Albania: Employment and Welfare Survey

August 1996 version

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

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

Commune/ Bashki		Village/ Neighborhood		Household Number	

5. **If no Interview: Reason**

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

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

12. **Name of Supervisor:** _____
13. **Code of Supervisor:** _____
14. **Signature of Supervisor** _____

15. **Name of Operator:** _____
16. **Code of Operator:** _____

Strictly Confidential

Section 1.1: HOUSEHOLD ROSTER

NOTE:
- The household is defined as all the people living in this dwelling and being part of the same economic entity.
- List all the people in the household first and then ask questions 2 to 11.
- Remember to list all people living outside Albania for employment reasons, renters and visitors.

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

* if 1 or 2 expect remittances in section 7

Code box for Question 2

Head 1	Grandchildren 8	Cousin 15
Wife/husband 2	Grandparents.....9	Other relative 16
Son/daughter 3	Father-in-law/mother-in-law.....10	Children from another family 17
Father/mother 4	Son-in-law/daughter-in-law.....11	Other Non-relative..... 18
Sister/brother 5	Sister-in-law/brother-in-law.....12	Renter..... 19
Step-son/step-daughter . 6	Nephew/niece 13	
Step-father/step-mother 7	Uncle/aunt.....14	

Section 1.2: FORMER HOUSEHOLD MEMBERS

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

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

Code box for Question 2

Head 1	Grandchildren 8	Cousin 15
Wife/husband 2	Grandparents.....9	Other relative 16
Son/daughter 3	Father-in-law/mother-in-law.....10	Children from another family 17
Father/mother 4	Son-in-law/daughter-in-law.....11	Other Non-relative..... 18
Sister/brother 5	Sister-in-law/brother-in-law.....12	Renter..... 19
Step-son/step-daughter . 6	Nephew/niece 13	
Step-father/step-mother 7	Uncle/aunt.....14	

Section 2: EDUCATION

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

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

Code for Q. 1		
No studies and cannot read or write ... 0 **No studies but can read or write** .....1 **Creche**.....2 **Preschool**.....3 **Elementary 4** **Middle School 5**	**Secondary education (general)..... 6** **Secondary education (Technical/vocational)..... 7**	**Post secondary vocational ..... 8** **University 9**

Section 3.1: STATUS OF EMPLOYMENT AND OTHER EARNING ACTIVITIES

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

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

Note: Include Self Employment

3.2 (FOR THOSE CURRENTLY LOOKING FOR WORK)

Name	Number	8. How long has "_" been looking for a job ? Months	9. What is the main method "_" used to look for a job ? Labor office ..... 1 Written application..... 2 Ads/ Paper..... 3 Going to firms .. 4 Intermediary..... 5 Friends ..... 6 Other 7	10. In the past 7 days how many hours has "_" spent looking for a job ? Hours	11. What is the minimum monthly salary that "_" would accept for a regular job ? Lek	12. What is the minimum daily salary that "_" would accept for an occasional job ? Lek	13. Would "_" move to another place in order to get a job ? Yes .....1 No 0	14. Is "_" registered with the labor office? Yes ..... 1 No..... 0	15 Does "_" receive any form of unemploy-ment benefits ? Yes..... 1 No..... 0	16. Has "_" done any part time work or helped in family enterprise in the last 7 days? Yes.....1 No 0

3.3 HISTORY OF EMPLOYMENT (Include migrants)

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

Codes for Q. 18,23

State Sector temporary	1	Farm	9
State Sector Permanent	2	Casual job	10
Private Sector Temporary	3	Student	11
Private Sector Permanent	4	Housekeeping	12
Coop Temporary	5	Military service	13
Coop Permanent	6	Pensioner	14
Working for Friends and relatives	7	Unemployed	15
Own Busines	8	Other	16

Codes for Q. 21,26

Laid-off	1	Stayed home with children	7
Fired	2	Join military	8
Found better job Public	3	Retired	9
Found better job Private	4	Leave job voluntarily	10
Started Business	5	Activity ended	11
Went back to school	6	Other	12

3.4 TRAINING AND PUBLIC WORKS

List of individuals who have participated in public works projects at any time since 1993.	1. Number from roster	2. How many weeks did "_" spend in public works in _____? Weeks				List the individuals who participated in job training programs since 1993.	3. Number from roster	4. Indicate code for each year that "_" participated. Government=1 Private=2 Both=3			
		1996	1995	1994	1993			1996	1995	1994	1993

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

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

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

Codes for Question 1 - Job Sectors

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

Codes for Question 3

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

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

Name	Number	11. Does "_" employer provide paid leave? No.....0 If Yes: How many days a year?	12. Does "_" employer provide gas / transport subsidy? No .....0 If Yes: How much last month?	13. Does "_" employer provide meals? Yes ...1 No.....0	14. Did you receive any bonus last month? No .... 0 If yes: How much? Lek

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

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

Codes for Question 1 - Job Sectors

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

Codes for Question 3

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

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

Name	Number	11. Does "_" employer provide paid leave? No.....0 If Yes: How many days a year?	12. Does "_" employer provide gas / transport subsidy? No .....0 If Yes: How much last month?	13. Does "_" employer provide meals? Yes ...1 No.....0	14. Did "_" receive any bonus last month? No .... 0 If yes: How much? Lek

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

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

Self Employment codes for Q.1 and Q.2

Embroidery/dessmaking	1	Beautitian / Hair dresser	8	Prof. Serv: Research	15
Restaurant /food processing	2	Cleaning	9	Prof. Serv: Financial	16
Car repair	3	Child care Provider	10	Doctor	17
Construction/ Carpentry	4	Artisan	11	Lawyer	18
Taxi driving	5	Translator	12	Forestry	19
Selling/ Retail	6	Security/ clerical services	13		
Shoe making and repairs	7	Prof. Serv: Tutoring	14	Other	21

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

5.2 BUSINESS ASSETS AND DURABLES for non farm enterprises

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 6** if answered yes to first Question.
• **Remember to exclude** own house or any other assets that have been included in other parts of the questionnaire.

1. Do you own any of the following assets? Commodity Name	Code	Yes....1 No.....0	2. How many? Quantity	3. What is the current resale value of all together? Lek	4. Where were they acquired from ? Code	5. When were they acquired? Year	6. If owned in partnership what is your share (in percent)?
Building for enterprise	1						
Machinery	2						
Computers	3						
Copy machine	4						
Telephone	5						
Medical Equipment	6						
Other capital equipment	7						
Car	8						
Truck	9						
Bus	10						
Motorcycle/bicycle	11						
Motorboat	12						
Boats	13						
Chain saw	14						
other tools	15						
Push cart	16						
Other	17						

Codes for Question 4

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

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

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

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

Name	Number	1. Did "_" spend any time on any agricultural activities during the past 12 Months ? Yes....1 No.....0 → 6.2	2. For how many weeks last year did "_" work in agriculture?	3. How many hours did "_" work in agriculture last week?

Section 6.2 AGRICULTURAL LAND

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

Yes..... 1
No..... 0 /____/ Go to Section 6.3

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

Not more than one answer)

Section 6.3: AGRICULTURE ASSETS

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

1. Do you own any of the following assets by yourself or together with other people ?	Code	Yes....1 No.....0	2. How many? Quantity	3. What is the current resale value? Lek	4. Where were they acquired from ? Code	5. If partnership what is you share (in percent)? %
Tractor	1					
Trailer	2					
Combine	3					
Plows	4					
Truck	5					
Thresher	6					
Chemical applicator	7					
Seeder	8					
Bale press	9					
Cart	10					
Pump	11					
Other (specify)	12					

Codes for Question 4

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

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

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

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

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

Yes..... 1
No..... 0 /_____/ ® **Go to Section 7.2**

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

REMITTANCES RECEIVED

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

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

7.2 REMITTANCES SENT

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

Yes..... 1
No..... 0 /_____/ ® **Go to Section 8.1**

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

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

Section 8.1 : SOCIAL ASSISTANCE / INSURANCE

	1. Is the household or any member of the household currently receiving any of the following benefits/payments?	1a. Yes=1 NO=0	1b. Monthly Payment	2. If yes when did the household receive the first payment/ benefit? (LEK) Month	Year	3a. Did you receive any of these payments in 1995 (whether or **NOT** you currently receive them) Yes=1 NO=0	How many months	Monthly payment	3b. Did you receive any of these payments in 1994 (whether or **NOT** you currently receive them) Yes=1 N0=0	How many months	Monthly payment	3c. Did you receive any of these payments in 1993 (whether or **NOT** you currently receive them) Yes=1 N0=0	How many months	Monthly payment
1	Old age pension													
2	Survivor pension													
3	Disability Pension													
4	Other insurance benefits													
5	Unemployment benefits													
6	Monthly social assistance payment (NE)													
7	Disability allowence													
8	Caretaker grant													
9	Other payments from social welfare													
10	Grant from NGO or other agencies													
11	In kind benefits from NGO or other agencies such as: - Free transportation - Medicine certificates - Food / Clothes - Other in kind benefits													

Section 8.2 : BENEFITS AVAILABILITY

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

Section 9.1: Housing

1 Type of building?
Apartment.....1
Other multiple family unit 2
Single family house.....3
/_____/

2. How many rooms in this dwelling (excluding toilets and hallways) are used by your HH?
/_____/

3. What is the HH's rental status?

Own dwelling 1
Rented from state.....2 →8
Rented from a private person .....3 →8
Rented from a private company....4 →8
Not owned, but no rent.....5 →8 /____/

4. If owned: what is the estimated value of the dwelling at the present time (e.g. if you sold it today)?
L /_____/

5 If owned: have you acquired this property from the government?
Yes 1
No .....0 →7

/____/

6. If yes: when was it acquired?

Year/_____/

7. What would a house or apartment like this rent for?

L /_____/→14

8. If rented: how much money did the HH pay in rent for this dwelling last month? (if no money, enter 0)

L /_____/

9. Does your HH also supply goods and/or services in exchange for this dwelling?

Yes.....1
No.....0 →11 /____/

10. What is the approximate value of these goods or services supplied last month?

L /_____/

11. Is part or all of your rent paid by someone who is not a member of your household (e.g. relative, employer, etc.)?

Yes.....1
No.....0 →14 /____/

12. Who pays part or all of the rent?

Relative 1
State employer 2
Private employer.....3
Public agency.....4
Other .....5 /____/

13. Percentage paid by others

/_____/ **%**

14. What the main material of the walls of the dwelling?

Pannels.....1
Concrete.....2
Stone/bricks.....3
Wood.....4
Mud 5
Corrugated Iron.....6
Other.....7 /____/

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

Flush toilet.....1
Latrine.....2
Other .....3 /____/

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

This HH only 1
Shared .....2 /____/

17. Is the toilet inside or outside the dwelling?

Inside dwelling 1
Inside building.....2
Outside building .....3 /____/

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

Yes.....1
No.....0 /____/

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

Yes.....1
No.....0 /____/

20. Do you own a stable near the dwelling?

Yes.....1
No.....0 /____/

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

Piped public.....1
Own system / pump /well.....2
River.....3 →23
Other (specify).....4 →23 /____/

22. Where is the tap located?
Inside dwelling 1
Inside building.....2
Outside building .....3 /____/

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

Electric heating 1
Wood..... 2
Kerosene 3
Coal 4
Oil..... 5
Other (specify)..... 6 /____/

24. How many hours a day was electricity available on an average day this past week in this dwelling?
(If none report 0) /_____/ **Hours**

25. How many hours a day was water available on an average day this past week in this dwelling?
(If none report 0) /_____/ **Hours**

26. How much did you pay last month for:

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

27. Is there a telephone in your dwelling?
Yes..... 1
No ..... 0 /___/

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

L /_____/

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

Minutes / _____/

Section 9.2: REAL ESTATE ASSETS

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

Yes 1
No.....0 /_____/ ® **Go to 9.3**

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

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

Codes for Question 5

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

Section 9.3: HOUSEHOLD FURNITURE AND DURABLE GOODS

List durable goods that are not used for business

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4**

1. Do you have any of the following assets? Commodity Name	Code	Yes....1 No.....0	2. How many? Quantity	3. What is the current resale value? Lek	4. When was this asset acquired? Year
GAS STOVE	1				
ELECTRIC STOVE	2				
WOOD STOVE	3				
REFRIGERATOR	4				
FREEZER	5				
WASHING MACHINE	6				
SEWING MACHINE	7				
ELECTRIC SEWING MACHINE	8				
TV	9				
VIDEO RECORDER	10				
PARABOLIC ANTENNA	11				
STEREO/RADIO	12				
PERSONAL COMPUTER	13				
CAR (Not for business)	14				
MOTORCYCLE (Not for business)	15				
Bicycle	16				
OTHER (list)	17				

Section 10: Food Expenditure and Consumption

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

Interviewer :

First: Introduce this section by saying :

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

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

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

Note:

- For **Question 3,** Report the total amount that was consumed last month for that product on a monthly basis.
  Then record the quantity that was purchased, the quantity that was received from other sources and the quantity that was derived from their own production. These quantities should reflect the source of the commodity used this month, it is possible that they were purchased months ago or that had been receive months ago. Record expenditure <u>only</u> if quantity is not known.

- Most likely the household acquires each kind of food from only one source. Report a “0” for the quantities of the sources not used.

- For **Question 4,** report the current know price of the commodity consumed. This price would be different from the price purchased if it the commodity had been purchased a long time ago, or if the commodity had been received from other sources or own production.

- Exclude double counting. If milk is used to make cheese do not report consumption of this milk and cheese but only the consumption of the final product (i.e. cheese).

1. Was __ Consumed by this household during the past month ?			2.	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month?	5.Amount received from other sources last month?	6. What is the current price of __ ?
Commodity name	Code	Yes . 1 No .. 0	Unit	Quantity	Lek	Quantity	Quantity	Unit Price
Cereals								
Maize flour/grain	**101**		**Kg**					
Wheat flour/grain	**102**		**Kg**					
Bread (small)	**103**		**Loaf**					
Bread (large)	**104**		**Loaf**					
Pasta	**104**		**Kg**					
Rice	**106**		**Kg**					
Other Grains	**107**		**Kg**					
Beans	**201**		**Kg**					
Potatoes	**202**		**Kg**					
Tomatoes	**301**		**Kg**					
Peppers	**302**		**Kg**					
Eggplants	**303**		**Kg**					
Onions	**304**		**Kg**					
Olives	**305**		**Kg**					
Other Vegetables	**306**		**Kg**					

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

Fruit - Fresh

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

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

1. Was __ Consumed or purchased by this household during the past month ?			2.	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month ?	5.Amount received from other sources last month ?	6. What is the current price of __ ?
Commodity name	Code	Yes . 1 No...0	Unit	Quantity	Lek	Quantity	Quantity	Unit Price
Meat and eggs								
Veal and Beef	**601**		**Kg**					
Lamb/Goat	**603**		**Kg**					
Chicken /Birds	**604**		**Kg**					
Sausages	**605**		**Kg**					
Eggs	**606**		**Un**					
Canned meat	**608**		**Kg**					
Other meat	**610**		**Kg**					
Fish								
Fresh fish	**701**		**Kg**					
Frozen fish	**702**		**Kg**					
Canned fish	**703**		**Kg**					
Milk and Dairy products								
Fresh Milk	**801**		**l**					
Cheese	**802**		**Kg**					
Yogurt	**804**		**Kg**					
Powdered milk	**805**		**Kg**					
Other	**806**		**Kg**					

1. Was __ Consumed or purchased by this household during the past month ?			2.	3a. What was the Amount consumed from purchases last month?	3b. If quantity is not known, record expenditure in Lek	4. Amount from own production used last month?	5.Amount received from other sources last month?	6. What is the current price of __ ?
Commodity name	Code	Yes . 1 No .. 0	Unit	Quantity	Lek	Quantity	Quantity	Unit Price
Oils and fats								
Butter	**901**		**Kg**					
Margarine	**902**		**Kg**					
Olive oil	**904**		**l**					
Veg. oil	**905**		**Kg**					
Tallow/Lard	**906**		**Kg**					
Condiments and Spices								
Sugar	**1102**		**Kg**					
Spices/Salt	**1103**		**Kg**					
Coffee	**1104**		**Kg**					
Tea	**1105**		**Kg**					
Drinks								
Soft drinks	**1201**		**l**					
Fruit juices	**1202**		**l**					
Wine	**1204**		**l**					
Beer	**1205**		**l**					
Raki/other alcohol	**1206**		**l**					
Prepared meals								
person x meal	**1301**		**Meal**	**At home**				
person x meal	**1302**		**Meals**	**Away from home**				

Section 11

.1.1 Regular Non-Food Spending

Interviewer: For each of the items listed, ASK:

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

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

.1.2 Occasional Non-Food Spending

Interviewer: For each of the items listed, ASK:

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

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

Section 12.1: HEALTH STATUS (Chronic illness)

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

Code for Question 2

Neurological problems 1	Skin / rash problems 10
Eye problems.....2	Mental problems 11
Hearing problems.....3	Physical disability 12
Heart problems.....4	Arthritis..... 13
Respiratory problems / Asthma.....5	Trauma 14
High blood pressure / Anemia 6	Infections..... 15
Stomach problems.....7	Lasting cold 16
Kidneys / Urine retention 8	Other problems 17
Diabetes 9	

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

12.2 HEALTH STATUS (acute illness)

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

Codes for Question 2

Fever / Flu / Cold running nose.....1	Severe Bleeding 9	Ear problem.....17
Blood pressure.....2	Bleeding 10	Heart problem / Chest Pain.....18
Dizziness 3	Urinary problems 11	Stomach pain.....19
Vomiting.....4	Injury: Trauma.....12	Kidneys 20
Diarrhea.....5	Injury: Burn 13	Gall bladder.....21
Constipation.....6	Head ache 14	Dental problems 22
Respiratory / Bronchitis.....7	Arms and legs pain 15	Other health problems 23
Rash / Skin problems 8	Eye problem.....16	

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

Household Roster Flap

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

Name	Number from Roster	Age	Gender M/F

Name	Number from Roster	Age	Gender M/F