	2	3			4	5
	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
N U M B E R						OSM.....1 NSM.....2
	FULL NAME	DAY	MONTH	YEAR	YEAR	CODE

[illegible]

**SHOWCARD A**

**1 Bosniac**

**2 Serb**

**3 Croat**

**4 Other**

**SHOWCARD B**

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

**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