



We are from Statistical Office of the Republic of Serbia / Research Agency Strategic Marketing. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household. May I start now? *If permission is given, begin the interview.*

MODULE HH – HOUSEHOLD INFORMATION PANEL	
HH1. Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	HH2. Household number: <input type="text"/> <input type="text"/>
HH3. Interviewer name: <input type="text"/>	HH4. Supervisor name: <input type="text"/>
Interviewer number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supervisor number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HH5. Day/Month/Year of interview: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2 0 0 5	
HH6. Address of household: <input type="text"/>	HH7. Telephone of household: <input type="text"/> <i>(Must enter area code)</i>
HH8. Name of head of household: <input type="text"/>	

Interviewer: GO to MODULE HL – LIST OF HOUSEHOLD MEMBERS on the inside of the folder/cover in which you will put all questionnaires.

After all questionnaires for the household have been completed, fill in the following information:	
HH9. Result of HH interview:	HH10. Respondent to HH questionnaire:
Completed 1	Name: <input type="text"/>
Not at home 2	Line No. from List of Household Members (MODULE HL) <input type="text"/> <input type="text"/>
Refused 3	
HH not found/destroyed 4	HH11. Total number of household members: <input type="text"/> <input type="text"/>
Other (specify) <input type="text"/> 6	
HH12. No. of women eligible for interview: <input type="text"/> <input type="text"/>	HH13. No. of women questionnaires completed: <input type="text"/> <input type="text"/>
HH14. No. of children under age 5: <input type="text"/> <input type="text"/>	HH15. No. of under-5 questionnaires completed: <input type="text"/> <input type="text"/>
Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.	
HH16. Data entry clerk: <input type="text"/> <input type="text"/>	

MODULE HL – HOUSEHOLD LISTING FORM

First, please tell me the name of each person who usually lives here, starting with the head of the household.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: Are there any others who live here, even if they are not at home now? (These may include children in school or at work). If yes, complete listing. Then, ask questions starting with HL2A for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used.

Record in line 01 the name of household head. After HH proceed with names of other household members (column HL2).

Then ask questions, beginning with HL2A for each member of household separately.

HL1. Line No.	HL2. Name	HL2A. Activity of household members: 01 Employed 02 Works outside official employment 03 Delf-employed 04 Farmer 05 Unemployed 06 Pensioner 07 Housewife 08 Child, pupil, student 09 Lives abroad 10 Other	HL3. What is the relationship of (name) to the head of the household?	HL4. Is (name) male or female? 1 Male 2 Female	HL5. How old is (name)? How old was (name) on his/her last birthday? Record in completed years 998 = DK* ⇨ HL6 For each child and woman write down age in completed years	HL5A. Date of (name's) birth? For each child and woman write down at least the year of birth 98 = DK day 98 = DK month 9998 = DK year	
LINE	NAME	ACTIVITY	RELATIONSHIP	M	F	AGE	BIRTH DATE
01			0 1	1	2		/ /
02				1	2		/ /
03				1	2		/ /
04				1	2		/ /
05				1	2		/ /
06				1	2		/ /
07				1	2		/ /
08				1	2		/ /
09				1	2		/ /
10				1	2		/ /
11				1	2		/ /
12				1	2		/ /
13				1	2		/ /
14				1	2		/ /
15				1	2		/ /

* Codes for HL3: Relationship to head of household:

- | | | | |
|-----------------------------|------------------------|-------------------------------|-------------------------------|
| 01 = Head | 05 = Grandchild | 09 = Brother or Sister-In-Law | 13 = Other Relative |
| 02 = Wife or Husband | 06 = Parents | 10 = Uncle/Aunt | 14 = Adopted/Foster/Stepchild |
| 03 = Son or Daughter | 07 = Parent-In-Law | 11 = Niece/Nephew By Blood | 15 = Not Related |
| 04 = Son or Daughter In-Law | 08 = Brother or Sister | 12 = Niece/Nephew By Marriage | 98 = Don't Know |

Eligible for			For children age 0–17 years ask HL9–HL12											
Women's Interview	Child labour module	Under-5 interview												
HL6. Circle Line no. if woman is age 15–49	HL7. For each child age 5–14: Who is the mother or primary caretaker of this child? Record Line no. of mother/caretaker	HL8. For each child under 5: Who is the mother or primary care- taker of this child? Record Line no. of mother/caretaker in corresponding line for child under 5	HL9. Is (name's) natural mother alive? 1 Yes 2 No ⇒ HL11 8 DK ⇒ HL11			HL10. If alive: Does (name's) natural mother live in this household? Record Line no. of mother or 00 for 'no'			HL11. Is (name's) natural father alive? 1 Yes 2 No ⇒ next line 8 DK ⇒ next line			HL12. If alive: Does (name's) natural father live in this household? Record Line no. of father or 00 for 'no'		
15–49	MOTHER	MOTHER	YES	NO	DK	MOTHER	YES	NO	DK	FATHER				
01	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
02	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
03	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
04	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
05	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
06	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
07	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
08	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
09	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
10	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
11	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
12	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
13	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
14	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				
15	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>				

Are there any other persons living here – even if they are not members of your family or do not have parents living in this household? Including children at work or at school? If yes, insert child's name and complete form. Then, complete the totals below.

WOMEN 15–49	CHILDREN 5–14	UNDER-5s
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now you should prepare separate questionnaires for each woman aged 15 to 49 years, and each child under 5, who live in this household. For each woman aged 15 to 49 years prepare the Questionnaire for Woman aged 15–49 years and write her name and line number and other identifying information in the information panel of the Women's. For each child under 5 prepare a Questionnaire for Child Under 5, and, write his/her name and line number and the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five. PROCEED WITH FILLING QUESTIONNAIRE FOR HOUSEHOLD.

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman aged 15–49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

MODULE ED – EDUCATION (For each household member keep line number from table HL)

For all household members aged from 5 to 24 years who attended school in school year 2005/2006 (Answered "yes" to question ED4, on previous page).

ED1. Line No	ED1A. Name	ED10. What is the distance in kilometers from house/flat to school which (name of child) attends? • If school is located at distance < than 1 km, write down 000 • If household member aged from 5 to 24 years does not live with parents, that is, if he/she attends school in other place, write down 998 and go to other household member	ED11. How does (name of child) usually go to school? 1. On foot ⇨ ED13. 2. Public transport ⇨ ED12. 3. Car, motorcycle ⇨ ED12. 4. Other (bicycle etc.) ⇨ ED13.	ED12. What is (name of child's) total monthly cost of transportation to school and back from school? Write down answer in Dinars.	ED13. How many minutes does (name of child) spend going to/from school?
LINE	NAME	DISTANCE OF SCHOOL (IN KM)	WAY	DINARS	MINUTES
01			1 2 3 4		
02			1 2 3 4		
03			1 2 3 4		
04			1 2 3 4		
05			1 2 3 4		
06			1 2 3 4		
07			1 2 3 4		
08			1 2 3 4		
09			1 2 3 4		
10			1 2 3 4		
11			1 2 3 4		
12			1 2 3 4		
13			1 2 3 4		
14			1 2 3 4		
15			1 2 3 4		

MODULE WS – WATER AND SANITATION

WS1. What is the main source of drinking water for members of your household?	City/town water-supply system	11	WS5
	Rural (local) water-supply system	12	
	Public tap/standpipe	13	WS3
	Tubewell/borehole	21	
	Protected well or spring	31	
	Unprotected well or spring	32	
	Tanker-truck	61	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	81	
	Bottled water	91	WS2
	Other (<i>specify</i>) <input type="text"/>	96	WS3
WS2. What is the main source of water used by your household for other purposes such as cooking and hand washing?	City/town water-supply system	11	WS5
	Rural (local) water-supply system	12	
	Public tap/standpipe	13	WS3
	Tubewell/borehole	21	
	Protected well or spring	31	
	Unprotected well or spring	32	
	Tanker-truck	61	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	81	
Other (<i>specify</i>) <input type="text"/>	96		
WS3. How long does it take to go there, get water, and come back?	No. of minutes <input type="text"/>	<input type="text"/>	WS4
	Water on premises	995	WS5
	Don't know	998	WS4
WS4. Who usually goes to this source to fetch the water for your household? <i>Probe:</i> Is this person under age 15? What sex? <i>Circle code that best describes this person.</i>	Adult woman	1	WS5
	Adult man	2	
	Female child (under 15 g.)	3	
	Male child (under 15 g.)	4	
	Don't know	8	
WS5. Do you treat your water in any way to make it safer to drink?	Yes	1	WS6
	No	2	WS7
	Don't know	8	
WS6. What do you usually do to the water to make it safer to drink? Anything else? <i>Record all items mentioned.</i> <i>"Z" is circled only if no answer is given.</i>	Boil	A	WS7
	Add bleach/chlorine	B	
	Strain it through a cloth	C	
	Use water filter (ceramic, sand, composite, etc.)	D	
	Solar disinfection	E	
	Let it stand and settle	F	
	Other (<i>specify</i>) <input type="text"/>	X	
	Don't know	Z	

WS7. What kind of toilet facility do members of your household usually use? <i>If "flush" or "pour flush", probe: Where does it flush to? If necessary, ask permission to observe the facility</i>	Flush to piped sewer system	11	WS8
	Flush to septic tank	12	
	No flush with a water-proof septic tank	21	
	Latrine	22	
	No toilet facility	95	Section HC
Other (specify) <input type="text"/>	96	WS8	
WS8. Do you share this facility with other households?	Yes	1	WS9
	No	2	Section HC
WS9. How many households in total use this toilet facility?	No. of households (if less than 10)	<input type="text" value="0"/>	Section HC
	Ten or more households	10	
	Don't know	98	

MODULE HC – HOUSEHOLD CHARACTERISTICS			
HC1A. What is the religion of the head of this household?	Orthodox	11	HC1B
	Catholic	12	
	Islamic	13	
	Protestant	14	
	Nonbeliever	17	
	Other (specify) <input type="text"/>	96	
HC1B. What is the mother tongue/native language of the head of this household?	Serbian	11	HC1C
	Hungarian	12	
	Bosnian	13	
	Roma	14	
	Albanian	15	
	Other (specify) <input type="text"/>	96	
HC1C. To what ethnic group does the head of this household belong?	Serbian	11	HC2
	Montenegrin	12	
	Hungarian	13	
	Bosniak	14	
	Muslim	15	
	Roma	16	
	Albanian	17	
	Other (specify) <input type="text"/>	96	
HC2. What is the area of house/flat you live in? <i>Write down area in square meters.</i>	Area in m ²	<input type="text"/>	HC2A
HC2A. How many rooms do you use in house/flat that you live in other than kitchen, hall and auxiliary rooms?	No. of rooms	<input type="text"/>	HC2B
HC2B. How many rooms in this household are used for sleeping?	No. of rooms for sleeping	<input type="text"/>	HC3

HC3. Main material of the dwelling floor Record observation.	Natural floor		HC4
	Earth	11	
	Rudimentary floor		
	Wood planks	21	
	Finished floor		
	Parquet or polished wood	31	
	Vinyl or asphalt strips	32	
	Ceramic tiles	33	
	Cement	34	
Other (<i>specify</i>)	96		
HC4. Main material of the roof Record observation.	No Roof	11	HC5
	Natural roofing		
	Straw	12	
	Rudimentary Roofing		
	Reed	21	
	Wood planks	23	
	Finished roofing		
	Metal	31	
	Wood	32	
	Calamine/cement fiber	33	
	Ceramic tiles	34	
	Cement	35	
	Roofing shingles	36	
Other (<i>specify</i>)	96		
HC5. Main material of the walls Record observation.	No walls	11	HC6
	Natural walls		
	Cane/palm/trunks	12	
	Dirt	13	
	Rudimentary walls		
	Bamboo with mud	21	
	Stone with mud	22	
	Uncovered adobe	23	
	Plywood	24	
	Carton	25	
	Reused wood	26	
	Finished walls		
	Cement	31	
	Stone with lime/cement	32	
	Bricks	33	
	Cement blocks	34	
	Covered adobe	35	
	Wood planks/shingles	36	
	Other (<i>specify</i>)	96	

<p>HC6. What type of fuel does your household mainly use for cooking?</p> <p><i>One answer.</i></p>	Electricity	01	HC8	
	Liquid Propane Gas (LPG)	02		
	Natural gas	03		
	<p>Coal/Lignite</p>	06	HC7	
		Charcoal		07
		Wood		08
		Straw/shrubs/grass		09
Agricultural crop residue		11		
Other (specify) <input type="text"/>	96			
<p>HC7. In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>Probe for type.</i></p>	Open fire/fireplace	1	HC7A	
	Open stove (without plate)	2	HC8	
	Closed stove (with plate)	3		
	Other (specify) <input type="text"/>	6		
<p>HC7A. Does the fire/stove have a chimney or a hood?</p>	Yes	1	HC8	
	No	2		
<p>HC8. Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>One answer.</i></p>	In the house	1	HC9	
	In a separate building	2		
	Outdoors	3		
	Other (specify) <input type="text"/>	6		
<p>HC9. Does your household have:</p> <p><i>Read the list.</i></p>		Yes	No	HC10
	Electricity	1	2	
	Radio	1	2	
	Television	1	2	
	Non-Mobile Telephone	1	2	
	Refrigerator	1	2	
	Water heater	1	2	
	Washing machine	1	2	
	Dishwashing machine	1	2	
	Computer	1	2	
	Air conditioner	1	2	
Heating	1	2		
<p>HC10. Does any member of your household have:</p> <p><i>Read the list.</i></p>		Yes	No	HC10A
	Mobile Telephone	1	2	
	Bicycle	1	2	
	Motorcycle	1	2	
	Tractor	1	2	
	Car	1	2	
	Truck	1	2	
Boat with motor	1	2		

HC10A. How would you evaluate the standard of your household? <i>Do not read answers.</i>	Very bad	1	HC10B
	Bad	2	
	Medium	3	
	Good	4	
	Very good	5	
	DK/Not sure	8	
HC10B. In your opinion, what is the minimal monthly amount needed to cover basic costs of your household? <i>If DK or not sure, write down "999998".</i>	Dinars	<input type="text"/>	HC11
HC11. Does any member of this household own any land that can be used for agriculture?	Yes	1	HC12
	No	2	HC13
HC12. How many hectares of agricultural land do members of this household own? <i>If unknown, record '98'.</i>	Hectares	<input type="text"/>	HC13
HC13. Does this household own any livestock, herds, or farm animals?	Yes	1	HC14
	No	2	HC15A
HC14. How many of the following animals does this household have? <i>If none, record '000'. If unknown, record '998'. Write answers from the list in given order.</i>	Total Cattle	<input type="text"/>	HC15A
	Milk cows	<input type="text"/>	
	Horses, donkeys, or mules	<input type="text"/>	
	Goats	<input type="text"/>	
	Sheep	<input type="text"/>	
	Poultry (including chicken, ducks, gees)	<input type="text"/>	
	Pigs	<input type="text"/>	
	Bee hive	<input type="text"/>	
HC15A. Do you or someone in this household own this dwelling, or do you live in state-owned dwelling? <i>For owners – write down line number from List of household members. If more than one owner – write down "95".</i>	Owner	1 <input type="text"/>	HC15B
	Rent	2	HC15D
	State-owned flat	3	
	Rent free/squatter/other	4	
HC15B. Do you or someone in this household have a title deed, or sale contract for this dwelling?	Yes	1	HC15F
	No	2	HC15C
HC15C. What kind of document do you have for the ownership of this dwelling? Anything else? <i>Record all items mentioned.</i>	Certificate of occupation (or adjudication certificate)	A	HC15F
	Property tax certification	B	
	Utility bills	C	
	Other (specify) <input type="text"/>	X	
	None/No document	Y	
HC15D. Do you have a written rental contract for this dwelling?	Yes	1	HC15F
	No	2	HC15E

<p>HC15E. Do you have any documentation or agreement for the rental of this dwelling?</p> <p><i>If Yes, What kind of document or agreement do you have for the rental of this dwelling?</i></p> <p>Anything else? <i>If no documentation, ask on what basis they rent the dwelling. Record all items mentioned.</i></p>	Informal agreement (written)	A	HC15F
	Verbal agreement (no document)	B	
	Occupied rent free		
	With knowledge of owner	C	
	Without the owner's knowledge	D	
	Other (specify) <input type="text"/>	X	
	None/No document	Y	
<p>HC15F. Do you feel secure from eviction from this dwelling?</p>	Yes	1	HC15G
	No	2	
	Don't know	8	
<p>HC15G. Have you been evicted from your home at any time during the past 15 years?</p> <p><i>If Yes, probe: Has this happened only once, or more than once?</i></p>	Yes, once	1	HC15H
	Yes, several times	2	
	No	3	
<p>HC15H. Dwelling located in or near:</p> <p><i>Observe, and circle all items that describe the location of dwelling.</i></p> <p><i>Multiple answer. Circle "Y" only if none of the above.</i></p>	Landslide area	A	HC15I
	Flood-prone area	B	
	River bank	C	
	Steep hill	D	
	Garbage mountain/pile	E	
	Industrial pollution area	F	
	Railroad	G	
	Power plant	H	
	Flyover	I	
	None of the above	Y	
<p>HC15I. Condition of dwelling:</p> <p><i>Multiple answer. Observe, and circle all items that describe the condition of dwelling.</i></p> <p><i>Circle "Y" only if none of the above.</i></p>	Cracks/openings in walls	A	HC15J
	No windows	B	
	Windows with broken glass/no glass	C	
	Visible holes in the roof	D	
	Incomplete roof	E	
	Insecure door	F	
	None of the above	G	
<p>HC15J. Dwelling surroundings:</p> <p><i>Multiple answer. Observe, and circle all items that describe the dwelling surroundings.</i></p> <p><i>Circle "Y" only if none of the above.</i></p>	Very narrow passage between houses instead of road	A	Section CL
	Too many power cables connecting to neighborhood's main distribution post	B	
	None of the above	Y	

MODULE CL – CHILD LABOUR (For each household number keep line number from table HL – LIST OF HOUSEHOLD MEMBERS)

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank. Now I would like to ask about any work children in this household may do.

CL1. Line No	CL2. Name	CL3. During the past week, did (name) do any kind of work for someone who is not a member of this household? <i>If yes: For pay in cash or kind?</i> 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ to CL5.		CL4. <i>If yes: Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household?</i> <i>If more than one job, include all hours at all jobs.</i> Record response then ⇒ CL6.	CL5. At any time during the past year, did (name) do any kind of work for someone who is not a member of this household? <i>If yes:</i> For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No		CL6. During the past week, did (name) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 Yes 2 No ⇒ to CL8		CL7. <i>If yes: Since last (day of the week), about how many hours did he/she spend doing these chores?</i>	CL8. During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) 1 Yes 2 No ⇒ next line	CL9. <i>If yes: Since last (day of the week), about how many hours did he/she do this work?</i>	
		PAID	UNPAID		NO	YES	NO	NO. HOURS				YES
01		1	2	3		1	2	3	1	2		
02		1	2	3		1	2	3	1	2		
03		1	2	3		1	2	3	1	2		
04		1	2	3		1	2	3	1	2		
05		1	2	3		1	2	3	1	2		
06		1	2	3		1	2	3	1	2		
07		1	2	3		1	2	3	1	2		
08		1	2	3		1	2	3	1	2		
09		1	2	3		1	2	3	1	2		
10		1	2	3		1	2	3	1	2		
11		1	2	3		1	2	3	1	2		
12		1	2	3		1	2	3	1	2		
13		1	2	3		1	2	3	1	2		
14		1	2	3		1	2	3	1	2		
15		1	2	3		1	2	3	1	2		

MODULE CD – CHILD DISCIPLINE

Ask mother/caretaker questions from module CD – Child Discipline Module for one child aged from 2 to 14 years. If no children of this age in the household, go to next module DA – Disability. If more than one child aged 2 to 14 years, **the questions will refer to the child whose birthday comes first after the date of interview.** Find this information in List of Household Members (Table HL – question HLSA). Ask questions for that particular child.

After establishing to which child the questions from this module will refer, administer to mother/caretaker of this child.

CD11. Write name and line no. of the child selected from Table HL – List of household members, questions HL1 I HL2.	Name <input type="text"/>		CD12
	Line no. <input type="text"/>	<input type="text"/>	
CD12. All adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (<i>name</i>) in the past month.			
CD12A. Took away privileges, forbade something (<i>name</i>) liked or did not allow him/her to leave house.	Yes	1	CD12B
	No	2	
CD12B. Explained why something (the behavior) was wrong.	Yes	1	CD12C
	No	2	
CD12C. Shook him/her.	Yes	1	CD12D
	No	2	
CD12D. Shouted, yelled at or screamed at him/her.	Yes	1	CD12E
	No	2	
CD12E. Gave him/her something else to do.	Yes	1	CD12F
	No	2	
CD12F. Spanked, hit or slapped him/her on the bottom with bare hand.	Yes	1	CD12G
	No	2	
CD12G. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	Yes	1	CD12H
	No	2	
CD12H. Called him/her dumb, lazy, or another name like that.	Yes	1	CD12I
	No	2	
CD12I. Hit or slapped him/her on the face, head or ears.	Yes	1	CD12J
	No	2	
CD12J. Hit or slapped him/her on the hand, arm, or leg.	Yes	1	CD12K
	No	2	
CD12K. Beat him/her up with an implement (hit over and over as hard as one could).	Yes	1	CD13
	No	2	
CD13. Do you believe that in order to bring up (raise, educate) (<i>name</i>) properly, you need to physically punish him/her?	Yes	1	Section DA
	No	2	
	Don't know/no opinion	8	

MODULE DA – DISABILITY (For each household number keep line number from table HL – LIST OF HOUSEHOLD MEMBERS)

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank I would like to ask you if any children in this household aged 2 through 9 has any of the health conditions I am going to mention to you.

DA1. Line No	DA2. Child's name:	DA3. Compared with other children, does or did (name) have any serious delay in sitting, standing, or walking?	DA4. Compared with other children, does (name) have difficulty seeing, either in the daytime or at night?	DA5. Does (name) appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	DA6. When you tell (name) to do something, does he/she seem to understand what you are saying?	DA7. Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	DA8. Does (name) sometimes have fits, become rigid, or lose consciousness?	DA9. Does (name) learn to do things like other children his/her age?	DA10. Does (name) speak at all (can he/she make him or herself understood in words; can say any recognizable words)?	DA11. (For 3–9 year olds): Is (name's) speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	DA12. (For 2-year-olds): Can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)?	DA13. (For all children 2 through 9 years): Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow?	
LINE	NAME	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
01		1	2	1	2	1	2	1	2	1	2	1	2
02		1	2	1	2	1	2	1	2	1	2	1	2
03		1	2	1	2	1	2	1	2	1	2	1	2
04		1	2	1	2	1	2	1	2	1	2	1	2
05		1	2	1	2	1	2	1	2	1	2	1	2
06		1	2	1	2	1	2	1	2	1	2	1	2
07		1	2	1	2	1	2	1	2	1	2	1	2
08		1	2	1	2	1	2	1	2	1	2	1	2
09		1	2	1	2	1	2	1	2	1	2	1	2
10		1	2	1	2	1	2	1	2	1	2	1	2
11		1	2	1	2	1	2	1	2	1	2	1	2
12		1	2	1	2	1	2	1	2	1	2	1	2
13		1	2	1	2	1	2	1	2	1	2	1	2
14		1	2	1	2	1	2	1	2	1	2	1	2
15		1	2	1	2	1	2	1	2	1	2	1	2

MODULE R – ROMA IN ROMA SETTLEMENTS			
R1. Which language is spoken in your household?	Only Roma	1	R2
	Only Serbian	2	
	Neither Roma nor Serbian	3	
	Combined Roma and Serbian	4	
	Combined Roma and other language other than Serbian	5	
R2. What is the ethnical composition of the settlement you live in? Are the people living in it	Only Roma	1	R3
	Majority are Roma	2	
	Roma are a minority	3	
	No other Roma except you	4	
R3. What is the composition of your household like?	All household members are Roma	1	R4
	Majority of household members are Roma	2	
	Majority of household members are not Roma	3	
R4. Type of settlement:	Slum – community of extreme poverty	1	R5
	Old inner city tissue – partaja	2	
	Older rural settlement within town	3	
	Poor village or hamlet	4	
	Newer inner city/suburban settlement	5	
	Typified settlement/shacks/containers	6	
	Collective residential buildings	7	
R5. Does any of your children attend programs organised by NGO-s?	Yes	1	R6
	No	2	R7
R6. If attends NGO programs, ask: How satisfied are you with these programs?	Very satisfied	1	R8
	Satisfied	2	
	Dissatisfied	3	
R8. Did your children speak Serbian language before going to school?	Yes, all children did	1	R9
	Some did, some didn't	2	
	None of them did	3	
	No children of school age	4	
R9. What is the main source of income of your household? <i>Respondent should specify the most important source of income. Circle up to two answers.</i>	Salary of household member with full time or part time job	1	SI2
	Agriculture	2	
	Various trades	3	
	Selling and black marketeering	4	
	Some household members are beggars	5	
	Collect and sell various junk and old items (paper, iron...)	6	
	Seasonal work	7	
	Social assistance and child allowances	8	
	Some household members have pension	9	
	Helped by relatives and friends	10	
	Humanitarian aid from the Red Cross and other humanitarian organizations	11	
	Some other income, which	12	
DK	98		

SI2.

Is there any woman aged from 15–49 years who lives in this household?

Check list of household members – column HL6. For each woman who satisfies the condition it is necessary to have a previously prepared questionnaire for woman aged from 15 to 49 years with filled information panel.

- Yes ⇒ Go to QUESTIONNAIRE FOR WOMAN AGED FROM 15 TO 49 YEARS.
- No ⇒ Go to SI3.

SI3.

Are there any children aged under 5 years who live in this household?

Check list of household members – column HL8. For each child who satisfies the condition it is necessary to have a previously prepared questionnaire for Children under five with filled information panel.

- Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE.
- No ⇒ Finish the interview and thank the respondent for cooperation.

Collect all questionnaires for this household, put them in “cover” and fill fields HH9–HH15 on the first page.