

HOUSEHOLD QUESTIONNAIRE

MODULE HH – HOUSEHOLD INFORMATION PANEL	
HH1. Cluster number: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	HH2. Household number: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
HH3. Interviewer's name and ID code: Name _____ ID code <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	HH4. Supervisor's name and ID code: Name _____ ID code <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
HH5. Day / Month / Year of interview: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input style="width: 40px;" type="text"/> <small>(Day)</small></div> <div style="text-align: center;"><input style="width: 40px;" type="text"/> <small>(Month)</small></div> <div style="text-align: center;"><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <small>(Year)</small></div> </div>	HH7. Region: Belgrade1 Vojvodina2 Sumadija and West Serbia3 South and East Serbia4
HH6. Area: Urban1 Other2	
<p>WE ARE FROM THE STATISTICAL OFFICE OF THE REPUBLIC OF SERBIA. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '04' in HH9. Discuss this result with your supervisor.</p>	
HH9. Result of household interview: Completed01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed06 Dwelling not found07 Other (specify) _____ 96	
<i>After the household questionnaire has been completed, fill in the following information:</i>	
HH10. Respondent to Household Questionnaire: Name _____ Respondent's line number in Module HL: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH11. Total number of household members: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
HH12. Number of women age 15-49 years: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
HH14. Number of children under the age of 5: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
HH13. Number of women's questionnaire completed: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
HH15. Number of under-5 questionnaires completed: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
HH16. Field editor's name and ID code: Name _____ ID code <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	HH17. Main data entry clerk's name and ID code: Name _____ ID code <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	For women age 15-49 HL7.	For children age 0-4 HL7B.	For children age 0-17 years						For children age 0-14 HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00", ask:
								HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	
			1 Male 2 Female	98 DK (Don't know)	Record in completed years. If age is 95 or above, record '95'.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	1 Yes 2 No 8 DK	1 Yes 2 No 8 DK	1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	1 Yes 2 No 8 DK	1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M F	Month	Age	15-49	0-4	Y N DK	Y N DK	Mother	Mother	Y N DK	Father	Mother
11			1 2			11	11	1 2 8	1 2 8			1 2 8	1 2 3 8	
12			1 2			12	12	1 2 8	1 2 8			1 2 8	1 2 3 8	
13			1 2			13	13	1 2 8	1 2 8			1 2 8	1 2 3 8	
14			1 2			14	14	1 2 8	1 2 8			1 2 8	1 2 3 8	
15			1 2			15	15	1 2 8	1 2 8			1 2 8	1 2 3 8	

Enter X here if additional questionnaire is used

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as friend, etc.) but who usually live in the household. Insert names of additional members in the Household List and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the Module WM – WOMAN'S INFORMATION PANEL of a separate Individual Women's Questionnaire.

For each child under the age of 5, write his/her name and line number and the line number of his/her mother or caretaker in the Module UF – CHILD INFORMATION PANEL of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

* Codes for HL3. Relationship to head of household:	01 Head	06 Parent	11 Niece / Nephew
	02 Spouse; partner	07 Parent-In-Law / Partner's parent	12 Other relative
	03 Son/daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
	04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Servant (live-in)
	05 Grandchild	10 Uncle / Aunt	96 Other (Not related)
			98 DK

MODULE ED – EDUCATION

ED1. Line number	ED2. Name and age <i>Copy from HL2 and HL6</i>	For household members age 5 and above				For household members age 5-24 years				ED8C. Check ED6. If level=0 or 1 go to next line. For all other levels ask: AT WHAT AGE DID (name) START THE FIRST GRADE OF PRIMARY SCHOOL? Record in completed years. 98 DK
		ED3 HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE OF SCHOOL IS (name) ATTENDING?	ED7. DURING THE PREVIOUS 2012-2013 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE OF SCHOOL DID (name) ATTEND?	Grade	
01		1 Yes 2 No's Next line	Level: 0 Kindergarten 1 Preparatory Program (PPP) 2 Primary school 3 Secondary 4 Higher 8 DK <i>If level=0 or 1, go to ED5</i>	Grade / Year: 98 DK <i>If the first grade at this level is not completed, enter "00"</i>	1 Yes 2 No's ED7	Level: 0 Kindergarten 1 PPP 2 Primary school 3 Secondary 4 Higher 8 DK <i>If level=0 or 1, go to ED7</i>	Grade / Year: 98 DK <i>If level = 0, go to next line. If level = 1, go to ED8C.</i>	Level: 0 Kindergarten 1 PPP 2 Primary school 3 Secondary 4 Higher 8 DK <i>If level = 0, go to next line. If level = 1, go to ED8C.</i>	Grade / Year: 98 DK	
02		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
03		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
04		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
05		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
06		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
07		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
08		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
09		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
10		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
11		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
12		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
13		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
14		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
15		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		

ATTENDANCE TO COMPULSORY PREPARATORY PRESCHOOL PROGRAM (PPP)

ED80. Check ED2, are there children aged 5-7 years living in the household?

Yes ⇄ Continue with ED9 and copy the line number from ED1 and name and age from ED2 for all children aged 5-7 years.

No ⇄ Go to Next Module.

ED9. Line number Copy from ED1	ED10. Name and age Copy name and age from ED2	ED11. DOES (name) ATTEND / ATTENDED TO THE PPP? 1 Yes 2 No <i>If "No", and child is 6 or 7 yrs, go to ED15.</i> <i>If "No", and child is 5 yrs, go to Next line</i>	ED12. IN WHAT TYPE OF FACILITY DOES (name) ATTEND THE PPP, OR DID ATTEND THE PPP DURING THE PREVIOUS SCHOOL YEAR? 01 Public facility 02 Private facility 03 School 04 Facility sponsored by Roma NGO 05 Facility sponsored by other NGO 06 Denominational facility 96 Other	ED13. HOW DOES / DID (name) USUALLY GOES / WENT TO PPP? 1 Walks 2 Bicycle 3 Public transportation 4 Private car or motorcycle 5 Organized transportation to the facility 6 Other	ED14. WHAT IS THE DISTANCE (IN KM) AND HOW MUCH TIME (IN MINUTES) DOES (NAME) TAKE FROM YOUR HOUSEHOLD TO THE PPP FACILITY, WHEN USING THE USUAL WAY / MEAN OF TRANSPORTATION TO GET THERE? DK, enter 98. <i>For any answer go to Next line.</i>		ED15. WHAT ARE THE MAIN REASONS OF NON-ATTENDANCE OF PREPARATORY PRESCHOOL PROGRAM? <i>Probe:</i> ANYTHING ELSE? A The child will not learn anything important in PPP B Disabled C Groups overcrowded, lack of attention D Inadequate treatment E Didn't know it is compulsory F Overcrowded facility G Too far H The child does not have necessary documents I No one can take child to PPP J Costs of transportation K Textbooks/school supplies/pens L Clothes M Food N Hygiene expenses X Other		Financial Problems J K L M N X
					Facility	Transportation	Km	Minutes	
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X
		1 2	01 02 03 04 05 06 96	1 2 3 4 5 6			A B C D E	F G H I	J K L M N X

MODULE SL – SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years

Total number:

SL2. Check the number of children age 1-17 in SL1:

- Zero ⇒ Go to Module AC - ATTITUDES TOWARD CHILDREN WITH DISABILITIES.
- One ⇒ Go to SL9 and record the rank number as '1'; enter the line number, child's name and age.
- Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	<input type="text"/>		1	2	<input type="text"/>
2	<input type="text"/>		1	2	<input type="text"/>
3	<input type="text"/>		1	2	<input type="text"/>
4	<input type="text"/>		1	2	<input type="text"/>
5	<input type="text"/>		1	2	<input type="text"/>
6	<input type="text"/>		1	2	<input type="text"/>
7	<input type="text"/>		1	2	<input type="text"/>
8	<input type="text"/>		1	2	<input type="text"/>

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child from the table in question SL2A, and for this child you need to write data in SL9.

Last Digit of Household Number - HH2	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number.....

Line number.....

Name.....

Age.....

MODULE CL – CHILD LABOUR

CL1. Check selected child's age from SL9.

1-4 years ⇒ Go to Next Module

5-17 years ⇒ Continue with CL2

CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

Yes No

[A] DID (*name*) DO ANY WORK OR HELP ON HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?

Worked on plot/farm/
food garden/looked after
animals..... 1 2

[B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY OR RUN HIS/HER OWN BUSINESS?

Helped in family/relative's
Business/ran own business 1 2

[C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?

Produce/sell articles/
handicrafts/clothes/food
or agricultural products 1 2

[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?

If "No", Probe:

PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.

Any other activity 1 2

CL3. Check CL2; A to D

There is at least one 'Yes' ⇒ continue with CL4

All answers are 'No' ⇒ Go to CL8

CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

Number of hours

If less than one hour, record "00".

CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Yes 1
No 2 1 ⇒ CL8

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?

Yes 1
No 2 1 ⇒ CL8

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>																								
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00".</i></p>	<p>Number of hours <input type="text"/> <input type="text"/></p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD:</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old/sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household.....	1	2	Repair household equipment	1	2	Cooking/cleaning utensils/house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old/sick	1	2	Other household tasks	1	2	
	Yes	No																								
Shopping for household.....	1	2																								
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Washing clothes	1	2																								
Caring for children	1	2																								
Caring for old/sick	1	2																								
Other household tasks	1	2																								
<p>CL11. Check CL10 (A to G).</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>																										
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><i>If less than one hour, record "00".</i></p>	<p>Number of hours <input type="text"/> <input type="text"/></p>																									

MODULE CD – CHILD DISCIPLINE

CD1. Check selected child's age from SL9:

- 1–14 years ⇒ Continue with CD2
- 15–17 years ⇒ Go to Next Module

CD2. Write the line number and name of the child from SL9.

Line number.....

Name _____

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH:

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?

Yes No

Took away privileges 1 2

[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG?

Explained wrong behaviour 1 2

[C] SHOOK HIM/HER?

Shook him/her 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER?

Shouted, yelled, screamed 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO?

Gave something else to do 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?

Spanked, hit, slapped on bottom with bare hand 1 2

[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?

Hit with belt, hairbrush, stick, or other hard object 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT?

Called dumb, lazy, or another name 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?

Hit/slapped on the face, head or ears 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?

Hit/slapped on hand, arm or leg 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?

Beat up, hit over and over as hard as one could 1 2

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes 1

No 2

DK / No opinion 8

MODULE AC – ATTITUDES TOWARD CHILDREN WITH DISABILITIES

AC1. NOW I WILL READ A FEW STATEMENTS RELATED TO CHILDREN WITH DISABILITIES:

If necessary, explain to the respondent that the persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

THE FOLLOWING STATEMENTS REFER ONLY TO CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES.

AFTER I READ THE STATEMENT, PLEASE ANSWER TO WHAT EXTENT YOU AGREE WITH THE STATEMENT. THERE ARE FIVE POSSIBLE ANSWERS: STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, AGREE, STRONGLY AGREE. NOW I WILL READ STATEMENTS.

[A] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.

[B] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.

[C] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.

[D] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.

[E] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES CAN ACHIEVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.

Strongly disagree	Mostly disagree	Neither agree or disagree	Mostly agree	Strongly agree
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1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

AC2. THE FOLLOWING STATEMENTS REFER ONLY TO CHILDREN WITH INTELLECTUAL DISABILITIES.

[A] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.

[B] CHILDREN WITH INTELLECTUAL DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.

[C] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.

[D] CHILDREN WITH INTELLECTUAL DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.

[E] CHILDREN WITH INTELLECTUAL DISABILITIES CAN ACHIEVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.

Strongly disagree	Mostly disagree	Neither agree or disagree	Mostly agree	Strongly agree
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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MODULE HC – HOUSEHOLD CHARACTERISTICS

HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Orthodox 1 Catholic 2 Islamic 3 Does not want to declare 4 Other religion (<i>specify</i>): 6 No religion 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Serbian 1 Hungarian 2 Bosnian 3 Roma 4 Other (<i>specify</i>): 6 Does not want to declare 7	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms <input type="text"/> <input type="text"/> <input type="text"/>	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl / Linoleum 32 Ceramic tiles 33 Cement 34 Carpet 35 Laminate 36 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch 12 Rudimentary roofing Cane 22 Wood planks 23 Cardboard 24 Finished roofing Meta/Tin 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls</p> <p><i>Record observations.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Trunks 12</p> <p>Mud 13</p> <p>Rudimentary walls</p> <p>Cane, straw and mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement 31</p> <p>Stone with lime / cement 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles 36</p> <p>Plaster walls 37</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquid Petroleum Gas (LPG) 02</p> <p>Natural gas (piped) 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
[A] ELECTRICITY?	Electricity.....	1	2
[B] A RADIO?	Radio.....	1	2
[C] A TELEVISION?	Television.....	1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone.....	1	2
[E] A REFRIGERATOR?	Refrigerator.....	1	2
[F] A WARDROBE?	Wardrobe.....	1	2
[G] A TABLE WITH CHAIRS?	Table with chairs.....	1	2
[H] A BED?	Bed.....	1	2
[I] AN IRON?	Iron.....	1	2
[J] A HAIR DRYER?	Hair dryer.....	1	2
[K] A WATER HEATER?	Water heater.....	1	2
[L] A VACUUM CLEANER?	Vacuum cleaner.....	1	2
[M] A FREEZER?	Freezer.....	1	2
[N] AN ELECTRICAL STOVE?	Electrical stove.....	1	2
[O] A WASHING MACHINE?	Washing machine.....	1	2
[P] A DRYING MACHINE?	Drying machine.....	1	2
[Q] A DISHWASHER?	Dishwasher.....	1	2
[R] A MICROWAVE?	Microwave.....	1	2
[S] A CABLE TV/TOTAL TV?	Cable TV/ Total TV.....	1	2
[T] A PC/LAPTOP?	PC/laptop.....	1	2
[U] AN INTERNET?	Internet.....	1	2
[V] AN AIR CONDITIONER?	Air conditioner.....	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
[A] A WRIST WATCH?	Wrist watch.....	1	2
[B] A MOBILE TELEPHONE?	Mobile telephone.....	1	2
[C] A BICYCLE?	Bicycle.....	1	2
[D] A MOTORCYCLE OR SCOOTER?	/Motorcycle/Scooter.....	1	2
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart.....	1	2
[I] A CAR	Car.....	1	2
[J] A TRUCK?	Truck.....	1	2
[K] A TRACTOR?	Tractor.....	1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own.....1</p> <p>Rent.....2</p> <p>Other (specify).....6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No.....2</p>	2→HC13
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i></p>	<p>Hectares..... <input type="text"/> <input type="text"/></p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, OTHER FARM ANIMALS OR POULTRY?</p>	<p>Yes.....1</p> <p>No.....2</p>	2→HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE:</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] OTHER POULTRY?</p> <p>[H] BEEHIVES?</p> <p><i>If none, record "00".</i> <i>If 95 or more, record "95".</i> <i>If unknown, record "98".</i></p>	<p>Cattle, milk cows or bulls..... <input type="text"/> <input type="text"/></p> <p>Horses, donkeys or mules..... <input type="text"/> <input type="text"/></p> <p>Goats..... <input type="text"/> <input type="text"/></p> <p>Sheep..... <input type="text"/> <input type="text"/></p> <p>Chickens..... <input type="text"/> <input type="text"/></p> <p>Pigs..... <input type="text"/> <input type="text"/></p> <p>Other poultry..... <input type="text"/> <input type="text"/></p> <p>Beehives..... <input type="text"/> <input type="text"/></p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No.....2</p>	

MODUL CB – CASH BENEFIT

<p>CB1. I WOULD LIKE TO ASK YOU ABOUT CASH BENEFIT PROGRAMS.</p> <p>DID YOU KNOW THAT THERE ARE VARIOUS CASH BENEFIT PROGRAMS PROVIDED BY GOVERNMENT/CITY/MUNICIPAL INSTITUTION:</p> <p>[A] FINANCIAL SOCIAL ASSISTANCE - FSA?</p> <p>[B] CHILD ALLOWANCE?</p> <p>[C] ONE-OFF SOCIAL ASSISTANCE?</p> <p>[D] DISABILITY ALLOWANCE?</p>	<p style="text-align: right;">Yes No</p> <p>FSA..... 1 2</p> <p>Child allowance 1 2</p> <p>One-off social assistance 1 2</p> <p>Disability allowance 1 2</p>	
<p>CB2. HAVE YOU APPLIED OR RENEWED APPLICATION FOR THE FINANCIAL SOCIAL ASSISTANCE DURING THE PAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒CB5</p>
<p>CB3. WERE YOU APPROVED THE FINANCIAL SOCIAL ASSISTANCE BASED ON THIS REQUEST?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know / waiting for answer 3</p>	<p>2⇒CB6</p>
<p>CB4. WHETHER AND FOR HOW LONG HAVE YOU BEEN RECEIVING THIS ALLOWANCE EVEN IF THERE WERE BREAK PERIODS?</p>	<p>Less than 12 months..... 1</p> <p>1-3 years..... 2</p> <p>4-5 years..... 3</p> <p>More than 5 years..... 4</p> <p>He / she never received allowance..... 5</p>	<p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p> <p>⇒CB6</p>
<p>CB5. WHAT IS THE MAIN REASON YOU DID NOT APPLY FOR THE FINANCIAL SOCIAL ASSISTANCE?</p>	<p>Did not need any..... 01</p> <p>Unaware of the program..... 02</p> <p>Did not know how to apply..... 03</p> <p>Complicated administrative procedure 04</p> <p>Expensive administrative procedure..... 05</p> <p>I know I do not meet conditions..... 06</p> <p>I was told I do not meet conditions..... 07</p> <p>Other (<i>specify</i>) 96</p>	

CHILD ALLOWANCE

CB6. Check if there are children ages 0-18 years in the household.

Yes ⇒ Continue with CB7

For every household member age 0-18 years, in the order they appear in the HL - List of Household Members copy line number of a child from HL1, and name from HL2 and age from HL6.

No ⇒ Go to Next Module

CB7 Line number Copy from HL1	CB8 Name and age Copy name and age from HL2 and HL6	CB9 HAVE YOU APPLIED OR RENEWED APPLICATION FOR CHILD ALLOWANCE IN THE PAST 12 MONTHS FOR (name)? 1 Yes 2 No CB12	CB10 WERE YOU APPROVED THE CHILD ALLOWANCE FOR (name) BASED ON THIS REQUEST? 1 Yes 2 Don't know / waiting for answer 3 No Next line	CB11 WHETHER AND FOR HOW LONG HAVE YOU BEEN RECEIVING THIS ALLOWANCE FOR (name)? 1 Less than 12 months 2 1-3 years 3 4-5 years 4 More than 5 years 5 He / she never received allowance. For any answer go to Next line.	CB12 PLEASE TELL ME WHAT IS THE MAIN REASON YOU DID NOT APPLY FOR CHILD BENEFIT FOR (name)? 01 Did not need any 02 Unaware of the program 03 Did not know how to apply 04 Complicated administrative procedure 05 Expensive administrative procedure 06 I know I do not meet conditions 07 I was told I do not meet conditions 96 Other (specify) If response is "Other", specify. Otherwise go to the Next line.	Reasons	Other (specify)					
Line number	Name	Y	N	Y	DN	N	Length of support	1	2	3	4	5
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	
		1	2	1	2	3	1	2	3	4	5	

MODULE WS – WATER AND SANITATION

<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water (water supply)</p> <p>Fiped into dwelling 11</p> <p>Fiped into compound, yard or plot 12</p> <p>Fiped to neighbour 13</p> <p>Public tap / standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (specify) 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14⇒WS3</p> <p>21⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>51⇒WS3</p> <p>61⇒WS3</p> <p>81⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?</p>	<p>Piped water (water supply)</p> <p>Fiped into dwelling 11</p> <p>Fiped into compound, yard or plot 12</p> <p>Fiped to neighbour 13</p> <p>Public tap / standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Other (specify): 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling 1</p> <p>In own yard / plot 2</p> <p>Elsewhere 3</p>	<p>1⇒WS6</p> <p>2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DK998</p>	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If "flush" or "pour flush", probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Bucket 41</p> <p>No facility 95 Other (<i>specify</i>) 96</p>	<p>95⇒HH19</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒HH19</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒HH19</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households if less than 10 <input type="text" value="0"/></p> <p>Ten or more households 10 DK 98</p>	

HH19. Record the time.

Hour and minute

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

Check if there is any woman age 15-49 eligible for QUESTIONNAIRE FOR INDIVIDUAL WOMEN AGE 15 - 49 YEARS in the household (HL7).

- Yes, a separate questionnaire has been issued for each woman aged 15 – 49 years with the Information panel filled in.
 No, there is no woman age 15-49.

Check if there is any child under 5 eligible for QUESTIONNAIRE FOR CHILDREN UNDER FIVE in the household (HL7B).

- Yes, a separate questionnaire has been issued for each child under 5 with the Information panel filled in.
 No, there is no child under 5.

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations