

# STATISTICAL COMMITTEE OF RA

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and are not subject to disclosure

Form # 1-TT

Approved by the Order No33-A, from November 14. 2017  
of the State Council on Statistics of RA

## INTEGRATED LIVING CONDITIONS SURVEY QUESTIONNAIRE

*Number of the questionnaire*

*Identification number of h/h*

*Observation Period*  2018  
*month*

*Settlement*

*name*

*code*

*Marz*

*name*

*code*

*Interviewer's ID number*

*Date of interview*

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**I visit**

**II visit**

**III visit**

**IV visit**

**V visit**

## Section A.

### HOUSEHOLD MEMBER'S ROSTER.

**Table 1.**

ID number of h/h member	Name	Sex 1.male 2.female	Relationship to head of h/h 1.head 2.spouse 3.daughter/ son 4.daughter in law / son in law 5.grandchild 6.mother / father of head / spouse 7.other relatives of head 8.have no relationship to head	Date of birth		Marital status (from 15 years of age) 1.married 2.never married 3.widowed 4.divorced/ separated 5.cohabiting (without being registered as married)	Place of birth 1.Yerevan 2.town in Armenia 3.village in Armenia 4.Russia 5.Other CIS country 6.Other European country 7.USA and Canada 8.Other (specify)	Country of citizenship 1.Armenia 2.Russia 3.Georgia 4.Ukraine 5.Iran 6.USA 7.Other..... (specify)	If during the whole survey month some members of the household are absent, then mark the respective line by putting:  1.less than 3 month 2 3 and more month	The main reason for the absence  1. To work (including seasonal work) 2.Family reasons (marriage, e.t.c.) 3. For residence 4. Private visit 5. Tourism 6. Study /Training 7. Business 8. Treatment 9. Other.... (specify)	What is the level of education completed? (from 6 years and over)  1. no primary, illiterate 2. no primary, literate 3. primary 4. general (basic) 5. secondary 6. preliminary vocational (handicraft, industrial) 7. middle vocational (technical college, college) 8. higher (bachelor degree, master degree) 9. post-graduate
				month	year						
		1	2	3	4	5	6	7	8	9	10
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

## VISIT 1

## Section A.

### HOUSEHOLD MEMBER'S ROSTER (continued)

A2. Are there any persons within your household who belong to any of the following social groups? If yes, mention the code of the corresponding group. Three answers are allowed.

**Table 2.**

ID number of h/h member	Social groups			
	<b>Disabled</b> 1. Disabled category 1 2. Disabled category 2 3. Disabled category 3 4. Disabled child under 18 years of age			
	<b>Pensioners labor</b> 5. Age 6. Privileged 7. For long service 8. Disabled 9. Loss of bread-winner pensioners 10. partially		<b>Social beneficiaries</b> 11. for old age 12. Disabled 13. Loss of bread-winner pensioners <b>Military service</b> 14. For long service 15. Disabled 16. Loss of bread-winner pensioners	
	<b>Children</b> 17. Child with one parent (under 21 years of age) 18. Single mother child (under 18 years old) 19. Child of divorced parents (under 18 years old) 20. Child without parents care (under 21 years old)			
	<b>Other groups</b> 21. Pregnant woman (12 and more weeks) 22. Student (under 23 years of age) 23. Unemployed 24. Unemployed ,who has not more than 5 years to reach right of old-age pension 25. Single (childless) pensioner			
		1	2	3
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

**A.3. Does your household have children under the state care or which attend any special educational institution (orphanage, boarding facility for child care and protection, child supporting centre, special educational institution, day-care facility)?**

1. Yes

2. No

**A.4. Does your household have elderly people, who live in all-day care facility (nursing home), attend social care centre or use social services provided at home?**

1. Yes

2. No

## VISIT 1

## Section B.

## MIGRATION

**To the interviewer: this table is filled out for all members of h/h**

Table 1

[illegible]

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\*See Annex 1.

To the interviewer: The interview about absent members (answers 1 or 2 in Section A, Table 1, column 7) ends here.

**HOUSING CONDITIONS**

I would like to ask you some questions about your housing. By saying housing I mean all rooms and all separate constructions, which are used by the members of your household.

**C.1. Type of housing**

1. private house
2. apartment
3. hostel
4. railcar/ container, other temporary lodging
5. other \_\_\_\_\_(specify)

**C.2. Does the household own this dwelling or is it rented?**

1. owned  $\Rightarrow$  C. 4.
2. state or municipality (community) rented  $\Rightarrow$  C. 5.
3. private person rented
4. departmental rented  $\Rightarrow$  C.5.
5. other \_\_\_\_\_(specify)  $\Rightarrow$  C.5.

**C.3 If the household rents the dwelling from a private person (question B2, point 3), then how much is the monthly rent?  $\Rightarrow$  C.5.**


Dram

Dollar

Euro

**C.4. If the household owns the dwelling, has it taken a mortgage for purchasing this dwelling?**

1. Yes, not yet entirely re-paid
2. Yes, already entirely paid back  $\Rightarrow$  C.6
3. No  $\Rightarrow$  C. 6

**C.5. In the past twelve months, has the household been in arrears, i.e. has been unable to pay rent or mortgage payments of the main dwelling on time due to financial difficulties (question C2, point 2-5; question C4, point 1)?**

1. Yes, once
2. Yes, twice or more
3. No

**C.6. How many rooms does the household occupy (exclude bathroom, toilet, kitchen)?**


rooms

**C.7. Indicate the total space**

m<sup>2</sup>

**C.8. Did you change your place of dwelling during the last 5 years?**

1. yes
2. no ⇒ C.10.

**C.9. Why did you move?**

1. to improve housing conditions
2. for family reasons
3. because of debts
4. job reasons
5. because of earthquake
6. refugees (if you consider yourself a refugee)
7. other \_\_\_\_\_(specify)

**C.10. Do you have the following housing utilities, information and communication means:**

N	Item	1. yes 2. no 3. yes, but not operating
1	Centralized water supply	
2	Hot running water (tank, Ariston, geyser)	
3	Centralized sanitation compaund	
4	Local sanitation compaund /hole with waste products/	
5	Outside toilet	
6	Centralized gas supply	
7	Bathtub or shower	
8	Kitchen	
9	Radioreceiver	
10	Electricity	

**C.11. Do you have the following housing utilities, information and communication means:**

N	Item	1. yes 2. no, because cannot afford 3. no, for any other reason 4. yes, but not operating (former 3)
1	Fixed telephone	
2	Mobile phone	
3	Computer	
4	Internet connection	
5	Colour TV	
6	Washing machine	

**C.12. Can you replace worn-out furniture if needed (including separate items of furniture, as well as second-hand furniture):**

1. yes
2. no, because cannot afford
3. no, for any other reason

**C.13. What are the sources of water you use?**

- 1.centralized water supply
- 2.spring water, wells ⇒ C. 16.
- 3.own system of water supply
4. river, lake ⇒C.16.
- 5.delivered (imported) water ⇒ C. 16.
- 6.bought water (Noy, Byuregh, etc) ⇒ C. 16.
- 7.rainwater ⇒ C. 16.
- 8.other \_\_\_\_\_(specify) ⇒ C. 16.

**C.14. Where is your water tap located?**

*(respondents are points 1 and 3 of item C. 13)*

1. in door
2. in the yard
3. in the street

**C.14.a. If your water tap is located in the street than what is the distance?**

metr

**C.15. If you have centralized water delivery system**

*(respondent is point 1 of item C. 13.)*

**1. how many days a month do you have potable water?**

day

**2. how many hours a day do you have potable water (all day = 24 hours)?**

hours

**C.16. What type of heat source do you use to heat your house (one answer in each column)?**

Type of heat source	main	supplementary
Central heating	1	1
Electricity	2	2
Natural gas	3	3
Liquefied gas	4	4
Oil and diesel	5	5
Wood	6	6
Other	9	9
None → C.20.	0	0

**C.17. What equipment did you mostly use to heat your house?**

N	Name	If yes, take in a circle
1	Electric stove	1
2	Electric heater (oil battery)	2
3	Gas stove (kitchen)	3
4	Self-made heater	4
5	Manufactured heater (Iranian, European, other)	5
6	Local-individual boiler (BAXI, and the like)	6
7	Local-collective boiler for the block	7
8	Centralized heating	8
9	Other (specify)-----	9

**C.18. How much money did you spend on the heating of your house during the last winter?** (If you didn't spend the money mention 7).

**Dram**

**C.19. Can your household afford to keep home adequately warm?**

1. Yes
2. No

**C.20. How is the garbage of the household disposed?**

1. rubbish evacuation system
2. collected by a dust-cart
3. dumped by household members
4. burned by household members
5. buried by household members
6. other \_\_\_\_\_(specify)

**C.21. In the past twelve months, has the household been in arrears, i.e. has been unable to pay the utility bills (heating, electricity, gas, water, garbage disposal, etc.) of the main dwelling on time due to financial difficulties?**

1. Yes, once
2. Yes, twice or more
3. No

**C.22. Do you have any complaints about your housing and its environment from those mentioned below:**

*(take in a circle)*

	Yes	No	Not applicable
1. Not enough floor space	1	2	3
2. Noise from neighbors and from outside	1	2	3
3. Lack of light	1	2	3
4. Lack of heating	1	2	3
5. Humidity	1	2	3
6. Leaking roof	1	2	3
7. Dilapidated walls and floor	1	2	3
8. Dilapidated window frames and doors	1	2	3
9. Heavy traffic	1	2	3
10. Industrial pollution	1	2	3
11. The elevator is frequently out of order	1	2	3
12. Bad water supply	1	2	3
13. Bad garbage evacuation	1	2	3
14. Bad service of common use areas and yard areas in multiple dwelling	1	2	3
15 Lack of green areas			
16. Other (specify)	1	2	3

**C.23. Please, evaluate your housing conditions:**

1. very good
2. good
3. satisfactory
4. bad
5. very bad



**C.24. Did you renovate your dwelling (i.e., construction work, carpentry, painting)?**

1. yes during the last year ⇒ C. 26

2. yes, many years ago

3. no ⇒ C. 27.

**C. 25. How many years ago did you renovate your dwelling?**

Years ⇒ C. 27.

**C.26. How much money did you spend?**

\_\_\_\_\_ dram

\_\_\_\_\_ dollar

\_\_\_\_\_ euro

**C.27. Are you at the moment building a new house for your permanent living?**

1. yes

2. no ⇒ C. 29.

**C. 28. How much money have you spent for building the new house from the beginning of construction up to now?**

\_\_\_\_\_ dram

\_\_\_\_\_ dollar

\_\_\_\_\_ euro

**C.29. Do you have another owned dwelling, besides the one, where are you living?**

1. Yes, I give it for rent

2. Yes, it is used as an area for our own use ⇒ C.31.

3. Other ⇒ C.31.

4. No ⇒ C.31.

**C. 30. If you rent it out, mention the amount of the monthly rent:**

\_\_\_\_\_ dram

\_\_\_\_\_ dollar

\_\_\_\_\_ euro

**C. 31.** During the last 3 months did someone of household members have the access to computer and Internet? (Yes-1)

No of household members	Someone of h/h members has access to computer		Someone of h/h members has access to Internet		Someone of h/h members has access to mobile phone	Someone of h/h members has access to Internet						
	at home	other place, (specify)	at home permanent	at home non permanent		at working place	at educational institution	at others h/h	at public centre of Internet access (free)	at public centre of Internet access (paid)	through cellphone from any locality	from other place through moving set
	1	2	3	4	5	6	7	8	9	10	11	12
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

**C.32.** Does someone in your household own a car, truck or the other mode of transportation?

1. Yes
2. No, can not afford
3. No, other reason

*To the interviewer: C.33.-C.36. questions are for rural households.*

**C.33.** Approximately how much did you spend on the following vehicle-related costs during the last 12 months?

		Total Expenses (AMD)
1	Fuel e.g.,	
1.1	Petrol	
1.2	Diesel oil	
1.3	Compressed gas	
2.	Maintenance, including spare parts and labor	
3.	Fares for buses, minibuses, and taxis	

**C.34.** How many days in a typical month does someone in your household (including all members) use road transportation for the below-identified purposes, and how far do you travel?

		Transportation Mode 1.Car 2.Minivan/Buses 3.Taxi 4.Train 5.Carts 6.Horse/donkey 7. Bicycle Without Transportation	Days per Month	Distance (km)
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		8. Walking		
		1	2	3
1.	Buying fertilizers, seedlings, seeds, etc.			
2.	Selling agricultural products or production			
3.	Getting to working place outside of your community*			
	3.1			
	3.2			
	3.3			
4.	Other (specify)_____			

**\*If in h/h more than one member work , then for everyone fill in separate row.**

**C.35. How far are the nearest services from your household, how long does it take you to get there and mode of transportation?**

N	Services	Transportation Mode 1.Car 2.Minivan/Buses 3.Taxi 4.Train 5.Carts 6.Horse/donkey 7. Bicycle <b>Without Transportation</b> 8. Walking	Distance (km)	Duration (minutes)
		1	2	3
1.	Health Post			
2.	Hospital (Emergency)			
3.	Pharmacy			
4.	Village office			
5.	Kindergarden			
6.	Complete secondary school			
7.	Primary/ general (basic) school *			
8.	Agricultural market			
9.	Bank/Financial Services			

**To the interviewer:** Do not ask about the primary/general school, if there is a secondary school in the village.

**C.36. How would you rate the quality of below-mentioned type of Road/Transport:**

**To the interviewer:** mark the answers in each row putting 1 in the respective column.

Type of Road/Transport	Poor	Average	Good	Excellent
1. Roads within your settlement or community				
2. Roads to regional towns or markets				
3. Buses, minivans, and any other available transportation services				

**VISIT 2**
**Section D. EMPLOYMENT**
**MAIN AND ADDITIONAL (SECONDARY) JOB**

For members aged 15-75 years (including)

Table 1

HH member's ID numbers	Did you have any paid work or profitable job (own business) during the last 7 days, even if you worked only for one hour (include the work in a farm, family enterprise)?	Did you have any work or business from which you were absent during the last 7 days?	Please specify the main reason of absence	The main type of economic activity in your workplace or business	What is your employment status?	Has your business legally been registered?
	1. yes → 4 2. no <u>For interviewer:</u> *) It's about a working activity realised only in Armenia.	1. yes 2. no → Table 2 (page 14)	1. Annual or additional leave, unpaid vacation for personal reason 2. Illness, injury, care for a sick relative 3. Lay-off <sup>1</sup> 4. Maternity/paternity leave 5. Child-care leave (up to 3 years) <sup>1</sup> 6. Specifity of work / off-season (including work in the farm) <sup>2</sup> 7. Educational or vocational training leave <sup>1</sup> 8. Lack of clients, customers, suppliers, etc. 9. I'm going to go abroad for a job → Table 2 col. 1 (page 14) 10. Other..... (specify)	<u><b>For interviewer</b></u> Record the code according to the list of economic activities provided in Annex 2 (page 46)	1. Employee with a written contract 2. Employee with a verbal agreement 3. Employer ( <i>owner with permanent employees</i> ) 4. Own-account worker in a farm 5. Other own-account worker 6. Unpaid family worker 7. Member of the producer, consumer cooperative	1. Yes 2. Is in the process of being registered 3. No 4. Do not want to answer 5. Do not know 6. The activity has been implemented in farm
	1	2	3	4	5	6

1 In case an assurance of a return to the same work → 4, otherwise → Table 2 (page 14).

2 If the total duration of absence from a work does not exceed 6 months → 4, otherwise → Table 2 (page 14).

## VISIT 2

## Section D. EMPLOYMENT

### MAIN AND ADDITIONAL (SECONDARY) JOB

For members aged 15-75 years (including)

Table 1(continuation)

[illegible]

<sup>1</sup> This question should be answered also by people who are on vacation.

<sup>2</sup> Not counting the cases envisioned by Law (part-time workday for employees under 18 and women using additional breaks for breastfeeding).

## VISIT 2

## Section D. UNEMPLOYMENT

For jobless members of household at the age of 15-75 years (including)

Table 2

[illegible]

## VISIT 2

## Section D. UNEMPLOYMENT

For jobless members of the household at aged 15-75 (including)

Table 2(continuation)

[illegible]

## VISIT 3

## Section E.

## PRE-SCHOOL EDUCATION

for children at pre-school age (&lt; 6 years old)

## Table 1

[illegible]

**To the Interviewer:** *If the child under 6 years of age attends a pre-school institution (answer “yes” in the column 2) then the interview about this child’s education ends in this section.*



### VISIT 3

## Section E.

### EDUCATION

For members over 6 years old

Table 2

[illegible]

**\* If you haven't yet completed this degree in the first year of studies, than mention "0".**

### VISIT 3

## Section E.

### EDUCATION

For members over 6 years old

**Table 2 (continuation)**[illegible]

## VISIT 3

Section E.  
EDUCATION

For members over 6 years old

Table 2 (continuation)

HH mem- ber's ID num- bers	How much did you spend in average month (during the last 12 months) on?								How much did you spend on transportation weekly?	Did you receive any assistan ce during the academi c year?  1.books 2.food 3.milk 4.cloths 5.other 6.didn't receive ⇒35	Who provided the assistance? 1. the school/ educational institution 2. state, community 3. private donor from Amenia 4. private donor from abroad 5. don't know	Do you receive a scholarship? 1.yes, from school/educa tional institution 2.yes, from state 3. yes, from private donor 4. yes, but I don't know from whom 5. no ⇒ table 38	How much scholarship do you receive monthly?		Were you asked to give a gift to your teacher or professor during the current and last academic year?  1. YES 2. NO	Have you given gifts or presents to your teachers or professors by your own initiative or after you were asked during the current and last academic year?  1. YES 2. NO	
	Purchase of textbooks and stationery		Other expenses connected with the education		Education fee								amount	1. dram 2..rouble 3. dollar 4. euro			
	amount	1.dram 2.rouble 3.dollar 4. euro	amount	1.dram 2.rouble 3.dollar 4. euro	paid by h/h members		paid by other organizations, persons or higher education institution										
					amount	1.dram 2.rouble 3.dollar 4.euro	amount	1.dram 2.rouble 3.dollar 4.euro									
																	amount
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39

VISIT 3

Section E.

## EDUCATION

For members who do not attend school (14 years old and over)

### Table 3

[illegible]

## VISIT 4

## Section F.

## AGRICULTURE

**To the interviewer: section F is filled out for both rural and urban households**

## LAND USE

**F.1. Does any member of your household own or work on the land (including back yards and the summer-house plots)?**

1. yes
2. no ⇒ Table 2

**F.2. What is the total area of the land currently owned or rented by your household?**

Type of rights in land ?	Area in sq.m	from which	
		In fact used for crop production, sq.m	In fact irrigated, sq.m
1. Own land			
1.1 including kitchen plot			
2. Rented/other cultivated land			

**F.3. If there is any part of your land that you do not use for cultivation, please indicate why? If you don't use your land for cultivation fully or partially, then why?**

**To the interviewer:** Check all applicable answers by putting 1 in the appropriate box.

- |   |                      |
|---|----------------------|
| 1. Too far -----                          | <input type="text"/> |
| 2. Land is of very poor quality -----     | <input type="text"/> |
| 3. No irrigation available -----          | <input type="text"/> |
| 4. Not profitable to cultivate -----      | <input type="text"/> |
| 5. No funds for cultivation -----         | <input type="text"/> |
| 6. I'm not in good health, I am old ----- | <input type="text"/> |
| 7. Other _____(specify) -----             | <input type="text"/> |

**F.4. During the past year, was any farming or irrigation training offered in your village or near villages?**

1. Yes
2. No =>F6(if do not use for cultivation, move to the table 2)
3. Don't know =>F6 ( if do not use for cultivation, move to the table 2)

**F5. Did you attend any of the trainings?**

1. Yes
2. No

**To the interviewer: if the household does not fully cultivate its land move to the Table 2.**

**F.6. How much of your land do you water/irrigate through the following ways (sq. m.)?**

	Kitchen plot	Other plots
1. Irrigation water (pipeline/canal)		
2. Deep or other well or drinking water/move to the table 1/		
3. Exclusively natural sources, rivers/ rain water /move to the table 1/		
4. Irrigation water and wells or other drinking water		
5. Irrigation and natural sources, rivers/rain water		
6. Do not water		
7. Collect rain water, thaw water /move to the table 1/		
8. Only rain water /move to the table 1/		

**activities (fertilizers, seedlings and seeds etc.)?**

**F.7. Are you a member of a water users' association?**

1. yes ⇒ **F.9.**
2. no

**F.8. If not, please specify why?**

1. There is no such association in our village
2. I don't want to join the association
3. Other \_\_\_\_\_ (specify)

**F.9. Did you get enough irrigation water in time?**

1. yes, enough and timely ⇒ **F.11.**
2. enough, but not timely
3. timely, but not enough
4. not timely and not enough
5. no

**F.10. If you had an interruption in the supply of irrigation water, what do you think the reasons were?**

**To the interviewer:** Prioritize the most significant 3 reasons.

1. Pump accidents
2. The poor condition of the pipes
3. Failure to pay
4. No inter-community supply schedule
5. Arbitrary approach by the system representatives
6. Local system issues
7. Other (specify)

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**F.11. Did you pay for irrigation water?**

1. Yes ⇒ **F.13.**
2. Partially
3. No

**F.12. If you did not pay fully or paid partially, please indicate why**

**To the interviewer:** Indicate the reasons and list up to three most important ones.

1. Incorrect fee estimates
2. Insufficient water supply
3. Not timely supply
4. Lack of confidence in supplier
5. Lack of funds
6. Other \_\_\_\_\_ (specify)

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**To the interviewer:** Say to respondent “Now I would like to ask you about changes you made in 2017 agricultural season compared to your 2016 agricultural season”.

**F.13. Do you find that the operation of your irrigation system in 2017 has changed compared to 2016?**

1. yes
2. no ⇒ F15

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**F.14. In what way did it change?**

1. Improved significantly
2. Improved some
3. Worsened some
4. Worsened significantly

--

**F.15. Did the area of land you irrigated in 2017 has change compared to 2016?**

1. yes
2. no ⇒ table 1

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**F.16. In what way did it change?**

1. Enlarged significantly
2. Enlarged to some extent
3. Somewhat reduced
4. Significantly reduced

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# VISIT 4

## Section F. AGRICULTURE

### Crop production and utilization

Table 1

N	Item	*	Size of the land area cultivated in 2017**.	Size of irrigated land area.	Remained from the last season as of January 01.2017	Total amount of the harvest received in last 2017 season	Columns 3+4=5+7+8+9+10+11+12+13+14)										
							How much was sold (exchanged)?		Has been processed food production for sale	Was paid in kind from the agricultural products for work and services, land rent, fuel and etc.	Was leaved as a seeds.	Was consumed used as a food) in the household	Was used as fodder.	The losses by any reasons	Was used by other ways (gifts, etc.)	Remained at the end of the season (31.12 2017)?	What proportion of the yield was gain from the watered land (besides the rainwater) ?
		Sq. m.	Sq. m.	kg	kg	kg	dra m	Kg	Kg	kg	kg	kg	kg	kg	kg	%	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Wheat																
2	Barley																
3	Spelt																
4	Other cereals																
5	Beans																
6	Peas																
7	Other legumes																
8	Tobacco								X		X		X				
9	Flowers (pieces)								X		X		X				
10	Potatoes																
11	Vegetables(including green hariiot)																
12	Crops(watermelons, melons)																
13	Grapes										X		X				
14	Fruits										X						
15	Grass and hay								X			X					
16	Other (specify)								X								

\* mark 1, if the crop is cultivated on already used (during last season) land

\*\* If the land has been used twice or multiple times, then the TOTAL landplot size can be more than the number recorded in F2.

1.a. Who in the household take part in this activity?(To the interviewer: mention the ID number of household members).

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# VISIT 4

## Section F. AGRICULTURE CATTLE BREEDING

**F.17. Were you engaged in cattle breeding during the last 12 months?**

1. Yes
2. No → table 3

**Table 2**

N	Item	Heads of cattle at present	How many of each livestock mentioned did you buy during the last 12 months?		How many livestock did you sell during the last 12 months?		How many livestock did you slaughter during the past 12 months (hooked in case of fish)?	Slaughtered cattle (column 6) of which:				Main sale places 1. roadside 2. directly from field or house 3. myself in market 4. through an intermediary in the market 5. in wholesale / retail market 6. direct recultivation 7. consumer cooperative 8. barter for other goods or services 9. other places (3 answers allowed)			How much slaughtered stored meat do you have currently (hooked in case of fish)?
								Sale (including barter)		Consumed by the household					
		head	head	drams	head	drams	head	kg	dram	kg	dram	code	code	code	kg
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Cattle , of which														
2	cows														
3	draught ox														
4	calf														
5	ox														
6	Pigs, of which														
7	sow														
8	young pigs														
9	Sheeps and goats														
10	Horses, dankies and mules														
11	Poultry, of which														
12	layers and roosters														
13	Fur game, of which														
14	rabbits														
15	nutria														
16	marshotter														
17	sable														
18	silver fox														
19	Families of bees (units)						x	x	x	x	x				x
20	Fish, lobster (kg)														

**2.a. Who in the household take part in this activity? To the interviewer: mention the ID number of household members.**

--	--	--	--	--

**VISIT 4**

**Section F.**  
**AGRICULTURE**  
(Agricultural Equipment)

**Table 3**

N	Equipment	How many of the mentioned equipment is owned by the household? (peace)	How many years ago was the most recent equipment bought? 1. up to 1 year 2. 1-2 years 3. 3-5 years 4. 6-10 years 5. 11 years and over	Does it operate?  1. yes 2. partially 3. no	Did you sell any equipment during the last 12 months?  1. Yes	If yes, mention the cost of sold equipment  dram (or foreign currency in drams)
		1	2	3	4	5
1	Tractors, Mini tractor					
2	Truck					
3	Grain combines					
4	Tractors trailer					
5	Hay-mower					
6	Harvesting combain					
7	Grain separator					
8	Seeders					
9	Plows					
10	Cultivators					

**To the interviewer: if the household has no land and is not engaged in cattle-breeding, pass on to section H**

**VISIT 4**

**Section F.**  
**AGRICULTURE**  
**AGRICULTURAL EXPENDITURES**

***To the interviewer: fill out each row***

**Table 4**

N	Name of articles	How much was spent on the mentioned items during the last season?  dram (or foreign currency in drams)	From which sources did you get it? 1. by retail 2. state/community, organization 3. cooperative 4. union of local farmers 5. commercial firm 6. private person 7. international organization 8. other (specify) _____
		1	2
1	All types of fertilizers		
2	Herbicides		
3	Seeds, seedlings		
4	Irrigation		
5	Spare parts		
6	Hired workers		
7	Transport		
8	Rented livestock		
9	Rented equipment etc.		
10	Tools		
11	Repair / maintenance		
12	Fodder		
13	Veterinary services and medicine		
14	Land tax		
15	Payment for rent of land		
16	Bags, containers, strings etc.		

**F.18. Which were the 3 main difficulties you experienced during the last season?**

1. lack of wholesale and retail markets
2. paying irrigation fees
- 3 acquisition of agricultural techniques
4. acquisition of seeds or seedlings
5. shortage of seeds
6. lack of work force
7. remuneration for work
8. transportation of products to the market
9. dealing with intermediary
10. sale of food products
11. other\_\_\_\_\_ (specify)
12. did not experience

--	--	--

**F.19. Did you take credit or debt for agricultural activities during the last season (2017 January-December)?**

1. yes
2. no → next section

--

**F.20. If yes, how much?**

--

**Dram (or foreign currency in drams)**

**F.21. If yes, whom from?**

1. bank
2. state guaranteed project
3. international organization
4. parents
5. friends or others
6. other \_\_\_\_\_ (specify)

--

## VISIT 4

Table 1

Section G  
Food Production

Food Production													
N	Item	Measurement unit	Total quantity produced during last 12 months	from which (1=2+4+6+7)							Main places of sale 1. roadside 2. home 3. myself in wholesale/retail market 4. through an intermediary in wholesale /retail market 5. consumer cooperative 6. barter for other goods or services 7. other places (3 answers allowed)		
				Total quantity sold during the last 12 months?		Consumed by household from own production during the last 12 months*?		Losses by any reasons , gifts, etc.?	Total quantity of stored products				
				quantity	dram	quantity	dram		quantity	drams	code	code	code
			1	2	3	4	5	6	7	8	9	10	11
1	Bread (lavash)	kg											
2	Ghaurma	kg											
3	Smoked meat (cold boiled pork, meat loaf)	kg											
4	Basturma	kg											
5	Sujukh (meat)	kg											
6	Sausage	kg											
7	Milk non-processed	liter											
8	Cheese	kg											
9	Sour cream	kg											
10	Matsoun	liter											
11	Butter	kg											
12	Vodka	liter											
13	Wine	liter											
14	Preserved fruit (jam, sweet syrup / dried / freezed fruit)	liter											
15	Preserved vegetable	liter											
16	Cookies	liter											
17	Honey	kg											
18	Smoked fish	liter											
19	Eggs	kg											
20	Other (specify)_____	kg											

\*) columns 1-7 include sugar and other constituents

**3.a. Who in the household participate in this activity? To the interviewer: mention the ID number of household members**

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## MONETARY AND COMMODITY FLOWS BETWEEN HOUSEHOLDS

## Household Expenditures

**H.1. Did the household send any money or goods (bought or produced by h/h) (as a gift or assistance) to an absent household member or any other person during the last 12 months?** ☐

1. Yes
2. no  $\rightarrow$  table 2

### Table 1

[illegible]

## II Household Incomes

Table 2

H.2. Did the household receive money or goods (as a gift or assistance) from an absent household member or any other person during the last 12 months?

1. yes

☐

2. no → Section I

N	Number of the household member whom the money or goods were received from  For the none HH members <u>To the interviewer:</u> Put code 77 if this member was not absent from Armenia, or was absent only for a period up to one year.  Put code 99 if he/she was permanently absent for more than a year or never resided in Armenia.	Where does he/she live? 1. Yerevan 2. other city in Armenia 3. village in Armenia 4. Russia 5. other CIS country 6. any European country 7. USA, Canada 8. Other ----- (specify)	The regularity of these transfers.  1. monthly 2. quarterly 3. annually	How much money did you receive during the last 12 months?		If you received money outside the country, then how did you get it? 1. bank 2. post 3. other (specify)	How was used the received money?  1. To take care of routine consumption expenses (including expenses on health, education and other expenses)  2. For one's own construction or acquisition of real estate/movable property  3. To acquire real estate or do construction for the sender	What was the total value of food or goods received during the last 12 months?  (dram)	
				amount	1. dram 2. rouble 3. dollar 4. euro			foods	non-foods
	1	2	3	4	5	6	7	8	9
1									
2									
3									
4									
5									
6									
7									
8									

## VISIT 5

## Section I

**HEALTH (general) and HEALTHCARE****Table 1** *To the interviewer: all members of the household are interviewed, questions related to children should be asked to their parents.*

ID number of h/h member	How would you evaluate your state of health?	During the last 30 days, for how many days were you ill?	Did you terminate your usual activities during the last 30 days because of illness, injury, or bad state of health?	If yes, for how many days did you terminate your usual activities?	During the last 30 days, did you apply for medical assistance from a family doctor, ambulatory, polyclinic or village health center?	How many times did you apply for medical assistance from one of these places during the last 30 days?	To whom did you apply for medical assistance during the <u>last visit</u> ?	Did you have to pay the medical personnel to whom you applied according to price list during the <u>last visit</u> ?	How much did you pay to anyone from the medical staff?  (dram)	Did you make any <u>gifts</u> ( food, etc.) or provide any service to this person, besides the payment? If yes, what was the value of the gift or service? (dram)  If no gift, write zero
	1. Very good 2. Good 3. Neither good nor bad 4. Bad 5. Very bad		1. Yes 2. No → 5		1. Yes 2. No → 18		1. Family doctor 2. Pediatrician 3. Obstetrician/ gynecologist 4. Therapist 5. Narrow specialist 6. Stomatologist 7. Private doctor 8. Diagnostic centre 9. Ambulance 10. Other (specify)	1. Yes 2. No → 10		
	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

*\*To the interviewer: For children under 5 years all expenditures for polyclinics, preventive examination or postnatal consultancy register in Table 2*



# VISIT 5

## Section I. HEALTH (general) and HEALTHCARE

**Table 1 (continuation)**

ID number of h/h member	During the last visit did you have to make any other payments, including payments for laboratory tests and x-rays, in connection with the consultation? If yes, how much was paid? (dram)		During the last 30 days, how much did you pay totally for medical assistance? (dram)	Have you been diagnosed with hypertension?	During your last visit, did you receive a cholesterol test?	During your last visit, did you receive electrocardiogram?	What was your opinion of the service received during your last visit to this health facility?	If you did not seek medical advice during the last 30 days, what was the reason why not?	During the last 30 days, have you purchased any medicines for treatment?	How much did you pay in total for medicines during the last 30 days? (dram)	During the past 12 months, did you apply for either outpatient or inpatient medical assistance from a hospital?	During the past 12 months, how many times did you stay overnight at a hospital?	During the past 12 months, how many times did you visit a hospital for outpatient care?
	for laboratory tests	for x-rays	13	14	15	16	17	18	19	20	21	22	23
	11	12											
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

# VISIT 5

## Section I. HEALTH (general) HEALTH CARE

Table 1 (continuation)

ID number of h/h member	During your last visit to a hospital, did you stay overnight ?	For how long did you stay at a hospital during the last visit?	Was your last visit to a hospital in the observed month?	What type of specialist was your main provider of medical assistance during your last visit to the hospital?	How much did you pay to the hospital cashier during your last visit to a hospital? (dram)	How much did you pay directly to medical staff (doctors, nurses, etc.)? (dram)	Did you make any gift ( food, etc.) or provide any service to anyone from the medical staff besides the payment? If yes, what was the value of the gift or service? (dram)	Did you have to make any other payments, including payments for laboratory tests, x-rays, or medicines, during your last visit to the hospital? If yes, how much was paid? (dram)			How much did you pay in total for hospital services during the last year? (dram)	What was your opinion of the service received during your last visit to hospital?	Do you have a right to use BBP?	Does your health insure?
	1. Yes 2.No→26	(number of days)	1. Yes 2. No	1. Surgeon 2. Emergency doctor 3. Therapist 4. Cardiologist 5. Obstetrician-Gynecologist 6. Urologist 7. Gastro-enterologist 8. Oncologist 9. Endocrinologist 10. Neurologist 11. Other ----- (specify)				If no payment, write zero				1. Fully satisfied 2. Partly satisfied 3. Not satisfied	1. Yes 2. No 3. I don't know	1. Yes 2. No
	24	25	26	27	28	29	30	laboratory tests	x-rays	medicine	34	35	36	37
								31	32	33				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

# VISIT 5

## Section I. HEALTH (postnatal consultancy) (children between 0 and 5 years)

**Table 2**

No of h/h member	Did you take the child to the polyclinics for preventive examination or postnatal consultancy during the last 30 days?  1. Yes 2. No → 9	If yes, how many times?	Were the weight of your child measured during the last 30 days in polyclinic?  1. Yes 2. No 3. I don't know	Were the height of your child measured during the last 30 days in polyclinic?  1. Yes 2. No 3. I don't know	Did you receive any consultation on your child's growth and development during your 30 days in polyclinic?  1. Yes 2. No 3. I don't remember	Did your child receive a blood test during the last 30 days?  1. Yes 2. No	Did your child receive an immunization during the last 30 days?  1. Yes 2. No	Where did you deliver your child?  1. hospital or other health care facility 2. at home 3. other place	How much did you pay in total for the delivery of your child?  (drams)  If paid nothing, write zero	Did you breastfeed?  1. Yes 2. No → 13	If yes, for how many months?	Who is taking care of your kids usually when you are not at home?  1. a household member 2. relative 3. neighbor, friend 4. paid baby-sitter 5. nursery or , kindergarten 6. they stay alone 7. other ----- (specify)	If the answer to question 2 is "no", please specify why did not you go to postnatal consultations?  1. health care facility is closed 2. too expensive 3. too far away 4. services were not necessary 5. there is no medical facility 6. the quality of medical care is unsaficient 7. other ----- (specify)
1	2	3	4	5	6	7	8	9	10	11	12	13	14

## VISIT 5

## Section J. DEBTS

### J. 1. Did any of household members lend money within the last 12 months?

1. yes

2. no → J3

*J.1.1. If yes, please specify (two answers are possible) from which`*

*1.To RA residents- legal entity and natural person ( not absent from the RA or was absent for one year)*

*2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA)*

### J. 2. If yes, how much?

(Four answers are possible)

*J.2.1 To RA residents*

*- legal entity and natural person*

( not absent from the RA or was absent for one year)

dram  
ruble  
dollar  
euro


*J.2.2 To RA non- residents*

*legal entity and natural person*

(absent from the RA for more than a year or have never resided in the RA year)

dram  
ruble  
dollar  
euro


### J.3. How much debt does your family have at the moment (including agricultural credits)

From which`

*1.To RA residents - legal entity and natural person ( not absent from the RA or was absent for a year)*

dram

*2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA)*

dram

### J. 4. Did any of household members barrow money within the last 12 months?

1. yes

2. no → Table 1 (column 6)

*J.4.1. If yes, please specify (two answers are possible) from which`*

*1.To RA residents - legal entity and natural person ( not absent from the RA or was absent for a year)*

*2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA)*

### J. 5. If yes, how much? (Four answers are possible)

dram  
ruble  
dollar  
euro


**VISIT 5**
**SECTION J.  
DEBTS**
**Table 1**

N		Did any member of the household borrow money for the following purposes during the last 12 months? yes no → column 6 If yes, mention the number of the h/h member		What is the total borrowed amount?		Where was it borrowed from?  1. family 2. friends/ other persons 3. bank 4. other	If you paid any debts during the last 12 months, specify the amount		Debt interest payments during the last 12 months, specify the amount	
				amount	1. dram 2. ruble 3. dollar 4. euro		amount	1. dram 2. ruble 3. dollar 4. euro	amount	1.dram 2.ruble 3.dollar 4.euro
		1	2	3	4	5	6	7	8	9
1	Purchase of a house / flat/summer house									
2	Purchase of a car, van									
3	Purchase of furniture									
4	For medical treatment									
5	For education									
6	Fridge, washing machine and other equipment									
7	Computer									
8	Wedding									
9	Funeral									
10	Other special events									
11	Entrepreneurship (including agricultural credits)									
12	For any other purpose									

**J.1.a. In the past twelve months, has the household been in arrears on hire purchase instalments or other loan payments borrowed by banks or financial institutions, i.e. has been unable to pay these on time due to financial difficulties?**

**Please don't consider arrears on mortgage payments for the main dwelling: they are covered by question C.3b.**

1. Yes, once
2. Yes, twice or more
3. No
4. Didn't have loan/credit

**VISIT 5**

**SECTION K.**  
**SUBJECTIVE ESTIMATION OF THE LIVING STANDARD**

**Table 1**

Can your household afford...			Is your household's total income enough to pay the required minimal expenses?
1. Yes 2. No			
...an unexpected required expense of 40.000 dram and pay through its own resources (without borrowing or asking for financial help)?	...to have a meal with meat, chicken, fish (or vegetarian equivalent) every second day?	...to go for a week's annual holiday, away from home, including stays in a second dwelling or with friends/relatives (entire household)	1. With great difficulty 2. With difficulty 3. With some difficulty 4. Fairly easily 5. Easily 6. Very easily
1	2	3	4

**K. 1. How much money does your family need monthly to live very well, well and to 'make ends meet' (survive)?**

		Amount (put zero if it is difficult to answer)	1. dram 2. ruble 3. dollar 4. euro
1.	Very well		
2.	Well		
3.	To survive		

**Table 2**

Could you tell me if each of individuals at the age of 16 and older has or does the following?					
1. Yes 2. No, because cannot afford 3. No, for any other reason					
No of h/h member	Have two pairs of properly fitting shoes (including a pair of all weather shoes)	Replace worn-out clothes (including old-fashioned ones) by some new (not second-hand) ones	Get-together with friends/family (relatives) for a drink/meal at least once a month	Regularly (several times per year) participate in a paid leisure activity outside home such as sport, cinema, concert	Spend a small amount of money each week on him/herself (without having to consult with any other person)
	1	2	3	4	5

**Table 3****INDIVIDUALS AT THE AGE OF 16 AND OLDER**

No	What are the main problems in your households? Range them according to their importance.			What category do you think your family belongs to?	What are your plans to improve your living standards?	Do you think the new generation will live better than you?	If you do not receive the family benefits is there need to receive it in the future?
	1. don't have money even for every day food 2. have money for food, but not for clothes 3. housing problems 4. can't ensure good education 5. can't solve health problems 6. other ----- (specify) 7. no problems  (3 answers are possible)			1. rich 2. over middle 3. middle 4. below middle 5. poor 6. very poor	1. my living standards are acceptable for me 2. plan to open my own business (enlarge it, if it already exists) in Armenia 3. plan to open my own business (enlarge it, if it already exists) outside Armenia 4. looking for a profitable job in Armenia 5. looking for a profitable job outside Armenia 6. nothing depends on me, the government must guarantee good conditions and work places 7. I have no expectations at all and must leave Armenia 8. I don't know how to get out of this situation 9. no plans	1. yes, I'm sure about it 2. yes, I hope so 3. no, they will live the same way 4. no, their life will be worse 5. difficult to answer	1. Yes 2. No
	1	2	3	4	5	6	7

**VISIT 5**
**SECTION L.  
PROVISION OF SERVICES**
**L1. Please indicate what is your opinion on the following public services?**
**Table 1**

N	Item	Are you satisfied with provided services?  1. yes 2. no 3. don't know	Were there any changes in the delivery of these services during the last 12 months?  1. yes, improved 2. yes, worsened 3. no change 4. don't know	Did you apply the administration in case these services were not operating?  1. yes 2. no → Section M	If yes, did the administration take any steps to improve these services?  1. yes 2. no 3. don't know
		1	2	3	4
1	Water supply				
2	Sanitation				
3	Garbage collection				
4	Fixed telephone				
5	Electricity supply				
6	Post				
7	Banking				
8	Irrigation				
9	Health services				
10	Education				
11	Public transportation				



**SECTION M.**  
**SOCIAL ASSISTANCE**

**M.1. Is your family registered in the poverty family benefit system?**

1. yes, registered and my family receives benefit (not counting the delays) → M.3.
2. yes, registered, but my family doesn't receive benefit → M.4.
3. yes, registered and my family receives quarterly emergency benefit → M.4.
4. no → M2

**M.2. If no, what is the main reason?**

1. I considered myself well-off
2. has no information
3. in any case, I wouldn't get anything
4. bad attitude of the social workers
5. difficult to get the required documents
6. I have been rejected once
7. other \_\_\_\_\_(specify)

*Go to the question M.11*

**M.3.If family receives benefit, please specify for how many years you were entitled to?**

*Go to the question M7.*

**M.4 If family receives quarterly emergency benefit during the last 12 months, please specify for how many times you were entitled to? (if did not receive during mentioned period put 99)**

**M.5. Did they inform you about the reasons for the termination/refusal of the benefits?**

1. yes, verbally
2. yes, in written form
3. no
4. difficult to answer

**M.6. Were the reasons for the termination/refusal of the benefits clear to you?**

1. yes, I accepted the explanation
2. yes, but I appealed
3. no, I applied for further explanations
4. difficult to answer

**M.7. Was it easy to collect the documentation necessary for the application?**

1. yes
2. not so easy
3. very difficult

**M.8.Did you pay for documents and certificates you were asked to provide?**

- 1.yes
- 2.no
- 3.do not want to answer

**M.9. Were you satisfied with the work of your regional social inspector?**

1. yes, I have received explanations to all my questions
2. at some extent
3. no
4. difficult to answer

**M.10. Did you inform the Social Security Service about the changes, which occurred in your household after the registration?**

1. yes
2. no
3. there were no changes

**M.11. Do you consider that the poverty family benefit system is fair?**

1. yes
2. no
3. not sure
4. don't know

**M.12. In your opinion, what part of the families receiving poverty family benefits are really vulnerable?**

1. almost all
2. more than the half
3. half of them
4. less than the half
5. a few of them
6. don't know

**M.13. Did you receive humanitarian assistance during the last 12 months?**

1. yes
2. no

**M.14. If yes, what kind of assistance ?**

	yes (record 1)	For how many times?
1. food		
2. wearing		
3. stationery		
4. medications		
5. other		

**SECTION N**  
**Activities of private households as employers and undifferentiated  
production activities of private households**

**N.1. During the last 12 months have you used hired laborforce in the household?**

- 1. Yes**
- 2. No → Section O**

**Table 1.**

Type of works 1. House cleaners, laundry washing, maids, cooks 2. Waiters 3. Drivers 4. Gardeners 5. Tutors 6. Guards 7. Care givers/baby sitters (for kids, the elderly, the sick) 8. Governesses 9. Other ----- (specify)	How much have you paid for the specific job (dram)?	From whom got services when hired laborforce 1. Direct from personalities 2. Organizations or employers
1	2	3

## SECTION O

### Monthly consumption of energy carriers in households

#### O.1. Consumption of liquid gas (propane)

1.1. How much liquid gas did you consume? (excluding quantity purchased for cars)

kg

#### O.2. Consumption of kerosene

2.1. How much kerosene (in liters) did you consume?

liter

#### O.3. Consumption of diesel oil

3.1. How much diesel oil did you consume? (excluding quantity purchased for cars)

liter

#### O.4 Consumption of coal

4.1. How much coal did you consume?

kg

#### O.5. Consumption of firewood

5.1. How much firewood (in m<sup>3</sup>) did you consume

m<sup>3</sup>

5.2. from which stored up by household

m<sup>3</sup>

#### O.6. Consumption of pressed dung

6.1. How much pressed dung (in kg) did you consume?

kg

#### O.7. Consumption of other energy carriers

7.1. How much other energy carriers (in kg) did you consume?

kg

#### O.8. Cars

8.1. Do you have car(s)?

1. yes

2. no → finish interview

8.2. If yes, what kind of fuel do you consume for your car?

Type of fuel	Unit of measurement	Consumed quantity
1. Petrol	liter	
2. Diesel oil	liter	
3. Compressed gas	dram	

**SECTION P**  
**GLOBAL FOOD INSECURITY EXPERIENCE SCALE**  
***Individually Referenced***

**Now I would like to ask you some questions about food.**

**During the last 12 MONTHS, was there a time when:**

P1. You were worried you would not have enough food to eat because of a lack of money or other resour

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P2. Still thinking about the last 12 MONTHS, was there a time when you were unable to eat healthy and  
of a lack of money or other resources?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P3. You ate only a few kinds of foods because of a lack of money or other resources?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P4. You had to skip a meal because there was not enough money or other resources to get food?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P5. Still thinking about the last 12 MONTHS, was there a time when you ate less than you thought you sh  
of money or other resources?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P6. Your household ran out of food because of a lack of money or other resources?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P7. You were hungry but did not eat because there was not enough money or other resources for food?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

P8. You went without eating for a whole day because of a lack of money or other resources?

- 0 No  
1 Yes  
98 Don't Know  
99 Refused

## ***Annex 1***

<b>European countries</b>	Croatia
Belgium	Macedonia
Bulgaria	Turkey
Czech Republic	Iceland
Denmark	Liechtenstein
Germany	Norway
Estonia	Switzerland
Ireland	Albania
Greece	Andorra
Spain	Bosnia and Herzegovina
France	Gibraltar
Italy	Vatican City/Country
Cyprus	Monaco
Latvia	Montenegro
Lithuania	San Marino
Luxembourg	Serbia, including Kosovo
Hungary	<b>CIS countries</b>
Malta	Russia
Netherlands	Ukraine
Austria	Belarus
Poland	Moldova
Portugal	Armenia
Romania	Kazakhstan
Slovenia	Uzbekistan
Slovakia	Kyrgyzstan
Finland	Tajikistan
Sweden	Azerbaijan
United Kingdom	Turkmenistan

## ***Annex 2***

### **CLASSIFIER OF TYPES OF ECONOMIC ACTIVITY**

Codes	Sections Titles
01	Crop and animal production, hunting and related service activities
02	Forestry and logging
03	Fishing and aquaculture
05	Mining of coal and lignite
06	Extraction of crude petroleum and natural gas
07	Mining of metal ores
08	Other mining and quarrying
09	Other mining and quarrying
10	Manufacture of food products
11	Manufacture of beverages
12	Manufacture of tobacco products
13	Manufacture of textiles
14	Manufacture of wearing apparel

15	Manufacture of leather and related products
16	Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials
17	Manufacture of paper and paper products
18	Printing and reproduction of recorded media
19	Manufacture of coke and refined petroleum products
20	Manufacture of chemicals and chemical products
21	Manufacture of basic pharmaceutical products and pharmaceutical preparations
22	Manufacture of rubber and plastic products
23	Manufacture of other non-metallic mineral products
24	Manufacture of basic metals
25	Manufacture of fabricated metal products, except machinery and equipment
26	Manufacture of computers, electronics and optical products
27	Manufacture of electrical equipment
28	Manufacture of machinery and equipment n.e.c.
29	Manufacture of motor vehicles, trailers and semi-trailers
30	Manufacture of other transport equipment
31	Manufacture of furniture
32	Other manufacturing
33	Repair and installation of machinery and equipment
35	Electricity, gas, steam and air conditioning supply
36	Water collection, treatment and supply
37	Sewerage
38	Waste collection, treatment and disposal activities; materials recovery
39	Remediation activities and other waste management services
41	Construction of buildings
42	Civil engineering
43	Specialised construction activities
45	Wholesale and retail trade and repair of motor vehicles and motorcycles
46	Wholesale trade, except of motor vehicles and motorcycles
47	Retail trade, except of motor vehicles and motorcycles
49	Land transport and transport via pipelines
50	Water transport
51	Air transport
52	Warehousing and support activities for transportation
53	Postal and courier activities
55	Accommodation
56	Food and beverage service activities

58	Publishing activities
59	Motion picture, video and television programme production, sound recording and music publishing activities
60	Programming and broadcasting activities
61	Telecommunications
62	Computer programming, consultancy and related activities
63	Information service activities
64	Financial service activities, except insurance and pension funding
65	Insurance, reinsurance and pension funding, except compulsory social security
66	Activities auxiliary to financial services and insurance activities
68	Real estate activities
69	Legal and accounting activities
70	Activities of head offices; management consultancy activities
71	Architectural and engineering activities; technical testing and analysis
72	Scientific research and development
73	Advertising and market research
74	Other professional, scientific and technical activities
75	Veterinary activities
77	Rental and leasing activities
78	Employment activities
79	Travel agency, tour operator and other reservation service and related activities
80	Security and investigation activities
81	Services to buildings and landscape activities
82	Office administrative, office support and other business support activities
84	Public administration and defence; compulsory social security
85	Education
86	Human health activities
87	Residential care activities
88	Social work activities without accommodation
90	Creative, arts and entertainment activities
91	Libraries, archives, museums and other cultural activities
92	Gambling and betting activities
93	Sports activities and amusement and recreation activities
94	Activities of membership organisations
95	Repair of computers and personal and household goods
96	Other personal service activities



97	Activities of households as employers of domestic personnel
98	Undifferentiated goods- and services-producing activities of private households for own use
99	Activities of extraterritorial organisations and bodies