INSTAT
Republika e Shqipërisë
Instituti i Statistikës

LIVING STANDARDS MEASUREMENT SURVEY
LSMS 2005 - ALBANIA

Name of enumerator	Code
Name of field supervisor	Code
Name of data entry operator	Code
Latitude	Longitude

District	
Municipality/Commune	
Census EA No.	Name of Household Head

LSMS PSU	HH No.

Approved by the Institute of Statistics, Statistical Law Nr.9180, date 05.02.2004.

The information collected will be used only for statistical purposes and is strictly confidential.

SECTION 1: CONTROL SHEET

SECTION 1

	DATE	BEGIN	END	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes

1. Complete

2. Incomplete, must return

DATA ENTRY OPERATOR FLAGGED INCONSISTENCIES IN SECTION 1

MODULE	
1	
2	
3	
4	
5	
6	
7	

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SECTION A: INFORMATION FOR THE ROSTER SHEET

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

RESPONDENT: _____ ID CODE: [ ]

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

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

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

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

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

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

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

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

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

* Are there any other persons who slept here last night but do not normally live here?

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

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-9 AND CLASSIFY THE PERSON ACCORDINGLY IN Q.10. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

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

10. CLASSIFY WHETHER EACH PERSON IS A PRESENT HOUSEHOLD MEMBER ACCORDING TO THE FOLLOWING:

LOOK AT THE ANSWER TO QUESTION 9 (NUMBER OF MONTHS THIS PERSON WAS ABSENT FROM THE HOUSEHOLD)

* ALL PERSONS ALIVE FOR WHOM THE ANSWER IS 11 MONTHS OR LESS ARE CLASSIFIED AS PRESENT HOUSEHOLD MEMBERS: DECEASED INDIVIDUALS ARE NEVER CLASSIFIED AS HOUSEHOLD MEMBERS: LODGERS ARE NOT CLASSIFIED AS HOUSEHOLD MEMBERS: HIRED WORKERS AND SERVANTS, IF THEY HAVE THEIR OWN FAMILY IN A DIFFERENT PLACE, ARE ALSO NOT CLASSIFIED AS HOUSEHOLD MEMBERS:

GUESTS WHO HAVE COME TO VISIT FOR 6 OR MORE MONTHS ARE CLASSIFIED AS PRESENT MEMBERS OF HOUSEHOLD.

ID CODE	(1) NAMES OF HOUSEHOLD MEMBERS: MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO QUESTIONS 4-11 WHEN COMPLETED THIS SHEET, COPY THE PERTINENT INFORMATION ON THE HH MEMBER FLAP AT BACK	(2) SEX:	(3) RELATIONSHIP TO HEAD:	(4) DATE OF BIRTH:			(5) How old is [NAME]?		(6) What is the present marital status of [NAME]?	(7) Does the spouse/partner of [NAME] live in this household now?	(8) Copy the ID CODE of the spouse/ partner of [NAME].	(9) For how many months during the past 12 months (since MONTH/ YEAR) has he/she been away from this household?	(10) *Household Member Present?*
			HEAD 1	CALCULATE PERSON'S AGE, ASK THE RESPONDENT TO CONFIRM IT IN QUESTION 5			WRITE ONLY YEARS IF 12 YEARS OR OLDER WRITE YEARS AND MONTHS IF < 12 YEARS IF < 12 YEARS (>>9)						(11 MONTHS AWAY OR LESS)
			SPOUSE/PARTNER 2										
			CHILD/ADOPTED CHILD 3										
			GRANDCHILD 4										
			NIECE/NEPHEW 5										
			FATHER/MOTHER 6										
			SISTER/BROTHER 7						MARRIED 1				
			SON/DAUGHTER-IN-LAW 8						DIVORCED/ SEPARATED 2				
			BROTHER/SISTER-IN-LAW 9										
			GRANDFATHER/MOTHER 10						LIVING TOGETHER 3				
			FATHER/MOTHER-IN-LAW 11										
		MALE 1	OTHER RELATIVE 12						WIDOW/ER 4 >>9	YES 1		CUMULATED MONTHS	YES 1
		FEMALE 2	NOT RELATED 13						SINGLE 5 >>9	NO 2 >>9			NO 2
	NAME			DAY	MONTH	YEAR	YEARS	MONTHS			ID CODE		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

ID CODE	(11) Does the natural mother of [NAME] live in this household now?	(12) Copy the ID CODE of the mother of [NAME].	(13) What is the highest educational level achieved by the mother of [NAME]?	(14) Is the mother of [NAME] still living?	(15) How old was the mother of [NAME] when she died?	(16) What is the age of the mother of [NAME]?	(17) Does the natural father of [NAME] live in this household now?	(18) Copy the ID CODE of the father of [NAME].	(19) What is the highest educational level achieved by the father of [NAME]?	(20) Is the father of [NAME] still living?	(21) How old was the father of [NAME] when he died?	(22) What is the age of the father of [NAME]?
	YES 1 NO 2 >>13	>>17	NONE, OR SOME PRIMARY 1 COMPLETED PRIMARY 4 YEARS 2 COMPLETED PRIMARY 7/8 YEARS 3 SOME SECONDARY GENERAL 4 COMPLETED SECONDARY 5 SOME VOCATIONAL SCHOOL 6 COMPLETED VICATIONAL SCHOOL 7 SOME UNIVERSITY 8 COMPLETED UNIVERSITY DEGREE 9 DON'T KNOW DK	YES 1>>16 NO 2	>>17		YES 1 NO 2 >>19	>>NEXT PERSON	NONE, OR SOME PRIMARY 1 COMPLETED PRIMARY 4 YEARS 2 COMPLETED PRIMARY 7/8 YEARS 3 SOME SECONDARY GENERAL 4 COMPLETED SECONDARY 5 SOME VOCATIONAL SCHOOL 6 COMPLETED VICATIONAL SCHOOL 7 SOME UNIVERSITY 8 COMPLETED UNIVERSITY DEGREE 9 DON'T KNOW DK	YES 1>>22 NO 2	>>NEXT PERSON	
		ID CODE			AGE	AGE		ID CODE			AGE	AGE
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

ID CODE	(1) What ethnic group does [NAME] belong to?	(2) What religion does [NAME] practise?	(3) What is the maternal language of [NAME]?(the language spoken to [NAME] by the mother from birth).	(4) What language(s) does [NAME] use daily at home? CAN LIST UP TO TWO RESPONSES		(5) What language, not counting the daily use languages, does [NAME] use occasionally (speak or understand) with extended family members or members of his/her community?	(6) Did [NAME] speak English in 1990? And does [NAME] speak English now?		(7) Did [NAME] speak Italian in 1990? And does [NAME] speak Italian now?		(8) Did [NAME] speak Greek in 1990? And does [NAME] speak Greek now?		(9) Did [NAME] speak another foreign language in 1990? And now?	
							IF NAME WAS LESS THAN 18 YEARS OLD IN 1990, ASK INFORMATION FOR AGE 18 AND NOW. IF [NAME] IS LESS THAN 18, REPORT FOR "NOW" AND LEAVE "1990" BLANK.							
	ALBANIAN 1												SPECIFY MAIN FOREIGN LANGUAGE _____	
	GREEK 2	MUSLIM 1												
	ROMA 3	ORTHODOX 2												
	MACEDONIAN 4	CATHOLIC 3					YES, FLUENTLY 1		YES, FLUENTLY 1		YES, FLUENTLY 1		YES, FLUENTLY 1	
	MONTENEGRIN 5	BEKTASHIAN 4					YES, SOME 2		YES, SOME 2		YES, SOME 2		YES, SOME 2	
	VLLAHE 6	OTHER 5					NO 3		NO 3		NO 3		NO 3	
	OTHER 7	ATHEIST 6		LANGUAGE CODE										
			LANGUAGE CODE	FIRST	SECOND	LANGUAGE CODE	1990	NOW	1990	NOW	1990	NOW	1990	NOW
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

ALBANIAN	1
GREEK	2
ROMA	3
VLLAHE	4
SERBO-CROATIAN	5
MACEDONIAN	6
OTHER	7
NONE	9

RESPONDENT: PERSON MOST KNOWLEDGABLE

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ID CODE	RESPONDENT ID	Is [NAME] currently attending preschool?	Why is [NAME] not attending preschool?	What type of preschool is this?	How many hours per week does [NAME] attend preschool?	How much do you pay per month?	Did your household have to provide to the school and the teacher money and gifts in kind or services (in the last month)? (if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, etc)			
		YES 1 >>3 NO 2	NONE AVAILABLE 1 TOO YOUNG 2 TOO EXPENSIVE 3 TOO FAR 4 NOT GOOD QUALITY CARE 5 PREFER TO KEEP AT HOME 6 NO NEED 7 OTHER (SPECIFY) _____ 8 (>>NEXT PERSON)	PUBLIC 1 PRIVATE 2 RELIGIOUS 3	HOURS	OLD LEKS	CASH OR IN-KIND YES 1 NO 2	OLD LEKS	SERVICES YES 1 NO 2	NUMBER OF HOURS
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

ID CODE	RESPONDENT ID	(1) Can you read the newspaper?	(2) Can you write a one page personal letter?	(3) Have you ever attended school?	(4) What is the highest grade you have completed in school? In which level?	(5)	(6) What is the highest diploma you have attained?	(7) How many years of preschool did you attend?	(8) Did you enroll in school this academic year?	(9) Are you currently attending school?	(10) Why are you not currently attending school?	(11) Why didn't you enroll in school this year?
					NONE 0		NONE 0				TOO EXPENSIVE 1	TOO EXPENSIVE 1
					"8 or 9 YEARS" SCHOOL 1	1-9	PRIMARY 4 YEARS 1				NO INTEREST 2	NO INTEREST 2
					SECONDARY GENERAL 2	1-4	PRIMARY 8/9 YEARS 2				AGRICULTURAL WORK 3	AGRICULTURAL WORK 3
					VOCATIONAL 2-3 YEARS 3	1-3	SECONDARY GENERAL 3				OTHER WORK 4	OTHER WORK 4
					VOCATIONAL 4/5 YEARS 4	1-5	VOCATIONAL 2-3 YEARS 4	IF NONE PUT "0"			SCHOOL TOO FAR 5	SCHOOL TOO FAR 5
					UNIVERSITY- ALBANIA 5	1-6	VOCATIONAL 4/5 YEARS 5				POOR TEACHING 6	POOR TEACHING 6
		YES, EASILY 1	YES, EASILY 1	YES 1	UNIVERSITY- ABROAD 6	1-6	UNIVERSITY- ALBANIA 6				POOR FACILITIES 7	POOR FACILITIES 7
		YES, WITH DIFFICULTY 2	YES, WITH DIFFICULTY 2	NO 2 >>NEXT PERSON	POST-GRADUATE- ALBANIA 7	1-5	UNIVERSITY- ABROAD 7				OWN ILLNESS 8	OWN ILLNESS 8
					POST-GRADUATE- ABROAD 8	1-5	POST-GRADUATE- ALBANIA 8		YES 1	YES 1 >>16	FAMILY ILLNESS/ DEATH 9	FAMILY ILLNESS/ DEATH 9
		NO 3	NO 3				POST-GRADUATE- ABROAD 9		NO 2 >>11	NO 2	MOVED 10	MOVED 10
					LEVEL	GRADE		YEARS			SAFETY 11	SAFETY 11
											GOT MARRIED 12	GOT MARRIED 12
											OTHER (SPECIFY) 13	COMPLETED STUDIES 13
											_____	OTHER (SPECIFY)
											>>14	_____ 14
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

ID CODE	(12) How old were you when you completed your last year of full-time education whether at school or university?	(13) IS [NAME] 18 YEARS OLD OR LESS?	(14) Do you intend to return to school?	(15) What is the name of the last school you attended??			(16) In what grade are you currently enrolled? In which level?	(17)	(18) Is the school you are currently enrolled in public or private?
				>>NEXT PERSON		FOR OFFICE CODING	"8 or 9 YEARS" SCHOOL 1	1-9	
							SECONDARY GENERAL 2	1-4	
							VOCATIONAL 2-3 YEARS 3	1-3	
							VOCATIONAL 4/5 YEARS 4	1-5	
							UNIVERSITY- ALBANIA 5	1-6	
							UNIVERSITY- ABROAD 6	1-6	
		YES 1					POST-GRADUATE- ALBANIA 7	1-5	PUBLIC 1
		NO 2 >>NEXT PERSON	YES 1				POST-GRADUATE- ABROAD 8	1-5	PRIVATE - RELIGIOUS 2
			NO 2						PRIVATE-NON RELIGIOUS 3
	AGE IN YEARS			SCHOOL NAME	LOCATION	CODE	LEVEL	GRADE	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

ID CODE	(19) What is the name of the school you are currently attending?			(20) How far away from this dwelling is the school you are currently attending ? IF LESS THAN 1 KM REPORT TENTHS IF LESS THAN 5KM (>>22)	(21) Do you usually stay in another location closer to your school during the school term?	(22) (23) How long does it take you to travel to your school from your home or the location you usually stay in during the school term?		(24) How do you generally go to school?	(25) How much did you spend on average each month on transportation ? (if separate from tuition)	(26) Did the school supply the required text books for your classes in this academic year?	(27) Did you household pay anything for these text books supplied by the school for this academic year?	(28) Did your household buy any supplementary text books for your use in class for this academic year?
	IF SCHOOL LOCATION IS ABROAD, WRITE 999 >> 29		FOR OFFICE CODING		YES 1 NO 2	TIME ONE WAY		WALK 1 >>26 BICYCLE 2 >>26 ANIMAL 3 >>26 CAR 4 BUS, MINIBUS 5 TRAIN 6 OTHER(SPECIFY) _____ 7		YES, ALL REQUIRED 1 YES, SOME REQUIRED 2 NO, NONE 3 >>28	YES 1 NO 2	YES 1 NO 2
	SCHOOL NAME	LOCATION	CODE	KM		HOURS	MINUTES		OLD LEKS			
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

ID CODE	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)
	How much has your household spent on your education in the current academic YEAR for: (IF HOUSEHOLD CANNOT SEPARATE COSTS, PUT THE TOTAL IN COLUMN 37)									Have you received any private tutoring during this academic year?	In how many subjects have you received tutoring during this academic year?	Who is tutoring you? IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR	How often have you been receiving tutoring in the past month?
	School fees and tuition? (include annual tuition and fees even if not paid in full yet)	Uniforms	Textbooks: Authorized text books for classes.	Textbooks: Supplementary text books.	Other educational materials (pens, exercise books, etc.)	Meals and/or lodging?	School excursions?	Other expenses	**Total** (exclude transportation if reported separately)	YES 1 NO 2 >>45		OWN TEACHER 1 OTHER TEACHER IN SCHOOL 2 OTHER TUTOR 3 FRIEND/RELATIVE 4	DAILY 1 SEVERAL TIMES A WEEK 2 AT LEAST ONCE A WEEK 3 ONCE EVERY 2 WEEKS 4 ONCE IN THE MONTH 5 HAVE NOT RECEIVED IN THE PAST MONTH 6
	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS	OLD LEKS				
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

ID CODE	(42) Are you paying for the tutoring?	(43) How much are you paying per hour? IF MORE THAN ONE PRICE, TAKE AVERAGE	(44) How much have you spent per month on average for this tutoring in the current academic year?	(45) Did your household have to provide to school and teacher money and gifts in kind or services in the current academic year? (if in-kind, please estimate value of gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, …)	(46)	(47)	(48)	(49) Have you been absent from school one or more days in the past 4 weeks?	(50) How many days of school have you missed in the past 4 weeks?	(51) Why did you miss school for this time? IF MORE THAN ONE REASON, LIST REASON FOR MISSING THE MOST DAYS	(52) Are you currently receiving a scholarship or subsidy to support your education?	(53) What is the value of the scholarship or subsidy received for the current academic year?	(54) How much time per day have you spent on homework over the past 4 weeks, on average?
	YES 1 NO 2 >>45	OLD LEKS	OLD LEKS	CASH OR IN-KIND YES 1 NO 2	OLD LEKS	SERVICE YES 1 NO 2	NUMBER OF HOURS	YES 1 NO 2 >>52	NUMBER OF DAYS	BAD WEATHER 1 NO INTEREST 2 AGRICULTURAL WORK 3 OTHER WORK 4 SCHOOL TOO FAR 5 POOR TEACHING 6 POOR FACILITIES 7 OWN ILLNESS 8 FAMILY ILLNESS/ DEATH 9 MOVED 10 SAFETY 11 OTHER (SPECIFY) _____ 12	YES 1 NO 2 >> 54	OLD LEKS	NONE 1 LESS THAN 30' 2 30 ' - 1 HOUR 3 1-2 HOURS 4 2-3 HOURS 5 3-4 HOURS 6 > 4 HOURS 7
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

RESPONDENT: FOR ALL HOUSEHOLD MEMBERS 6 OR OVER; PARENT OR GUARDIAN ANSWERS FOR CHILDREN UNDER 15

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
ID CODE	DOES THIS HOUSEHOLD HAVE A CHILD 12 YEARS OF AGE OR YOUNGER, OR A CHILD 18 YEARS OR LESS WHO IS IN SCHOOL?	ASK THE FOLLOWING QUESTIONS TO THE MOTHER, IF POSSIBLE. IF NOT POSSIBLE, ASK THE FATHER.	ASK FOR CHILDREN 12 YEARS OR LESS: In the past month, how often have you or another adult in the household read with (NAME)?	ASK FOR CHILDREN 18 YEARS OR LESS WHO ARE ATTENDING SCHOOL: In the past month, how often have you or another adult in the household helped (NAME) with school homework? IF NO CHILD ATTENDING SCHOOL >>13	How important is it to you for (NAME) to gain educational qualifications?	Would you personally like (NAME) to go to College or University?	How likely do you think it is that (NAME) will go to College or University?
		PUT ID CODE OF THE RESPONDENT BELOW	DAILY OR ALMOST DAILY 1	DAILY OR ALMOST DAILY 1			
			SEVERAL TIMES PER WEEK 2	SEVERAL TIMES PER WEEK 2			
			ONCE PER WEEK 3	ONCE PER WEEK 3			
			ONCE EVERY TWO WEEKS 4	ONCE EVERY TWO WEEKS 4	VERY IMPORTANT 1	YES 1	VERY LIKELY 1
			ONCE IN THE MONTH 5	ONCE IN THE MONTH 5	QUITE IMPORTANT 2	NO 2	QUITE LIKELY 2
	YES 1		DID NOT READ IN THE	DID NOT HELP IN THE PAST	NOT VERY IMPORTANT 3	DON'T KNOW/	NOT VERY LIKELY 3
	NO 2 >>13		PAST MONTH 6	MONTH 6	NOT AT ALL IMPORTANT 4	UNDECIDED 3	NOT AT ALL LIKEKY 4
		ID CODE					
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

	(8)	(9)			(10)	(11)	(12)	(13)
	Overall how satisfied are you with (NAME's) school??	What are the main reasons you are dissatisfied with this school? GIVE THE 3 FIRST REASONS BY ORDER OF IMPORTANCE			Does your child's school have a Parent Teacher Association or other means for parents to be involved in school activities?	Do you take part in the PTA or other school activities?	If the school had a PTA or other ways to take part in school activities, how likely is it that you would get involved?	How many books do you have at home?
I D C O D E		TOO EXPENSIVE 1						NONE 1
		SCHOOL TOO FAR AWAY 2						1 to 10 2
		POOR TEACHING 3						11 to 50 3
		POOR CLASSROOM EQUIPMENT/DESKS/,,, 4						51 to100 4
		POOR BUILDING FACILITIES(ROOF, TOILETS, …) 5					VERY LIKELY 1	101 TO 200 5
		LACK OF TEXTBOOKS 6					QUITE LIKELY 2	MORE THAN 200 6
		CLASS TOO LARGE 7				YES 1	NOT VERY LIKELY 3	
	VERY SATISFIED 1 >>10	CHILD DOESN'T ENJOY 8				NO 2	NOT AT ALL LIKEKY 4	
	QUITE SATISFIED 2 >>10	OTHER (SPECIFY 9			YES 1		DON'T KNOW 5	
	NOT VERY SATISFIED 3	_____)			NO 2 >>12	>>NEXT CHILD		
	NOT AT ALL SATISFIED 4				DON'T KNOW DK >>12		>>NEXT CHILD	>>NEXT MODULE
		FIRST	SECOND	THIRD				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

MODULE 3: COMMUNICATION

ID CODE	INTERNET (1) Have you/[NAME] ever used the Internet?	(2) Do you/ [NAME] have an E-mail address (such as Hotmail, Yahoo, etc)?	(3) Where do you/ [NAME] mainly use the Internet?	(4) What is the main purpose for which you/ [NAME] use the Internet?	(5) For how long have you/ [NAME] been using the Internet?	(6) Have you/ [NAME] used the Internet in the past month?	(7) How much have you/ [NAME] spent in the last month for using the Internet in internet cafes and other locations outside your dwelling?
	YES 1 NO 2>>NEXT PERSON	YES 1 NO 2	WORK 1 SCHOOL 2 HOME 3 INTERNET CAFE 4 OTHER (Specify) _____ 5	E-MAIL 1 WORK 2 ENTERTAINMENT 3 INFORMATION 4 COMMUNICATION 5 OTHER (Specify) _____ 6	1-6 MONTHS 1 6-12 MONTHS 2 1-2 YEARS 3 MORE THAN 2 YEARS 4	YES 1 NO 2 >> NEXT PERSON	OLD LEKS
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

ID CODE	MOBILE PHONES (8) Does anyone in this household use a mobile phone?	(9) Are you/ [NAME] the primary user of a mobile phone?	(10) When did you/ [NAME] acquire the phone?	(11) What is the company providing the service?	(12) Is this phone used for personal, for business, or for both personal and business?	(13) Do you/ [NAME] use prepaid cards?	(14) How much was the total cost for last month either in prepaid or by bill?	(15) Who paid or will pay for the phone costs last month?
	YES 1 NO 2 >>NEXT MODULE	YES 1 NO 2 >>NEXT PERSON	YEAR	VODAFONE 1 AMC 2 OTHER (_____ 3	PERSONAL 1 BUSINESS 2 BOTH PERSONAL AND BUSINESS 3	YES 1 NO 2	OLD LEKS	MYSELF/ FAMILY 1 EMPLOYER 2 OTHER (Specify) _____ 3
01								
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ID CODE	(1) ID RESPONDENT	(2) During the past 7 days, have you worked (at least one hour) for someone who is not a member of your household, for example, a public or private enterprise or company, an NGO or any other individual?	(3) During the past 7 days, have you worked (at least one hour) on a farm owned or rented by you or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	(4) During the past 7 days, have you worked (at least one hour) on your own account or in a business enterprise belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	(5) CHECK THE ANSWERS TO QUESTIONS 2, 3 AND 4. (WORKED IN LAST 7 DAYS)	(6) Although you reported no work in the past 7 days, have you done any occasional job such as sold goods in the street, helped someone for his business, sold some homemade products, washed cars, repaired cars, etc. during this period?	(7) Do you have a permanent/ long term job (even though you did not work in the last 7 days) from which you were temporarily absent?	(8) What is the main reason that you did not work in the last 7 days although you have a job?	(9) During the past 4 weeks, have you tried in any way to find a job or start your own business?
								OWN ILLNESS 1 MATERNITY LEAVE 2 HOUSEHOLD MEMBER SICK 3 HOLIDAYS 4 STRIKE/SUSPENSION 5 TEMPORARY WORK LOAD REDUCTION 6 CLOSURE 7 BAD WEATHER 8 SCHOOL EDUC/TRAINING 9	
		YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	ANY YES 1 >>PART B ALL NO 2	YES 1 >>PART B NO 2	YES 1 NO 2 >>9	OTHER (SPECIFY) _____ 10 (>>PART B)	YES 1 >>12 NO 2
01									
02									
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ID CODE	(10) What is the main reason you did not look for a job in the last 4 weeks? (MOST IMPORTANT REASON)	(11) Did you begin this status as [READ STATUS FROM Q10] less than 12 months ago?	(12) What kind of efforts did you put into finding a job? (MOST IMPORTANT WAY)	(13) How long have you looked for a job?	(14) If you were offered a job, are you ready to start working within the following 2 weeks?	(15) Are you currently registered in the Labor Office?	(16) Did you begin this status of not working less than 12 months ago?
	STUDENT/PUPIL 1						
	HOUSEWIFE 2						
	IN RETIREMENT 3						
	HANDICAPPED 4						
	IN MILITARY SERVICE 5		THROUGH LABOUR OFFICE 1				
	HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6 >>12		THROUGH FRIENDS/RELATIVES 2				
			RESPONDED TO MEDIA AD 3	IF LESS THAN 1 MONTH, WRITE "0"			
	AWAITING RECALL BY EMPLOYER 7 >>14		PUT AD IN PAPER 4				
	WAITING FOR BUSY SEASON 8 >>14		EMPLOYER CONTACTED YOU 5				
	DO NOT WANT TO WORK 9 >>15	YES 1 >>GRID, PART D	CONTACTED EMPLOYER 6				YES 1 >>GRID, PART D
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10 >>13	NO 2 >> NEXT PERSON	TRIED TO START OWN BUSINESS 7				NO 2 >> NEXT PERSON
		IF LAST PERSON >> MODULE 5	TOOK PART IN TEST FOR JOB 8		YES 1	YES 1	IF LAST PERSON >> MODULE 5
	OTHER (SPECIFY) _____ 11 >>14		OTHER (SPECIFY) _____ 9		NO 2	NO 2	
				MONTHS			

01							
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MODULE 4: LABOUR **PART B: OVERVIEW LAST 7 DAYS**

This is to determine main job in past 7 days or to list permanent job if someone is temporarily absent from work.

ACTIVITY CODE	ID CODE	(1) What is your occupation (list each different job if you have worked in more than one job in past 7 days) USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON IF YOU HAVE A PERMANENT JOB FROM WHICH YOU ARE TEMPORARILY ABSENT, WRITE OCCUPATION IN THIS COLUMN AND PUT CODE 1 IN Q6	FOR OFFICE CODING	(2) For how many days in the last 7 days did you do this work?	(3) For how many hours in the last 7 days did you do this work?	(4) How many weeks in the last 12 months did you do this activity?	(5) Did you do any other work in the last 7 days, or did you have any other job from which you were temporarily absent?	(6) CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.3 (HOURS WORKED IN LAST 7 DAYS) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.) ACTIVITY FOR WHICH ANSWER TO Q.3 IS HIGHEST. 1 ACTIVITY FOR WHICH Q.3 IS SECOND HIGHEST. 2 ACTIVITY FOR WHICH Q.3 IS NEITHER FIRST NOR SECOND HIGHEST. 3
		WRITTEN DESCRIPTION	CODE	DAYS PER WEEK	HOURS PER WEEK	# OF WEEKS	YES 1>>NEXT LINE NO 2	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								

ID CODE	(1) FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION		(2) What is the main economic activity of the enterprise you're working on or of your own business?		(3) Where was this job?	(4) Now I would like to ask you about your job as [READ OUT OCCUPATION FROM QUESTION 1]. Where did you carry out most of your work?	(5) How many hours per week do you usually work in this job?
		FOR OFFICE CODING		FOR OFFICE CODING	SEE CODES ABOVE DISTRICT 1-36 ABROAD 81-87	FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 OTHER FARM 2 YOUR HOME 3 OTHER HOME 4 VEHICLE 5 FROM DOOR TO DOOR 6 IN THE STREET, NON-FIXED PLACE 7 IN THE STREET, FIXED PLACE 8 FIXED BUILDING (OFFICE/ FACTORY.) 9 IN A MARKET 10 OTHER (SPECIFY) _____ 11	IF 40 HOURS OR MORE >> 7
	OCCUPATION	CODE	WRITTEN DESCRIPTION	CODE			HOURS
01							
02							
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ID CODE	(6) Why do you usually work less than 40 hours per week?	(7) In this job were you..... READ ALL RESPONSES	(8) Is your employer for this job... READ ALL RESPONSES	(9) Do you have any managerial duties or do you supervise any other employees?	(10) How many people are employed at the place where you work?	(11) Are you entitled to the benefits of social security scheme in this job?	(12) How much was your **last** NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?) What period of time does this payment/earning cover?	(13)
		AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1			1-9 1			
		A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 >> 9	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1		10-24 2			
			A PRIVATE COMPANY OR ENTERPRISE 2		25-49 3			
	ILLNESS, DISABILITY 1	AN EMPLOYER 3 >>12	PUBLIC WORKS PROGRAM 3		50-99 4			
	CANNOT FIND FULL TIME JOB 2	A WORKER ON OWN ACCOUNT 4 >>12	A STATE-OWNED ENTERPRISE 4	MANAGER 1	100-199 5		TIME UNIT	
	EDUCATION, TRAINING 3	UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS 5 >>21	AN NGO OR HUMANITARIAN ORGANIZATION 5	SUPERVISOR 2	200 OR MORE 6		MONTH 1	
	DO NOT WANT TO WORK MORE 4		A PRIVATE INDIVIDUAL 6	NOT MANAGER OR SUPERVISOR 3	DON'T KNOW BUT FEWER THAN 25 7		15 DAYS 2	
	OTHER 5				DON'T KNOW BUT 25 OR MORE 8	YES 1	WEEKLY 3	
						NO 2	DAILY 4	
							OLD LEKS	TIME
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02								
03								
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14								
15								

ID CODE	(14) How much is your **usual** NET payment or earning? What period of time does this payment cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning) TIME UNIT MONTH 1 15 DAYS 2 WEEKLY 3 DAILY 4	(15)	(16) Did you receive bonuses (such as New Year bonus..) in this work during the last 12 months? (DO NOT INCLUDE MATERNITY LEAVE) YES 1 NO 2 >>19	(17) How much was your last bonus?	(18) How many months usually pass between bonus payments in this job?	(19) Did you receive any payment/ earnings from this work in any other form during the last 12 months?(meals, tips, transport, clothes?) YES 1 NO 2 >>21	(20) What is the value of those in-kind payments/earnings in the last 12 months?	(21) When did you start this job?		(22) How do you get to the workplace for this main job? ON FOOT, WALKING 1 BY BICYCLE 2 >>25 BY MOTORCYCLE 3 >>25 BY PRIVATE CAR 4 >>25 BY BUS OR OTHER PUBLIC MOTORIZED TRANSPORT 5 >>25 WORK IS AT MY HOME 6 >>25 OTHER (_____) 7 >>25	(23) How far is the workplace from this dwelling (one way)? WRITE DISTANCE IN KM WITH ONE DECIMAL PLACE (EXAMPLE: 3.1). IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS	(24) How long does it take you/[NAME] to walk to the workplace from this dwelling (one way, in minutes). IF WORKPLACE IS NOT FIXED, AVERAGE OVER LAST 7 DAYS	(25) CHECK QUESTION 6 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS? YES 1 NO 2 IF [MONTH/YEAR] AT Q.21 IS BEFORE [05/ 2004] >> 38 IF [MONTH/YEAR] AT Q.21 IS [05/ 2004] OR AFTER >> GRID
	OLD LEKS	TIME		OLD LEKS	MONTHS		LEKS	MO	YR		KILOMETERS	MINUTES	
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15											.		

ID CODE	(26) **SECOND JOB**: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 6 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 7 DAYS).		(27) What is the main economic activity of the enterprise you're working on or of your own business?		(28) Is this job …	(29) In this work were you… (READ ALL RESPONSES)
	OCCUPATION	FOR OFFICE CODING CODE	WRITTEN DESCRIPTION	FOR OFFICE CODING CODE	SEASONAL 1 OCCASIONAL 2 TEMPORARY 3 PERMANENT/ LONG-TERM 4	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1 A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 >>31 AN EMPLOYER 3 >>31 A WORKER ON OWN ACCOUNT 4 >>31 UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 5 >>37
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ID CODE	(30) Is your employer for this work... (READ ALL RESPONSES)	(31) How much was your **last** NET payment or earning? (IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?)	(32) What period of time does this payment/earning cover?	(33) How much is your **usual** NET payment or earning?	(34) What period of time does this payment/earning cover? (consider time of last 12 months; if you have started the job less than 12 months ago, consider the average since the beginning)	(35) During the past 12 months, did you receive any payment/earning for this work in any other form (meals, tips, transport, clothes)?	(36) What is the value of those in-kind payments/ earnings in the last 12 months?	(37) Is [MONTH/YEAR] at Question 21 [05/2004](May 2004) or after?	(38) **CHECK FOR NON-FARM ENTERPRISE ACTIVITY:** DID THE INDIVIDUAL HAVE AT LEAST ONE JOB AS AN EMPLOYER OR SELF-EMPLOYED IN THE NON-AGRICULTURAL PRIVATE SECTOR ? **[CHECK (IF Q7=3 OR 4 AND Q2 NOT AGRICULTURE) OR (IF Q29=3 OR 4 AND Q 27 NOT AGRICULTURE)]**
	THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1	TIME UNIT		TIME UNIT					
	A PRIVATE COMPANY OR ENTERPRISE 2	MONTH 1		MONTH 1					YES 1
	PUBLIC WORKS PROGRAM 3	15 DAYS 2		15 DAYS 2					NO 2
	A STATE-OWNED ENTERPRISE 4	WEEKLY 3		WEEKLY 3					
	AN NGO OR HUMANITARIAN ORGANIZATION 5	DAILY 4		DAILY 4		YES 1		YES 1 >> GRID, PART D	**>>NEXT PERSON, PART A, OR IF LAST PERSON >>MODULE 5**
	A PRIVATE INDIVIDUAL 6					NO 2 >>37		NO 2	
		OLD LEKS	TIME UNIT	OLD LEKS	TIME		OLD LEKS		
01									
02									
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I'd like to ask you a few questions about your employment status starting from now back to May 2004, that is regarding employment, unemployment or 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 those were just a few days when you were waiting to take up another job.

I'll start by recording your current spell which you described previously.

Then:

(Ask Question 1): Can you look at Showcard D please and tell me which of the descriptions comes closest to what you were doing (in the last 12 months) immediately before the spell already described?

(Ask Question 2): On what date did you start doing that?

(Ask Question 3): IF EMPLOYMENT IS REPORTED (codes 01, 02 or 03) ASK OCCUPATION (COL 3), ACTIVITY OF WORKING UNIT (COL 4)) and COL 5 AND 6.

Continue with Questions 1-3 until the date reported is before [05/ 2004] (May 2004)

ENTER ID CODE for this person _____ **Name** _____

	(1)	(2)		(3)		(4)		(5)	(6)
Spell No.	Status Code from Card D	Date spell began		If employment (codes 01 - 03) Enter Occupation	OCCUPATION CODE	If employment (codes 01 - 03) Enter Activity of working unit	INDUSTRY CODE	In this job were you… (READ ALL RESPONSES) AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1 A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS 2 (>>NEXT SPELL) AN EMPLOYER 3 (>>NEXT SPELL) A WORKER ON OWN ACCOUNT 4 (>>NEXT SPELL) UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 5 (>>NEXT SPELL)	Was your employer for this job… (READ ALL RESPONSES) THE GOVERNMENT, PUBLIC SECTOR OR ARMY 1 A PRIVATE COMPANY OR ENTERPRISE 2 PUBLIC WORKS PROGRAM 3 A STATE-OWNED ENTERPRISE 4 A NGO OR HUMANITARIAN ORGANIZATION 5 A PRIVATE INDIVIDUAL 6 **>> NEXT SPELL. IF LAST SPELL >>7**
		MONTH	YEAR		FOR OFFICE CODING		FOR OFFICE CODING		
1									
2									
3									
4									
5									
6									
7									

(7) After last spell: CHECK FOR NON-FARM ENTERPRISE ACTIVITY:

DURING THE LAST 12 MONTHS DID THIS INDIVIDUAL HAVE AT LEAST ONE JOB AS AN EMPLOYER OR SELF-EMPLOYED IN THE NON-AGRICULTURAL PRIVATE SECTOR?
[CHECK IF Q5=3 OR 4 AND Q4 NOT AGRICULTURE.]

YES 1
NO 2

>>NEXT PERSON, PART A, OR IF LAST PERSON >>MODULE 5

SHOWCARD D

01 Paid employment - full-time
02 Paid employment - part-time
03 Self employed (full or part time)
04 Unemployed / Looking for work
05 Retired from work altogether
06 Looking after family or home
07 In full-time education / student
08 Long-term sick or disabled
09 On maternity leave
10 Military service
11 Something else

MODULE 5: NON-FARM BUSINESS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
CHECK Q38 ON PAGE 21 (LABOUR MODULE) . IS THERE A "1" FOR ANY PERSON?	CHECK Q7 ON EVERY PAGE OF THE LABOUR GRID (PAGES -). IS THERE A "1" FOR ANY PERSON?	Does anyone is this household operate a shop, a store, a bar, a restaurant?	Does anyone is this household operate a trading business or sell anything or offer a service in the street or in a market? Such as selling cigarettes, or other items, shoe shining, etc?	Does anyone is this household operate a business or service in a shop or from their home, such as carwash, mechanic, carpenter, seamstress, barber, auto repair, or similar?	Does anyone is this household drive a taxi or offer trucking services, or moving services, or similar?	Does anyone is this household operate a professional office or offer professional sevices from home or from an office or business? For example, doctor, accountant, lawyer, translator, private tutor, midwife, etc.?	Does anyone is this household process and sell something from your agriculture activities, such as producing raki or cheese for sale?	Does anyone is this household operate any other business, even if it is a small business run from home or on the street?
YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1
NO 2	NO 2	NO 2	NO 2	NO 2	NO 2	NO 2	NO 2	NO 2

MODULE 5: NON-FARM BUSINESS

NUMBER OF BUSINESS

	(10) What kind of economic activity does/did this business operate?		(11) Who in the household owns this business?	(12) Who in the household manages this business or is the most familiar with it?	(13) How many months during the past year did you operate this business?	(14) Where do you operate the business?	(15) How many years and months has this business been in existence?		(17) What was the main source of start-up capital for this business? CAN LIST UP TO THREE			(18) Did this business operate during the past month?
	PROBE TO DETERMINE THE MAIN ECONOMIC ACTIVITY OF THE BUSINESS LIST ALL BUSINESSES BEFORE GOING ON TO QUESTION 11		IF MORE THAN ONE OWNER LIST THE MAIN OWNER	IF CO-MANAGERS, ASK THE QUESTIONS TO ONE OF THE MANAGERS. WRITE THE ID CODE OF THE MANAGER WHO IS ANSWERING THE FOLLOWING QUESTIONS ABOUT THE BUSINESS.		HOME, INSIDE THE RESIDENCE 1 HOME, OUTSIDE THE RESIDENCE 2 INDUSTRIAL SITE 3 TRADITIONAL MARKET 4 COMMERCIAL DISTRICT SHOP 5 ROADSIDE 6 OTHER FIXED PLACE 7 NOT FIXED PLACE 8			REMITTANCES FROM FAMILY OR FRIENDS ABROAD 1 GIFT FROM FAMILY/FRIENDS ALBANIA 2 LOAN FROM FAMILY/FRIENDS ABROAD 3 LOAN FROM FAMILY/FRIENDS ALBANIA 4 SALE OF ASSETS OWNED 5 PROCEEDS FROM ANOTHER BUSINESS 6 OWN SAVINGS FROM WORK ABROAD 7 OWN SAVINGS FROM ALBANIA 8 BANK LOAN 9 LOAN FROM MONEY LENDER 10 INHERITED 11 OTHER (SPECIFY….) 12			YES 1 >>20 NO 2
	FULL WRITTEN DESCRIPTION	CODE	OWNER ID CODE	ID CODE OF RESPONDENT	MONTHS		YEARS	MONTHS				
1												
2												
3												
4												
5												

RESPONDENT:OWNER OR MANAGER BEST INFORMED ABOUT THE BUSINESS

MODULE 5: NON-FARM BUSINESS

NUMBER OF BUSINESS	(19) Why was the business not in operation during the past month?	(20) How many household members were engaged in this business in the past month?	(21) How many employees were there who are not household members in the past month?	(22) How many hours per week does each employee who is not a household member work on average?	(23) What were the total sales last month?	(24) What were the business costs last month in the following categories? IN OLD LEKS							(25) Over the past month, did you earn a profit, have a loss, or just break even?	(26) What was the amount you earned as PROFIT from this business over the past month?	(27) What was the amount you LOST from this business over the past month?
	LACK OF MATERIALS OR SPARE PARTS 1 ENERGY DISRUPTION 2 SEASONAL BUSINESS 3 EARNED TOO LITTLE 4 ILLNESS 5 BAD WEATHER 6 **>>NEXT BUSINESS**		IF "0" >>23	HOURS PER WEEK	OLD LEKS	Salaries, wages	Purchase of goods for reselling	Taxes, insurance (monthly average)	Rent, electricity, water, heat	Transport, fuel costs	Raw materials	Other (equipment rental, …) (Specify)	EARNED A PROFIT 1 HAD A LOSS 2 >>27 BROKE EVEN 3 >>NEXT BUSINESS	>>NEXT BUSINESS OLD LEKS	OLD LEKS
1															
2															
3															
4															
5															

ID	(1) Prior to the current residence, has [NAME] ever lived in a different municipality in Albania?	(2) Which district and municipality/comuna did [NAME] move from?	(3)	(4)	(5)	(6) In what year did [NAME] move to the current residence?	(7) Prior to this residence in [MUNICIPALITY/ COMUNA], did [NAME] live in a different municipality/ comuna in Albania?	(8) In which district and municipality did [NAME] live before [MUNICIPALITY/COMUNA COL. 4]?	(9)	(10)	(11)	(12) In what year did [NAME] move from [MUNICIPALITY/ COMUNA COL. 10] to [MUNICIPALITY/COMUNA COL.4]?	(13) Prior to this residence in [MUNICIPALITY//COMUNA col. 10], did [NAME] live in a different municipality/ comuna in Albania?	(14) In which district and municipality/comuna did [NAME] live before [MUNICIPALITY//COMUNA COL. 10]?	(15)	(16)	(17)
		SEE DISTRICT CODES ABOVE ALBANIAN DISTRICTS 01-36				IF YEAR IS BEFORE 1990 >> 23		SEE DISTRICT CODES ABOVE ALBANIAN DISTRICTS 01-36				IF YEAR IS BEFORE 1990 >> 23		SEE DISTRICT CODES ABOVE ALBANIAN DISTRICTS 01-36			
	YES 1 NO 2 >>23	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		YES 1 NO 2 >>23	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		YES 1 NO 2 >>23	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE
01																	
02																	
03																	
04																	
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15																	

RESPONDENT: ALL HOUSEHOLD MEMBERS 15 YEARS AND OVER

.D MEMBERS

ID	(18) In what year did [NAME] move from [MUNICIPALITY/ COMUNA COL. 16] to [MUNICIPALITY/COMUNA COL.10]? IF YEAR IS BEFORE 1990 >> 23
01	
02	
03	
04	
05	
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14	
15	

ID	(19) In which district and municipality/comuna did [NAME] live in 1990?	(20)	(21)	(22)	(23) In which district and municipality/comuna, or country, was [NAME] born?	(24)	(25)	(26)	(27) What were you doing in January 1, 1990? If you were under 15 years of age in 1990, what were you doing when you turned 15 years of age?	(28) What was your main occupation?
	SEE DISTRICTCODES ABOVE				SEE DISTRICT AND COUNTRY CODES ABOVE				WORKING 1	
									UNEMPLOYED 2 >>NEXT PERSON	
									STUDENT 3 >>NEXT PERSON	
	ALBANIAN DISTRICTS 01-36				ALBANIAN DISTRICTS 01-36				HOUSEWIFE 4 >>NEXT PERSON	
									IN RETIREMENT 5 >>NEXT PERSON	
					COUNTRIES 81-87				HANDICAPPED 6 >>NEXT PERSON	
									MILITARY 7 >>NEXT PERSON	
									OTHER (SPECIFY___) 8 >>NEXT PERSON	
	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE	DISTRICT	CODE	MUNICIPALITY/ COMUNA	CODE		WRITTEN DESCRIPTION
01										
02										
03										
04										
05										
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MOST RECENT MIGRATION EPISODE

ID CODE	(1) Now we will talk about migration to another country. Did you migrate abroad for a total time of at least a month since January 1, 2004? (EXCLUDE FAMILY VISITS)	(2) Have you migrated abroad for at least one month at any other time since the year you turned 15? (EXCLUDE FAMILY VISITS)	(3) Did you travel abroad, for a reason besides migration, since January 1, 2004?	(4) What country did you go to on this visit?		(5) How long did you remain away during this visit?	(6) Do you have legal residence for [COUNTRY]?	(7) In what year and month did you most recently migrate abroad for at least one month?		(9) How long did you remain away during this most recent migration episode?	(10) What was the most important reason you migrated abroad during this most recent migration episode?	(11) What country and city did you go to? MARK YEAR, DURATION AND COUNTRY OF THIS MOST RECENT MIGRATION EPISODE ON YELLOW MIGRATION GRID	(12)	(13)	(14)
	YES 1 >>7 NO 2	YES 1 >>7 NO 2	YES 1 NO 2 >>NEXT PERSON	GREECE 81 ITALY 82 GERMANY 83 OTHER IN EUROPE 84 USA 85 CANADA 86 OTHER (Specify) 87	COUNTRY CODE	NUMBER MONTHS	YES 1 NO 2 >>NEXT PERSON	YEAR	MONTH	NUMBER MONTHS	TO WORK/LOOK FOR WORK 1 TO JOIN FAMILY/TO MARRY 2 MOVING WITH FAMILY 3 HEALTH 5 STUDY 6 SECURITY 7 TO MAINTAIN RESIDENCY 8 OTHER 9	GREECE 81 ITALY 82 GERMANY 83 OTHER EUROPE 84 USA 85 CANADA 86 OTHER 87	COUNTRY CODE	CITY	CODE
01															
02															
03															
04															
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13															
14															
15															

MOST RECENT MIGRATION EPISODE (CONT'D)

ID CODE	(15) Why did you choose to migrate to [COUNTRY]?	(16) Did you enter legally into [COUNTRY]?	(17) Did you obtain legal residence during this migration episode?	(18) Did you find work or start work during this last migration episode?	(19) Was this job prearranged before leaving?	(20) What was your main occupation during this last migration episode?	(21)	(22) Were you working legally in [COUNTRY] during this most recent migration episode?	(23) Who provided information on where to go and/or how to find work during this most recent migration episode? (MAIN SOURCE)	(24) What was the main source of funding of this migration episode?
	TO JOIN HOUSEHOLD MEMBER 1									SALE OF HOME 1
	HAD CONTACTS- RELATIVES 2								FAMILY/RELATIVES IN ALBANIA 1	SALE OF LAND 2
	HAD CONTACTS - FRIENDS 3								FAMILY/RELATIVES ABROAD 2	SALE OF OTHER ASSETS 3
	CONTACTS, ACQUAINTANCES 4								FRIENDS IN ALBANIA 3	SAVINGS 4
	CLOSE DISTANCE, EASY TO REACH 5								FRIENDS ABROAD 4	ASSISTANCE FROM FAMILY MEMBERS ABROAD 5
	EASIER TO GET VISA 6								PREVIOUS PERSONAL EXPERIENCE 5	ASSISTANCE FROM FAMILY MEMBERS IN ALBANIA 6
	WON USA VISA LOTTERY 7								NEIGHBOURS 6	LOAN FROM RELATIVE 7
	STUDIES 8								TV, RADIO, NEWSPAPER OR BOOK 7	LOAN FROM FRIEND 8
	PERSONAL EXPERIENCE 9								INTERNET 8	LOAN FROM OTHER 9
	UNABLE TO PROCEED TO INTENDED DESTINATION 10								OTHER 9	OTHER (specify) 10
	GRABBED OPPORTUNITY 11									
	HAD WORK/JOB ARRANGED 12									
	I DID NOT DECIDE; I MOVED WITH FAMILY 13	YES 1	YES 1	YES 1	YES 1			YES 1		
	OTHER (specify)_____ 14	NO 2	NO 2	NO 2 >>23	NO 2			NO 2		
						WRITTEN DESCRIPTION	CODE			
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

	MOST RECENT MIGRATION EPISODE (CONT'D)							FIRST MIGRATION ABROAD			
	(25)	(26)	(27)	(28)	(29)	(30)		(31)	(32)	(33)	(34)
	Was your spouse/partner living with you during your stay abroad?	Is your spouse/partner Albanian?	Were any of your children living with you during your stay abroad?	Why did you return to Albania?	Are you plannng to migrate again, within the next year?	To which country?		Did you migrate abroad for at least a month on another occasion, after having turned 15? (EXCLUDE FAMILY VISITS)	In what year was the first time you ever migrated abroad, after having turned 15?		How long did you remain away that first migration?
ID CODE	YES 1		YES 1	COULD NOT GET RESIDENCE 1							
	NO, LIVED IN THIS HOUSEHOLD 2		NO, LIVED IN THIS HOUSEHOLD 2	COULD NOT GET WORK PERMIT 2							
	NO, LIVED ELSEWHERE IN ALBANIA 3		NO, LIVED ELSEWHERE IN ALBANIA 3	PERMIT EXPIRED 3							
	NO, LIVED ELSEWHERE ABROAD 4		NO, LIVED ELSEWHERE ABROAD 4	NO INTENTION TO STAY 4							
	NOT MARRIED AT THE TIME 5	YES 1	NO CHILDREN AT THE TIME 5	ACCUMULATED ENOUGH MONEY 5	YES 1	GREECE	81	YES 1			
	OTHER (specify)_____ 6	NO 2	OTHER (specify)_____ 6	SEASONAL WORK 6	NO 2 >>31	ITALY	82	NO 2 >> NEXT PERSON			
				GOT EXPELLED 7	DK 3 >>31	GERMANY	83				
				FAMILY REASONS 8		OTHER IN EUROPE	84				
				HOMESICK 9		USA	85				
				TO ATTEMPT LEGALIZATION OF HOUSE OR LAND 10		CANADA	86				
				OTHER (specify)_____ 11		OTHER (Specify)	87				
						COUNTRY	CODE		YEAR	MONTH	NUMBER MONTHS
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

FIRST MIGRATION ABROAD (CONT'D)

ID CODE	(35) What was the most important reason you migrated abroad in that first migration episode?	(36) What country and city did you go to on this first migration episode?	(37)	(38)	(39)	(40) Why did you choose to migrate to [COUNTRY]?	(41) Did you enter legally into that country?	(42) Did you obtain legal residence during this first migration episode?	(43) Did you find work or start work during this first migration episode?	(44) Was this job prearranged before leaving?	(45) What was your main occupation during this first migration episode abroad?	(46)
		MARK YEAR, DURATION AND COUNTRY OF THIS FIRST MIGRATION EPISODE ON THE YELLOW MIGRATION GRID										
	TO START WORK/LOOK FOR WORK 1	GREECE 81				TO JOIN HOUSEHOLD MEMBER 1						
	TO JOIN FAMILY/TO MARRY 2	ITALY 82				HAD CONTACTS- RELATIVES 2						
	MOVING WITH FAMILY 3	GERMANY 83				HAD CONTACTS - FRIENDS 3						
	HEALTH 5	OTHER EUROPE 84				CONTACTS, ACQUAINTANCES 4						
	STUDY 6	USA 85				CLOSE DISTANCE, EASY TO REACH 5						
	SECURITY 7	CANADA 86				EASIER TO GET VISA 6						
	TO MAINTAIN RESIDENCY 8	OTHER 87				WON USA VISA LOTTERY 7						
	OTHER 9					STUDIES 8						
						PERSONAL EXPERIENCE 9						
						UNABLE TO PROCEED TO INTENDED DESTINATION 10						
						GRABBED OPPORTUNITY 11						
						HAD WORK/JOB ARRANGED 12						
						I DID NOT DECIDE; I MOVED WITH FAMILY 13	YES 1	YES 1	YES 1	YES 1		
						OTHER (specify)_____ 14	NO 2	NO 2	NO 2 >> 48	NO 2		
		COUNTRY	CODE	CITY	CODE						WRITTEN	CODE
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

FIRST MIGRATION ABROAD (CONT'D)

ID CODE	(47) Were you working legally in [COUNTRY] during the first migration episode?	(48) Who provided information on where to go and/or how to find work during this first migration episode? (MAIN SOURCE)	(49) What was the main source of funding of this first migration episode?	(50) Was your spouse/partner living with you during your stay abroad?	(51) Were any of your children living with you during your stay abroad?	(52) Why did you return to Albania?	(53) From this first time you migrated abroad until your last migration episode in [YEAR], did you migrate abroad some other time? To where? **[PLEASE MARK ALL RELEVANT YEARS, COUNTRIES AND DURATIONS ON THE YELLOW MIGRATION GRID]**	(54) Did you acquire a legal residency permit during at least one of these intermediate migration episodes abroad?	(55) In what year did you first acquire this legal residency?
		FAMILY/RELATIVES IN ALBANIA 1				COULD NOT GET RESIDENCE PERMIT 1			
		FAMILY/RELATIVES ABROAD 2	SALE OF HOME 1			COULD NOT GET WORK PERMIT 2			
		FRIENDS IN ALBANIA 3	SALE OF LAND 2	YES 1	YES 1	PERMIT EXPIRED 3			
		FRIENDS ABROAD 4	SALE OF OTHER ASSETS 3	NO, LIVED IN THIS HOUSEHOLD 2	NO, LIVED IN THIS HOUSEHOLD 2	NO INTENTION TO STAY 4			
		PREVIOUS PERSONAL EXPERIENCE 5	SAVINGS 4	NO, LIVED ELSEWHERE IN ALBANIA 3	NO, LIVED ELSEWHERE IN ALBANIA 3	ACCUMULATED ENOUGH MONEY 5			
		NEIGHBOURS 6	ASSISTANCE FROM FAMILY MEMBERS ABROAD 5	NO, LIVED ELSEWHERE ABROAD 4	NO, LIVED ELSEWHERE ABROAD 4	SEASONAL WORK 6			
		TV, RADIO, NEWSPAPER OR BOOK 7	ASSISTANCE FROM FAMILY MEMBERS IN ALBANIA 6	NOT MARRIED AT THE TIME 5	NO CHILDREN AT THE TIME 5	GOT EXPELLED 7			
	YES 1	INTERNET 8	LOAN FROM RELATIVE 7	OTHER (specify)_____ 6	OTHER (specify)____ 6	FAMILY REASONS 8			>> NEXT PERSON
	NO 2	OTHER 9	LOAN FROM FRIEND 8			HOMESICK 9	YES 1	YES 1	
			LOAN FROM OTHER 9			OTHER (specify) 10	NO 2 >>NEXT PERSON	NO 2 >> NEXT PERSON	
			OTHER (specify) 10						YEAR
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

ID CODE	1990		1991		1992		1993		1994		1995		1996		1997		1998		1999		2000		2001		2002		2003		2004		2005	
	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M	C	M

G = Greece
I = Italy
D = Germany
E = Other Europe
U = USA or Canada
T = Other

LINE NUMBER	RESPONDENT ID	(1) Please list your spouse, if he or she is no longer living in the household, and all the children 15 years old and over who are no longer living in this household. (Include all children of head and/or spouse.)	(2) Age	(3) Gender	(4) What is the highest grade [NAME] has completed in school? In which level?	(5)	(6) If [NAME] obtained university or post graduate degree, in which country obtained? IF DEGREE NOT COMPLETED, WRITE "0"	(7)	(8) Does [NAME] speak Italian now? In 1990?		(9) Does [NAME] speak Greek now? In 1990?		(10) Does [NAME] speak English now? In 1990?		(11) In which year did [NAME] leave the household?	(12) What was [NAME] doing when he or she left the household?
					NONE 0	>>8	ALBANIA	80	IF [NAME] WAS LESS THAN 15 YEARS OLD IN 1990, ASK FOR THE INFORMATION AT AGE 15							WORKING 1
					"8-9 YEARS" SCHOOL 1	1-9 >>8	GREECE	81								UNEMPLOYED 2 >>15
					SECONDARY GENERAL 2	1-4 >>8	ITALY	82								STUDENT 3 >>15
					VOCATIONAL 2/3 YEARS 3	1-3 >>8	GERMANY	83								HOUSEWIFE 4 >>15
					VOCATIONAL 4/5 YEARS 4	1-5 >>8	OTHER EUROPE	84	YES,	1	YES,	1	YES,	1		IN RETIREMENT 5 >>15
					UNIVERSITY 5	1-6	USA	85	YES, SOME	2	YES, SOME	2	YES, SOME	2		HANDICAPPED 6 >>15
				MALE 1	POST-GRADUATE 6	1-5	CANADA	86	NO	3	NO	3	NO	3		MILITARY 7 >>15
				FEMALE 2			OTHER (specify)	87								OTHER 8 >>15
			YEARS		LEVEL	GRADE	COUNTRY	CODE	NOW	1990	NOW	1990	NOW	1990	YEAR	
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																

LINE NUMBER	(13) What was the main occupation of [NAME], at the time of leaving the household?	(14)	(15) Where does [NAME] currently live? If in Albania, then ask for district and municipality/comuna. If abroad, country and place.	(16)	(17)	(18)	(19) In what year did [NAME] move abroad to [COUNTRY]?	(20) Did [NAME] enter legally into [COUNTRY]?	(21) Does [NAME] have legal residence in [COUNTRY]?	(22) Is [NAME] currently working in [COUNTRY]?	(23) What is the current main occupation of [NAME]?	(24)	(25) Is [NAME] working legally in this country?	(26) Is [NAME] living with their spouse/partner abroad?	(27) Is the spouse/partner Albanian?
			SEE DISTRICT AND COUNTRY CODES ABOVE ALB. DISTRICTS 01-36 COUNTRIES 81-87		IF ALBANIA>>63		IF [NAME] HAS MIGRATED MORE THEN ONCE, YEAR SHOULD REFER TO CURRENT EPISODE							YES 1 NO, LIVES IN THIS HOUSEHOLD 2 NO, LIVES ELSEWHERE IN ALBANIA 3 NO, LIVES ELSEWHERE ABROAD 4 NOT MARRIED 5 >>30	
			DISTRICT		MUNICIPALITY/ COMUNA			YES 1 NO 2	YES 1 NO 2	YES 1 NO 2 >>26			YES 1 NO 2	OTHER (specify) _____ 6	YES 1 NO 2
	WRITTEN DESCRIPTION	CODE	COUNTRY	CODE	CITY	CODE	YEAR				WRITTEN DESCRIPTION	CODE			
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

LINE NUMBER	(28) Is [NAME] living with any of their children abroad?	(29) How many of [NAME's] children speak Albanian?	(30) Is the year [NAME] moved to [COUNTRY] (COL 19) the same as the year [NAME] left the household (COL 11)?	(31) Did [NAME] migrate abroad on another occasion, previous to this current episode?	(32) To which country and city did [NAME] migrate on the occasion before the present migration?	(33)	(34)	(35)	(36) In what year did that migration episode to [COUNTRY] begin?	(37) How long did [NAME] remain away during that migration episode?	(38) Did [NAME] migrate abroad on yet another previous occasion?	(39) To which country and city did [NAME] migrate on that occasion?	(40)	(41)	(42)	(43) In what year did that migration episode to [COUNTRY] begin?
	YES 1				GREECE 81							GREECE 81				
	NO, LIVE IN THIS HOUSEHOLD 2 >>30				ITALY 82							ITALY 82				
	NO, LIVE ELSEWHERE IN ALBANIA 3 >>30				GERMANY 83							GERMANY 83				
					OTHER EUROF 84							OTHER EUROPE 84				
	NO, LIVE ELSEWHERE ABROAD 4	ALL 1			USA 85							USA 85				
		SOME 2			CANADA 86							CANADA 86				
	NO CHILDREN 5 >>30	NONE 3			OTHER 87							OTHER 87				
	OTHER (specify) _____ 6	DO NOT KNOW 4	YES 1 >>50	YES 1							YES 1					
			NO 2	NO 2 >>45							NO 2 >>45					
					COUNTRY	CODE	CITY	CODE	YEAR	No. months		COUNTRY	CODE	CITY	CODE	YEAR
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																

LINE NUMBER	(44) How long did [NAME] remain away during that migration episode?	(45) Did [NAME] reside in any other municipality/ comuna in Albania after leaving the home of parents?	(46) If so, in which district and municipality/comuna did [NAME] move to?	(47)	(48)	(49)	REMITTANCES (50) Did [NAME] remit to this household, in cash at any point during the last year?	(51) Value of all remittances in cash during the last year		(52) Did [NAME] remit to this household, in kind, at any point during the last year?	(53) Value of all remittances in kind during the last year		(54) Did [NAME] send back money to the family for [NAME's] own use, such as investing in a business, building or remodeling a house, etc in the past year?	(55) For what use did [NAME] send the money to the family ?	CONTACT (56) When was the last time someone in the household communicated with [NAME]?
		YES 1					YES 1			YES 1			YES 1	INVESTMENT IN THEIR OWN BUSINESS 1	IN LAST WEEK 1
															IN LAST MONTH 2
														BUILDING OR REMODELING A HOUSE 2	IN LAST 6 MONTHS 3
															IN LAST YEAR 4
		NO 2 >>50			MUNICIPALITY/ COMUNA		NO 2 >>52			NO 2 >>54			NO 2 >>56	OTHER (specify)_____ 3	CANT REMEMBER 5
	No.months		DISTRICT	CODE		CODE		CURRENCY	AMOUNT		CURRENCY	AMOUNT			
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

CONTACT (Cont'd)

LINE NUMBER	(57) By what means of communication?	(58) If we wanted to contact [NAME], what would be the best way?	(59) What is the email address for [NAME]?	(60) What is the telephone or cell phone number for [NAME]?	(61) What is the mailing address for [NAME]?	(62) IF PERSON UNWILLING TO PROVIDE ANY OF THE CONTACT INFORMATION …
	IN PERSON, ALBANIA 1 IN PERSON, ABROAD 2 BY PHONE 3 BY EMAIL 4 BY MAIL 5 THROUGH OTHER PEOPLE 6 OTHER 7	ENUMERATOR TO EXPLAIN WHY WISH TO CONTACT. EMAIL 1 TELEPHONE 2 MAIL 3	IF REFUSE, OR NO EMAIL ADDRESS THEN MARK 99	LIST COUNTRY CODE, AREA CODE [IF NECCESARY] AND NUMBER IF REFUSE, OR NO TELEPHONE NUMBER, THEN MARK 99	LIST HOUSE NUMBER, STREET, CITY, ZIPCODE AND COUNTRY IF REFUSE, THEN MARK 99	Would you be willing to assit us in a short telephone interview with [NAME]? (ENUMERATOR EXPLAINS MODALITY AND INCENTIVE >>NEXT CHILD LIVING OUTSIDE OF HOUSEHOLD, PAGE 37 YES 1 NO 2
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

FOR CHILDREN LIVING NOW IN ALBANIA

LINE NUMBER	(63) If [NAME] lives in Albania, has [NAME] ever migrated abroad for more then one month and returned?	(64) To which country and city did [NAME] go the last time that [NAME] migrated abroad for more than one month?	(65)	(66)	(67)	(68) What was the main occupation of [NAME] during that migration episode?		(69) Was [NAME] working legally in [COUNTRY] during the migration episode?	(70) Did [NAME] have legal residence in [COUNTRY] during the migration episode?	(71) In what year did [NAME] go abroad on this last migration episode?	(72) How many months did [NAME] remain abroad on this last migration episode?	(73) Since 1990, has [NAME] ever been abroad for more than 12 months in one migration episode?	(74) Was [NAME] living with their spouse/partner abroad during this most recent migration episode?	(75) Is the spouse/ partner Albanian?
		GREECE 81 ITALY 82 GERMANY 83 OTHER EUROPE 84 USA 85 CANADA 86 OTHER 87				IF DID NOT WORK, WRITE "99" AND >>70					IF MORE THAN 12 MONTHS >>74		YES 1 NO, LIVED IN THIS HOUSEHOLD 2 NO, LIVED ELSEWHERE IN ALBANIA 3 NO, LIVED ELSEWHERE ABROAD 4 NOT MARRIED AT THE TIME 5 >>77 OTHER (specify) 6	
	YES 1 NO 2 >>77							YES 1 NO 2	YES 1 NO 2			YES 1 NO 2		YES 1 NO 2
		COUNTRY	CODE	CITY	CODE	WRITTEN DESCRIPTION	CODE			YEAR	MONTHS			
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

LINE NUMBER	FOR CHILDREN LIVING NOW IN ALBANIA (Cont'd)				REMITTANCES					
	(76)	(77)	(78)		(79)	(80)		(81)	(82)	
	Was [NAME] living with any of their children abroad during this migration episode?	What is [NAME's] activity status here in Albania?	What is the current main occupation of [NAME] here in Albania?		Did [NAME] remit to this household, in cash at any point during the last year?	Value of all remittances in cash during the last year		Did [NAME] remit to this household, in kind, at any point during the last year?	Value of all remittances in kind during the last year	
	YES 1								>>NEXT CHILD LIVING OUTSIDE OF HOUSEHOLD, PAGE 37	
	NO, LIVED IN THIS HOUSEHOLD 2	WORKING 1								
	NO, LIVED ELSEWHERE IN ALBANIA 3	UNEMPLOYED 2 >>79								
		STUDENT 3 >>79								
	NO, LIVED ELSEWHERE ABROAD 4	HOUSEWIFE 4 >>79								
		IN RETIREMENT 5 >>79								
	NO CHILDREN AT THAT TIME 5	HANDICAPPED 6 >>79						YES 1		
		MILITARY 7 >>79			YES 1			NO 2 >>NEXT CHILD, P 37		
	OTHER (specify) 6	OTHER 8 >>79			NO 2 >>81					
			WRITTEN	CODE		CURRENCY	AMOUNT		CURRENCY	AMOUNT
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

ASK HOUSEHOLD HEAD:

(1) In 1990, did you have any relatives living abroad?

YES	1	
NO	2 >>3	

(2) In which countries were they living? LIST UP TO 3 COUNTRIES

NAME OF COUNTRY	CODE

(3) In 1990, did you have any family friends living abroad?

YES	1	
NO	2 >>5	

(4) In which countries were they living? LIST UP TO 3 COUNTRIES

NAME OF COUNTRY	CODE

(5) How many living brothers and sisters do you have?

NUMBER

(6) Of these brothers and sisters, how many live abroad?

NUMBER

ASK SPOUSE (IF NONE LEAVE BLANK):

(7) In 1990, did you have any relatives living abroad?

YES	1	
NO	2 >>9	

(8) In which countries were they living? LIST UP TO 3 COUNTRIES

NAME OF COUNTRY	CODE

(9) In 1990, did you have any family friends living abroad?

YES	1	
NO	2 >>11	

(10) In which countries were they living? LIST UP TO 3 COUNTRIES

NAME OF COUNTRY	CODE

(11) How many living brothers and sisters do you have?

NUMBER

(12) Of these brothers and sisters, how many live abroad?

NUMBER

(13)	(14)	(15)	(16)		(17)	(18)	(19)	(20)		(21)	
ASK ALL THE QUESTIONS FIRST TO THE HOUSEHOLD HEAD, AND THEN TO THE SPOUSE OF THE HOUSEHOLD HEAD. IF NO SPOUSE, LEAVE THE SECOND SECTION BLANK	Gender	Age	In which country does [NAME] currently live? INDICATE THE COUNTRY IN WHICH [NAME] SPENT THE MOST TIME DURING THE PAST YEAR		Does [NAME] have legal residence in [COUNTRY]?	How many years has [NAME] lived in [COUNTRY]	If [NAME] lives in Albania, has [NAME] ever migrated ABROAD for more then one month and returned?	To which country did [NAME] go the last time that [NAME] migrated abroad for more then one month?		Does [NAME] have any adult children that live abroad?	
										YES, IN…	
										ITALY	1
			ALBANIA	80 >>19				ALBANIA	80	GREECE	2
			GREECE	81				GREECE	81	IN BOTH ITALY	
			ITALY	82		IF LESS THAN 1 YEAR, WRITE "0"		ITALY	82	AND GREECE	3
Please list the first name of up to SEVEN brothers and sisters for both the head of the household and the spouse. Begin with those brothers and sisters living abroad.			GERMANY	83				GERMANY	83	ITALY/ OTHER	4
			OTHER EUROPE	84				OTHER EUROP	84	GREECE/OTHER	5
			USA	85				USA	85	OTHER	6
			CANADA	86		>>NEXT PERSON		CANADA	86	NO	7
	MALE 1		OTHER	87	YES 1		YES 1	OTHER	87	DON'T KNOW	DK
	FEM 2				NO 2		NO 2 >>21				
		YEARS	COUNTRY	CODE		YEARS		COUNTRY	CODE		
Head of Household											
1											
2											
3											
4											
5											
6											
7											
Spouse											
1											
2											
3											
4											
5											
6											
7											

Has this household, or any member of this household, suffered any one of the following serious misfortunes?

CIRCLE THE CORRESPONDING YEAR OR YEARS OF THE SHOCK. IF NOT SUFFERED, THEN CIRCLE "NO".

TYPE OF SHOCK	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
DISPOSSESION OF LAND	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
UNEXPECTED DEATH OF INCOME EARNER	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
UNEXPECTED DEATH OF NON INCOME EARNER	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
SERIOUS ILLNESS	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
IMPRISONMENT OF INCOME EARNER	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
JOB LOSS	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
HOUSE DESTROYED/BURNED	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
FLOOD DAMAGE	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
PYRAMID SCHEME	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
OTHER (SPECIFY)	NO	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005

SEROUS ILLNESS IS DEFINED AS MORE THEN 3 MONTHS WITHOUT WORKING, OR 3 MONTHS IN THE HOSPITAL

MODULE 7: SUBJECTIVE POVERTY

RESPONDENT NAME _____ CODE [ ]

(1) How satisfied are you with your current financial situation?

FULLY SATISFIED	1
RATHER SATISFIED	2
LESS THAN SATISFIED	3
NOT AT ALL SATISFIED	4
DON'T KNOW	ND
REFUSE TO ANSWER	JP

[ ]

(2) Do you feel that your financial situation in the past 3 years has …

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAINED THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	ND
REFUSE TO ANSWER	JP

[ ]

(3) Do you think that in the next 12 months your financial situation will be …

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAIN THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	ND
REFUSE TO ANSWER	JP

[ ]

(4) What is the minimum monthly household income that you, in your circumstances, consider to be absolutely minimal? That is to say the absolute minimum to provide adequate food, housing and other basic necessities?

OLD LEKS [ ]

(5) What is your current (take home) monthly household income?

OLD LEKS [ ]

(6) Would you consider the current level of food consumption of your family as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	ND
REFUSE TO ANSWER	JP

[ ]

(7) Would you consider the current level of expenditures of your family for food and other basic necessities like clothing and housing as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	ND
REFUSE TO ANSWER	JP

[ ]

MODULE 7: SUBJECTIVE POVERTY

(8) How concerned are you about being able to provide yourself and your family with food and basic necessities in the next 12 months?

VERY CONCERNED	1
A LITTLE CONCERNED	2
NOT CONCERNED AT ALL	3
NOT TOO CONCERNED	4
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(9) Imagine a 10-step ladder where on the bottom, the FIRST step, stand the poorest people, and on the highest step, the TENTH, stand the rich. On which step are you today?

1	2	3	4	5	6	7	8	9	10

Now please think of your situation in 1990. On which step of the ladder were you in 1990?

(10) How satisfied in general are you with your current life?

FULLY SATISFIED	1
RATHER SATISFIED	2
LESS THAN SATISFIED	3
NOT AT ALL SATISFIED	4
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(11) Do you feel that your life in general in the past 3 years has …

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAINED THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(12) Do you think that in the next 12 months your life in general will be …

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAINING THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(13) What is currently the aspect of your life that concerns you the most?

MONEY	1
JOB SECURITY	2
HEALTH	3
SAFETY	4
OTHER (SPECIFY) _____	5
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(14) In the next 12 months, the largest share of your income will come from:

WORK IN THE PUBLIC SECTOR	1
WORK IN THE PRIVATE SECTOR	2
OWN BUSINESS	3
OWN FARM	4
STATE/LOCAL GOVERNMENT BENEFIT PAYMENT	5
CHARITABLE SOURCES	6
OTHER (SPECIFY)_____	7

DISTRICT AND COUNTRY CODES

CODE	DISTRICTS
01	BERAT
02	BULQIZE
03	DELVINE
04	DEVOLL
05	DIBER
06	DURRESI
07	ELBASANI
08	FIER
09	GRAMSH
10	GJIROKASTER
11	HAS
12	KAVAJE
13	KOLONJE
14	KORCE
15	KRUJE
16	KUCOVE
17	KUKES
18	KURBIN
19	LEZHE
20	LIBRAZHD
21	LUSHNJE
22	MALSI E MADHE
23	MALLAKASTER
24	MAT
25	MIRDITE
26	PEQIN
27	PERMET
28	POGRADEC
29	PUKE
30	SARANDE
31	SKRAPAR
32	SHKODER
33	TEPELENE
34	TIRANE
35	TROPOJE
36	VLORE

COUNTRIES	CODE
GREECE	81
ITALY	82
GERMANY	83
OTHER IN EUROPE	84
USA	85
CANADA	86
OTHER	87

SECTION 2

Enumerator: Please fill this page during your second visit to the household:

You already know that this survey may continue as a panel.This means that the households surveyed this year may be interviewed again in the future years. We have to keep in contact with these households. Since the household may move from this dwelling, please ask them for contact infromation during your second visit.

This study is a panel one. This requires a continuous collection of information in the coming years. For this reason we may wish to contact you again in the coming year.. Would it be possible to do so?

Some information will help us contact you in the future:

Phone number of the familly: _____

Cellular number of a member of the household: _____

And would it also be possible to have an alternative address or telephone of a relative number to contact you in case of move or change of address? This could be a friend, a relative or neighbor.

Information on another household that we could contact in case of move

Name: _____

Address: _____

Phone number: _____

Cellular number: _____

SECTION 2

	DATE	BEGIN	END	STATUS	REMARKS
VISIT_1					
VISIT_2					
VISIT_3					

Status codes

1. Complete
2. Incomplete, must return

ID CODE	RESPONDENT ID	CHRONIC ILLNESS / DISABILITY							SUDDEN ILLNESS			
		(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)		
		Does [NAME] suffer from a chronic illness or disability that has lasted more than 3 months (including severe depression)?	How long has [NAME] had this illness or disability? IF MORE THAN ONE ILLNESS/DISABILITY REFER TO THE MOST SERIOUS ONE IF LESS THAN 12 MONTHS WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS		Has this chronic illness or disability been diagnosed by a professional?	From which chronich illness or disability is [NAME] mainly affected?	Does [NAME] currently take medication for this chronic illness/disability?	How many days during the last month has [NAME] been unable to carry out [NAME's] usual activities because of this illness or disability?	During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)	What type of illness or injury did [NAME] have? IF MORE THAN ONE, REFER TO THE MOST SERIOUS		
						INFECTIOUS DISEASES 1						
						DISEASES OF BLOOD AND BLOOD-PRODUCING ORGANS 2						
						DISEASES OF RESPIRATORY ORGANS 3						
						TUMORS 4						
						DISEASES OF DIGESTIVE ORGANS 5				COLD/FLU 1	LUNG	9
						DISEASES OF URINARY-GENITAL SYSTEM 6				STOMACH 2	SKIN ILLNESS	10
						ENDOCRINE DISEASES 7				DIARRHEA 3	STD	11
						PSYCHIC DISORDERS 8				EAR/NOSE/THROAT 4	BROKEN BONE	12
						BONES AND CONNECTIVE TISSUE DISEASE 9				LIVER 5	OTHER TRAUMA	13
						NERVOUS SYSTEM AND SENSE ORGAN DISEASES 10				KIDNEY PROBLEMS 6	PREGNANCY/	
		YES 1			YES 1	CONGENITAL ABNORMALITIES 11	YES 1	IF NONE, WRITE	YES 1	HEADACHE 7	DELIVERY	14
		NO 2 >>7			NO 2 >>6	OTHER DISABILITY 12	NO 2	"0"	NO 2 (>>10)	HEART 8	OTHER ILLNESS	15
			MONTHS	YEARS				DAYS				
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ID CODE		HEALTH CONDITION		PUBLIC AMBULATORY					
	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this (sudden) illness or injury? IF NONE, WRITE "0"	How would you rate [NAME]'s health condition? VERY GOOD 1 GOOD 2 AVERAGE 3 POOR 4 VERY POOR 5	Compared with [NAME] health one year ago, would you say that his/her health now is: MUCH BETTER NOW 1 SOMEWHAT BETTER 2 ABOUT THE SAME 3 SOMEWHAT WORSE 4 MUCH WORSE 5 NOT APPLICABLE BECAUSE CHILD LESS THAN 1 YEAR OLD 6	During the past 4 weeks, did you visit any public ambulatory (ambulanca) to obtain outpatient health care? YES 1 NO 2 >>24	How many times did you make outpatient visits to a public ambulatory during the past 4 weeks?	Were you /[NAME] satisfied with the care you received? YES, VERY SATISFIED 1>>16 YES, SATISFIED 2>>16 NO, NOT SATISFIED 3	Why were you /[NAME] not satisfied with the care? POOR QUALITY OF CARE 1 POOR QUALITY/ KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 AMBULANCA NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) _____ 10	How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the public ambulatory during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	What was the value of any gifts (money, food, services) made to the medical staff of public ambulatory during the past 4 weeks ? IF NO GIFTS PAID WRITE "0", (>>19)
	DAYS				TIMES			OLD LEKS	OLD LEKS
01									
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14									
15									

ID CODE	(18) The gift in any case(s) was:	(19) Were any medicines prescribed during these visits, even if purchased elsewhere?	(20) How much did you pay for these medicines?	(21) What kind of discount did you receive for the medicines that were prescibed?	(22) How much did you pay, either in money or in kind for laboratory work (e.g. X-rays, blood tests, …)?	(23) How much did you pay, either in money or in-kind, for transport (related with visits)?	HOSPITAL OUTPATIENT (24) During the past 4 weeks, did you /[NAME] visit a hospital to obtain outpatient health care?	(25) How many times did you /[NAME] make outpatient visits to a hospital during the past 4 weeks?	(26) Were you /[NAME] satisfied with the care you received?	(27) Why were you /[NAME] not satisfied with the care?	(28) How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the hospital during the past 4 weeks?
	REQUESTED OR EXPECTED 1 VOLUNTARY 2	YES 1 NO 2 >>22	OLD LEKS	NONE 1 PARTIAL 2 FULL (RECEIVED FREE) 3	OLD LEKS	OLD LEKS	YES 1 NO 2 >>36	TIMES	YES, VERY SATISFIED 1>>28 YES, SATISFIED 2>>28 NO, NOT SATISFIED 3	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) 10	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT OLD LEKS
01											
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ID CODE	(29) What was the value of any gifts (money, food, services) made to the medical staff of the hospital during the past 4 weeks ? IF NO GIFTS PAID WRITE "0", (>>31)	(30) The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2	(31) Were any medicines prescribed during these visits, even if purchased elsewhere? YES 1 NO 2 >>34	(32) How much did you pay for these medicines?	(33) What kind of discount did you receive for the medicines that were prescibed? NONE 1 PARTIAL 2 FULL (RECEIVED FREE) 3	(34) How much did you pay, either in money or in kind for laboratory work (e.g. X-rays, blood tests, …)?	(35) How much did you pay, either in money or in-kind, for transport (related with visits)?	PRIVATE DOCTOR (36) During the past 4 weeks, did you visit any private doctor to obtain outpatient health care? YES 1 NO 2 >>44	(37) How many times did you make outpatient visits to a private doctor during the past 4 weeks?	(38) How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to a private doctor during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	(39) What was the value of any gifts (money, food, services) made to the private doctor and staff during the past 4 weeks ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>41)	(40) The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2
	OLD LEKS			OLD LEKS		OLD LEKS	OLD LEKS		TIMES	OLD LEKS	OLD LEKS	
01												
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ID CODE				PRIVATE NURSE / PARAMEDIC/ PRIVATE MIDWIFE								POPULAR DOCTOR	
	(41) How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	(42) How much did you pay, either in money or in kind for the laboratory?	(43) How much did you pay, either in money or in kind, for transport?	(44) During the past 4 weeks, did you visit any private nurse, private paramedic or private trained midwife to obtain outpatient health care? YES 1 NO 2 >>52	(45) How many times did you make outpatient visits to private nurse , private paramedic or private trained midwife during the past 4 weeks?	(46) How much did you pay, either in money or in-kind, for all costs associated with these outpatient visits to the private medical provider during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	(47) What was the value of any gifts (money, food, services) made to the medical provider during the past 4 weeks ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>49)	(48) The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2	(49) How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	(50) How much did you pay, either in money or in kind for the laboratory?	(51) How much did you pay, either in money or in kind for transport?	(52) During the past 4 weeks, did you visit any popular doctor/alternative medicine provider to obtain outpatient health care? YES 1 NO 2 >>60	(53) How many times did you make outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks?
	OLD LEKS	OLD LEKS	OLD LEKS		TIMES	OLD LEKS	OLD LEKS		OLD LEKS	OLD LEKS	OLD LEKS		TIMES
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ID CODE	POPULAR DOCTOR / ALTERNATIVE MEDICINE PROVIDER						OWN PURCHASED DRUGS		HOSPITAL STAY IN LAST 12 MONTHS			
	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)
	How much did you pay, either in money or in kind, for all costs associated with these outpatient visits to a popular doctor/alternative medicine provider during the past 4 weeks? EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	What was the value of any gifts (money, food, services) made to the popular doctor/ alternative medicine provider during the past 4 weeks ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>57)	The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2	How much did you pay, either in money or in kind, for all medicines prescribed during these visits, even if purchased elsewhere?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in kind for transport?	During the past 4 weeks,did you purchase, any other medicine without a prescription for treating any health problem? YES 1 NO 2 >>62	How much did you pay for all drugs purchased on your own without presciption in the past 4 weeks?	During the past 12 months, have you stayed in a hospital or maternity hospital or a private clinic, in Albania or abroad? YES 1 NO 2 >>74	On how many occasions have you been admitted to hospital/clinic in the past 12 months?	How many days did you spend in a hospital over the last 12 months ?	Where is the hospital located ? TIRANA 1 ALBANIA-THIS DISTRICT 2 ALBANIA-OTHER DISTRICT 3 GREECE 4 TURKEY 5 ITALY 6 OTHER 7
	OLD LEKS	OLD LEKS		OLD LEKS	OLD LEKS	OLD LEKS		OLD LEKS		TIMES	DAYS	
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ID CODE	(66) Were you /[NAME] satisfied with the care you received?	(67) Why were you /[NAME] not satisfied with the care?	(68) How much did you pay, either in money or in kind, for all costs related to these hospital stays during the last 12 months?(declare in value all payments made in kind)	(69) What was the value of any gifts (money, food, services) made to the hospital staff during the past 12 months ?	(70) The gift in any case(s) was:	(71) How much did you pay, either in money or in-kind, for all medicines prescribed during these hospital stays, including those purchased and consumed elsewhere?	(72) How much did you pay, either in money or in kind for laboratory work?	(73) How much did you pay, either in money or in-kind, for transport?	DENTIST VISIT IN LAST 12 MONTHS (74) During the last 12 months have you visited a dentist?	(75) How many times have you been to a dentist in the past 12 months?
	YES, VERY SATISFIED 1 >>68 YES, SATISFIED 2 >>68 NO, NOT SATISFIED 3	POOR QUALITY OF CARE 1 POOR QUALITY/KNOWLEDGE OF TREATING DOCTOR 2 NO SPECIALISTS 3 NO DIAGNOSTIC/LAB FACILITIES 4 NO DRUGS AVAILABLE 5 UNFRIENDLY TREATMENT 6 HOSPITAL NOT CLEAN 7 LONG WAITING HOURS 8 TOO EXPENSIVE 9 OTHER (SPECIFY) 10	EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, (>>71)	REQUESTED OR EXPECTED 1 VOLUNTARY 2				YES 1 NO 2 >>82	
			OLD LEKS	OLD LEKS		OLD LEKS	OLD LEKS	OLD LEKS		TIMES
01										
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ID CODE							HEALTH LICENSE		MEASLES		
	(76)	(77)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)
	How much did you pay, either in money or in-kind, for all costs of these visits to a dentist during the last 12 months?(Declare in value all payments in kind) EXCLUDE GIFTS, EXCLUDE MEDICINES, EXCLUDE LABORATORY, EXCLUDE TRANSPORT	What was the value of any gifts (money, food, services) made to the dental staff during the past 12months ? PLEASE REPORT ZERO IF NO PAYMENT WAS MADE, THEN (>>79)	The gift in any case(s) was: REQUESTED OR EXPECTED 1 VOLUNTARY 2	How much did you pay, either in money or in kind, for all medicines prescribed by the dentist, during the last 12 months?	How much did you pay, either in money or in kind for the laboratory?	How much did you pay, either in money or in-kind, for transport?	Do you have a health license? YES 1 NO 2 >>84	What is the status of your license? NORMAL 1 WAR INVALID 2 INVALID 3 CHILDREN 0-1 4 OTHER 5	IS THIS PERSON 16 YEARS OLD OR LESS? YES 1 NO 2 >>87	Have you/ [NAME] been vaccinated for measles? YES 1 >>87 NO 2 INTEND TO VACCINATE 3 >>87 DON'T KNOW DK >>87	Why not? DON'T THINK IT IS NECESSARY 1 TOO FAR TO GO FOR VACCINATION 2 TOO EXPENSIVE 3 DON'T TRUST SAFETY OF VACCINATION 4 HAS NOT BEEN OFFERED TO ME 5 CHILD ALREADY HAD MEASLES 6 OTHER REASON SPECIFY_____ 7
	OLD LEKS	OLD LEKS		OLD LEKS	OLD LEKS	OLD LEKS					
01											
02											
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ID CODE	SMOKING									
	(87) IS THIS PERSON 10 YEARS OLD OR OLDER?	(88) Have you ever smoked on a daily basis?	(89) At what age did you start smoking on a daily basis?	(90) Do you smoke on a daily basis currently?	(91) How many years ago did you stop smoking?	(92) How many cigarettes do you smoke per day (daily average over the past month)? IF SMOKE OTHER THAN CIGARETTES, PLEASE SPECIFY QUANTITY AND TYPE IN A COMMENT	(93) Does your father live in this household?	(94) Did /does your father smoke (on a daily basis for more than one year)?	(95) Does your mother live in this household?	(96) Did /does your mother smoke (on a daily basis for more than one year)?
	YES 1 NO 2 >> NEXT PERSON	YES 1 NO 2 >>93	LESS THAN 15 YRS 1 15 TO 20 YRS 2 20 TO 30 YRS 3 OVER 30 YRS 4	YES 1 >>92 NO 2	>>93 YEARS	1 TO 5 CIGARETTES 1 6 TO 10 2 LESS THAN A PACK 3 ONE PACK 4 ONE TO TWO PACKS 5 TWO PACKS 6 MORE THAN 2 PACKS 7	YES 1 >>95 NO 2	YES 1 NO 2 DON'T KNOW DK	YES 1 >>NEXT PERSON NO 2	YES 1 NO 2 DON'T KNOW DK
01										
02										
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15										

(1) During the last 12 months, finding the money to pay for health care for the members of your family has been …

VERY DIFFICULT	1	
DIFFICULT	2	
NOT DIFFICULT	3	>>3
NO-ONE HAS NEEDED ANY HEALTH CARE	4	>>7

(2) Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family? (CHECK ALL THAT APPLY)

BORROW MONEY
SELL FARM ANIMAL
SELL PRODUCTS
SELL VALUABLES
OTHER (SPECIFY)_____

(3) In the past 12 months, how many times has someone in your household been ill but you delayed seeking help (or did not seek help at all)?

NONE	1	>>5
ONCE	2	
TWICE	3	
THREE TIMES	4	
FOUR TIMES OR MORE	5	

(4) What was the reason for delaying/not seeking help?

THOUGHT THEY WOULD GET BETTER WITHOUT SEEKING HELP	1
THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS	2
THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD AT HOME	3
DID NOT ASK FOR GETTING HELP AS COULD NOT AFFORD TO PAY	4
IT WAS TOO FAR	5
OTHER(SPECIFY)	6

(5) In the past 12 months, how many times has someone in your household been referred to the hospital but not gone?

NONE	1	>>7
ONCE	2	
TWICE	3	
THREE TIMES	4	
FOUR TIMES OR MORE	5	

(6) What was the reason for not going to the hospital?

THOUGHT THAT THINGS WOULD GET BETTER	1
UNABLE TO AFFORD TREATMENT	2
UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE	3
REFERRED TO ANOTHER HOSPITAL	4
DISTRUST OF THE HEALTH PERSONNEL	5
IT WAS TOO FAR	6
OTHER (SPECIFY)_____	7

(7) Has anyone in your household ever been refused health services?

YES	1	
NO	2	>>9

(8) What was the reason for this refusal?

COULD NOT AFFORD TO PAY	1
UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE	2
SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS	3
UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES	4
OTHER (SPECIFY)_____	5

(9) Are any members of your family entitled to purchase medicines at a discount?

YES	1	
NO	2	(>>NEXT MODULE)

(10) Have they always been able to exercise this right when medicines are needed? And if not, why not?

YES, ALWAYS ABLE TO EXERCISE THIS RIGHT	1
NO, BECAUSE THEY CANNOT GET THE DOCUMENTS NEEDED TO EXERCISE THIS RIGHT DUE TO THE BUREAUCRATIC PROBLEMS	2
NO, BECAUSE OF A SHORTAGE OF THESE MEDICINES	3
NO, BECAUSE DOCTORS ARE RELUCTANT TO PRESCRIBE THESE MEDICINES	4
NO, BECAUSE EVEN WITH A DISCOUNT IT IS STILL DIFFICULT TO AFFORD THEM	5
OTHER (SPECIFY)_____	6

MODULE 10: FERTILITY

(1) **HAS ANY WOMAN IN THE HOUSEHOLD GIVEN BIRTH TO A CHILD IN THE LAST THREE YEARS?**

YES	**1**	
NO	**2 (>> MODULE 11)**	

Now we will talk about the health of all your children born in the last three years starting with your last child. We will talk about one child at a time. Please give this information even if your child has died.

LINE NUMBER	(2) ID CODE OF MOTHER FROM HOUSEHOLD ROSTER	(3) NAME OF THE LAST (NEXT LAST) BORN CHILD	(4) WRITE CHILD'S ID CODE FROM HOUSEHOLD ROSTER.	(5) DATE OF BIRTH OF CHILD:			(6) While you were pregnant with [NAME] did you go for prenatal consultations?	(7) Why did you not go for prenatal consutations with a medical professional during your pregnancy?	(8) How many times did you go for prenatal consultations during your pregnancy?	(9) During what period of your pregnancy was your first prenatal visit?	(10) Who did you see for consultations?	
			WRITE "0" IF THE CHILD IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD	WRITE THE DATE OF BIRTH AS REGISTERED IN MATERNITY HOSPITAL				NO NEED 1 TOO EXPENSIVE 2 CLINIC/DOCTOR TOO FAR 3 NO TRANSPORTATION 4 STAFF NOT FRIENDLY 5 CARE POOR QUALITY 6 INCONVENIENT HOURS 7 LONG WAITING TIMES 8 PREFER TRADITIONAL CARE 9 OTHER (SPECIFY) 10			DOCTOR 1 MIDWIFE 2 TRADITIONAL MIDWIFE 3 POPULAR DOCTOR 4 RELATIVE OR OTHER 5	
	ID CODE	NAME	ID CODE	DAY	MONTH	YEAR	YES 1 >>8 NO 2	>>11	TIMES	0-13 WEEKS 1 14-28 WEEKS 2 AFTER 28 WEEKS 3	FIRST	SECOND
01												
02												
03												
04												
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08												
09												
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RESPONDENT: ALL FEMALES 15-49 YEARS OLD WHO HAVE GIVEN BIRTH IN THE LAST 3 YEARS

MODULE 10: FERTILITY

(11)		(12)	(13)		(14)	(15)	(16)	(17)	(18)
Who assisted you at birth?		Where did you give birth?	How much did [NAME] weigh at birth?		Did you breastfeed [NAME]?	Are you currently breast feeding [NAME]?	How many months in total did you breastfeed [NAME] (inclduing when breastfeeding and giving other food)?	How many months did you exclusively breastfeed [NAME]?	HAS WOMAN GIVEN BIRTH TO ANOTHER CHILD IN LAST THREE YEARS?
			REPORT IN KGS AND GRAMS. IF DO NOT KNOW WRITE 'ND'				IF LESS THAN ONE MONTH, WRITE "0"	IF LESS THAN ONE MONTH, WRITE "0"	
DOCTOR 1		PRIVATE HOSPITAL OR CLINIC 1							
MIDWIFE 2		STATE MATERNITY HOSPITAL 2			YES 1	YES, EXCLUSIVELY 1 >>18			
TRADITIONAL MIDWIFE 3		HOME 3			NO 2 >>18	YES, WITH OTHER FOOD 2 >>17			YES 1 >>NEXT BIRTH
POPULAR DOCTOR 4		OTHER 4			CHILD DIED 3 >>18	NO 3			NO 2 >>NEXT WOMAN
RELATIVE OR OTHER 5									
FIRST	SECOND		KG	GRAM			MONTHS	MONTHS	

RESPONDENT: ALL FEMALES 15-49 YEARS OLD WHO HAVE GIVEN BIRTH IN THE LAST 3 YEARS

MODULE 11: CHECK FORM FOR FOOD DIARY

Please go over each page of the food diary that you left with the respondent on your first visit, checking that amounts, prices, and "will be consumed in" are filled in for each item purchased, or that the self-consumed, or food eaten outside the home are properly filled in.

PLEASE NOTE: For each product that the household has written will be consumed in "more than 1 month", please ask the household and then write exactly how many months. For instance, if the household has bought white beans and they say it will last for 4 months, ask the household how long until it is consumed, and write the answer, for instance, 4 months, to the right of the row for the white beans.

(1) Did the respondent fill in all 14 days of the food diary?

YES	1	
NO	2 >>WRITE COMMENT BELOW TO EXPLAIN	

(2) Did the respondent note any problems or confusion in filling out the food booklet?

YES	1 >>WRITE COMMENT BELOW TO EXPLAIN	
NO	2	

(3) Were there any instances that the amounts, units or prices were not filled in?

YES	1	
NO	2 >>5	

(4) Were you able to help the respondent fill in the amounts, units and prices?

YES	1	
NO	2 >>WRITE COMMENT BELOW TO EXPLAIN	

(5) Please ask the questions at the back of the food diary, first the section on staple foods, then the section on bread. Did you complete these sections with the respondent?

YES	1	
NO	2 >>FILL THE SECTIONS OUT NOW	

(6) Please note anything that the respondent mentioned - any special circumstances (away unexpectedly, family mamber ill, etc) or anything else that can help to explain the answers in the food diary…

COMMENTS:

RESPONDENT: ENUMERATOR

CODE	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last **30 days**? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise **YES..PUT an X** **NO..>>NEXT ITEM**	(3) How much did your household spend in the last **30 days**? OLD LEKS
1	Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.)		
2	Personal care services (hairdressing salons, barbers, beauty shops, etc.)		
3	Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.)		
4	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)		
5	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)		
6	Laundry and dry cleaning		
7	Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc)		
8	Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities)		
9	Internet (connection costs or paid to internet cafes) and postal service expenses		
10	Pet food, pet supplies and services		
11	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)		
12	Cigarettes, tobacco, cigars		
13	Alcoholic beverages (beer, wine, cognac, fernet, raki, whiskey, etc.)		
14	Newspapers and magazines		
15	Other (specify)		

CODE	(1) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last **6 months**? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. **YES..PUT an X** **NO..>>NEXT ITEM**	(3) How much did your household spend in the last **6 months**? OLD LEKS
	CLOTHING, FOOTWEAR		
16	Women's clothing		
17	Men's clothing		
18	Children's clothing		
19	Women's footwear		
20	Men's footwear		
21	Children's footwear		
22	Tailoring expenses		
23	Cloth and sewing/knitting supplies		
	HOUSEHOLD ARTICLES		
24	Dishes (crockery, cutlery, glassware)		
25	Household linens (sheets, towels, blankets, tablecloths, etc.)		
26	Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.)		
27	Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails, etc)		
28	Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric batteries for general use,etc.)		
	BOOKS, FILM, HOBBIES, SERVICES		
29	Books and stationary including dictionaries, encyclopedias,etc (EXCLUDE text books and all school supplies)		
30	Films, cameras and film developing		
31	Sports and hobby equipment, toys of all kinds, and their repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for ornamental gardens and balconies, etc.)		
32	Services (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.)		
33	Charges for bank services or money transfer (money orders, etc.)		

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last **12 months**? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household spend in the last **12 months**?
		YES..PUT an X	
CODE		**NO>>NEXT ITEM**	OLD LEKS
34	Services for maintenance and repair of personal vehicles, and accessories and spare parts.		
35	Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc)		
36	Home improvements (additions, renovations, to home)		
37	Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.)		
38	Other personal effects (jewelry, glasses, watches, umbrellas, etc.)		
39	Personal effects for travel (suitcases, travel bags, hand-bags,etc)		
40	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.		
41	Air or sea travel (excluding for holiday/excursion above)		
42	Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module.		
43	Insurance (for dwelling, vehicle or personal)		
44	Other taxes (vehicle tax, radio and TV, etc.)		
45	Marriage gifts, birth gifts and funeral gifts (traditional)		
46	Costs for ceremonies (marriage, birth, funeral, etc.)		
47	Gifts/ payments to relatives (not living in household) including child support and alimony		
48	Gifts/payments to non-relatives		
49	Donations to church/mosque/ non-profit institution		
50	Gambling losses		
51	Other (specify __)		

(1) DWELLING TYPE:

SINGLE FAMILY HOUSE	1
DWELLING IS A BUILDING WITH UP TO 15 APARTMENTS	2
DWELLING IS A BUILDING WITH MORE THAN 15 APARTMENTS	3
OTHER (SPECIFY)_____	4

(2) WHAT IS THE MAJOR CONSTRUCTION MATERIAL OF THE EXTERIOR WALLS?

BRICKS, STONES	1	
PRE-FABRICATED	2	
WOOD	3	
MUD	4	
ETERNIT, TIN	5	(>>4)
OTHER (SPECIFY)_____	6	

(3) WHAT IS THE BUILDING OUTSIDE APPEARANCE?

PLASTERED	1
PARTIALLY PLASTERED	2
NOT PLASTERED	3

(4) WHAT IS THE CONDITION OF THE DWELLING UNIT?

VERY GOOD CONDITION	1
APPROPRIATE FOR LIVING	2
INAPPROPRIATE FOR LIVING	3
UNDER CONSTRUCTION	4

(5) Time of construction of the dwelling?

BEFORE 1945	1	CODE
1945-1960	2	
1961-1980	3	
1981-1990	4	
AFTER 1990	5	YEAR
(IF AFTER 1990, REPORT YEAR)		

(6) How long has your household lived in this dwelling?

IF LESS THAN ONE YEAR, WRITE "0" YEARS

(7) What is the area of your dwelling ? (including living room and accessory rooms)

LESS THAN 40 SQ. METRES	1
40-69 SQ. METRES	2
70-99 SQ. METRES	3
100-130 SQ. METRES	4
MBI 130 SQ. METRES	5
DON'T KNOW/NOT SURE	ND

(8) Number of rooms that your family occupy :

(excluding the kitchen, balconies, corridors)

(9) Number of rooms used for business :

(Write zero if no rooms are used for business)

(10) What type of toilet does your dwelling have ?

WC INSIDE THE HOUSE	1
TWO OR MORE WC INSIDE	2
WC OUTSIDE, WITH PIPING	3
WC OUTSIDE, WITHOUT PIPING	4
OTHER (SPECIFY) _____	5

(11) Does your dwelling have the following?

(CHECK BOX IF "YES")

SEPARATE KITCHEN
SEPARATE BATH/SHOWER
BALCONY OR TERRACE
PANTRY
ATTIC
GARAGE
ELEVATOR

(12) Does your dwelling have any of the following problems?

(CHECK BOX IF "YES")

DWELLING TOO SMALL
DWELLING TOO DARK
INADEQUATE HEATING
LEAKING ROOF
DAMP WALLS, FLOOR OR BASEMENT
WINDOWS/ DOORS IN BAD CONFITION
POLLUTION FROM INDUSTRY OR TRAFFIC

(13) How far is the dwelling from the nearest….. ?

(Walking, one way)

	MINUTES
PRIMARY SCHOOL	
AMBULATORY/DOCTOR	
BUS/ MINIBUS STOP	

(14) What is the ownership of this building?

OWNER	1	>>18
OWNER WITH A MORTGAGE ON DWELLING	2	>>18
RENTED FROM A PRIVATE INDIVDUAL	3	
RENTED FROM THE STATE	4	
LIVE FOR FREE	5	>>16
OTHER (SPECIFY_____)	6	

(15) How much is your monthly rent ?

OLD LEKS PER MONTH

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(16) Do you pay any building maintenance fees ?
(Do not include money spent for renovations and decorating.)

YES	1	
YES, BUT INCLUDED ALREADY IN THE RENTAL PRICE	2	>> 37
NO	3	>> 37

(17) How much do you pay monthly for the building maintenance?

OLD LEKS PER MONTH

DON'T KNOW	ND
REFUSED TO ANSWER	JP

>>37

(18) Did you buy or build this dwelling and inhabit it after Jan 1, 2004?

YES	1	
NO	2	>>24

(19) What month and year did you begin to inhabit this dwelling?

MUST BE AFTER JAN 2004

MONTH	YEAR

(20) Did you buy this dwelling already built or did your household build it or hire people to build it?

BOUGHT IT ALREADY BUILT	1	>>22
BOUGHT IT PARTIALLY BUILT	2	
BUILT IT OR HAD IT BUILT	3	
DON'T KNOW	ND	>>22
REFUSED TO ANSWER	JP	>>22

(21) What portion of the building was done by your family members and what portion by hired companies or tradespersons?

		% BY FAMILY
DON'T KNOW	ND	% BY HIRED
REFUSED TO ANSWER	JP	COMPANIES/PERSONS

(22) How much did you pay, or will you pay in total for the dwelling? (either purchase price, or cost of building, including the land)

OLD LEKS

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(23) What percentage of the amount paid for the dwelling came from remittances from relatives abroad or from money earned by family members abroad?

%

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(24) Did you renovate this dwelling or make substantial improvements to it since Jan 1, 2004?

YES	1	
NO	2	>>26

(25) What percentage of the amount paid for the renovation or improvements came from remittances from relatives abroad or from money earned by family members abroad?

%

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(CHECK IF REPORTED COST OF RENOVATIONS/ REPAIRS ON LINE 36, PAGE 64)

Questions regarding ZZRP:

(26) Does your household have an ownership certificate for the dwelling (trulli) from the ZRPP (Real Estate Registration Office)?

YES	1	>>30
NO, BUT THE PROCESS IS UNDER WAY	2	
NO	3	

(27) What legal doculments do you have to confrim ownership of the dwelling, either for the building or trulli (meaning the land is buildable)?

(CHECK BOX IF "YES")

- NO DOCUMENTS
- TAPI FROM BEFORE 1990
- TAPI FROM AFTER 1990
- SALE CONTRACT, NOT NOTARIZED
- SALE CONTRACT, NOTARIZED
- GIFT, NOT NOTARIZED
- GIFT, NOTARIZED
- INHERITANCE, NOT NOTARIZED
- INHERITANCE, NOTARIZED
- COURT DECISION
- SALE CONTRACT FROM MUNICIPAL OFFICE (FOR APTS, AFTER 92)
- DECISION FROM COMPENSTAION COMMISSION FOR PROPERTIES
- OTHER (SPECIFY_____)
- DON'T KNOW
- REFUSE TO ANSWER

(28) Have you been to the ZRPP (Real Estate Registration Office) to try to get information, or do you have a claim in process?

YES, HAVE VISITED THE OFFICE	1	>>30
YES, HAVE A CLAIM UNDERWAY	2	>>30
NO	3	

(29) What is the main reason you have never applied for a certificate from the ZRPP?

DO NOT KNOW HOW TO COMPLETE APPLICATION	1
NOT NECESSARY TO APPLY BECAUSE HOUSEHOLD OWNS DWELLING	2
NOT NECESSARY TO APPLY BECAUSE HOUSEHOLD DOES NOT WANT TO SELL DWELLING	3
DIFFICULT TO PROVE OWNERSHIP	4
PROBLEM WITH OWNERSHIP	5
TO EXPENSIVE TO PAY FOR REGISTRATION	6
BIG QUEUE, TOO LONG TO WAIT	7
OTHER REASON (SPECIFY_____)	8

>> 37

(30) How easy was it to get the proper information and the required documents from the ZZRP office?

VERY EASY	1
QUITE EASY	2
NOT TOO EASY	3
NOT AT ALL EASY	4
COULD NOT GET	5

(31) How long did the registration process take, or if you have not finished, how long since you began the process?

REGISTER WEEKS AND MONTHS

WEEKS MONTHS

(32) How much did you pay to get your certificate, or if you do not yet have it, how much have you paid so far? Please include formal and informal payments.

OLD LEKS

(33) From your experience, how well does the process work for registration at ZRPP?

VERY WELL	1
QUITE WELL	2
NOT TOO WELL	3
PROCESS IS NOT GOOD AT ALL	4

(34) Did any of the following create difficulty for you in obtaining the ownership certificate, or in making the application?

(CHECK BOX IF "YES")

- DO NOT KNOW HOW TO COMPLETE APPLICATION
- ZRPP OFFICE TOO FAR AWAY
- DIFFICULT TO PROVE OWNERSHIP
- PROBLEM WITH OWNERSHIP
- TO EXPENSIVE TO PAY FOR REGISTRATION
- BIG QUEUE, TOO LONG TO WAIT
- OTHER (SPECIFY_____)

(35) Were you successful in obtaining the certificate from ZZRP?

YES	1	>>37
NOT YET, BUT EXPECT TO RECEIVE	2	>>37
NOT YET, DO NOT KNOW OUTCOME	3	>>37
NO	4	

(36) What is the main reason you were not successful at ZRPP?

DO NOT KNOW HOW TO COMPLETE APPLICATION	1
DIFFICULT TO PROVE OWNERSHIP	2
PROBLEM WITH OWNERSHIP	3
REFUSE TO PAY FOR REGISTRATION	4
BIG QUEUE, TOO LONG TO WAIT	5
OTHER (SPECIFY_____)	6

DWELLING IN 1990:

(37) We would like to ask you several questions about the dwelling you lived in in January 1990.

NAME OF RESPONDENT _____

ID CODE OF RESPONDENT

(38) What was the type of dwelling you lived in in January 1990?

SINGLE FAMILY HOUSE	1
DWELLING IS A BUILDING WITH UP TO 15 APARTMENTS	2
DWELLING IS A BUILDING WITH MORE THAN 15 APARTMENTS	3
OTHER (SPECIFY)_____	4

(39) How many rooms did the household that you lived in in January 1990 occupy?

(excluding the kitchen, balconies, corridors)

NUMBER OF ROOMS

(40) How many household members lived in the dwelling in January 1990?

NUMBER OF MEMBERS

(41) What was the main source of water used by your household in 1990?

RUNNNING WATER INSIDE THE DWELLING	1
RUNNNING WATER OUTSIDE THE DWELLING	2
PUBLIC TAP	3
WATER TRUCK	4
SPRING OR WELL	5
RIVER, LAKE, POND OR SIMILAR	6
OTHER (SPECIFY) _____	7

(42) What type of toilet did your dwelling have in 1990 ?

WC INSIDE THE HOUSE	1
TWO OR MORE WC INSIDE	2
WC OUTSIDE, WITH PIPING	3
WC OUTSIDE, WITHOUT PIPING	4
OTHER (SPECIFY)_____	5

(1) What is the main source of water used by this household ?

RUNNNING WATER INSIDE THE DWELLING	1	
RUNNNING WATER OUTSIDE THE DWELLING	2	
PUBLIC TAP	3	
WATER TRUCK	4	>> 4
SPRING OR WELL	5	>> 4
RIVER, LAKE, POND OR SIMILAR	6	>> 4
OTHER (SPECIFY) _____	7	>> 4

(2) Do you have water continuously ?

YES	1	>> 5
NO	2	

(3) How many hours in a day, on average, did dwelling receive water during last week?

(from the main source in Question 1) HOURS

(4) Why is water from the public system not your main source of water?

NOT AVAILABLE	1
BROKEN DOWN/NOT FUNCTIONING	2
TOO UNRELIABLE	3
TOO EXPENSIVE	4
POOR QUALITY OF WATER	5
OTHER (SPECIFY) _____	6

(5) In your opinion, the quality of this main source of water is …

GOOD FOR DRINKING	1	>>7
NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES	2	
NOT GOOD FOR ANY OTHER USE	3	

(6) Which water source does your household use for drinking?

RUNNING WATER INSIDE THE DWELLING	1	
RUNNING WATER OUTSIDE THE DWELLING	2	
PUBLIC TAB	3	
WATER TRUCK	4	
SPRING OR WELL	5	
RIVER, LAKE, POND OR SIMILAR	6	
BOTTLED WATER	7	>>8
OTHER (SPECIFY) _____	8	

(7) Do you regularly boil water used for drinking?

YES	1
NO	2

(8) How far is closest spring or well? (in minutes walking one way)
(ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(9) How far is the closest public tap ? (in minutes walking one way)
(ASK EVERYONE REGARDLESS OF SOURCE OF WATER USED)

LESS THAN 5 MINUTES	1
6-15 MINUTES	2
16-30 MINUTES	3
31-60	4
MORE THAN 1 HOUR	5
DON'T KNOW	ND

(10) Does your dwelling have a water storage tank?

YES	1
NO	2

(11) What source of heating does your household mainly use?

ELECTRICITY	1
WOOD	2
GAS	3
OIL, PETROL	4
COAL	5
NONE/NO HEATING	6
CENTRAL HEATING	7
OTHER (SPECIFY)_____	8

(10B) How much are your average monthly water expenses?

	WINTER	SUMMER
OLD LEKS PER MONTH		

(12) For what purposes does your household use electricity? (check all that apply)

LIGHTING	
HEATING/COOLING/AIR CONDITIONING	
COOKING	
WATER HEATING	
OTHER ELECTRIC APPLIANCES	
NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM >>26	

(13) Does this dwelling have its own electricity meter?

SHARED	1	
INDIVIDUAL	2	>> 15
NO METER	3	>> 15

(14) How many families are connected to the meter?

(15) How frequently is energy supply interrupted in your area?

NEVER	1	>> 17
SEVERAL TIMES A MONTH	2	
SEVERAL TIMES A WEEK	3	
EVERY DAY	4	

(16) How many hours per day on average has electricity been cut in the last month?

HOURS

(17) Compared to last year, has electricity service …

IMPROVED	1
STAYED SAME	2
WORSENED	3
DON'T KNOW	ND
REFUSE TO ANSWER	JP

(18) Approximately how much electricity did your household consume last month?

UP TO 100 KWH	1
101-200 KWH	2
201-300 KWH	3
301-400 KWH	4
401-500 KWH	5
MORE THAN 500 KWH	6
DON'T KNOW	ND
REFUSED TO ANSWER	JP

(19) Do you have a contract with KESH?

YES	1
NO	2

(20) During the past 12 months, have you ever paid an electricity bill?

YES	1	
NO	2	>>23

(21) How much was your last electric bill?

OLD LEKS

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(22) How many months did this payment cover?

NUMBER OF MONTHS

(23) Does your household have any electricity arrears (kamat)?

YES	1	
NO	2	>>27

(24) What is the total amount of arrears your household owes?

OLD LEKS

DON'T KNOW	ND
REFUSED TO ANSWER	JP

(25) How old are these arrears?

FROM LAST 3 MONTHS	1
4-6 MONTHS	2
7-12 MONTHS	3
MORE THAN A YEAR	4
DON'T KNOW/ CAN'T REMEMBER	ND

>>27

(26) Why is your dwelling not connected to the electricity supply system?

AREA NEVER ELECTRIFIED	1	
NETWORK NOT WORKING	2	
DWELLING NEVER CONNECTED TO THE SYSTEM	3	
DISCONNECTED BECAUSE DID NOT PAY BILLS	4	
OTHER (SPECIFY)_____	5	

(27) Which is the main alternative energy source you use for lighting?

GENERATOR	1	
KEROSENE LAMPS	2	
CANDLES OR FLASHLIGHTS	3	
OTHER (SPECIFY)_____	4	
NONE	5	

(28) Does your household use gas?

YES	1	
NO	2	>>31

(29) What does your household use gas for?

(CHECK ALL THAT APPLY)

LIGHTING	
HEATING	
COOKING	
OTHER APPLIANCES	

(30) How much do you pay in average in one month for gas?

OLD LEKS

(31) Has your household used any of the following for heating or lighting in the past 12 months. If so, how much have you spent on average per month? OLD LEKS PER MONTH

IF DID NOT USE WRITE "0"

	WINTER	SUMMER
FIREWOOD		
COAL		
OIL/KEROSENE		
DIESEL FUEL		
OTHER (SPECIFY)_____		

(32) Does your household have a phone line inside dwelling?

YES	1	
NO	2	>>36

(33) During the past 12 months, did your household pay for a telephone inside the dwelling?

DO NOT INCLUDE MOBILE PHONES, PHONE CARDS OR AMOUNTS PAID TO OTHERS FOR USING PHONE

YES	1	
NO	2	>>36

(34) How much was the last payment?

OLD LEKS

(35) How many months did this last payment cover?

MONTHS

(36) Does your household own a computer or a PC?

YES	1	
NO	2	>>PART C

(37) Does this computer have an Internet connection?

YES	1	
NO	2	>>PART C

(38) Which company provides the Internet service?

ALBTELEKOM	1
ABISSNET	2
ICC	3
OTHER (SPECIFY	4
_____)	

(39) Are you satisfied with the quality of this service?

YES	1
NO	2

(40) Do you pay for this Internet connection service?

YES	1	
NO	2	>>PART C

(41) How much in total did you pay or will you pay for the Internet service for the last month?

OLD LEKS

(1)

How many of the following items does your household own?

(PUT "0" IF OWN NONE)

DESCRIPTION	CODE	NUMBER OF ITEMS
Colour TV	101	
Black & White TV	102	
Video player/DVD player	103	
Tape player/CD player	104	
Camera, video camera	105	
Refrigerator	106	
Freezer	107	
Washing machine	108	
Dishwasher	109	
Electric or gas stove	110	
Kerosene stove	111	
Wood stove	112	
Microwave	125	
Radiator electric	113	
Generator	114	
Sewing/knitting machine	115	
Conditioner	116	
Water Boiler	117	
Computer	118	
Satellite dish/ cable receiver	119	
Bicycle	120	
Motorcycle/scooter	121	
Car	122	
Truck	123	
Dumdum tractor	124	

(2) LIST ALL ITEMS IDENTIFIED IN QUESTION 1, THEN ASK QUESTIONS FOR EACH UNIT SEPARATELY. WRITE DESCRIPTION IF MORE THAN ONE UNIT; OTHERWISE, ONLY REPORT CODE.		(3) How many years ago did you acquire this (ITEM)? IF LESS THAN 1 YEAR WRITE "0"	(4) Did you purchase it or receive it as a gift or payment for services? PURCHASED 1; GIFT 2; PAYMENT FOR SERVICES 3	(5) If you wanted to sell this (ITEM) today, how much would you be able to sell it for?
DESCRIPTION	CODE	YEARS		OLD LEKS

(6)

Did your household own any of the following items in January 1990?

DESCRIPTION	CODE	PUT X IF OWNED
Colour TV	101	
Black & White TV	102	
Tape player/CD player	104	
Refrigerator	106	
Washing machine	108	
Sewing/knitting machine	115	
Satellite dish	119	
Bicycle	120	

MODULE 14: SOCIAL ASSISTANCE

		FIRST MEMBER OF HOUSEHOLD										SECOND MEMBER
		(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)
	SOURCE	In the last 12 months, has any member of your household received any payment from the following sources? ASK QUESTION 1 AND 2 FOR EACH SOURCE BEFORE PROCEEDING YES 1 NO 2 >>NEXT SOURCE	How many members of the household received benefit from [SOURCE]?	Who is the first member of your household who received income from this source? COPY ID CODE OF PERSON FROM ROSTER	When did you start receiving this assistance? MONTH	YEAR	How much did you receive last payment ? OLD LEKS	How many months did this payment refer to ? MONTHS	Are you currently owed any payment (arrears)? YES 1 NO 2 >>10	What is the total amount of arrears owed? OLD LEKS	How old are these arrears? 1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4	Did any other member of your household receive income from this source? YES 1 NO 2 >>NEXT SOURCE
1	"Ndimhe Ekonomike"											
2	Old-age pension - Urban											
3	Old-age pension- Rural											
4	Supplementary pension											
5	Disability pension- Urban											
6	Disability pension- Rural											
7	Special merit pension											
8	Survivor pension - Urban											
9	Survivor pension- Rural											
10	Unemployment benefit											
11	Benefits for war veterans											
12	Maternity benefits (include salaries received during maternity leaves)											
13	Social care/services for elderly, disabled, ...											
14	Illness Benefits (1-6 months)											
15	Other _____(specify)											

MODULE 14: SOCIAL ASSISTANCE

SECOND MEMBER								THIRD PERSON					
(11)	(12)		(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)	(22)
Who is the second member of your household who received income from this source?	When did you start receiving this assistance?		How much did you receive last payment ?	How many months did this payment refer to ?	Are you currently owed any payment (arrears)?	What is the total amount of arrears owed?	How old are these arrears?	Did any other member of your household receive income from this source?	Who is the third member of your household who received income from this source?	When did you start receiving this payment ?		How much did [NAME] receive last payment ?	How many months did this payment refer to ?
COPY ID CODE OF PERSON FROM ROSTER							1-3 MONTHS 1		COPY ID CODE OF PERSON FROM ROSTER				
							4-6 MONTHS 2	YES 1					
					YES 1		7-12 MONTHS 3	NO 2					
					NO 2 >>18		> 1 YEAR 4	>>NEXT SOURCE					
	MONTH	YEAR	OLD LEKS	MONTHS		OLD LEKS				MONTHS	YEARS	OLD LEKS	MONTHS

MODULE 15: OTHER INCOME

	(1)	(2)	(3)
	INCOME SOURCE	In the last 12 months, did your household, or any or its members, receive any payment, in cash or in other forms, from the following sources? YES 1 NO 2 (>>NEXT SOURCE)	How much did your household receive in total in the last 12 months from [SOURCE], including the value of any gift or payment in the form of goods? OLD LEKS
	Remittances/ Gifts		
1	Remittances/ gifts from relatives abroad - DO NOT INCLUDE REMITTANCES FROM SPOUSE/ OR HH HEAD'S AND SPOUSE'S OWN CHILDREN (ALREADY COLLECTED IN MIGRATION MODULE)		
2	Gifts from relatives in Albania - DO NOT INCLUDE REMITTANCES FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN (ALREADY COLLECTED IN MIGRATION MODULE)		
3	Gifts from other persons (including gifts for a cermeony)		
4	Gift/ aid from institutions		
	Rental Income		
5	Land other than agricultural land		
6	Apartment, house		
7	Shops, stores, etc		
8	Car, truck, other vehicles		
	Revenue from sale of assets		
9	Sale of real estate (house, land…)		
10	Sale of durable goods of the household		
11	Other sale of assets		
	Other income		
12	Inheritance		
13	Lottery or gambling winnings		
14	Other income (_____)		
15	Other income (_____)		

MODULE 16: SOCIAL CAPITAL

GROUPS AND NETWORKS

(1) I would like to start by asking you about the groups or organizations, networks, associations to which you or any member of your household belong. These could be formally organized groups or just groups of people who get together regularly to do an activity or talk about things. Look at the list beside. Of how many such groups are you or any one in your household a member?

IF NONE >>6 [ ]

(2) Of all these groups to which you or members of your household belong, which are the most important to your household?

INSERT THE LETTERS FROM THE LIST AT RIGHT
ALLOW UP TO 3 RESPONSES

Order of Importance:	Most	Second	Third

(3) Thinking about the members of the most important group, are most of them of the same….

A. RELIGION	
B. GENDER	
C. ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND	

YES	1
NO	2

(4) Do members of the most important group mostly have the same…

A. OCCUPATION	
B. EDUCATIONAL BACKGROUND OR LEVEL	

YES	1
NO	2

(5) Does this group work with or interact with similar groups outside the village/neighborhood?

NO	1	
YES, OCCASIONALLY	2	
YES, FREQUENTLY	3	

(6) About how many close friends do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help.

[ ]

(7) Let's suppose that suddenly you need to borrow a small amount of money [RURAL: enough to pay for expenses for your household for one week; URBAN: equal to about one week's wage], are there people beyond your immediate household and close relatives to whom you could turn?

YES	1
PROBABLY YES	2
I DON'T KNOW	3
PROBABLY NOT	4
DEFINITELY NOT	5

[ ]

GROUPS OR ORGANIZATIONS FOR QUESTIONS 1 to 5:

A. Farmer/fisherman association
B. Irrigation related association
C. Traders or Business association
D. Professional association (doctors, teachers,)
E. Trade unions
F. Neighborhood/village council of dignitaries
G. Religious or spiritual groups
H. Political group or movement
I. Cultural association
J. Association for environment protection
K. Association for water supply
L. Association for the consumers' protection
M. Sports group
N. Youth groups
O. NGO
P. Ethnic-based community group
Q. Veterans associations
R. Other groups (specify)_____

MODULE 16: SOCIAL CAPITAL

TRUST AND SOLIDARITY

(8) Generally speaking, would you say that most people can be trusted or that you have to be very careful in dealing with people?

PEOPLE CAN BE TRUSTED	1
YOU HAVE TO BE VERY CAREFUL	2

(9) In general, do you agree or disagree with the following statements?

A. Most people in this village/ neighborhood are willing to help if you need it.

B. In this village/ neighborhood, there are people who want to take advantage (in Albanian: to profit) from you.

AGREE STRONGLY	1
AGREE SOMEWHAT	2
NEITHER AGREE OR DISAGREE	3
DISAGREE SOMEWHAT	4
DISAGREE STONGLY	5

(10) How much do you trust…

A. Local government officials

B. Central government officials

COMPLETELY	1
SOMEWHAT	2
NEITHER TRUST OR DISTRUST	3
NOT MUCH	4
NOT AT ALL	5

(11) If you don't have direct benefit from a community project that has benefits for many others in the village/neighborhood, would you contribute in time or money to the project?

A. TIME

WILL CONTRIBUTE IN TIME	1
WILL NOT CONTRIBUTE IN TIME	2

B. MONEY

WILL CONTRIBUTE IN MONEY	1
WILL NOT CONTRIBUTE IN MONEY	2

COLLECTIVE ACTION AND COOPERATION

(12) In the past year did you or any one in your household participate in any communal activities, in which people came together to do some work for the benefit of the community?

YES	1	
NO	2	>> 14

(13) How many times in the past year?

NUMBER

(14) If there was a water supply problem, for instance, in this community, how likely is it that people will cooperate to try to solve the problem?

VERY LIKELY	1
SOMEWHAT LIKELY	2
NEITHER LIKELY NOR UNLIKELY	3
SOMEWHAT UNLIKELY	4
VERY UNLIKELY	5

INFORMATION AND COMMUNICATION

(15) On average, how many times do you make or receive a phone call in an "ordinary" day?

IF NO PHONE, WRITE NA

(16) What are your three main sources of information about what the government is doing (such as reforms in the health system, electricity supply, European integration & stabilization, etc)?

TAKING WITH RELATIVES, FRIENDS AND NEIGHBORS	1
COMMUNITY BULLETIN BOARDS	2
COMMUNITY OR LOCAL NEWSPAPERS	3
NATIONAL NEWSPAPER	4
RADIO	5
TELEVISION	6
GROUPS OR ASSOCIATIONS	7
BUSINESS OR WORK ASSOCIATES	8
COMMUNITY LEADERS	9
AN AGENT OF THE GOVERNMENT	10
NGOs	11
INTERNET	12

FIRST SOURCE

SECOND SOURCE

THIRD SOURCE

MODULE 16: SOCIAL CAPITAL

SOCIAL COHESION AND INCLUSION

(17) There are often differences in characteristics between people living in the same village/neighborhood. For example, differences in wealth, income, social status, ethnic or ethnic- linguistic background. There can also be differences in religious or political beliefs, or there can be differences due to age or sex. To what extent do any such differences divide your village/neighborhood?

TO A VERY GREAT EXTENT	1
TO A GREAT EXTENT	2
NEITHER GREAT NOR SMALL EXTENT	3
TO A SMALL EXTENT	4
TO A VERY SMALL EXTENT	5

(18) Do any of these differences cause problems?

YES	1	
NO	2	>> 21

(19) Which are the two differences that most often cause problems (classify by the importance)?

DIFFERENCES IN EDUCATION	1
DIFFERENCES IN LANDHOLDING	2
DIFFERENCES IN WEALTH/MATERIAL POSSESSIONS	3
DIFFERENCES IN SOCIAL STATUS	4
DIFFERENCES BETWEEN MEN AND WOMEN	5
DIFFERENCES BETWEEN YOUNGER AND OLDER GENERATIONS	6
DIFFERENCES BETWEEN LONG-TERM AND RECENT RESIDENTS	7
DIFFERENCES IN POLITICAL PARTY AFFILIATIONS	8
DIFFERENCES IN RELIGIOUS BELIEFS	9
DIFFERENCES IN ETHNIC OR LINGUISTIC BACKGROUND	10
OTHER DIFFERENCES Specify_____	11

FIRST DIFFERENCE

SECOND DIFFERENCE

(20) Have these problems ever led to violence?

YES	1
NO	2

(21) How many times in the past month have you got together with people to have food or drinks, either in home or in a public place?

[IF 0 >> 23]

(22) Were any of these people….

A. OF DIFFERENT ETHNIC OR ETHNIC-LINGUISTIC BACKGROUND

B. OF DIFFERENT ECONOMIC STATUS

C. OF DIFFERENT SOCIAL STATUS

D. OF DIFFERENT RELIGIOUS GROUPS

YES	1
NO	2

(23) In general, how safe from crime and violence do you feel when you are alone at home?

VERY SAFE	1
SOMEWHAT SAFE	2
NEITHER SAFE NOR UNSAFE	3
SOMEWHAT UNSAFE	4
VERY UNSAFE	5

EMPOWERMENT AND POLITICAL ACTION

(24) In general, how happy do you consider yourself to be?

VERY HAPPY	1
SOMEWHAT HAPPY	2
NEITHER HAPPY NOR UNHAPPY	3
SOMEWHAT UNHAPPY	4
VERY UNHAPPY	5

(25) Do you feel that you have a lot of rights that give you the power to change the course of your life? Rate yourself on a 1 to 5 scale, where 1 means having no rights and being totally unable to change your life, and five means having many rights and full control over your life.

NO RIGHTS, TOTALLY POWERLESS	1
VERY FEW RIGHTS, ALMOST POWERLESS	2
SOME RIGHTS, SOMEWHAT POWERLESS	3
MOST RIGHTS, MOSTLY POWERFUL	4
ALL RIGHTS, VERY POWERFUL	5

(26) In the past year, how often have people in this village/neighborhood got together to jointly petition government officials or political leaders for something benefiting the community?

NEVER	1
ONCE	2
A FEW TIMES (LESS OR EQUAL TO 5)	3
MANY TIMES (MORE THAN 5)	4

(27) Lots of people find it difficult to get out and vote or they consider it quite useless. Did you vote in the last general elections or local elections?

YES	1
NO	2

MODULE 17 - IDENTIFICATION OF AGRICULTURE HOUSEHOLD

	(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	
PLOT CODE	Does your household own any agricultural land?	During this cropping season (Oct 2004-Oct 2005), will any member of your household cultivate crops or harvest forest products, on any land owned by your household or any land rented or borrowed?	Please tell me about each plot of land owned by your household or any agricultural plot rented or loaned from another household this cropping season (October 2004- October 2005). Please describe or give me the name of each plot.	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	What crops are you growing/will you grow on this plot during this cropping season?		Does anyone in your household own any livestock, poultry, beehives, or engage in aquaculture?	How many animals, poultry, beehives, or farmed fish does your household own at present?	
					ANNUAL CROP LAND 1	CROP CODES (LOOK AT PAGE ABOVE)				
					TREE CROP LAND 2					
					FOREST 3 >>NEXT PLOT					
					PASTURE 4 >>NEXT PLOT					
					POND 5 >>NEXT PLOT					
	YES 1 >>3	YES 1			OTHER (SPECIFY)			YES 1		
	NO 2	NO 2 >>7			_____ 6			NO 2>>END		
			NAME OF PLOT	SQUARE METRES		MAIN CROP	2ND CROP		TYPE	NUMBER
1									Cows	
2									Pigs	
3									Sheep/goats	
4									Poultry	
5									Horses	
6									Donkeys, Mules	
7									Oxen	
8									Beehives	
9									Rabbits	
10									Fish (aquaculture)	
11										
12										

RESPONDENT: HOUSEHOLD MEMBER MOST KNOWLEDGABLE ABOUT AGRICULTURE

DISTRICT AND COUNTRY CODES

CODE	DISTRICTS
01	BERAT
02	BULQIZE
03	DELVINE
04	DEVOLL
05	DIBER
06	DURRESI
07	ELBASANI
08	FIER
09	GRAMSH
10	GJIROKASTER
11	HAS
12	KAVAJE
13	KOLONJE
14	KORCE
15	KRUJE
16	KUCOVE
17	KUKES
18	KURBIN
19	LEZHE
20	LIBRAZHD
21	LUSHNJE
22	MALSI E MADHE
23	MALLAKASTER
24	MAT
25	MIRDITE
26	PEQIN
27	PERMET
28	POGRADEC
29	PUKE
30	SARANDE
31	SKRAPAR
32	SHKODER
33	TEPELENE
34	TIRANE
35	TROPOJE
36	VLORE

	CODE
GREECE	81
ITALY	82
GERMANY	83
OTHER IN EUROPE	84
USA	85
CANADA	86
OTHER	87

Crop Codes

1	Wheat
2	Maize
3	Rye, theker
4	Other cereals
5	Potatoes
6	White beans
7	Forage
8	Tobacco
9	Sugar beet
10	Sunflowers seed
11	Soyabeans
12	Oil and aromatic crops
13	Tomatoes
14	Pepper
15	Cucumber
16	Cabbages
17	Watermelon
18	Melons

19	Onion
20	Other vegetables
21	Apples
22	Pears
23	Plums
24	Cherries
25	Figs
26	Dates
27	Walnut
28	Oranges
29	Lemons
30	Other fruit
31	Olives
32	Grape
33	Nursery (units)
34	Other _____
35	Other _____
36	Other _____

1 Hectare: 10,000 square meters
1 Dynym: 1000 square meters
1 Quintal: 100 kg
1 Ton: 1000 kg

Age	Sex	NAMES OF VALID HOUSEHOLD MEMBERS NAME	ID CODE
			01
			02
			03
			04
			05
			06
			07
			08
			09
			10
			11
			12
			13
			14
			15

Municipality/Commune:
City/Country:
PSU Number:

Supervisor
Enumerator

Nr	Name	Unit of measure	Price 1 in old Lek	Price 2 in old Lek	Price 3 in old Lek
1	Rice	Kg			
2	Bread (common)	Kg			
3	Pasta	0.5 Kg			
4	Flour	Kg			
5	Lamb meat	Kg			
6	Veal meat	Kg			
7	Meat balls	Units			
8	Pork meat	Kg			
9	Chicken Meat	Kg			
10	Sausage	Kg			
11	Fish	Kg			
12	Milk	1.5 Liters Bottle			
13	Natural yogurt	1.5 Liters Bottle			
14	White cheese	Kg			
15	Biscuits	Packs			
16	Eggs	Units			
17	Butter	Kg			
18	Margarine	500 gr			
19	Olive oil	Liters			
20	Sun-flower oil	Liters			
21	Oranges	Kg			
22	Bananas	Units			
23	Apples	Kg			
24	Peaches	Kg			
25	Grapes	Kg			
26	Melon, water-melon	Kg			
27	Green salad	Kg			
28	Spinach	Kg			
29	Cabbages	Kg			
30	Tomatoes	Kg			
31	Cucumber	Kg			
32	Green beans	Kg			
33	Okra	Kg			
34	White beans	Kg			
35	Eggplant	Kg			
36	Peppers	Kg			
37	Olives	Kg			
38	Carrots	Kg			
39	Leek	Kg			
40	Garlic	Kg			
41	Dried onion	Kg			
42	Kidney beans	Kg			
43	Pickles	0.7 Kg Bottle			
44	Tomato sauce	Kg			
45	Potatoes	Kg			
46	Sugar	Kg			
47	Honey	Kg			
48	Salt	Kg			
49	Coffee	Kg			
50	Mountain tea (herb grown in Alb.)	Units			
51	Mineral water	1.5 Kg Bottle			
52	Coca-cola	1.5 Kg Bottle			

Nr	Name	Unit of measure	Price 1 in old Lek	Price 2 in old Lek	Price 3 in old Lek
53	Orange juice	1.5 Kg Bottle			
54	Beer	1.5 Kg Bottle			
55	Raki	1.5 Kg Bottle			
56	LM cigarettes	Packs			
57	Men's Shirt	Units			
58	Men pants	Units			
59	Women blouse	Units			
60	Women jeans	Units			
61	Skirts	Units			
62	Shoes for men	Units			
63	Shoes for women	Units			
64	Clothes for children	Units			
65	Gas propane, bottled gas	10 liters bottle			
66	Kerosene	Liters			
67	Wood	M3			
68	Petrol	Liters			
69	Batteries, 1.5 Volt	Units			
70	Light bulb, 60 W	Units			
71	Candle	Units			
72	Liquid cleaners	Liters in bottle			
73	Detergent for dishes	0.4 liters pack			
74	Detergent for clothes	2.2 liters pack			
75	Bar of soap	125 gr. bar			
76	Soap for clothes	Pack of 4			
77	Tooth-paste	Unit of 95 gr.			
78	Shampoo	Bottle of 250 cl.			
79	Hygienic paper	Pack of 8			
80	Matches	Packs			
81	Aspirin	Pack of 6			
82	Paracetamol	Pack of 10			
83	Antibiotic	Pack of 10			
84	Protective	Pack of 4			
85	Byrek (fulled pastry)	Units			
86	Hamburg sandwiches	Units			
87	Kebab	Units			
88	Haircut for men	Units			
89	Haircut for women	Units			
	For urban zone only				
90	Bus ticket	Units			
	For rural zone only				
91	Bus ticket for the city	Units			
92	Notebook	Units			
93	Pens	Units			
94	Coloured pencils	Pack of 10			
95	Kids magazines	Units			
96	Periodical magazines	Units			

INSTAT
Republika e Shqipërisë
Instituti i Statistikës

LIVING STANDARDS MEASUREMENT SURVEY
LSMS 2005 - ALBANIA

AGRICULTURE MODULE - OCT 2005

Name of enumerator	Code
Name of field supervisor	Code
Name of data entry operator	Code

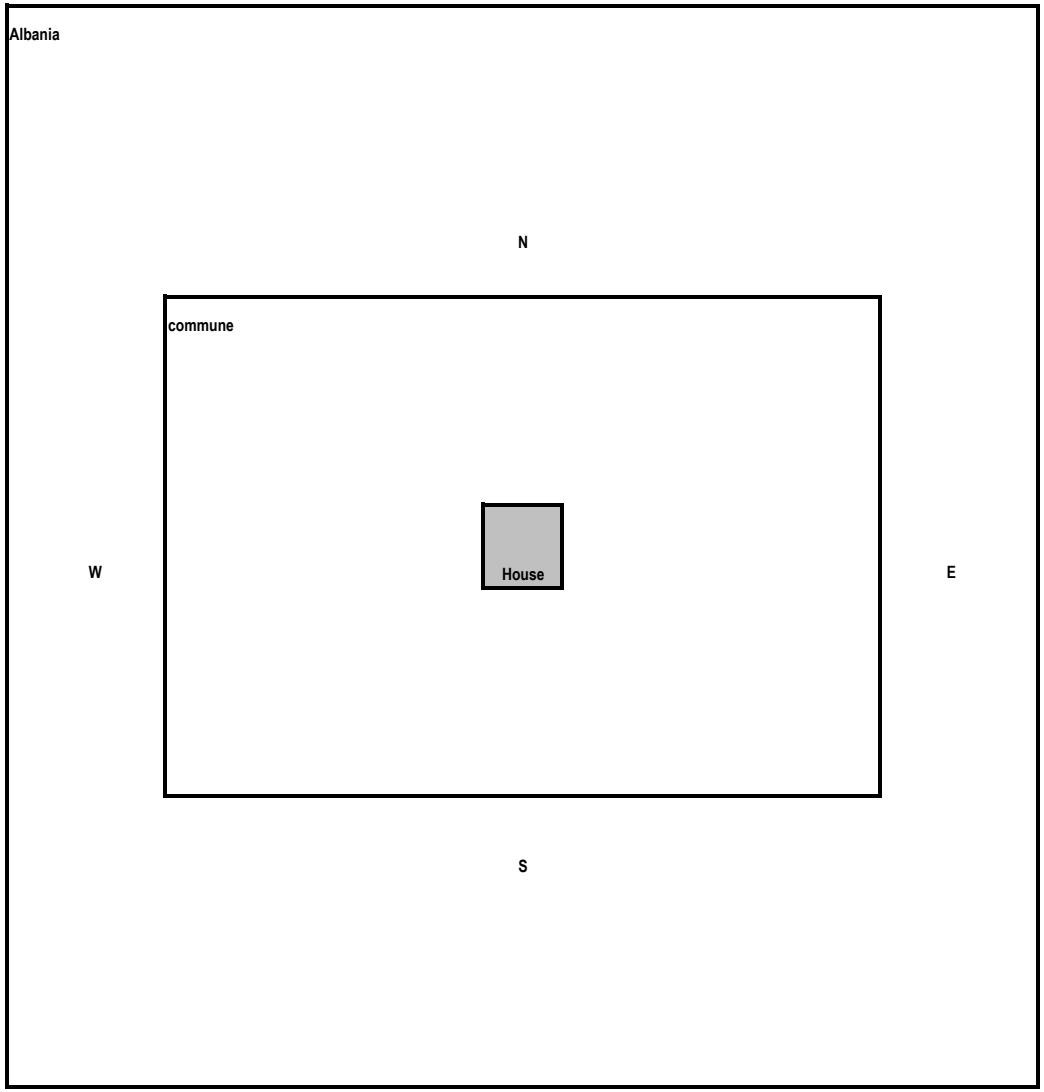
District	
Municipality/Commune	
Census EA No.	Name of Household Head

LSMS PSU	HH No.

Approved by the Institute of Statistics, Statistical Law Nr.9180, date 05.02.2004.

The information collected will be used only for statistical purposes and is strictly confidential.

CODE	DISTRICTS		
01	BERAT	19	LEZHE
02	BULQIZE	20	LIBRAZHD
03	DELVINE	21	LUSHNJE
04	DEVOLL	22	MALSI E MADHE
05	DIBER	23	MALLAKASTER
06	DURRESI	24	MAT
07	ELBASANI	25	MIRDITE
08	FIER	26	PEQIN
09	GRAMSH	27	PERMET
10	GJIROKASTER	28	POGRADEC
11	HAS	29	PUKE
12	KAVAJE	30	SARANDE
13	KOLONJE	31	SKRAPAR
14	KORCE	32	SHKODER
15	KRUJE	33	TEPELENE
16	KUCOVE	34	TIRANE
17	KUKES	35	TROPOJE
18	KURBIN	36	VLORE



Notes:

AGRICULTURE MODULE

PART 1 - PLOTS OWNED AND/OR CULTIVATED

(1) During the last cropping sesaon (Oct 2004 - Sept 2005) did any member of your household own farm land or cultivate land, anywhere in Albania?

YES	1	
NO	2>>PART 2	

PLOT CODE	(2) Please tell me about each plot of land belonging to your household now, or land cultivated but not owned during the past cropping season (Oct 2004-Sept 2005). Please report all land, whether it is in your commune or elsewhere in Albania.	(3) District where this plot is located…	(4) Code of the district SEE DISTRICT CODES ABOVE	(5) Commune where the plot is located	(6) Code of the commune (TO BE FILLED IN IN OFFICE)	(7) Area of the plot in square meters	(8) Does your household own this land, use it for free, pay rent for it or cultivate it in sharecropping?	(9) How did your household acquire this land?	(10) What year did your household become owner of this land? IF YOU DON'T KNOW WRITE "0"
	NAME OF PLOT	DISTRICT	DIST CODE	COMMUNE	CODE	SQ METERS	OWN 1; USE FOR FREE 2 >>12; PAY RENT 3 >>12; USE IN SHARECROPPING 4 >>12; OTHER (SPECIFY) _____ 5 >>12	PRIVATISED (L. 7501) 1; INHERITED (before 1946) 2; PURCHASED 3; CLEARED 4; TRIBUNAL DECISION 5; OTHER (SPEC_____) 6	YEAR
	In district where family lives								
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	SUBTOTAL OF ANNUAL CROP LAND (category 1 in question 12)								
	in other district								
11									
12									
13									
14									
15									

RESPONDENT: HOUSEHOLD MEMBER MOST KNOWLEDGABLE ABOUT AGRICULTURE

	(11)		(12)			(13)		(14)		(15)
PLOT CODE	What legal title or ownership rights does your household have for this plot?		In the past cropping season (Oct 2004- Sept 2005), what has your household used this land for?			During the past cropping season has this plot been irrigated at least once?		FALLOW LAND		
			ANNUAL CROP LAND	1				What is the reason the plot was left fallow in the 2004-2005 cropping season? CAN RECORD UP TO TWO RESPONSES		How many years has this plot been fallow?
			TREE CROP	2				PLOT TOO FAR FROM HOUSE	1	
	DEED (from Law 7501 in 1991)	1	FOREST	3	>>NEXT PLOT			SOIL IS POOR QUALITY	2	
	DEED (from before 1946)	2	PASTURE/ NATURAL MEADOW	4	>>NEXT PLOT			PLOT TOO SMALL TO BOTHER WITH	3	
	WILL	3	POND	5	>>NEXT PLOT	>>GO TO NEXT PLOT		SEEDS, FERTILIZER, ETC TOO EXPENSIVE	4	>>GO TO NEXT PLOT
	SALES RECEIPT	4	LEFT FALLOW	6	>>14			TO BUY OR RENT MACHINES TOO EXPENSIVE	5	
	TRIBUNAL DOCUMENT	5	LOANED TO A RELATIVE	7	>>NEXT PLOT			LACK OF MANPOWER	6	
	OTHER (Specify__)	6	RENTED/LOANED TO OTHERS	8	>>NEXT PLOT			NO AVAILABLE MARKET	7	
	NONE	7	GIVEN IN SHARECROPPING	9	>>NEXT PLOT	YES	1	CROP PRICES TOO LOW	8	
			OTHER (SPECIFY)	10	>>NEXT PLOT	NO	2	LET LAND REST (CROP ROTATION)	9	
								FIRST REASON	SECOND REASON	YEARS

	In district where family lives					
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

	in other district					
11						
12						
13						
14						
15						

AGRICULTURE MODULE

PART 2 - PLOTS SOLD SINCE 1991

(1) Since 1991 has your household sold any plots of land?

YES	1
NO	2>>PART 3

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PLOT CODE	Please tell me about each plot of land sold since 1991	District where this plot was…	Code of the district SEE DISTRICT CODES ABOVE	Commune where the plot is located…	Code of the commune (TO BE FILLED BY OFFICE)	Area of the plot in square meters	Year sold plot	Who did you sell it to? RELATIVE 1 INDIVIDUAL FROM THE COMMUNITY 2 INDIVIDUAL FROM OUTSIDE COMMUNITY 3 OTHER _____ 4	How did your household originally acquire this land? PRIVATISED (L. 7501) 1 INHERITED (before 1946) 2 PURCHASED 3 CLEARED 4 TRIBUNAL DECISION 5 OTHER (SPEC_____) 6	In which year was it originally acquired? IF YOU DON'T KNOW WRITE "0"	What was the principal reason your household sold this plot? MOVED IN ANOTHER DISTRICT 1 INVESTMENT IN HOUSE 2 INVEST IN BUSINESS 3 HEALTH PROBLEMS 4 NEEDED MONEY 5 EMIGRATION 6 OTHER (Specify__) 7
	NAME OF PLOT	DISTRICT	DIST CODE	COMMUNE	CODE	SQ METERS	YEAR			YEAR	
21											
22											
23											
24											
25											
26											
27											

AGRICULTURE MODULE

PART 3 - ANNUAL CROPS

(1) Has this household cultivated any annual crops during the last cropping season (October 2004- September 2005)?

YES	1
NO	2>>PART 4

CROP CODE	(2) Have you harvested any [...] during the past cropping season? ASK QUESTION 2 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 3-9		(3) Area cultivated of […]?	(4) How much [...], in kilograms, did you harvest during the past cropping season?	(5) How much of the [....] you harvested during the past cropping season was sold? IF "O" (>>NEXT CROP)	(6) What TOTAL amount did you get for the [....] that you sold? INCLUDE VALUE OF IN-KIND PAYMENTS	(7) Where did you sell most of […]?			(8) Which market?		(9) To whom did you sell most of your […]?	
		YES 1					OWN FARM	1	>>9	DISTRICT MARKET	1	CONSUMER	1
							MARKET IN COMMUNITY	2	>>9	LUSHNJE	2	MIDDLEMAN	2
							MARKET OUTSIDE COMMUNITY	3		KORCE	3	WHOLESALER	3
							SMALL SHOP	4	>>9	SHKODER	4	RETAILER	4
							SUPERMARKET	5	>>9	VLORE	5	OTHER (Spec__)	5
		NO 2					AGRO-INDUSTRY	6	>>NEXT CROP	GJIROKASTER	6		
							OTHER (Specify)	7	>>9	TIRANE	7		
	CROP NAME		SQ M	KG	KG	OLD LEKS				OTHER (Spec..)	8		
1	Wheat												
2	Maize												
3	Rye												
4	Barley												
5	Oats												
6	Forage Maize												
7	Other forage crops												
8	Tobacco												
9	Sunflower seeds												
10	Soybeans												
11	Potatoes												
12	Beans												
13	Peppers												
14	Cucumbers												
15	Eggplants												
16	Cabbages												
17	Fresh Onions												
18	Okra												
19	Tomatoes												
20	White beans												
21	Fresh Beans												
22	Salad greens												
23	Carrots												
24	Spinach												
25	Leeks												
26	Dried Onions												
27	Dried Garlic												
28	Watermelon												
29	Melon												
30	Other annual crop												

TOTAL AREA UNDER ANNUAL CROPS M2

AGRICULTURE MODULE

PART 4 - TREE CROPS

(1) Has this household harvested any tree crops during the last cropping season (October 2004- September 2005)?

YES	1
NO	2>>PART 5

CROP CODE	(2) Have you harvested [...] during the past cropping season? ASK QUESTION 2 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 3-9		(3) How many trees/ plants did you harvest, and what was the production in kilograms, of […]?	(4)	(5) How much of the [....] you harvested during the last cropping season was sold? IF "O" (>>NEXT CROP)	(6) What TOTAL amount did you get for the [....] that you sold? INCLUDE VALUE OF IN-KIND PAYMENTS	(7) Where did you sell most of […]?		(8) Which market?		(9) To whom did you sell most of your […]?	
		YES 1							DISTRICT MARKET	1		
							OWN FARM	1 >>9	LUSHNJE	2		
							MARKET IN COMMUNITY	2 >>9	KORCE	3		
							MARKET OUTSIDE COMM.	3	SHKODER	4	CONSUMER	1
							SMALL SHOP	4 >>9	VLORE	5	MIDDLEMAN	2
							SUPERMARKET	5 >>9	GJIROKASTER	6	WHOLESALER	3
							AGRO-INDUSTRY	6 >>NEXT CROP	TIRANE	7	RETAILER	4
		NO 2	# OF TREES/ PLANTS	PRODUCTION IN KGS			OTHER (Specify)	7 >>9	OTHER (Spec..)	8	OTHER (Spec__)	5
	CROP NAME				KG	OLD LEKS						
31	Apples											
32	Pears											
33	Figs											
34	Plums											
35	Cherries											
36	Dates											
37	Peaches											
38	Nuts											
39	Other Fruits											
40	Oranges											
41	Lemons											
42	Olives											
43	Grape											
44	Grape in vineyards (m2)		m2									
45	Other _____											
46	Other _____											
47	Other _____											

PART 5 - LIVESTOCK

(1) During the last 12 months, has any member of your household owned any livestock, poultry, or other domestic animals?

YES	1
NO	2 >>PART 6

LIVEST. CODE	(2) During the last 12 months, has any member of your household owned any [...]? FIRST ASK QUESTION 2 FOR ALL ANIMALS, THEN ASK QUESTIONS 3-7 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE.		(3) How many [...] does your household currently own?	(4) How many of your [...] (live animals) did you sell during the last 12 months ? IF ZERO, GO TO NEXT ANIMAL	(5) How much in total did your household receive for the sale of all these [...] during the last 12 months ? INCLUDE VALUE OF IN KIND PAYMENTS	(6) Where did you sell most of the […]?		(7) To whom did you sell most of your […]?	
		YES 1 NO 2				OWN FARM	1		
						MARKET IN COMMUNITY	2	CONSUMER	1
						MARKET OUTSIDE COMM.	3	MIDDLEMAN	2
						SMALL SHOP	4	WHOLESALER	3
						SUPERMARKET	5	RETAILER	4
						OTHER (Specify__)	6	OTHER (Spec__)	5
	ANIMAL		NUMBER OF ANIMALS	NUMBER OF ANIMALS	OLD LEKS				
	CATTLE								
1	Less than 1 year								
2	From 1 to 3 years								
3	Beef cattle								
4	Milk cows								
	SWINE								
5	Less than 2 months								
6	2-12 months								
7	Adult pigs								
	SHEEP								
8	Less than 1 year								
9	From 1 to 2 years								
10	Ewe (more than 2 yrs)								
11	Ram (more than 2 yrs)								
	GOAT								
12	Less than 1 year								
13	From 1 to 2 years								
14	Female more than 2 years								
15	Male more than 2 years								
	EQUINE								
16	Horses								
17	Donkeys, Mules								
	OTHER								
18	Poultry								
19	Beehives								
20	Others (Specify)								

PART 6: AGRICULTURAL BYPRODUCTS

PRODUCT CODE	(1) Did your household produce any of the following agricultural byproducts during the last 12 months? FIRST ASK Q 1 FOR ALL BYPRODUCTS BEFORE GOING ON TO Q2-7		(2) How much was the production of […] during the last 12 months?	(3) Did you sell any of the [PRODUCT] that you produced?	(4) How much of the production of […] did you sell during the last 12 months? **IF ZERO, GO TO NEXT PRODUCT**	(5) What was the NET amount you obtained in total from the sale of […] during the last 12 months (**after subtracting the cost of inputs)?**	(6) Where did you sell most of […]?	(7) To whom did you sell most of your […]?
		YES 1 NO 2		YES 1 NO 2 >>NEXT PRODUCT			OWN FARM 1 MARKET IN COMMUNITY 2 MARKET OUTSIDE COMM. 3 SMALL SHOP 4 SUPERMARKET 5 OTHER (Specify) 6	CONSUMER 1 MIDDLEMAN 2 WHOLESALER 3 RETAILER 4 OTHER (Spec__) 5
	PRODUCT		AMOUNT IN UNIT		AMOUNT IN UNIT	OLD LEKS		
	Meat							
21	Beef		kg		kg			
22	Lamb and mutton		kg		kg			
23	Goat meat		kg		kg			
24	Pork		kg		kg			
25	Poultry meat		kg		kg			
	Milk and Eggs							
31	Cow Milk		liter		liter			
32	Sheep Milk		liter		liter			
33	Goat Milk		liter		liter			
34	Eggs		eggs		eggs			
	Processed milk products							
41	Yogurt		kg		kg			
42	Cheese		kg		kg			
43	Butter		kg		kg			
44	Ricotta		kg		kg			
	Other animal byproducts							
51	Animal hides		kg		kg			
52	Wool		kg		kg			
53	Honey		kg		kg			
	Processed from crops							
61	Raki		liter		liter			
62	Wine		liter		liter			
63	Olive Oil		liter		liter			
	Other							
71	Fish from aquaculture		kg		kg			
72	Other _____							

PART 7 - AGRICULTURAL MACHINERY AND EQUIPMENT

QUIPMENT COD	(1) Does your household own any [...] in working order? FIRST ASK QUESTION 1 FOR ALL ITEMS. THEN ASK QUESTIONS 2-3 FOR EACH ITEM BEFORE GOING TO THE NEXT ITEM. YES 1 NO 2	(2) How many [....] in working order does your household own? DO NOT COUNT EQUIPMENT JOINTLY OWNED WITH OTHER HOUSEHOLDS	(3) Does your household own any [...] jointly with any other household? YES 1 NO 2
	TYPE OF FARM EQUIPMENT		
1	Tractor up to 15 Hp (zetor)		
2	Tractor more than 15 HP		
3	Animal drawn plough (parmende)		
4	Mechanical plough (plug)		
5	Aggregator, disk, etc		
6	Planting Machine (bylse)		
7	Trailer		
8	Autocombines		
9	Motorized thresher		
10	Hand thresher		
11	Mechanical water pump		
12	Mill		
13	Milking machine		
14	Machine to process livestock feed		
15	Motorized insecticide pump		
16	Water pump		
17	Electric churn		
18	Greenhouses		

PART 8 - EXTENSION SERVICES AND RURAL DEVELOPMENT PROJECT PARTICIPATION

(1) During the last cropping season (October 2004- September 2005), did an Agricultural Extension Officer visit your household?

YES	1
NO	2 >>4

	(2) On what topics did your household receive advice from an Agricultural Extension Officer in the last cropping season? YES 1 NO 2>> NEXT ITEM	(3) How many visits in total did the household receive from Agricultural Extension Officers in the past cropping season (Oct 2004- Sept 2005)?
	TYPE OF ADVICE	
1	Crop selection/ crop rotation advice	
2	Improved seeds/ improved crop varieties	
3	Pest management	
4	Soil improvement	
5	Veterinarian /livestock advice	
6	Other	

(4) During the last cropping season, did this household participate in any rural development programs of the government, an international organization, an NGO or religious organization?

YES	1
NO	2 >>PART 9

	(5) In what type of program did you participate? YES 1 NO 2
1	Irrigation program
2	Livestock artifical insemination
3	FZHR rural development fund program
4	Chemical ferilizer program
5	Other (Sepcify____)

PART 9 - AGRICULTURAL EXPENDITURES

	(1)	(2)	(3)	(4)
		What was the total spent for […] in the last cropping season (October 2004 - September 2005) ?	What portion of the total was spent on:	
			Equipment rental	Hired labor (not including family members)
	CATEGORY	OLD LEKS	OLD LEKS	OLD LEKS
	EQUIPMENT RENTAL AND HIRED LABOR FOR CROP PRODUCTION			
1	Land preparation/ ploughing			
2	Planting, transplanting			
3	Crop cultivation			
4	Applying fertilizers, pesticides, etc.			
5	Irrigation, watering			
6	Crop Harvesting			
7	Transport (for products or workers)			

NEED BETTER TERM

	(5)		(6)
	In the last cropping season did you use any of the following inputs?		What was the total spent for […] in the last cropping season?
		YES 1	
		NO 2	OLD LEKS
	INPUT MATERIAL COSTS FOR CROPS		
8	Seeds, seedlings		
9	Manure		
10	Pesticides		
11	Urea		
12	Nitrate		
13	DAP		
14	Super phosphate		
15	Other chemicals		
16	Other Crop Input Expenditures		
	LIVESTOCK EXPENDITURES		
17	Livestock feed		
18	Veterinary Services		
19	Medicines, supplements, vitamins		
20	Livestock Transport		
21	Other livestock expenditures		
	FARM MACHINERY EXPENDITURES		
22	Fuel		
23	Oil and Lubricants		
24	Spare parts		
25	Maintenance		
26	Other machinery expenditures		
	OTHER EXPENDITURES		
27	Rental of agricultural land		
28	Other Expenditures (specify____)		

PART 10 - CAPITAL INVESTMENTS

	(1) Has your household made any investments in (….) during the past 12 months? TYPE OF INVESTMENT	YES 1 / NO 2>> NEXT ITEM	(2) How much did your household spend on this investment in the past 12 months? OLD LEKS	(3) What was the main source of money for this investment?
				HOUSEHOLD SAVINGS 1
				TRANSFERS FROM RELATIVES ABROAD 2
				TRANSFERS FROM RELATIVES IN ALBANIA 3
				LOAN FROM MICRO-CREDIT OR NGO 4
				LOAN (CREDIT) FROM BANK 5
				LOAN FROM PRIVATE SOURCE 6
				SALE OF OTHER ASSETS 7
				DONATION FROM NGO OR RELIGIOUS ORG. 8
				OTHER (SPECIFY) 9
1	In land improvement (clearing, drainage, …)			
2	Irrigation systmes			
3	Construct animal stables or crop barns			
4	Purchase large machinery (tractors, other large equipment)			
5	New plantations of tree crops or vineyards			
6	Purchase animals for work or production on the farm			

PART 11 - RURAL PENSION SYSTEM

(1) NAME OF RESPONDENT_____

(2) RELATIONSHIP TO HEAD:

HEAD	1
SPOUSE OF HEAD	2
OTHER	3

(3) Does anyone in this household presently make contributions to the RURAL pension system?	(4) What is the main reason your household members do not make contributions to the rural pension system?	(5) In which district are you registered to make your rural pension contribution? DIST. NAME	CODE	(6) Which household members contribute to the pension scheme, and what is their sex, age and the date of their most recent three-month payment: NAME OF MEMBER NAME	SEX (MALE 1, FEMALE 2)	AGE IN COMPLETED YEARS (YEARS)	DATE OF MOST RECENT 3-MONTH PAYMENT (MONTH)	(YEAR)	(7) Would you be willing to pay more in contributions to the pension scheme now in order to receive more pension payment when you are eligible?	(8) What is the maximum amount for three months that you would be willing to pay per person for the contribution to the rural pension scheme? OLD LEKS PER PAYMENT
YES 1 >>5	CAN NOT AFFORD IT 1								YES 1	
NO 2	DO NOT SEE ANY BENEFIT 2								NO 2 >>END	
	TOO COMPLICATED TO CONTRIBUTE 3									
	DO NOT KNOW ABOUT IT 4									
	DO NOT LIVE IN RURAL AREA 5									
	NO ONE OF ELIGIBLE AGE TO CONTRIBUTE 6									
	OTHER (Specify_____) 7									
	>>END									
				1						
				2						
				3						
				4						
				5						
				6						
				7						

LSMS 2005 COMMUNITY QUESTIONNAIRE

URBAN=1
RURAL=2

NAME OF DISTRICT _____ (1-36)

NAME OF MUNICIPALITY/COMMUNE _____ (1-23)

FOR TIRANA: MINI-BASHKIA: CODE OF MINI-BASHKIA (1-11)

PSU CODES

FOR URBAN (NOT TIRANA MINI-BASHKIA) AREAS: CITY_____

PSU CODES:

FOR RURAL AREAS: VILLAGE _____ PSU CODE

check here if PSU includes more than one village

SUPERVISOR _____ CODE:

DATA ENTRY OPERATOR _____ CODE:

RECORD OF VISITS			
	FIRST	SECOND	THIRD
DATE OF VISIT(S)			

SECTION 1A: IDENTIFICATION OF THE COMMUNITY

1a) **FOR TIRANA** SAY: The community that we are referring to is the mini-bashkia (tell name of mini-bashkia from cover). When we say "the community" we are referring to this mini-bashkia.

1b) **FOR URBAN AREAS OTHER THAN TIRANA** Say: We would like to start by identifying the area we want to collect information on, which is the

a) neighbourhood of _____

b) in sector… _____

From now on we will refer to this area as "the community".

1c) **FOR RURAL AREAS**, SAY: We would like to explain the area we would like to collect information on , which is _____read the name of the village from the cover] and the inhabited area around it. When we say "the community" we are referring to this area.

2a) How many people live in this **community**?

NUMBER OF PEOPLE [ ]

2b) FOR URBAN AREAS: How many people live in this town/city?

NUMBER OF PEOPLE [ ]

SECTION 1B: RESPONDENT CHARACTERISTICS

Could you please answer a few questions about yourselves before we begin the interview?

ID CODE	(1) What is your full name?	(2) How old are you?	(3) SEX	(4) What position do you have in this community?	(5) How many years have you held this position?	(6) What is the highest grade you have completed in school? In which level?		(7) How long have you lived in this community?
				ELECTED LEADER 1		NONE 0		
				APPOINTED LEADER 2		7-8 YEARS SCHOOL 1	1-8	IF LESS THAN 1 YEAR WRITE "0"
				TEACHER/PRINCIPAL 3		SECONDARY GENERAL 2	1-4	
				AGRIC. EXT. WORKER 4		VOCATIONAL 2 YEARS 3	1-2	
				HEALTH PROVIDER 5		VOCATIONAL 4/5 YEARS 4	1-5	
			MALE 1	DEPT. OF EDUC. REPRESENTATIVI 6		UNIVERSITY 5	1-6	
			FEMALE 2	OTHER (SPECIFY__) 7		POST-UNIVERSITY 6	1-5	
		YEARS			YEARS	LEVEL	GRADE	YEARS
1								
2								
3								
4								
5								
6								

SECTION 2: BASIC CHARACTERISTICS OF THE COMMUNITY

1. Since 2000 (in the last 5 years), has the number of people in this community:

   Increased…… 1
   Decreased…… 2
   Remained the same…… 3

2. Let's talk now about the housing conditions in the community.
   Since 2000 (in the last 5 years), would you say that housing conditions have:

   Improved…….. 1
   Worsened……. 2
   Remained the same…… 3

3. **IN RURAL AREAS ASK:**
   How would you compare the living conditions in the community with those prevailing in the rest of the Country?
   IN URBAN AREAS ASK:
   How would you compare the living conditions in the community with those prevailing in the rest of the city/town?

   Much better…… 1
   Better…… 2
   Neither better nor worse…… 3
   Worse…… 4
   Much worse…… 5

4. What are the major problems affecting this community?
   (Please rank the three most important problems)

   Safety/crime……..….. 1
   Water……..…… 2
   Electricity (supply)……..…… 3
   Poor access to health care…… 4
   Poor access to education…… 5
   Bad transport……..…….. 6
   Poor environment…… 7
   Lack of employment opportunities…… 8
   Other (specify)_____…… 9

   1st
   2nd
   3rd

5. FOR RURAL AREAS ONLY, ASK: Which of the following transport access types (a. to f.) are available to the community?

   YES ...1
   NO ...2

   a. Paved road
   b. Unpaved road
   c. Paths
   d. Sea, lake or river
   e. Train
   f. Other (specify)_____

6. Let's talk about the roads that are available in the community. In your opinion, since 2000 (in the last 5 years), have the the conditions of these roads ….

   Improved…….. 1
   Worsened……... 2
   Remained the same…… 3

SECTION 3: ACCESS TO PUBLIC SERVICES

PART A: COMMUNITY INFRASTRUCTURE AND TRANSPORTATION

	(1)	(2)	(3)		(4)	(5)
For each of the following items ask Q.1 to Q.5, then go to next item	Is there a (...) in this community? YES 1 NO 2>> NEXT LINE	How far is the closest (...) to this community? IF NO SUCH SERVICE AVAILABLE TO PEOPLE FROM THE COMMUNITY WRITE 55 AND >>NEXT LINE IF LESS THAN 1 KM USE DECIMAL NUMBER	How much time does it take to go to (...)?		By what mean of transportation? Walking 1 >> NEXT LINE Horse/Mule/Donkey 2 >> NEXT LINE Bicycle 3 >> NEXT LINE Private Car/Motorcycle 4 >> NEXT LINE Bus/ Mini-bus 5 Taxi 6 Boat 7 Other (specify_____) 8	How much does it cost (one-way) to go to (…) with?
		KILOMETERS	HOURS	MINUTES	Choose only one.	OLD LEKS
SCHOOL						
Pre-school						
Primary (8 Yr School)						
Secondary						
HEALTH						
Ambulantia/Health center						
Public hospital						
Private hospital						
Private clinic						
Private doctor/Specialist						
Midwives						
Dentist						
Pharmacy						
COMMUNICATIONS						
Public phone						
Post office						
Bus/Minibus stop						
Internet café						
OTHER PLACES						
Bank						
Police station						
Labor office						
Market						
Mosque or Church						
Community room						
Fire brigade						

SECTION 3: ACCESS TO PUBLIC SERVICES

PART B: EDUCATION

NOTE FOR THE INTERVIEWER: CHECK QUESTION 2 FOR PRIMARY AND SECONDARY SCHOOLS IN MODULE A ON THE PREVIOUS PAGE. FOR EACH SCHOOL TYPE, IF THE ANSWER WAS NO (IE, THERE IS A "55" IN THE CORRESPONDING CELL IN COLUMN 2) PUT A 55 HERE ON THE SCHOOL LINE AND DO NOT ASK ANY FURTHER QUESTIONS.

		(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Let's talk about the schools that the children from this community attend, even if the schools are not located in the community. IF THERE IS NO [….] SCHOOL SERVICE AVAILABLE TO THE COMMUNITY, WRITE 55 IN THE LINE BELOW AND DO NOT ASK FURTHER QUESTIONS FOR THAT TYPE OF SCHOOL.	In the last five years have there been new [….] school(s) built that serve this community, or have there been substantial improvements in existing ones? YES 1 NO 2	How many teachers are there in the main [….] school that serves this communit y?	How many children are there in the main [….] school that serves the community?	Please provide the name and location of the [….] school that children from this community attend. IF THERE IS MORE THAN ONE PRIMARY OR SECONDARY SCHOOL, REPORT ON THE MOST IMPORTANT ONE		How often do the teacher(s) in the [….] school turn up for classes? IF THERE IS MORE THAN ONE SCHOOL, ASK FOR THE MOST IMPORTANT IF THERE IS MORE THAN ONE TEACHER REFER TO MAJORITY EVERY DAY 1 ALMOST EVERY DAY 2 RARELY 3	How many days a week did children receive classes during the last month? IF THERE IS MORE THAN ONE SCHOOL, ASK FOR THE MOST IMPORTANT	Does the [….] school have? IF THERE IS MORE THAN ONE SCHOOL, ASK FOR THE MOST IMPORTANT YES 1 NO 2					
SCHOOL TYPE					NAME OF SCHOOL	MUNICIPALITY		DAYS	Toilet or latrine (WC)	Running water	Electricity	Green or recreational areas	Library	Science lab
Primary school														
Secondary school														

	(13)	(14)	(15)	(16)
	How many computers are available for the use of the students in this [….] school? **IF '0' >>15**	Is there an internet connection on any of the computers available to the students in this […] school? YES 1 NO 2	Are there sufficient [primary or secondary] schools available to the children of this community? YES 1 NO 2	In this community the children who attend the [ ] school are… More boys than girls 1 More girls than boys 2 Equally boys and girls 3
Primary school				
Secondary school				

SECTION 3: ACCESS TO PUBLIC SERVICES

PART C: HEALTH SERVICES

NOTE FOR THE INTERVIEWER: CHECK QUESTION 2 IN MODULE A FOR HEALTH CENTER/AMBULANTIA. IF THE ANSWER IS NO (A '55' RECORDED IN THE CELL) >> MODULE D, OTHERWISE ASK Q 1-3.

We will now ask about the health center/ambulantia that people in this community use. If there is more than one health center/ambulantia, I would like to ask about the one most used by this community.

1. In the last five years have there been new health centers/ambulantia built that people from this community use, or have there been substantial improvements in existing ones?	2. How often is the health center/ambulantia open and working for people from this community to use?	3. Does the community health center/ambulantia normally have sufficient (…) for the need of the local people?		
	EVERY DAY 1	YES, SUFFICIENT 1		
	A FEW DAYS A WEEK 2	NO, INSUFFICIENT 2		
YES 1	ONE DAY A WEEK 3	NEVER AVAILABLE 3		
NO 2	OTHER, SPECIFY_____ 4			
		A. INSTRUMENTS AND EQUIPMENT	B. MEDICAL PERSONNEL	C. MEDICINES

PART D: QUALITY OF PUBLIC TRANSPORT SERVICES

NOTE TO INTERVIEWER: HERE WE ARE NOT INTERESTED IN LOCAL TRANSPORT BUT IN TRANSPORT BETWEEN THE COMMUNITY AND MORE DISTANT PLACES. IN URBAN AREAS ESPECIALLY IT IS IMPORTANT TO BE CLEAR WITH THE RESPONDENT THAT WE ARE NOT TALKING ABOUT URBAN TRANSPORT.

1. Since 2000 (in the last 5 years), has public transport service

IN RURAL AREAS: ...between your community and places outside the community...:

IN URBAN AREAS: ... to places outside the city boundaries...

Improved.....1
Worsened.....2
Remained the same.....3
The community does not have access
to public transport.....4>>SECTION 4

2. Which of these modes of public transport do people in the community use the most to go to places outside the city/community?

Bus……...…1
Minibus….....2
Taxi……...…3
Boat….....…4
Train…….....5
Other public…..6
specify _____

3. What are the two main problems with public transport services? (to travel outside this community or urban area)

Not frequent enough 1
Stops are far away.....2
No night service.....3
Vehicles/carriages are in bad/unsafe condition.....4
No schedule or schedule is not followed.....5
Fares are too expensive.....6
Too crowded.....7
Too slow.....8
Other, specify_____...9
No problem.....10

1st (Main)

2nd

4. How often is this (most used transportation) service available to the community?

Several times a day……...1
Once a day……..…2
Two-three days a week……..3
Once a week……..…..4
Other, specify_____…..5

5. Public transport is the main means of transport for:

Entire community……..1
More than half of the community……2
Half of the community……..…3
Less than half of the community…...4

SECTION 4: COMMUNITY SERVICES

PART A: AVAILABILITY

	(1) Does the community have (…)?		(2) The quality of this service is:		(3) In the last 5 years, has (…) service:		(4) What portion of the community is covered by (…) service?	
	YES, BUT NOT FUNCTIONAL	1	GOOD	1	IMPROVED	1	ALL OF IT	1
	YES, FUNCTIONAL	2	FAIR	2	WORSENED	2	MORE THAN HALF	2
	NO	3 >> NEXT LINE	BAD	3	REMAINED THE SAME	3	HALF	3
							LESS THAN HALF	4
a. Household electricity								
b. Public lighting								
c. Piped water (in the household)								
d. Sewage/drains								
e. Garbage collection								
f. Home phones - fixed lines								
g. Public phone								
h. Mail								
i. Police Station								

PART B: SEWER AND GARBAGE

1. What percentage of the households in this community are connected to:
PERCENTAGES

a) A sewage system [ ]

b) A septic tank [ ]

2. In this community the following methods are used for sewage waters:

YES 1
NO 2

a. treated and then released to the sea/river/lake [ ]
b. released untreated to the sea/river/lake [ ]
c. released to septic tank [ ]
d. released to land/field [ ]
e. released near homes [ ]

ASK QUESTIONS 3 AND 4 IF THE COMMUNITY DOES NOT HAVE FULL GARBAGE COLLECTION, FROM PART A (Above):
3. Which of these methods do people use to dispose of the garbage? They…
YES….1
NO…..2

a) Burn it [ ]
b) Dump into empty lots [ ]
c) Dump into own patio/plot [ ]
d) Dump into river/lake/sea [ ]
e) Bury it [ ]
f) Dump it on the street [ ]
g) Dump it in community-designated area [ ]
h) Pay a cart [ ]
i) Other, describe _____ [ ]

4. Of these, which are the two methods household use the most to dispose of the garbage? They...

	CODE	1ST
Burn it……	1	
Dump into empty lots……	2	
Dump into own patio/plot……	3	
Dump into river/lake/sea……	4	
Bury it……..……..	5	
Dump it on the street……	6	2ND
Dump it in community-designated area	7	
Pay a cart……..	8	
Other, describe ……	9	

SECTION 5: COMMUNITY ORGANIZATION

PART A: ORGANIZATIONS

Now we will talk about the different organizations in the community that help solve problems within the community.

1. Is there a committee or any other form of organization (e.g. association, group, assembly, etc) whose main purpose is to discuss the issues of importance in the community?

YES ...1
NO ...2 >> PART B

2. Which of the following organizations exist in your community?

YES…….1
NO……2

CODES

1	Farmer's group	
2	Business association	
3	Women's group	
4	Political group	
5	Youth group	
6	Religious group	
7	Cultural group	
8	Parent's association	
9	School committee	
10	Neighborhood/village committee	
11	Sports group	
12	NGO	
13	Disabled Association	
14	Other, specify	

IF ONLY ONE ORGANIZATION >>PART B

3. Which of these organizations in your community:

a. Works the most to solve community problems?

b. Has the most members?

c. Has the least number of members?

USE ORGANIZATION CODES FROM QUESTION 2

SECTION 5: COMMUNITY ORGANIZATION

PART B: COLLECTIVE ACTIONS

1. During the last 12 months, how often did community members meet to:
a. Raise funds for community projects
b. Make common proposals requesting assistance from institutions, politicians, etc..?
c. Seek help from NGO, church?

FREQUENCY CODE:
Never 1
Once.....2
Couple of times.....3
Frequently.....4 **IF ALL ANSWERS = 1 >>4**

2. Was the community successful in achieving the objectives of these meetings?

YES, always…..1

YES, sometimes…..2

Never…….3

3. How much do people in this community work together to solve:
CODE: A lot.....1
A little.....….....2
None.....….....3
Does not exist….....4

a. School problems
b. Health center problems
c. Conflicts between people
d. Road/access problems
e. Problems for the neediest people.
f. Water/garbage problems

4. In this community, who works the most in solving community problems?
a)
Men…….....…1
Women……...….....….2
Same for men and women.....3
None…….....4

b)
Young people.....1
Adults.....2
Same for young people and adults...3
None 4

5. Do you agree or disagree with the following sentences?
CODE:
Agree.....1
Disagree.....2

a. There's always somebody willing to help another community member who's having trouble.

b. People only worry about their own well-being and not about the community.

c. You can trust people in this community to borrow/lend money.

6. In this community, are there presently any disputes over the ownership of land or buildings within the community?

YES, MANY DISPUTES	1
YES, SOME DISPUTES	2
YES, A FEW DISPUTES	3
NO, NONE	4

SECTION 6: COMMUNITY SAFETY

I will now ask you a few questions on the personal safety situation in this community

1. Are there any problems in this community related to:
YES….1
NO…..2

a. Gangs	
b. Drug abuse	
c. Alcohol abuse	
d. Prostitution	
e. Land disputes	
f. Disputes over building ownership	
g. Water disputes	
h. Limits/borders disputes	
i. Other, describe …	

2. Which of the following crimes occur in your community?
YES ...1
NO ….2

a- Thefts / assaults	
b- Physical aggression	
c- Vandalism	
d- Sale of illicit drugs	
e- Other, specify_____	

3. Who commits these crimes?
People in the community……..…..1
Peoplewho do not belong to the community..2
Both of the above……..…3

4. Do people report these crimes when they occur?
YES – frequently…..…1 >> Next section
YES – sometimes……..2
NO……3

5. Why don't (some) people report crimes? (MAIN REASON)
No use reporting them……..…..1
Too complicated, time consuming, bureaucratic…….....……..2
Too far……...……3
Fear ……..……..4
Don't trust police force ….....5
Other, specify_____.....…..6

SECTION 7: MIGRATION

1. Does anybody leave the community temporarily to go work somewhere else?

YES, a lot….. ……...1
YES, occasionally……2
NO ……...3 **>> 4**

2. Are the people who go elsewhere to work:

More men than women……..…1
More women than men ……..…2
Equally men and women ……..…3
The whole family goes……4.

3. Where do they usually go to work?

TIRANA……...1
OTHER URBAN AREAS…….2
RURAL AREAS.....3
ITALY……..…4
GREECE……..…5
OTHER ABROAD……..…..6

4. Do people from other places come to work in this community for some time periods during the year?

YES, a lot……...1
YES, occasionally……...…2
NO ……..…3 **>>7**

5. Where do they mostly come from?

URBAN AREAS (OTHER THAN TIRANA)……..……..1
TIRANA……..…....2
RURAL AREAS.....……....3
THEY ARE ALBANIANS FROM NEIGHBORING COUNTRIES……..4
OTHER ABROAD……..…..5

6. In what activity do they mainly come to work in?
Name 2 activities in order of importance

PROFESSIONAL.....1
CLERICAL.....2
SALES.....3
SERVICE.....4
FARMING, FORESTRY, FISHING.....5
FACTORY.....6
TRANSPORTATION/VEHICLE OPERATION...7
CONSTRUCTION.....8
MINING…….....……9
OTHER (SPECIFY_____).....10

1st (Main)

2nd

7. In your opinion, what share of households in this community have family members living abroad?

IN GREECE		%
IN ITALY		%
OTHER ABROAD		%

8. ASK IN RURAL AREAS:
Have there been shortages of agricultural labourers at busy agricultural periods in the last 12 months in this community?

YES…….1
NO……..2

SECTION 8: ALBANIAN DEVELOPMENT FUND

1. In the past 5 years, has this community undertaken any Community Works Projects with financing from the Albanian Development Fund (ADF)?

YES….1
NO…..2 >>SECTION 9

2. Which type of Community Work Project? (MARK WITH AN X ALL THAT APPLY)

Roads	
Bridge	
Footbridge	
Water supply	
Irrigation	
Sewer	
Flood protection	
School buildings	
Kindergarten	
Public buildings	
Health center	
Other (specify_____)	

SECTION 9: PROBLEMS RELATED TO THE ENVIRONMENT

1. Are there in this community any serious problems related to:
YES……..1
NO…… 2

a. Rats / mice	
b- Cockroaches	
c- Bugs	
d- Fleas	
e- Bats	
f- Flies	
g- Mosquitoes	
h- Grasshopers	

2. Have there been since 2000 any cases of [ ] in this community:
YES……..1
NO…… 2

1. Cholera	
2.Tuberculosis	
3. Meningitis	
4. Hepatitis	
5. HIV/AIDS	
6. Polio	

3. In this community, are there any:
YES……1
NO……2

a. Garbage dumps that pollute the environment?	
b. Stagnant waters?	
c. Residuals from slaughter houses in public places?	
d. Car workshops spilling oil into rivers?	
e. Deforestation problems?	
f. Other heavily polluting activities, specify	

4. In the last 5 years, has the situation of the environment in your community:

Improved……..……1
Worsened……..……2
Remained the same……3

SECTION 10: CREDIT

	1. If someone in this community needed a loan of approximately 1,000,000 Old Leks to start a small business, from what sources might he or she obtain it? ALLOW UP TO THREE RESPONSES GOVERNMENT BANK…....1 PRIVATE BANK...…….....2 COOPERATIVE.....…….....3 COMMUNITY GROUP...…...4 FAMILY/FRIEND……..…..5 MONEY LENDER……..……6 OTHER (SPECIFY_____)..7	2. What annual interest rate might someone in the community expect to pay for a lon of this size from this source? iF NONE, WRITE '0' PERCENTAGE PER YEAR	3. Is this source of funds located within or outside the boundaries of the community? Within..…1 Outside….2
A			
B			
C			

INSTAT (Institute of Statistics)
Republic of Albania

LIVING STANDARDS MEASUREMENT SURVEY - 2005

Booklet for Recording Daily Household Consumption

Name of the Head of the Household _____

Name of person who completed this booklet _____

Date of beginning of recording | | | |
d d m m y y y y

Date of finishing of recording | | | |
d d m m y y y y

Household interviewed by	Code

PSU No.		

HH No.

Collected by the Institute of Statistics, by authority of Statistics Law, Number 9180, dated 05.02.2004.

For use only by the Institute of Statistics. Data collected is strictly confidential.

Dear household members:

An enumerator from the Institute of Statistics has visited your household and has left you this diary of food expenditures that we request that you fill in for 14 days.
This food diary is an important part of the Albanian Living Standards Measurement Survey which will be conducted from April to June 2005. Your participation in this survey is crucial in order to be able to determine the economic situation of Albanian households.
Your household has been randomly chosen. The data collected for this survey is strictly **confidential** and the information collected will be used for statistical purposes only; all information will remain anonymous.

Instructions for filling out this dairy:
The enumerator will help you fill in the booklet for yesterday, and then we request that you fill in the diary for the next 13 days beginning today. It is composed of 3 parts:
Note: You must fill the diary every day without skipping a day.

1) <u>All purchases of food and non-alchoholic beverages</u> that you have done during the day, no matter where you have bought them. Even if the purchase was of a large quantity that will be used for longer than the 14 day period of the diary, please record the purchase.

2) <u>Non-purchased food products:</u>
- Products produced by your household - that come from your household's garden, or from fishing or hunting.
- Food products given to you as a gift or as aid.
- Products that were given for work or other in-kind payment.
Attention: Please give an estimate for the value of the non-purchased products in old leks, using the value of the products in your area.

3) <u>Food eaten outside the home during the day by any member of the household:</u>
- Food eaten in a restaurant.
- Fast food consumed by any household member.
- Food or non-alcoholic beverages in a bar or café.
Describe the kind of meal and other products consumed by different household members outside the home.
Use the column to write the total value in old leks of the products consumed outside the home for all the members.

Example **DAILY PURCHASED PRODUCTS**

Description of daily expenditure	Office use only: Code	Quantity	Unit of Measure (Gram, Kilo, Unit/piece, Litre)	Value in old leks	this will be consumed within… (3 days, 1 week, 2 weeks, 1 month, more than 1 month)
White bread	|__|__|__|__|__|	1	piece	600	3 days
Milk	|__|__|__|__|__|	1.5	litre	800	3 days
Potatoes	|__|__|__|__|__|	1	kg	500	2 weeks
Oranges	|__|__|__|__|__|	1	kg	1000	1 week
Bottled water	|__|__|__|__|__|	5	litre	800	3 days
Veal	|__|__|__|__|__|	5	kg	30.000	2 weeks
Sugar	|__|__|__|__|__|	2	kg	1400	1 month
Flour	|__|__|__|__|__|	3	kg	2100	1 week
Parsley	|__|__|__|__|__|	1	unit	100	3 days

Attention: Describe home produced products. Record values in old leks.

Example **NON-PURCHASED PRODUCTS**

Description of non-purchased [PRODUCT] that household consumed	Office use only: Code	Quantity	Unit of Measure (Gram, Kilo, Unit/piece, Litre)	Value in old leks	Source (Own-prod, Gift, In-kind pay.)
Milk	|__|__|__|__|__|	1.5	litre	800	own production
Veal	|__|__|__|__|__|	1	kg	6000	own production
Olives	|__|__|__|__|__|	300	gram	500	gift
Tomatoes	|__|__|__|__|__|	500	gram	300	own production
Rice	|__|__|__|__|__|	1	kg	600	in-kind pay

Example **FOOD EATEN OUTSIDE HOME**

Type of meals eaten outside home (restaurant, bars, cafes, fast food)	Code	Amount spent in total on the meal/beverages
restaurant meal for 4	|__|__|__|__|__|	50.000
café for 3 persons	|__|__|__|__|__|	1200
burek	|__|__|__|__|__|	500

Day 1

Write the Day and Date here _____

DAILY PURCHASED PRODUCTS

Nr.	Description of daily expenditure	Office use only: Code	Quantity	Unit of Measure Gram Kilo Unit/piece Litre	Value in old leks	this will be consumed within… 3 days 1 week 2 weeks 1 month more than 1 month
01		|__|__|__|__|__|				
02		|__|__|__|__|__|				
03		|__|__|__|__|__|				
04		|__|__|__|__|__|				
05		|__|__|__|__|__|				
06		|__|__|__|__|__|				
07		|__|__|__|__|__|				
08		|__|__|__|__|__|				
09		|__|__|__|__|__|				
10		|__|__|__|__|__|				
11		|__|__|__|__|__|				
12		|__|__|__|__|__|				
13		|__|__|__|__|__|				
14		|__|__|__|__|__|				
15		|__|__|__|__|__|				
16		|__|__|__|__|__|				
17		|__|__|__|__|__|				
18		|__|__|__|__|__|				
19		|__|__|__|__|__|				
20		|__|__|__|__|__|				

NON-PURCHASED PRODUCTS
(products of garden, farm, hunting, fishing, poultry, or products received as gifts or in-kind payments)

Nr.	Description of non-purchased [product] that household consumed	Office use only: Code	Quantity	Unit of Measure Gram Kilo Unit/piece Litre	If you had to buy this product, how much would you have to pay for it? old leks	Source Own-prod Gift In-kind pay.
01		|__|__|__|__|__|				
02		|__|__|__|__|__|				
03		|__|__|__|__|__|				
04		|__|__|__|__|__|				
05		|__|__|__|__|__|				
06		|__|__|__|__|__|				
07		|__|__|__|__|__|				
08		|__|__|__|__|__|				
09		|__|__|__|__|__|				
10		|__|__|__|__|__|				
11		|__|__|__|__|__|				
12		|__|__|__|__|__|				
13		|__|__|__|__|__|				
14		|__|__|__|__|__|				

FOOD EATEN OUTSIDE HOME
(the main diary respondent answers for all household members)

	Type of meals eaten outside home (restaurant, bars, cafes, fast food)	Code of product/ service	Amount spent in total on the meal/beverages (old leks)
01		|__|__|__|__|__|	
02		|__|__|__|__|__|	
03		|__|__|__|__|__|	
04		|__|__|__|__|__|	
05		|__|__|__|__|__|	

10. D: CHECKLIST FOR STAPLE FOODS

Interviewer: check carefully if household has or not purchased/stocked from its own consumption the following items:

	1. Do you generally use the following products?	2. 1. If there is a purchase in the diary >>**next product** 2.If registered in self-consumption>>**next product** 3. Not recorded in the diary >>**column 3**	3. 1. Forgotten>> **Fill in diary or self-consumption questionnaire** 2. Purchased before reference period >>4 3. Don't use>>**next product**	4. How often do you buy [Product]? 1. 15 days 2. 1 month 3. 2 months 4. A quarter 5. Rarely	5. Quantity purchased last time? **Amount**	6. Unit of measure 1. Gr 2. Kg 3. Unit/Piece 4. Liters **Unit**	7. What is the total value of the purchase? **OLD LEKS**
1	Flour						
2	Potatoes						
3	Meat						
4	White beans						
5	Vegetal oil						
6	Olive oil						
7	Butter						
8	Rice						
9	Macaroni						
10	Sugar						
11	Honey						
12	Food for children						
13	Olives						
14	Dried Onions						

Enumerator: Questions on bread

1. How much bread does your family consume in an average day?

none	1>>END
1/2 loaf	2
3/4 loaf	3
1 loaf	4
1 1/2 loaves	5
2 loaves	6
3 loaves	7
more than 3 loaves (specify_____)	8

2. From what source does your household get its bread (in the past 14 days?)

buy bread	1>>END
make bread at home	2
both buy and make bread at home	3
send flour to the bakery to have bread made	4

3. Where do you get the flour for the bread you make at home, or the flour you send to the bakery (for the bread consumed the past 14 days)?

buy flour	1
flour own production	2

4. How many kilos of flour does your household consume PER MONTH (on average over the past 6 months), for all consumption?

kilos

5. Of the total flour consumed in a month, how many kilos do you use for making bread?

kilos