HOUSEHOLD QUESTIONNAIRE

MODULE HH – HOUSEHOLD INFORMATION PANEL

HH1. Cluster number: ☐☐☐	**HH2**. Household number: ☐☐
HH3. Interviewer's name and ID code: Name _____ ID code ☐☐☐	**HH4**. Supervisor's name and ID code: Name _____ ID code ☐☐☐

HH5. Day / Month / Year of interview:

☐☐ (Day) ☐☐ (Month) 2 0 1 4 (Year)

HH7. Region:

Belgrade 1
Vojvodina 2
Sumadija and West Serbia 3
South and East Serbia 4

HH6. Area:

Urban 1
Other 2

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.
MAY I START NOW?

☐ *Yes, permission is given* ⇨ *Go to HH18 to record the time and then begin the interview.*

☐ *No, permission is not given* ⇨ *Circle '04' in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed 01
No household member or no competent respondent at home at time of visit 02
Entire household absent for extended period of time 03
Refused 04
Dwelling vacant / Address not a dwelling 05
Dwelling destroyed 06
Dwelling not found 07

Other (*specify*) _____ 96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____

Respondent's line number in Module HL: ☐☐

HH11. Total number of household members: ☐☐	
HH12. Number of women age 15-49 years: ☐☐	*After all questionnaires for the household have been completed, fill in the following information:*
	HH13. Number of women's questionnaire completed: ☐☐
HH14. Number of children under the age of 5: ☐☐	**HH15.** Number of under-5 questionnaires completed: ☐☐
HH16. Field editor's name and ID code: Name _____ ID code ☐☐☐	**HH17.** Main data entry clerk's name and ID code: Name _____ ID code ☐☐☐

MODULE HL – LIST OF HOUSEHOLD MEMBERS

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: IS THERE ANY OTHER PERSONS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2–HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

HL1 Line num.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4 IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'s DATE OF BIRTH? Month / Year 98 DK (Don't know) / 9998 DK (Don't know)	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record "95". Age	For women age 15-49 HL7 Circle line no. if woman age 15-49. 15-49	For children age 0-4 HL7B Circle line no. if age 0-4. 0-4	HL11. Is (name)'s NATURAL MOTHER ALIVE? 1 Yes 2 No⇒ H.13 8 DK⇒ HL13 Y N DK	HL12 DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? If "Yes" record line no. of mother and go to HL13 If "No" record "00". Mother	HL12A. WHERE DOES (name)'s NATURAL MOTHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL13. Is (name)'s NATURAL FATHER ALIVE? 1 Yes 2 No⇒ HL15 8 DK⇒ HL15 Y N DK	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSE- HOLD? If "Yes" record line no. of father and go to HL15 If "No" record "00". Father	HL14A. WHERE DOES (name)'s NATURAL FATHER LIVE? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	For children age 0-14 HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00", ask: WHO IS THE PRIMARY CARETAKER OF (name)? Mother
01		0 1	M 1 F 2	__ __ / __ __		15-49 01	0-4 01	Y 1 N 2 DK 8	___	1 2 3 8	Y 1 N 2 DK 8	___	1 2 3 8	___
02			1 2	__ __ / __ __		02	02	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
03			1 2	__ __ / __ __		03	03	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
04			1 2	__ __ / __ __		04	04	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
05			1 2	__ __ / __ __		05	05	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
06			1 2	__ __ / __ __		06	06	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
07			1 2	__ __ / __ __		07	07	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
08			1 2	__ __ / __ __		08	08	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
09			1 2	__ __ / __ __		09	09	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
10			1 2	__ __ / __ __		10	10	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

Household Listing Form

HL1. Line no.	HL2. Name	HL3. What is the relationship of (name) to the head of household?	HL4. Is (name) male or female? 1 Male 2 Female	HL5. What is (name)'s date of birth? Month / Year 98 DK (Don't know) / 9998 DK (Don't know)	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'. Age	HL7. For women age 15-49 Circle line no. if woman age 15-49	HL7B. For children age 0-4 Circle line no. if age 0-4	HL11. Is (name)'s natural mother alive? 1 Yes 2 No↷HL13 8 DK↷HL13 Y N DK	HL12. Does (name)'s natural mother live in this household? If "Yes" record line no. of mother and go to HL13. If "No", record "00". Mother	HL12A. Where does (name)'s natural mother live? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL13. Is (name)'s natural father alive? 1 Yes 2 No↷HL15 8 DK↷HL15 Y N DK	HL14. Does (name)'s natural father live in this household? If "Yes" record line no. of father and go to HL15. If "No", record "00". Father	HL14A. Where does (name)'s natural father live? 1 In another household in Serbia 2 Institution in Serbia 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00", ask: Who is the primary caretaker of (name)? Mother
Line	Name	Relation*	M F	Month Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
11			1 2			11	11	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
12			1 2			12	12	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
13			1 2			13	13	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
14			1 2			14	14	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
15			1 2			15	15	1 2 8		1 2 3 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 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 02 Spouse; partner 03 Son/daughter 04 Son-In-Law / Daughter-In-Law 05 Grandchild	06 Parent 07 Parent-In-Law / Partner's parent 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law 10 Uncle / Aunt	11 Niece / Nephew 12 Other relative 13 Adopted / Foster / Stepchild 14 Servant (live-in) 96 Other (Not related) 98 DK

MODULE ED – EDUCATION

			For household members age 5 and above				**For household members age 5-24 years**				

ED1. Line number

ED2. Name and age — Copy from HL2 and HL6

ED3. Has (name) ever attended school or pre-school? 1 Yes 2 No — No ⇨ Next line

ED4A. What is the highest level of school (name) has attended? Level: 0 Kindergarten, 1 Preparatory Preschool Program (PPP), 2 Primary school, 3 Secondary, 4 Higher, 8 DK — If level=0 or 1, go to ED5.

ED4B. What is the highest grade (name) completed at this level? Grade / Year; 98 DK — If the first grade at this level is not completed, enter "00".

ED5. During the current school year, that is 2013-2014, did (name) attend school or preschool at any time? 1 YES, 2 NO ⇨ ED7

ED6. During this school year, which level and grade of school is (name) attending? Level: 0 Kindergarten, 1 PPP, 2 Primary school, 3 Secondary, 4 Higher, 8 DK; Grade / Year: 98 DK — If level=0 or 1, go to ED7.

ED7. During the previous 2012-2013 school year, did (name) attend school or preschool at any time? 1 Yes, 2 No ⇨ ED8C, 8 DK ⇨ ED8C

ED8. During that previous school year, which level and grade of school did (name) attend? Level: 0 Kindergarten, 1 PPP, 2 Primary school, 3 Secondary, 4 Higher, 8 DK; Grade / Year: 98 DK — If level = 0, go to next line. If level = 1, go to ED8C.

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

Line number	Name	Age	ED3 Yes No	ED4A Level	ED4B Grade	ED5 Yes No	ED6 Level	ED6 Grade	ED7 Y N DK	ED8 Level	ED8 Grade	ED8C Age
01			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
02			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
03			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
04			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
05			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
06			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
07			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
08			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
09			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
10			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
11			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
12			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
13			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
14			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		
15			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8		

ATTENDANCE TO COMPULSORY PREPARATORY PRESCHOOL PROGRAM (PPP)

ED8D 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	ED10. Name and age		ED11.	ED12.	ED13.	ED14.		ED15.
Copy from ED1	Copy name and age from ED2		DOES (name) ATTEND / ATTENDED TO THE PPP? 1 Yes 2 No *If "No", and child is 6 or 7 yrs. go to ED15. If "No", and child is 5 yrs. ⇨ Next line*	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	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	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. For any answer go to Next line.*		WHAT ARE THE MAIN REASONS OF NON-ATTENDANCE OF PREPARATORY PRESCHOOL PROGRAM? *Probe: 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
Line number	Name	Age	PPP Attendance	Facility	Transportation	Km	Minutes	Attitudes · Access Problems · Financial Problems
			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	☐☐		1	2	☐☐
2	☐☐		1	2	☐☐
3	☐☐		1	2	☐☐
4	☐☐		1	2	☐☐
5	☐☐		1	2	☐☐
6	☐☐		1	2	☐☐
7	☐☐		1	2	☐☐
8	☐☐		1	2	☐☐

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?

If less than one hour, record "00".

Number of hours .... ☐☐

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

Yes 1   1⇨ CL8
No 2

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

Yes 1   1⇨ CL8
No 2

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

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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH *(name)* <u>IN THE PAST MONTH:</u>

	Yes	No
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE? 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 i..............	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 EXTEND 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.

	Strongly disagree	Mostly disagree	Neither agree or disagree	Mostly agree	Strongly agree
[A] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.	1	2	3	4	5
[B] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.	1	2	3	4	5
[C] FOR CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.	1	2	3	4	5
[D] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.	1	2	3	4	5
[E] CHILDREN WITH PHYSICAL AND SENSORY DISABILITIES CAN ACHIVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.	1	2	3	4	5

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

	Strongly disagree	Mostly disagree	Neither agree or disagree	Mostly agree	Strongly agree
[A] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO LIVE IN FAMILY THAN IN SPECIALIZED CHILD CARE INSTITUTIONS.	1	2	3	4	5
[B] CHILDREN WITH INTELLECTUAL DISABILITIES HAVE NEGATIVE IMPACT ON EVERYDAY LIFE OF OTHER CHILDREN IN THE FAMILY.	1	2	3	4	5
[C] FOR CHILDREN WITH INTELLECTUAL DISABILITIES IT IS BETTER TO ATTEND MAINSTREAM SCHOOLS THAN SPECIAL SCHOOLS.	1	2	3	4	5
[D] CHILDREN WITH INTELLECTUAL DISABILITIES ATTENDING MAINSTREAM SCHOOLS HAVE NEGATIVE IMPACT ON THE WORK OF OTHER STUDENTS.	1	2	3	4	5
[E] CHILDREN WITH INTELLECTUAL DISABILITIES CAN ACHIVE A LOT IN LIFE IF THEY ARE ADEQUATELY SUPPORTED.	1	2	3	4	5

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 (*specify*): _____ 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 (*specify*): _____ 6 Does not want to declare 7
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .... ☐☐

HC3. *Main material of the dwelling floor.*
 	
Record observation.
	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 (*specify*) _____ 96

HC4. *Main material of the roof.*
 	
Record observation.
	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 (*specify*) _____ 96

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

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

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

MODUL CB – CASH BENEFIT

CB1. I WOULD LIKE TO ASK YOU ABOUT CASH BENEFIT PROGRAMS. DID YOU KNOW THAT THERE ARE VARIOUS CASH BENEFIT PROGRAMS PROVIDED BY GOVERNMENT/CITY/MUNICIPAL INSTITUTION: [A] FINANCIAL SOCIAL ASSISTANCE - FSA? [B] CHILD ALLOWANCE? [C] ONE-OFF SOCIAL ASSISTANCE? [D] DISABILITY ALLOWANCE?	Yes No FSA..1 2 Child allowance ....1 2 One-off social assistance ....1 2 Disability allowance 1 2	
CB2. HAVE YOU APPLIED OR RENEWED APPLICATION FOR THE FINANCIAL SOCIAL ASSISTANCE DURING THE PAST 12 MONTHS?	Yes...1 No...2	2⇨CB5
CB3. WERE YOU APPROVED THE FINANCIAL SOCIAL ASSISTANCE BASED ON THIS REQUEST?	Yes...1 No...2 Don't know / waiting for answer 3	2⇨CB6
CB4. WHETHER AND FOR HOW LONG HAVE YOU BEEN RECEIVING THIS ALLOWANCE EVEN IF THERE WERE BREAK PERIODS?	Less than 12 months.....................1 1-3 years......................................2 4-5 years......................................3 More than 5 years.........................4 He / she never received allowance.........5	⇨CB6 ⇨CB6 ⇨CB6 ⇨CB6 ⇨CB6

CB5. WHAT IS THE <u>MAIN REASON</u> YOU DID NOT APPLY FOR THE FINANCIAL SOCIAL ASSISTANCE?	Did not need any............................01
	Unaware of the program.................02
	Did not know how to apply.............03
	Complicated administrative
	    procedure 04
	Expensive administrative
	    procedure...............................05
	I know I do not meet conditions.........06
	I was told I do not meet
	    conditions..............................07
	Other (*specify*) _____ 96	

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

Line number	**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.	
		Name	Age	Y	N	Y	DN	N	Length of support	Reasons	Other (specify)
				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

WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water (water supply)
	    Fiped into dwelling.....................11
	    Fiped into compound, yard or plot............12
	    Fiped to neighbour 13
	    Fublic tap / standpipe 14
	
	 Tube Well, Borehole.....................21
	
	 Dug well
	    Frotected well 31
	    Unprotected well.....................32
	
	 Wa:er from spring
	    Frotected spring.....................41
	    Unprotected spring 42
	
	 Rainwater collection 51
	 Tarker-truck 61
	
	 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81
	
	 Botled water.....................91
	
	 Other (*specify*)_____ 96
		11⇨WS6
		 12⇨WS6
		 13⇨WS6
		 14⇨WS3
		
		 21⇨WS3
		
		 31⇨WS3
		 32⇨WS3
		
		 41⇨WS3
		 42⇨WS3
		
		 51⇨WS3
		 61⇨WS3
		
		 81⇨WS3
		
		 96⇨WS3

WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water (water supply)
	    Fiped into dwelling.....................11
	    Fiped into compound, yard or plot............12
	    Fiped to neighbour 13
	    Fublic tap / standpipe 14
	
	 Tube Well, Borehole.....................21
	
	 Dug well
	    Frotected well 31
	    Unprotected well.....................32
	
	 Wa:er from spring
	    Frotected spring.....................41
	    Unprotected spring 42
	
	 Rainwater collection 51
	 Tarker-truck 61
	
	 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81
	
	 Other (*specify*): _____ 96
		11⇨WS6
		 12⇨WS6
		 13⇨WS6

WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ....1 In own yard / plot ....2 Elsewhere.....................3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes......................... ☐☐☐ DK 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) .... 1 Adult man (age 15+ years) .... 2 Female child (under 15)................................. 3 Male child (under 15)..................................... 4 DK.. 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes.. 1 No .... 2 DK.. 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	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 *(specify)*_____ X DK..Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If *"flush"* or *"pour flush"*, *probe:*
WHERE DOES IT FLUSH TO?
 	
If not possible to determine, ask permission to observe the facility.
	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
	
	Pit latrine
	    Ventilated Improved Pit latrine (VIP) 21
	    Pit latrine with slab................................. 22
	    Pit latrine without slab / Open pit.............. 23
	
	Composting toilet.. 31
	Bucket.. 41
	
	No facility 95
	
	Other *(specify)*_____ 96
		95⇨ HH19

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes.. 1 No 2	2⇨HH19
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?	Other households only (not public)................. 1 Public facility 2	2⇨HH19
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households if less than 10 .... [0][ ] Ten or more households...............................10 DK..98	

HH19. *Record the time.*	Hour and minute .... $\lfloor\ \ \rfloor\ .\ \lfloor\ \ \rfloor$

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