

1. Household data

Person No:	Name, Father's name, Family name	Sex	Date of birth				Marital status	Relation-ship to the head of the household	Family relationship in the household			Flow	Citizenship (if answer is code 2 or 3, write the country on the line)	Were you born in Macedonia? 1. Yes → 17 2. No	Where were you born?	Year since which you have been residing in the Republic of Macedonia	Presence in the household	Is the person aged from 15 to 79? 1. Yes 2. No 3. A broad more than one year
		1 - m 2 - f	day	month	year	other 6 digits of the registration number			spouse / partner	father	mother							
1	2	3	4	5	6	6a	7	8	9	10	11	12	13	14	15	16	17	18
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marital status

- 0. Child up to 15 years
- 1. Not married
- 2. Married
- 3. Widow (er)
- 4. Divorced
- 5. Live together (not in legal marriage)

Relationship to the head of the household

- 1. Head of the household
- 2. Spouse, partner
- 3. Son, daughter / son, daughter of partner
- 4. Son-in-law, daughter-in-law
- 5. Father of head of the household
- 6. Mother of head of the household
- 7. Grandfather, grandmother
- 8. Brother, sister
- 9. Other relationship
- 10. There is no relationship

Family relationship in the household

Write the ordinal number of the person from the first column (ordinal number of the person)

Flow of interviewing

- 1. First time
- 2. Continue
- 3. Not in household
- 4. Return in household
- 5. Refuse
- 6. Deceased

Citizenship

- 1. Republic of Macedonia
- 2. Dual (Republic of Macedonia and other country)
- 3. Other country
- 4. Without citizenship

How long have you been a resident of this country

Answered only by persons who answered the citizenship question with code 2 (and were born abroad) or code 3

Presence in the household

- 1. Present, permanent residence/dwelling
- 2. Present, temporary residence/dwelling
- 3. Temporarily absent in other city in the Republic of Macedonia up to six months
- 4. Temporarily absent in other city in the Republic of Macedonia
- 5. Absent abroad up to 1 year