
BULGARIA

MULTITOPIC HOUSEHOLD SURVEY - 2007

District						
City/village						
No of the cluster within the district						
No of the household within the cluster						
Visiting dates:						
First:/...../ 2007					
Second:/...../ 2007					
Third:/...../ 2007					
Did the interview take place:						
1. YES						
2. NO						
Name of the interviewer:						
Name of the supervisor:						

Reasons why the household has not been interviewed:
1. The household refused
2. The household is absent in the period of survey
3. The address does not exist
4. Not inhabited housing place
5. Completed

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Section 1: DWELLING, UTILITIES AND DURABLE GOODS
[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER]

1. What type of dwelling is it? []

Detached house	1
Semi-detached house	2
Apartment	3
Dwelling in student/ worker hostel	4
Primitive/mobile dwelling	5
Other (specify)	6

2. What is the major construction material of the external walls? []

Panels	1
Concrete	2
Bricks	3
Stone	4
Sun-dried bricks	5
Wood	6
Other (specify)	7

3. In approximately what year was this dwelling built?
ASK RESPONDENT TO PROVIDE AN ESTIMATE IF UNSURE OF THE EXACT YEAR

YEAR BUILT []

4. Is there a small garden around your building? []

Yes	1
No	2

5. How many habitable rooms does this dwelling contain?
DO NOT COUNT KITCHEN, BATHROOMS, TOILETS, STORE ROOMS, OR GARAGE

NUMBER OF ROOMS []

6. What is the space of your dwelling including living and accessory rooms?

SQUARE METERS []

7. Does this dwelling have the following ?

Water supply system	1 = Yes	2 = No	[]
Hot water	1 = Yes	2 = No	[]
Electricity	1 = Yes	2 = No	[]
Connection to public sewage	1 = Yes	2 = No	[]
Cesspit	1 = Yes	2 = No	[]
Toilet	1 = Yes	2 = No	[]
Bathroom	1 = Yes	2 = No	[]

8. Does the dwelling have central heating? []

Yes	1
No	2

9. Which of the following sources of heating does your household use and how much did you pay monthly during the heating season?

				Leva
Central heating	1 = Yes	2 = No	[]	_____
Electricity	1 = Yes	2 = No	[]	_____
Liquid fuel	1 = Yes	2 = No	[]	_____
Gas	1 = Yes	2 = No	[]	_____
Coal	1 = Yes	2 = No	[]	_____
Firewood	1 = Yes	2 = No	[]	_____
Other (specify)	1 = Yes	2 = No	[]	_____

10. Do you have any of the following problems with your accommodation?

Leaking roof, damp walls, floors, foundation	1 = Yes	2 = No	[]
Broken window frames or floor	1 = Yes	2 = No	[]
Too dark, not enough light	1 = Yes	2 = No	[]
Noise (traffic, business, neighbours, etc.)	1 = Yes	2 = No	[]
Too small for household	1 = Yes	2 = No	[]
Other (specify)	1 = Yes	2 = No	[]

11. Do you have any of the following problems with the location of your dwelling?

Lack of shops	1 = Yes	2 = No	[]
Bad transport	1 = Yes	2 = No	[]
Pollution, grime or other	1 = Yes	2 = No	[]
Irregular water supply	1 = Yes	2 = No	[]
Dark streets	1 = Yes	2 = No	[]
Risk of crimes, violence	1 = Yes	2 = No	[]
Other (specify)	1 = Yes	2 = No	[]

12. Does your household own the dwelling or do you rent it? []

Owner	1 >>14
Rented from state or municipality	2
Rented from a private person	3
Provided rent-free	4 >>17

13. How much is your household paying in monthly rent?

LEVA _____ >>16

14. Do you have to repay money from outstanding loan or mortgage for this dwelling? []

Yes	1
No	2 >>17

15. What is the monthly repayment (approximately) on the dwelling loan?

LEVA _____

INTERVIEWER - DO NOT READ THIS TO THE RESPONDENT

16. In your opinion, does this reported rent reflect the true market value if this dwelling were to be rented? []

Approximately accurate	1
Estimate too high	2
Estimate too low	3
Don't know	4

17. What are the current monthly costs your household pays **from your own budget** for:

LEVA PER MONTH

Electricity	_____
Water	_____
Telephone (landline)	_____
Cellular phone	_____
Cable TV/Satellite TV	_____
Internet	_____

18. Does your household have any unpaid bills **in the past** for:

Central heating	1 = Yes	2 = No	[]
Electricity	1 = Yes	2 = No	[]
Water	1 = Yes	2 = No	[]
Telephone	1 = Yes	2 = No	[]

19. Over the past 12 months, did you make any major improvements to the dwelling? []

Yes	1
No	2 >>21

20. What was the main source of funding for these improvements? []

Remittances from family abroad	1
Own savings from work abroad	2
Other own savings	3
Loan from family/friend	4
Loan from bank/money lender	5
Sale of assets	6
Proceeds from business	7
Other (specify)	8

21. Does the household have another dwelling (or parts of a dwelling)? []

Yes	1
No	2 >> 24

22. Where is the other dwelling located? []

In the same town/village	1
In another town/village	2

23. How is the second dwelling used? []

Rented	1
For own business	2
For seasonal living	3
Provided rent free to friends, relatives	4
Holiday home/country house	5
For other purposes	6
Not in use	7

For each item listed below, please indicate whether or not your household possesses it? GO THROUGH THE ENTIRE LIST OF ITEMS, THEN GO TO Q26 FOR ANY ITEMS OWNED		24 Does the household own/use [item]? 1 = Yes 2 = No	25 How many of [item] does the household own?
ITEM	CODE	CODE	NUMBER
Colour TV	101		
Black & white TV	102		
Video player, DVD	103		
Video camera, camera	104		
Cable TV	105		
Satellite antenna	106		
Audio system	107		
Electric or gas stove	108		
Microwave oven	109		
Refrigerator	110		
Freezer	111		
Washing machine	112		
Dishwasher	113		
Sewing/knitting machine	114		
Computer	115		
Telephone	116		
Mobile phone	117		
Bicycle	118		
Motorcycle/scooter	119		
Car, minibus, jeep	120		
Truck	121		
Yacht, boat	122		
Caravan	123		

*

*

* Do not ask question 28

For all items identified as owned in Q. 24, answer the following:	26 How many years ago did you acquire the [item]?	27 How did you obtain the [item]? 1 = Purchase 2 = Gift 3 = As a payment 4 = Provided by job	28 If you wanted to sell the [item], how much would you be able to sell it for today?
LIST EACH ITEM IN A SEPARATE ROW. IF THE HOUSEHOLD HAS MORE THAN ONE ITEM, LIST EACH ONE.	ITEM CODE	YEARS	CODE

Section 2: HOUSEHOLD ROSTER

[ASK HOUSEHOLD HEAD]

I D C O D E	1.	2.	3.	4.	5.	6.	7.
	NAME	SEX	What is [NAME]'s relationship to the household head?	What is [NAME]'s date of birth?	What is [NAME]'s ethnicity?	What is [NAME]'s legal marital status?	Does the spouse/partner of [NAME] live in the household?
	<p>MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, <u>STARTING WITH THE HEAD OF HOUSEHOLD</u>.</p> <p>LIST EVERYONE IN THE HOUSEHOLD BEFORE GOING ON TO QUESTIONS 2 THROUGH 16</p> <p>IF MORE THAN 12 PEOPLE IN THE HOUSEHOLD, USE A SECOND QUESTIONNAIRE</p>	<p>1 = Male 2 = Female</p>	<p>1 = Head 2 = Spouse/Partner 3 = Child 4 = Son/daughter-in-law 5 = Grandchild 6 = Parent, Parent-in-law 7 = Other relative 8 = Domestic help 9 = Other</p>	<p>Day/month/year.</p> <p>RECORD AS MUCH OF THE BIRTHDATE AS POSSIBLE. FOR ANY UNKNOWN DAY OR MONTH, RECORD "99". IF THE YEAR IS NOT KNOWN, ATTEMPT TO APPROXIMATE</p> <p>DD/MM/YYYY</p>	<p>1 = Bulgarian 2 = Turkish 3 = Roma 4 = Other (specify)</p>	<p>1 = Never married >>8 2 = Married 3 = Widowed >>8 4 = Divorced/separated >>8 5 = Living together</p>	<p>1 = Yes 2 = No</p> <p>If yes, write in the ID code of the spouse/partner</p> <p style="text-align: right;">ID CODE</p>
1				__/__/__			
2				__/__/__			
3				__/__/__			
4				__/__/__			
5				__/__/__			
6				__/__/__			
7				__/__/__			
8				__/__/__			
9				__/__/__			
10				__/__/__			
11				__/__/__			
12				__/__/__			

Roster

ID CODE	8.	9.	10.	11.	12.	13.	14.
	<p>Does the father of [NAME] live in the household?</p> <p>1 = Yes 2 = No</p> <p>If yes, write in the ID code of the father</p> <p style="text-align: right;">ID CODE</p>	<p>Does the mother of [NAME] live in the household?</p> <p>1 = Yes 2 = No</p> <p>If yes, write in the ID code of the mother</p> <p style="text-align: right;">ID CODE</p>	<p>What was the first name of [NAME's] grandfather on the father's side?</p> <p>HOUSEHOLD HEAD ONLY</p>	<p>What was the first name of [NAME's] grandfather on the mother's side?</p> <p>HOUSEHOLD HEAD ONLY</p>	<p>During the past 12 months, how many months has [NAME] lived in this household?</p> <p>IF THE ANSWER IS 12 MONTHS, GO TO Q 15</p> <p style="text-align: right;">MONTHS</p>	<p>What is the main reason that [NAME] has been absent during the last 12 months?</p> <p>1 = Working elsewhere in Bulgaria 2 = Studying elsewhere in Bulgaria 3 = Working abroad 4 = Studying abroad 5 = Away for a visit 6 = To undergo medical treatment 7 = Lives somewhere else temporarily 8 = New household member 9 = Other (specify) 10 = Don't know</p>	<p>Where was [NAME] during the absence?</p> <p>1 = In the same town/village 2 = In another town/village 3 = Abroad 4 = Don't know</p>
1							
2							
3							
4							
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6							
7							
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9							
10							
11							
12							

I D C O D E	
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12	

15
INTERVIEWER
USING QUESTION 12, IDENTIFY
HOUSEHOLD MEMBERS AS
THOSE WHO HAVE LIVED IN THE
HOUSEHOLD AT LEAST 3
MONTHS OUT OF THE LAST 12
MONTHS. EXCEPTIONS ARE
HOUSEHOLD HEADS, NEW
SPOUSES, CHILDREN UP TO 16
WHO ARE STUDYING
ELSEWHERE AND INFANTS LESS
THAN 3 MONTHS ARE ALWAYS
HOUSEHOLD MEMBERS.

1 = Household member
2 = Not a household member

Roster

FLAP

I D C O D E	1. NAME	2. SEX	3. AGE
	RECORD THE NAMES OF ALL HOUSEHOLD MEMBERS IN THE CORRESPONDING ROW FROM THE HOUSEHOLD ROSTER		
	1 = Male 2 = Female		
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
10			
11			
12			

Section 3: MIGRATION

[ASK ALL HOUSEHOLD MEMBERS]

I D C O D E	1. Since what year have you been living in this town/village? For people who have been living in the same place since birth, write 9999; for all others write down the year they first moved to this town/village. If 9999 >> Q 4.	2. Where did you live before that? 1 = Sofia 2 = Regional Center 3 = Town 4 = Village 5 = Abroad	3. What was the main reason that you moved to this town/village? 1 = Start a new job 2 = Job search 3 = Study 4 = Accompany a member of the household 5 = Personal reason (marriage, divorce, etc.) 6 = Retirement 7 = Other (specify)	4. Do you have specific plans to move elsewhere over the next 2 years, either in Bulgaria or abroad? 1 = Yes 2 = No >>8	5. Where do you plan to move? 1 = Sofia >> 7 2 = Regional center >>7 3 = Town >>7 4 = Village >>7 5 = Abroad	6. What country do you plan to move to? 1 = Greece 2 = Italy 3 = Spain 4 = Germany 5 = UK 6 = Turkey 7 = Other EU country (specify) 8 = Other (specify)	7. Why do you plan to move? 1 = Start a new job 2 = Job search 3 = Study 4 = Accompany a member of the household 5 = Personal reason (marriage, divorce, etc.) 6 = Retirement 7 = Other (specify)	8. Have you ever been abroad for more than 1 month for work reasons? 1 = Yes 2 = No
	YEAR							
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I D C O D E	9.	10.	11.	12.	13.	14.	15.	16.
	Have you ever tried to go abroad for any reason but did not succeed? 1 = Yes 2 = No	How much time in total have you spent abroad during the last 12 months? IF LESS THAN ONE MONTH, RECORD 0 MONTHS	What year did you first migrate abroad? IF HAVE NEVER MIGRATED, CODE 9999 AND GO TO SECTION 4 YEAR	What month and year was the last time you migrated abroad? MM/YYYY	How many months did you stay abroad during the last time you went? MONTHS	What was the main reason you went abroad this last time? 1 = Working 2 = Studying 3 = Visiting 4 = To undergo medical treatment 5 = Personal/family reasons 6 = Other (specify)	What country did you go to this last time you went abroad? IF MORE THAN ONE, REPORT THE COUNTRY WHERE THE RESPONDENT SPENT THE MOST TIME 1 = Greece 2 = Italy 3 = Spain 4 = Germany 5 = UK 6 = Turkey 7 = Other EU country (specify) 8 = Other (specify)	Did you enter this country legally this last time ? 1 = Yes 2 = No
1				/				
2				/				
3				/				
4				/				
5				/				
6				/				
7				/				
8				/				
9				/				
10				/				
11				/				
12				/				

I D C O D E	17. Did you find work during this last time? 1 = Yes 2 = No >>19 3 = Did not look for work >>19	18. What job did you do? IF MORE THAN ONE OCCUPATION WAS WORKED SIMULTANEOUSLY, REPORT THE MAIN OCCUPATION (I.E. WHERE RESPONDENT MADE THE MOST MONEY). IF MORE THAN ONE OCCUPATION AT DIFFERENT TIMES, REPORT THE ONE THE RESPONDENT WORKED FOR THE LONGEST AMOUNT OF TIME OCCUPATION	CODE	19. What was the main reason for your return to Bulgaria? 1 = Could not get residence 2 = Could not find a suitable job 3 = Accumulated enough money 4 = Got expelled 5 = Family reasons 6 = Homesick 7 = Did not intend to stay 8 = Temporarily back, intend to return abroad 9 = Other (specify)	20. During this last time that you were abroad, did you send money back to anyone in Bulgaria? 1 = Yes 2 = No >>23	21. To whom did you send most of the money? 1 = Spouse 2 = Child 3 = Parents 4 = Other relative 5 = Other (specify)	22. What percentage of this amount was sent through Banks or MTOs? 1 = None 2 = Less than 20% 3 = 20-50% 4 = More than 50% 5 = Don't know
1							
2							
3							
4							
5							
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12							

I D C O D E	23.
	Approximately what percentage of your earnings abroad this last time were you able to save and bring back or send to Bulgaria?
	1 = None 2 = Less than 20 percent 3 = 20-50 percent 4 = More than 50 percent

Section 4A: PRIMARY CAREGIVERS FOR CHILDREN 0 TO 6 YEARS OF AGE LIVING IN THE HOUSEHOLD

[ASK HOUSEHOLD HEAD OR MOST INFORMED RESPONDENT]

I D C O D E	RECORD THE ID CODE FROM THE ROSTER OF THE INDIVIDUAL PROVIDING INFORMATION FOR THE CHILD	1.	2.	3.	4.	5.		
		With whom does [NAME] spend most of his/her time during the day? 1 = Mother 2 = Father 3 = Grandparent 4 = Sibling 5 = Paid worker in the household 6 = Daycare provided outside of the household >> 3 7 = Other (specify)	Did [NAME] spend time in organized child care such as a day care center or pre-school in the last month? 1 = Yes 2 = No >> 4	How often does [NAME] spend time in organized child care? 1 = Every day of working week 2 = Once or twice a week 3 = Once or twice a month 4 = Other (specify)	On average how much time do you spend with [NAME] per day? 1 = Less than 1 hour a day 2 = 2-3 hours per day 3 = More than 3 hours per day 4 = Other (specify)	What are the three main activities you do when you spend time with [NAME]? 1 = Reading 2 = Singing 3 = Telling stories 4 = Drawing 5 = Sports 6 = Watching television 7 = Go to the park 8 = Go to entertainment (movies, theatre, video games, etc.) 9 = Other (specify)	ACTIVITY 1	ACTIVITY 2
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I D C O D E	6.	7.	8.	9.	10.	11.
	Where does [NAME] play most often?	How many times a day does [NAME] usually have meals?	Who usually chooses what [NAME] eats?	Does [NAME] take vitamins?	How often does [NAME] take vitamins?	How often does [NAME] take a bath?
	1 = In the child care 2 = In the home 3 = In the street 4 = Other (specify)	1 = Once a day 2 = Twice a day 3 = Three times a day 4 = More than 3 times a day 5 = Don't know	1 = Myself 2 = My parents 3 = Social workers 4 = Someone else 5 = Don't know	1 = Yes 2 = No >>11	1 = Daily 2 = Weekly 3 = Monthly 4 = Only in winter (specify) 6 = Don't know	1 = Daily 2 = Two or three times a week 3 = Once a week 4 = Two or three times a month 5 = Once a month 6 = Other (specify) 7 = Don't know
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						

Section 4B: CHILDREN 0 TO 6 YEARS OF AGE LIVING OUTSIDE OF THE HOUSEHOLD

[ASK HEAD OF HOUSEHOLD OR MOST INFORMED RESPONDENT]

I D C O D E	1. Please give me the names of all of the children of household members aged 0 to 6 who live in another household or in an institution. IF NONE, GO TO SECTION 5	2. How old is [NAME]?	3. Where does [NAME] live?	4. Why did you send [NAME] to another household or institution?	5. Do you visit [NAME] in the other household or institution?	6. How often do you visit [NAME] in that household or institution?	7. What are the three main activities you do when you spend time with [NAME] in that household or institution?			
	NAME	AGE IN YEARS	1 = Specialized institution 2 = Foster family 3 = With friends of the family 4 = With relatives 5 = Other (specify)	1 = Not enough means to care for child 2 = S/he has a mental disability 3 = S/he has a physical disability 4 = No time to take care of child 5 = There is no one to care for child while parents are at work 6 = It is best for the child 7 = Other (specify)	1 = Yes 2 = No >> 8	1 = Daily 2 = Weekly 3 = Twice a month 4 = Monthly 5 = From time to time 6 = Other (specify)	1 = Reading 2 = Singing 3 = Telling stories 4 = Drawing 5 = Sports 6 = Watching television 7 = Go to the park 8 = Go to entertainment (movies, theatre, video games, etc.) 9 = Other (specify)	ACTIVITY 1	ACTIVITY 2	ACTIVITY 3
21										
22										
23										
24										
25										

I D C O D E	8.	9.
	Would you like to bring [NAME] back to your household?	Under what conditions would you bring [NAME] back to your household?
		1 = Would take child back without any conditions 2 = With financial support from government 3 = If there was someone in the household who could care for them 4 = If there were daycare services nearby 5 = Other (specify)
	1 = Yes 2 = No >>Section 5A	
	21	
	22	
23		
24		
25		

Section 5A: EDUCATION - PRESCHOOL

[FOR CHILDREN BETWEEN 0 AND 6 YEARS OF AGE WHO ARE NOT IN PRIMARY SCHOOL]

I D C O D E	1.	2.	3.	4.	5.	6.	7.	8.	9.
	RECORD THE ID CODE FROM THE ROSTER OF THE INDIVIDUAL PROVIDING INFORMATION FOR THE CHILD	Does [NAME] attend a kindergarden or pre- primary ? 1 = Yes 2 = No >> 8	Is that kindergarden or pre- primary public or private? 1 = Public 2 = Private	How many hours per week does [NAME] usually spend in kindergarden or pre- primary ? HOURS	Does [NAME] receive financial support to go to kindergarden or pre- primary ? 1 = Yes 2 = No >> Section 5B	From whom does [NAME] receive the largest portion of the financial assistance? 1 = Social assistance agency 2 = Municipality 3 = School 4 = Relatives 5 = NGOs 6 = Other (specify)	How many leva does [NAME] receive a month in total financial assistance? LEVA	GO TO SECTION 5B	What is the main reason that [NAME] does not attend kindergarden or pre- primary ? 1 = Too young 2 = Cannot afford 3 = School too far away 4 = Work outside home or help in household 5 = No transport 6 = Has health problems/ is disabled 7 = School low quality 8 = Prefer to have at home 9 = No need for pre-school or kindergarden 10 = Other (specify)
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2									
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4									
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11									
12									

Section 5B: EDUCATION - GENERAL

[FOR HOUSEHOLD MEMBERS 7 YEARS OF AGE AND OLDER AND CHILDREN UNDER 7 WHO ARE IN PRIMARY SCHOOL]

I D C O D E	1.	2.	3.	4.	5.	6.	7.	8.
	RECORD THE ID CODE FROM THE ROSTER OF THE INDIVIDUAL PROVIDING INFORMATION FOR THE RESPONDENT, IF DIFFERENT FROM THE RESPONDENT	What language does [NAME] speak at home most of the time? 1 = Bulgarian 2 = Turkish 3 = Romani 4 = Other (specify)	Can [NAME] read and write in Bulgarian? 1 = Read and write in Bulgarian 2 = Read only in Bulgarian 3 = Cannot read or write in Bulgarian	What is the highest level of education [NAME] has completed? 1 = Higher, Ph.D. 2 = Higher, Master 3 = Higher, Bachelor 4 = Higher, Specialist 5 = Secondary specialized 6 = Secondary vocational-technical 7 = Secondary technical 8 = Vocational-technical 9 = Primary 10 = Initial 11 = Not completed initial	What level and grade has [NAME] completed? LEVELS 1. Never been to school 2. Initial 3. Primary 4. Secondary 5. Vocational school 6. Vocational College 7. College 8. University 9. Doctoral studies LEVEL GRADE	Is [NAME] currently enrolled in school? 1 = Yes >> 9 2 = No	What is the main reason [NAME] is not currently enrolled in school? 1 = Has already completed education >>Section 6 2 = Does not want to study 3 = Insufficient finances 4 = Working outside home 5 = Helping in the household 6 = School too far away 7 = Health problems 8 = Other (specify)	Does [NAME] wish to return to education or to start school? GO TO SECTION 6 1 = Yes 2 = No 3 = Don't know
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I D C O D E	9.	10.	11.	12.	13.	14.	15.	16.
	What is the level and grade in which [NAME] is currently enrolled?	In what type of educational establishment does [NAME] study?	Is the educational establishment where [NAME] studies public or private?	Where is the educational establishment in which [NAME] studies located?	Does [NAME] commute to the education establishment or board?	How would you assess the general state of the facilities of the educational establishment where [NAME] is enrolled?	Does [NAME] work at the same time as going to school to earn money?	How often does [NAME] work?
	LEVELS 1. Never been to school 2. Initial 3. Primary 4. Secondary 5. Vocational school 6. Vocational College 7. College 8. University 9. Doctoral studies	1 =General 2 = High school with a special profile 3 = Vocational high school 4 = Vocational school 5 = Sports school 6 = Arts school 7 = Special school for disabled 8 = College 9 = University 10 = Other (specify)	1 =Public 2 = Private	1 =In the town/village where s/he lives >> 14 2 = In another town/village 3 = Abroad >> 14	1 = Commute 2 = Board 3 = Rented apartment	1 = Very good 2 = Satisfactory 3 = Poor	1 = Yes 2 = No >> 17	1 = On weekends and holidays only 2 = On school days only 3 = Any day that work is available
	LEVEL	GRADE						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I D C O D E	17.	18.	19.	20.	21.	22.
	How often has [NAME] visited a public library in the past month?	Has [NAME] missed school days in the past month?	What is the main reason that [NAME] missed school in the past month?	Do the parents of [NAME] attend parent meetings at their child's school?	How often do the parents of [NAME] attend parent meetings at [NAME's] school?	How often have [NAME's] parents spoken with [NAME's] teachers over the last school year?
	1 = Never 2 = Daily, almost daily 3 = Weekly 4 = A few times a month	1 = Yes 2 = No >> 20	1 = Difficulties understanding what is being taught 2 = Does not like school 3 = Does not feel like going to school 4 = Afraid of tests and examinations 5 = Working outside the house 6 = Helping in the household 7 = Health problems 8 = Absence of teachers 9 = School holidays 10 = Other (specify)	1 = Yes 2 = No >> 22	1 = Always 2 = Rarely	1 = Very often (1 time per week) 2 = Often (at least once a month) 3 = A few times (3-4 times in the year) 4 = Rarely (1-2 times in the year) 5 = Never 6 = Other
1						
2						
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4						
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11						
12						

I D C O D E	23.									
	What are the total amount of expenses made by the household for the education of [NAME] during the previous school year (2005/2006) for the following categories:									
	Fees	Uniforms, sports outfits	Textbooks and learning aids	Housing, hostel, hotel	Transportation (excluding school trips)	Food at school and petty cash	Private tutoring, courses	Money and in-kind payments/ gifts to teachers and school staff	Contributions both in kind and cash for school maintenance purchase of materials and equipment, etc.	Other expenses (excursions, cultural events, school trips)
	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA
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Section 6: HEALTH

[FOR ALL HOUSEHOLD MEMBERS]

I D C O D E	1.	2.	3.	4.	5.	6.	7.	8.
	RECORD THE ID CODE FROM THE ROSTER OF THE INDIVIDUAL PROVIDING INFORMATION FOR THE RESPONDENT, IF DIFFERENT FROM THE RESPONDENT	How do you rate your health? 1 = Excellent 2 = good 3 = Satisfactory 4 = Poor 5 = Don't know	Do you have health insurance? 1 = Yes 2 = No >>5 3 = Don't know >> 5	What type of insurance do you have? 1 = Government 2 = Personal (obligatory) 3 = Personal (optional) 4 = Government and Personal (obligatory) 5 = Government and Personal (optional) 6 = Personal (obligatory) and Personal (optional) 7 = Other (specify)	Are you enrolled with a primary care physician? 1 = Yes >> 7 2 = No 3= Don't know >>7	What is the main reason you are not enrolled with a primary care physician? 1 = Have own private physician 2 = Cannot afford health insurance fees 3 = Live in remote area with no access to a physician 4 = Poor quality service 5 = Other (specify)	During the past 12 months, did you go for any prophylactic tests and examinations to check your health? 1 = Yes >> 9 2 = No	What is the main reason you have not had any prophylactic tests or examinations? 1 = Does not have the habit to go 2 = Cannot afford it 3 = Too far away 4 = Long wait time 5 = Self treatment 6 = No health insurance 7 = Other (specify)
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Health

I D C O D E	9.	10.	11.	12.	13.	14.	15.
	When was the last time your blood pressure was measured by a health professional? 1 = Less than one month ago 2 = 1-3 months ago 3 = 4-6 months ago 4 = More than 6 months ago 5 = Never 6 = Don't remember	Were you vaccinated against the flu during the last 12 months? 1 = Yes 2 = No 3 = Don't know	Were you vaccinated against hepatitis during the last 12 months? 1 = Yes 2 = No 3 = Don't know	Do you have a physical or mental condition or a health problem that reduces the amount or the kind of activity that you can do at home, school or work? 1 = Yes 2 = No >> 15	Has your health limited your ability to walk uphill, bending or lifting over the past month? 1 = Yes 2 = No >> 15	Has your health limited your ability to eat, dress, bathe, or use the toilet over the past month? 1 = Yes 2 = No	Do you have a recognised disability group certified by a Labour Expert Medical Committee/NEMC or an expert decision for defining a reduced ability for social adaptation (for children up to 16 years of age)? 1 = Yes 2 = No >> 17
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Health

I D C O D E	16.	17.	18.	19.	20.	21.	22.	23.
	What is the percentage of reduced ability? 1. Over 90% reduced ability to work (first)/ ability for social adaptation 2. 71 to 90% reduced ability to work (second)/ ability for social adaptation 3. 50 to 70% reduced ability to work (third)/ ability for social adaptation	Do you have a chronic disease which has been going on for more than 6 months? 1 = Yes 2 = No >> 20	Are you currently undergoing treatment supervised by a doctor for the chronic disease? 1 = Yes >> 20 2 = No	What was the main reason you are not currently under treatment? 1 = Does not have the habit to go 2 = Cannot afford it 3 = Too far away 4 = Long wait time 5 = Self treatment 6 = No health insurance 7 = Lack of recommendation for specialist 8 = Other (specify)	Were you ill or did you suffer an accident in the last 4 weeks? 1 = Yes 2 = No >>27	Did you seek medical assistance for the most recent illness or accident? 1 = Yes >> 23 2 = No	What was the main reason you did not seek medical assistance for this illness? AFTER RESPONDING GO TO Q27 1 = Self treatment 2 = High prices of medical services 3 = Waiting times too long 4 = Too far away 5 = Other (specify)	Who did you contact first for medical assistance when you were ill the most recent time? 1 = General practitioner 2 = Specialised physician, paediatrician 3 = Emergency Medical Aid Unit physician 4 = Paramedic 5 = Traditional healer 6 = Other (specify)
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I D C O D E	24.	25.	26.	27.	28.	29.	30.
	Where did you receive most of your medical assistance for this illness? 1 = At home >>27 2 = At diagnostic center 3= At a health center 4 = At a hospital 5 = From a private physician 6= At a private office for alternative medicine 7 = Other (specify)	Where is this health care establishment in relation to where you reside? 1 = In the same town/ village 2 = In another town/ village 3 = Abroad	How long does it take you to go to this place of medical consultation? 1 =Less than 30 minutes 2 = 30-60 minutes 3 = 1-2 hours 4 = 2-3 hours 5 = More than 3 hours	During the last 12 months have you been to a hospital for treatment for 24 hours or more? 1 = Yes 2 = No >> 29	Where is the hospital in relation to where you reside? 1 = In the same town/ village 2 = In another town/ village 3 = Abroad	Do you have any trouble with your teeth? 1 = Yes 2 = No >> 32	Did you seek dental treatment during the last 12 months? 1 = Yes >>32 2 = No
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I D C O D E	31. What was the main reason you did not seek dental treatment? 1 = Insufficient finances 2 = Too far away 3 = Low quality services/lack of trust 4 = Other (specify)	32. During the past 4 weeks did you need to purchase any medications for your own usage? 1 = Yes 2 = No >> 34	33. During the past 4 weeks were you able to purchase all the medications you needed, some of the medications or only the most important? 1 = None 2 = All 3 = Some 4 = Only the most important	34. Have you ever smoked? 1 = Yes 2 = No >> 38	35. Do you currently smoke? 1 = Yes 2 = No >> 38	36. How often do you smoke? 1 = Just to socialize 2 = Regular basis	37. During the last week, on average, how many cigarettes do you smoke per day? 1 = Less than 3 2 = 3-6 3 = 6-12 4 = More than 12
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I D C O D E	38.								
	What expenses did the household make for your health care during <i>the last month</i> ?								
	IF NO EXPENSES RECORD 0								
	Stay and treatment at a hospital	Medical tests	Consultations, examinations	Cash and in-kind payments/ gifts to medical personnel or hospital staff	Contributions (cash and in-kind) for hospital maintenance, purchase of medical equipment, etc.	Drugs and medications	Medical equipment and consumables	Transportation for medical treatment	Other medical expenses
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39.

What expenses did the household make for your health care during *the last 12 months* including those for the past month?

IF NO EXPENSES, RECORD 0

Stay and treatment at a hospital	Medical tests	Consultations, examinations	Cash and in-kind payments/ gifts to medical personnel or hospital staff	Contributions (cash and in-kind) for hospital maintenance, purchase of medical equipment, etc.	Drugs and medications	Medical equipment and consumables	Transportation for medical treatment	Other medical expenses
LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA	LEVA
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Health

Section 7A: LABOUR FORCE PARTICIPATION

[ASK ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND OLDER]

I D C O D E	1. Have you worked for pay (in cash or in kind) during the last 7 days? 1 = Yes 2 = No	2. Have you worked on land owned or rented by you or a member of your household during the last 7 days? 1 = Yes 2 = No	3. Have you tended to livestock during the last 7 days? 1 = Yes 2 = No	4. Have you worked on your own account or in a business enterprise belonging to you or someone in your household during the last 7 days? 1 = Yes 2 = No	5. CHECK THE ANSWERS TO QUESTIONS 1, 2, 3, AND 4. Any "yes" responses write code "1" and go to Question 9 All "no" responses write code "2" and go to question 6.	6. Although you reported no work, have you done any occasional job for pay during the last 7 days? (sold goods in the streets, help someone build a house, drive a taxi, collect herbs, etc.) 1 = Yes >> 9 2 = No	7. Do you have a permanent job, even though you did not work during the last 7 days? 1 = Yes 2 = No >>9	8. What was the main reason that you did not work during the last 7 days? 1 = Own illness 2 = Maternity 3 = Care for sick 4 = Annual leave 5 = Education/ training 6 = Bad weather 7 = Lack of work 8 = Forced leave 9 = Other (specify)	9. Have you looked for a job, or another job if you have one, during the last 4 weeks 1 = Yes >> 11 2 = No
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I D C O D E	10.	11.			12.	13.	14.
	What is the main reason you did not look for a job during the last 4 weeks? 1 = Student >>Section 7B 2 = Housewife/ childcare >>Section 7B 3 = In retirement >> 7B 4 = Illness, disability >>Section 8 5 = In military service >>Section 7B 6 = Waiting for reply from employer >> Q14 7 = Have already found a job that will start later >>Q14 8 = Do not want to work >>Section 8 9 = Already have a job >>Q14 10 = Other (specify) >>Q14	What methods did you use to find a job? RECORD UP TO 3 1 = Through the EO 2 = Direct contacts with employers 3 = Participation in a competition, tests or interview 4 = Recruitment company 5 = Through relatives, friends 6 = Read ads 7 = Place ads 8 = Preparing to start agriculture 9 = Preparing to start own business 10 = Other (specify)			How many months have you been looking for a job? IF LESS THAN ONE MONTH, RECORD "0"	What kind of job are/were you looking for? 1 = Permanent 2 = Temporary 3 = Seasonal 4 = Any	Would you prefer to work for yourself (self-employed) or as an employee? 1 = Self-employed 2 = Employee 3 = No preference
		METHOD 1	METHOD 2	METHOD3	MONTHS		
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I D C O D E	15. How important are the following considerations in your choice between dependent employment and self-employment? 1 = Very important 2 = Important 3 = Not important <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td>Job stability</td> <td>Flexibility (hours, workload)</td> <td>Earnings</td> <td>Low responsibility</td> </tr> </table>				A	B	C	D	Job stability	Flexibility (hours, workload)	Earnings	Low responsibility	16. Are you currently registered in the Employment Office? 1 = Yes 2 = No >>24	17. Have you been offered work by the Employment Office during the last 12 months? 1 = Yes 2 = No >>21	18. How many times have you been offered work by the Employment Office during the last 12 months? NUMBER OF TIMES	19. Did you accept the last job offered by the Employment Office? 1 = Yes >>21 2 = No
	A	B	C	D												
	Job stability	Flexibility (hours, workload)	Earnings	Low responsibility												
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I D C O D E	20.	21.	22.	23.	24.	25.	26.
	Why did you refuse the last job offered to you by the Employment Office? 1 = Low Pay 2 = Ill when offered job 3 = Caring for sick when offered job 4 = Bad weather 5 = Job was located too far from home 6 = Did not want to work 7 = Did not match my qualifications 8 = Not permanent job 9 = Bad working hours 10 = Other (specify)	Has the Employment Office offered you enrollment in training courses to improve your current qualifications or to obtain new qualifications in the last 12 months? 1 = Yes 2 = No >>24	Did you accept the training the last time it was offered? 1 = Yes >> 24 2 = No	Why did you refuse the training the last time it was offered? 1 = Place where training was given was too far away 2 = Ill when offered training 3 = Caring for sick when offered training 4 = Bad weather 5 = Did not want the type of training that was offered 6 = Other (specify)	During the last 12 months, have you been enrolled in a government sponsored employment program? 1 = Yes 2 = No	Have you tried to start a business during the past 4 weeks? 1 = Yes 2 = No>>28	Were you successful in starting the business? 1 = Yes>>28 2 = No
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I D C O D E	27.	28.	29.	30.	31.	32.	33.
	What was the main reason you were not successful in starting a business? 1 = Lack of funds/ capital 2 = Lack of experience 3 = Lack of other skilled labor 4 = Lack of raw materials 5 = Difficulty in obtaining legal documents 6 = Inspections and regulations 7 = Transportation 8 = Lack of clients, demand 9 = Other (specify)	At what age did you start working for the first time? IF HAVE NEVER WORKED, RECORD "0" AND GO TO SECTION 8 AGE	Would you do a job that did not offer affiliation to social security? 1 = Yes 2 = No >> 31	Why would you do a job without affiliation to social security? 1 = Social security benefits are not important to me 2 = I can't afford to pay social security contributions 3 = I would accept the job while looking for another job offering them 4 = Because other household member participates in the social security system 5 = I can't find a job with social security benefits 6 = I don't want to deal with bureaucracy 7 = Other (specify)	How many years in total have you contributed to the social security system either directly or through your employer? IF RESPOND "NEVER" OR LESS THAN ONE YEAR, RECORD "0" YEARS	Are you currently affiliated to the social security system through any job? 1 = Yes 2 = No >> 35 3 = Don't know >>35	In order to be affiliated to the social security system, contributions are nearly 30% of earnings. Employers pay 20% of earnings and employees pay the remaining 10% of earnings. Would you be willing to pay 10% of earnings in order to be affiliated to social security? 1 = Yes 2 = No 3 = Don't know
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I D C O D E	34. Sometimes employers would not be willing to pay their part of contributions. In this case, would you be willing to pay the full 30% contribution in order to affiliate to social security? GO TO SECTION 7B	35. Would you like to receive a higher retirement pension even if that implies paying a higher contribution throughout all your working life?	36. Would you like to contribute less for your retirement pension throughout your working life even if that implies receiving lower benefits when you retire?
	1 = Yes 2 = No 3= Don't know	1 = Yes 2 = No 3 = Don't know	1 = Yes 2 = No 3 = Don't know
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Section 7B: MONTHLY ACTIVITIES

[ASK ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND OLDER]

PLEASE TELL ME WHAT MONTHS OF THE YEARS, STARTING IN APRIL 2006 YOU WERE CARRYING OUT THE FOLLOWING ACTIVITIES:
INTERVIEWER - TICK ("✓") EACH MONTH IN WHICH THE RESPONDENT SAYS THE ACTIVITY WAS DONE

RESPONDENT ID CODE

Working in main job
Working in secondary job
Not working and looking for a job
Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
Working in secondary job
Not working and looking for a job
Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
Working in secondary job
Not working and looking for a job
Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
Working in secondary job
Not working and looking for a job
Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
 Working in secondary job
 Not working and looking for a job
 Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
 Working in secondary job
 Not working and looking for a job
 Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
 Working in secondary job
 Not working and looking for a job
 Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

RESPONDENT ID CODE

Working in main job
 Working in secondary job
 Not working and looking for a job
 Not working and not looking for a job

2006										2007		
APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		JAN	FEB	MAR

INTERVIEWER

GO TO SECTION 7A, QUESTION 5 AND QUESTION 7 AND RECORD THE ID NUMBERS OF ALL RESPONDENTS WHO REPORTED WORKING IN THE LAST 7 DAYS (CODED AS "1" IN EITHER QUESTION 5 OR QUESTION 7)

LOOK AT THE GRID **IN SECTION 7B**, RECORD THE ID NUMBERS FOR ALL RESPONDENTS WHO REPORTED WORKING IN A MAIN JOB OR A SECONDARY JOB IN ANY OF THE PREVIOUS 12 MONTHS THAT HAVE NOT ALREADY BEEN RECORDED AS WORKING IN THE LAST 7 DAYS

ID CODE	7B.1.	7B.2.
	Did the respondent work in the last 7 days? 1 = yes 2 = no	Did the respondent work in a main job during any of the last 12 months? 1 = yes 2 = no

FOR ALL RESPONDENTS WHO WORKED
IN THE LAST 7 DAYS, COMPLETE
SECTIONS 7C, 7D and 7E.

FOR ALL RESPONDENTS WHO DID NOT WORK
IN THE LAST 7 DAYS, BUT WORKED
IN A MAIN JOB DURING ANY OF THE
LAST 12 MONTHS, COMPLETE
SECTION 7E.

[ASK ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND OLDER]

[illegible]

Section 7D: OCCUPATION DURING THE PAST 7 DAYS

[ASK ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND OLDER WHO HAVE CODE "1" IN QUESTION 7B.1. IN SECTION 7B]

MAIN OCCUPATION LAST 7 DAYS

I D C O D E	1. List the occupation with code "1" from Question 6 of Section 7C.		2. What kind of trade or business is it connected with?		3. How long have you been working at this occupation?	4. What was the reason you started working in this job?	5. How did you find this job? FOR ANY RESPONSE OPTIONS 2 THROUGH 11, GO TO QUESTION 8
	OCCUPATION	CODE	DESCRIPTION	CODE	1 = Less than 7 months 2 = 7-12 months 3 = 1-2 years 4 = 3-5 years 5 = 6-10 years 6 = Over 10 years	1 = When you were looking for a job, this was the job you wanted 2 = You were looking for a job and this was all you could find 3 = This is a family business 4 = Other (specify)	1 = Through the EO 2 = Through friends/ relatives 3 = Responded to media ads 4 = Put ads in papers 5 = Employer contacted you 6 = You contacted employer 7 = Started own business 8 = Took part in test for job 9 = Government appointment 10 = Submitted job application 11 = Other (specify)
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MAIN OCCUPATION LAST 7 DAYS

I D C O D E	6. Was the job offered by EO through a government-sponsored program? 1 = Yes 2 = No >> 8	7. How many months have you been/were you in the program? NUMBER OF MONTHS	8. How many employees are there in the company including yourself at the current time? 1 = 1 2 = 2-5 3 = 6-9 4 = 10-19 5 = 20-49 6 = 50 - 100 7 = Over 100 8 = Don't know	9. Is your employer... 1 = A private company 2 = A public works program (EO) 3 = The government, public sector or army 4 = A private individual 5 = Yourself or a member of your household	10. In this job are you: 1 = An employer with employees 2 = Self-employed (without hired labor) 3 = Salaried worker 4 = Paid family worker >>13 5 = Unpaid family worker >>13	11. What contract do you have signed with your employer? 1 = Labour contract 2 = Official legal employment (civil servant) 3 = Civil contract 4 = Other contract 5 = No written contract >> 13	12. Is the contract permanent or temporary? 1 = Permanent 2 = Temporary
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MAIN OCCUPATION LAST 7 DAYS	
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I D C O D E	13.	14.	15.	16.	17.
	Where did you carry out most of your work during the last 7 days? 1 = Farm owned or rented by household 2 = Other person farm 3 = At home 4 = Other person's home 5 = In the street, no fixed place 6 = In the street, fixed place 7 = Office/factory/enterprise/ firm 8 = Other (specify)	How many hours do you normally work during the week? IF 40 OR MORE GO TO QUESTION 16. HOURS	Why do you normally work less than 40 hours per week? 1 = Training 2 = Illness 3 = Cannot find another job 4 = Does not want to work more 5 = Normal for profession 6 = Family reasons 7 = Annual leave 8 = Other (specify)	Are you currently affiliated to social security through this job, i.e. does this job provide insurance for old age, disability, unemployment sickness, maternity? 1 = Yes >> 18 2 = No	What is the main reason you are not affiliated to social security through this job? GO TO Q20 1 = Benefits are too low compared to the costs 2 = Salary is too low to afford it 3 = No choice (circumstances, decision of employer, etc.) 4 = Don't know how to do it 5 = I have already paid enough contributions in the past 6 = Have access to pension through family member 7 = Have other sources of income 8 = Don't want to deal with bureaucracy 9 = Affiliated through other job 10 = Other (specify)
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MAIN OCCUPATION LAST 7 DAYS

I D C O D E	18. Do you make mandatory or voluntary contributions, or both through this job? 1 = Mandatory 2 = Voluntary 3 = Both	19. Does your employer make regular social security contributions on your behalf for this job? 1 = Yes 2 = No 3 = Don't know	20. During the last 12 months, did you stop making contributions to the social security system for this job? 1 = Yes 2 = No>> 23	21. How many months did you stop making contributions for this job? NUMBER OF MONTHS	22. Why did you stop making contributions for this job? 1 = Unemployment 2 = Disability 3 = Travel abroad 4 = Sickness/poor health 5 = Employer failed to make my payment 6 = Worked less than 12 months in this job 7 = Other (specify)	23. Do you receive wages, salary or other cash payments for this job? 1 = Yes 2 = No
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MAIN OCCUPATION LAST 7 DAYS									
I D C O D E	24.	25.	26.	27.					28.
	How much did you earn for your work (net of taxes and contribution) in the last calendar month?	During the past 12 months, did you receive bonuses for this work, e.g. Christmas, Easter, etc.? 1 = Yes 2 = No >>27	What was the total amount received in bonuses and other payments during the last 12 months?	How satisfied are you with respect to the following characteristics of this job? 1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied					Overall, how satisfied are you with this job? 1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied
	LEVA		LEVA	A. Working Hours	B Social security affiliation	C Earnings (Including fringe benefits)	D Flexibility (hours, workload)	E Work environment	
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SECONDARY OCCUPATION LAST 7 DAYS

I D C O D E	29.		30.		31.	32.	33.	34.	35.
	List the occupation with code "2" from Question 6 of Section 7C IF THERE ARE NO SECONDARY OCCUPATIONS, GO TO QUESTION 36		What kind of trade or business is it connected with?		Is this job: 1 = Seasonal 2 = Occasional 3 = Temporary 4 = Long-term/permanent	In this job are you: 1 = An employer with employees 2 = Self-employed (without hired labor) 3 = Salaried worker 4 = Paid family worker 5 = Unpaid family worker	Where did you carry out most of your work in this occupation during the last 7 days? 1 = Farm owned or rented by household 2 = Other person farm 3 = At home 4 = Other person's home 5 = In the street, no fixed place 6 = In the street, fixed place 7 = Office/factory/enterprise/ firm 8 = Other (specify)	Do you receive wages salary or other cash payments for this job? 1 = Yes 2 = No	How much did you earn in salary/wages (net of taxes and contribution) in the last calendar month for this job? LEVA
	OCCUPATION	CODE	DESCRIPTION	CODE					
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Section 7E: EMPLOYMENT DURING THE PAST 12 MONTHS

[ASK ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND OLDER WHO HAVE CODE "1" IN QUESTION 7B.2. IN SECTION 7B]

I D C O D E	1. What was your main occupation during the last 12 months? IF THE RESPONDENT WORKED IN THE LAST 7 DAYS, MAKE SURE JOB IS DIFFERENT FROM THE ONE DETAILED IN SECTION 7D		2. What was the main economic activity of the enterprise/firm where you worked for your main occupation during the last 12 months?		3. How did you find this job? FOR ANY RESPONSE OPTIONS 2 THROUGH 11 GO TO QUESTION 14 1 = Through the EO 2 = Through friends/ relatives 3 = Responded to media ads 4 = Put ads in papers 5 = Employer contacted you 6 = You contacted employer 7 = Started own business 8 = Took part in test for job 9 = Government appointment 10 = Submitted job application 11 = Other (specify)	4. Was the job offered by EO through a government-sponsored program? 1 = Yes 2 = No >> 11	5. How many months have you been in the program?
	OCCUPATION	CODE	DESCRIPTION	CODE			NUMBER OF MONTHS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I D C O D E	6. Is your employer...	7. Where did you carry out most of your work during the last 12 months?	8. In this job are you:	9. What contract do you have signed with your employer?	10. For how many months in the last 12 months did you do this job?	11. During these months, how many hours did you normally work per week?	12. Did you receive wages, salary or other cash payments for this job?	13. What were your typical monthly earnings (net of taxes and contribution) for this job?
	1 = A private company 2 = A public works program (EO) 3 = The government, public sector or army 4 = A private individual 5 = Yourself or a member of your household	1 = Farm owned or rented by household 2 = Other person farm 3 = At home 4 = Other person's home 5 = In the street, no fixed place 6 = In the street, fixed place 7 = Office/factory/enterprise/ firm 8 = Other (specify)	1 = An employer >> 18 2 = Self-employed 3 = Hired 4 = Paid family worker 5 = Unpaid family worker	1 = Labor contract 2 = Official legal employment (civil servant) 3 = Civil contract 4 = Other contract 5 = No written contract	MONTHS	HOURS	1 = Yes 2 = No	LEVA
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I D C O D E	14.	15.	16.	17.	18.	19.
	Did you receive bonuses for this work, e.g. Christmas, Easter, etc. for this job during the past 12 months? 1 = Yes 2 = No >> 18	What was the total amount received in bonuses and other payments during the last 12 months? LEVA	When did you stop working at this job? IF STILL WORKING THIS JOB ENTER 99/9999 AND GO TO QUESTION 18 MM / YYYY	Why did you stop working/Why are you not working? GO TO QUESTION 18 1 = Dismissed, laid-off 2 = Reduced workload 3 = End of season 4 = End of temporary (non-seasonal) contract 5 = Personal, family reasons 6 = Retirement 7 = Health reasons 8 = To continue education 9 = Regular military service 10 = Not satisfied by the job 11 = Bankruptcy of own business 12 Other (specify)	In the last 12 months, did you have another occupation even if it was the same type of job, but with a different employer? IF THE RESPONDENT WORKED A SECONDARY JOB IN THE LAST 7 DAYS, MAKE SURE JOB IS DIFFERENT FROM THE ONE DETAILED IN SECTION 7D 1 = Yes 2 = No	What was your occupation in this section during the last 12 months? IF THE RESPONDENT WORKED IN 7 DAYS, MAKE SURE JOB IS DIFFERENT FROM THE ONE DETAILED IN SECTION 7D OCCUPATION
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			

I D C O D E	secondary job	20. In this job are you:	21. For how many months in the last 12 months did you do this job?	22. During these months how many hours per week did you usually work?
	THE LAST CURRENT SECTION 7D	1 = An employer 2 = Self-employed 3 = Hired 4 = Paid family worker 5 = Unpaid family worker		
	CODE		MONTHS	HOURS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

[FOR ALL HOUSEHOLD MEMBERS]

[illegible]

I D C O D E	NAME receive in pensions, in the last 12 months?	
	LEVA BENEFIT 2	LEVA BENEFIT 3
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	

Section 9A: NON-FARM HOUSEHOLD ENTERPRISES

[ASK HOUSEHOLD HEAD]

1. Does anyone in the household operate a shop, a store, a bar, a restaurant? []

Yes 1

No 2

2. Does anyone in this household operate a trading business, whether in a store, in the market or in the street, e.g. selling cigarettes or other small items, etc. []

Yes 1

No 2

3. Does anyone in this household operate a business or service in a shop, in the street, or at home e.g. car washing, mechanic, carpenter, barber, shoe shining, weighing people, etc.? []

Yes 1

No 2

4. Does anyone in this household drive a taxi, even in their own car, or offer trucking/moving services? []

Yes 1

No 2

5. Does anyone in this household operate a professional office from an office or from home, e.g. accountant, doctor, lawyer, translator, private tutor, child care provider, midwife, etc.? []

Yes 1

No 2

6. Does anyone in this household process and sell agricultural products, e.g. rakia, cheese, etc.? []

Yes 1

No 2

7. Does anyone in this household operate any other type of business, even if small from home or in the street? []

Yes 1

No 2

IF ALL RESPONSES ARE NO, GO TO SECTION 10

Section 9B: NON-FARM HOUSEHOLD ENTERPRISES

[ASK BEST INFORMED RESPONDENT]

E N T E R P R I S E C O D E	1. What is the name of the independent activity or self-employment that exists in the household? REGISTER EACH BUSINESS IN A SEPARATE LINE	2. RECORD THE ID CODE OF THE INDIVIDUAL WHO IS THE OWNER OF THE BUSINESS	3. What was the main economic activity of the business?		4. How long has this business been in existence?	
			DESCRIPTION	CODE	NUMBER OF MONTHS	NUMBER OF YEARS
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
39						
40						
41						
42						

E N T E R P R I S E C O D E	5. What was the main source of start up costs for this business? 1 = Remittances from family abroad 2 = Own savings from work abroad 3 = Other own savings 4 = Loan from family/ friend 5 = Loan from bank/ money lender 6 = Sale of assets 7 = Proceeds from other business 8 = Other (specify)	6. Is this business registered? 1 = Yes 2 = No	7. Is this business co-owned with someone outside of the household? 1 = Yes 2 = No	8. How many household members work in the business? INCLUDE WHETHER THEY ARE PAID OR NOT	9. How many months during the last 12 months has this business been in operation?	10. On average how many paid employees who are not household members worked for this business during these months?	11. What was the total gross income you received from this business during the last 12 months?
				NUMBER	NUMBER OF MONTHS	NUMBER	LEVA
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							

E N T E R P R I S E C O D E	12. What were the average monthly expenditures for this business in the months in which it was in operation during the last 12 months for the following:				13. Did you have any profits from this business during the last 12 months?	14. How much were those profits?	15. What was <i>your</i> average monthly income from this business in the last 12 months? MONEY TAKEN BY EMPLOYER/ SELF-EMPLOYED AS A REGULAR MONTHLY PAYMENT, NET OF TAXES AND CONTRIBUTIONS	16. How much did you take as a payment of employer (self-employed) in the last calendar month, net of taxes and contribution?
	Purchase of raw materials or goods to resell	Labour costs (employee payments)	Payments of taxes licenses, etc.	Other costs related to business (cars, office equipment, rental)	1 = Yes 2 = No>> 15			
	LEVA	LEVA	LEVA	LEVA				
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								

E N T E R P R I S E C O D E	17.	18.	19.	20.
	Have you made any investments in the business over the past 12 months?	What was the main source of the investments?	How do you judge your business results from the last 12 months?	What are your plans for your business?
		1 = Remittances from family abroad 2 = Own savings from work abroad 3 = Other own savings 4 = Loan from family/ friend 5 = Loan from bank/ money lender 6 = Sale of assets 7 = Proceeds from other business 8 = Other (specify)	1 = Very good 2 = Good 3 = Satisfactory 4 = Bad 5 = Very bad	1 = To enlarge it 2 = To keep it at current level 3 = To restrict it 4 = To close it 5 = Other (specify)
	1 = Yes 2 = No >> 19			
	31			
	32			
	33			
	34			
	35			
	36			
	37			
	38			
	39			
40				
41				
42				

Section 10A: AGRICULTURE

1. Does any member of your household own farm land?

1 = Yes

2 = No

[]

2. Did any member of your household rent farm land from someone else during the last cropping season?

1 = Yes

2 = No

[]

IF YES TO EITHER QUESTION 1 OR 2, GO TO QUESTION 3.

IF NO TO BOTH QUESTIONS 1 AND 2, GO TO SECTION 10C.

RECORD INFORMATION FOR EACH PLOT IN A SEPARATE ROW

	3. LIST OF PLOTS CULTIVATED BY THE HOUSEHOLD LIST ALL BEFORE COLLECTING INFORMATION ON EACH Please tell me all plots of land that a household member owned or rented during the last cropping season.	4. How far is the plot located from this dwelling? 1 = Less than 1 km 2 = 1 - 5 kms 3 = More than 5 kms	5. What is the area of the plot? DKA	6. Is the plot owned or rented? 1 = Owned 2 = Rented	7. What kind of land is this? 1 = Annual crop land 2 = Tree crop land 3 = Forest 4 = Pasture 5 = Vinyard 6 = Other (specify)	8. Who cultivates the plot? 1 = Household members >>11 2 = Household plus seasonal workers >> 11 3 = The plot is rented out 4 = Sharecropping 5 = Other farmers not from household 6 = Nobody >> 11	9. Under what terms have you rented this plot? 1 = For a fee 2 = For part of the crop 3 = For free >>11 4 = For another land lot 5 = Other (specify)	10. What amount of money were you paid for the rented land in the last 12 months? IF PAID IN KIND, ASK FOR THE EQUIVALENT IN LEVA LEVA	11. How are you going to use your land next season? IF THE HOUSEHOLD RENTS OUT ALL OF ITS PLOTS, GO TO SECTION 10C 1 = Cultivate 2 = Rent 3 = Will give it to the cooperative 4 = Will give it for free to another farmer 5 = Will not use it in any way 6 = Other (specify)
51									
52									
53									
54									
55									
56									

Section 10B: AGRICULTURE - CROPS HARVESTED

[ASK HOUSEHOLDS THAT CULTIVATE CROPS - RESPONSE OPTIONS 1 OR 2 TO QUESTION 8 IN SECTION 10A]

C R O P C O D E	1. <div>Did you harvest any of the following crops during the last agricultural season?</div> ASK ABOUT ALL CROPS LISTED BEFORE GOING TO QUESTIONS 2 THROUGH 11	2. <div>What area did you plant with [CROP]?</div>	3. <div>How many kilos of [CROP] did you harvest?</div>	4. <div>How much of the harvested [CROP] was sold?</div>	5. <div>What price did you get for the [CROP] that you sold?</div>	6. <div>How much of the harvested [CROP] was given to other persons as a payment for rented land?</div>	7. <div>How much of the harvested [CROP] was used for livestock, poultry, & other animal feed?</div>	8. <div>How much of the harvested [CROP] was given to relatives friends, etc.?</div>	9. <div>How much of the harvested [CROP] was given to seasonal workers?</div>	10. <div>How much of the harvested [crop] was consumed?</div>	11. <div>How much of the harvested [CROP] is still stored?</div>
	CROP	CODE	DKA	KG	KG	LEVA/KG	KG	KG	KG	KG	KG
1	Wheat										
2	Barley										
3	Maize										
4	Rye, theker										
5	Other creeals										
6	Potatoes										
7	Beans										
8	Soy										
9	Tomatoes										
10	Peppers										
11	Cucumbers										
12	Cabbage										

C R O P C O D E	1. <div></div> Did you harvest any of the following crops during the last agricultural season? ASK ABOUT ALL CROPS LISTED BEFORE GOING TO QUESTIONS 2 THROUGH 11 <div></div> 1 = Yes 2 = No	2. What area did you plant with [CROP]?	3. How many kilos of [CROP] did you harvest?	4. How much of the harvested [CROP] was sold?	5. What price did you get for the [CROP] that you sold?	6. How much of the harvested [CROP] was given to other persons as a payment for rented land?	7. How much of the harvested [CROP] was used for livestock, poultry, & other animal feed?	8. How much of the harvested [CROP] was given to relatives friends, etc.?	9. How much of the harvested [CROP] was given to seasonal workers?	10. How much of the harvested [crop] was consumed?	11. How much of the harvested [CROP] is still stored?
	CROP	CODE	DKA	KG	KG	LEVA/KG	KG	KG	KG	KG	KG
	13	Onion, garlic									
14	Other vegetables										
15	Apples										
16	pears										
17	Plums										
18	Grapes										
19	Cherries										
20	Apricots										
21	Peaches										
22	Strawberries										
23	Watermelon, melon										
24	Other fruit										

Section 10C: AGRICULTURE - LIVESTOCK AND ANIMAL PRODUCTS

[ASK BEST INFORMED RESPONDENT]

1. Does your household breed livestock?

1 = Yes 2 = No >> Section 10D

[]

L I V E S T O C K C O D E	2.	3.		4.	5.	6.	7.	
	Does anyone in this household breed: ASK ABOUT ALL ANIMALS LISTED BEFORE GOING TO QUESTIONS 3 THROUGH 7		How many [ANIMAL] does your household currently own?		How many [ANIMAL] did you sell during the last 12 months?	How much did you receive for the sale of [ANIMAL]?	How many new [ANIMAL] did you purchase during the last 12 months?	How much did you spend for purchasing [ANIMAL]?
	<div>1 = Yes</div> <div>2 = No</div>							
	LIVESTOCK	CODE	NUMBER	NUMBER	LEVA	NUMBER	LEVA	
	1 Milk cows							
	2 Oxen							
	3 Beef cattle							
	4 Pigs							
	5 Sheep, lamb							
	6 Goats							
	7 Poultry							
	8 horses							
	9 Donkey, mules							
	10 Bees							
	11 Rabbits							
	12 Other (specify)							

P R O D U C T C O D E	8.		9.	10.
	<p>Did anyone in your household produce any of the following products in the last 12 months?</p> <p>1 = Yes 2 = No</p>		<p>Did you sell even a part of the [PRODUCT] that was produced in the last 12 months?</p> <p>1 = Yes 2 = No>> Section 10D</p>	<p>How much did you approximately gain from the sale of [PRODUCT] in the last 12 months?</p>
	PRODUCT	CODE		LEVA

1	Eggs			
2	Milk			
3	Cheese			
4	Yellow cheese			
5	Butter			
6	Yogurt			
7	Meat			
8	Wool			
9	Furs and leather			
10	Honey			
11	Other animal products			

[ASK BEST INFORMED RESPONDENT]

EQUIPMENT CODE	1. Does anyone in this household own any of the following equipment?: ASK ABOUT ALL EQUIPMENT LISTED BEFORE GOING TO QUESTIONS 2 AND 3 1 = Yes 2 = No	2. Does the household own the [EQUIPMENT] jointly with another household? 1 = Yes 2 = No	3. In what year was the [EQUIPMENT] purchased?
	LIVESTOCK	CODE	YEAR
1	Tractor up to 15HP		
2	Tractor more than 15HP		
3	Autocombine		
4	Planting machine		
5	Thresher		
6	Truck		
7	Trailer		
8	Mill		
9	Milking machine		
10	Mechanical plow		
11	Incubators		
12	Other (specify)		

Section 10E: AGRICULTURE - EXPENDITURES

[ASK BEST INFORMED RESPONDENT]

EXPENDITURE CODE	1. During the last 12 months did you household spend any money in agriculture for:	2. How much did your household spend in total for [EXPENDITURE] in the last 12 months?
	<div></div>	
	<div>1 = Yes 2 = No</div>	
	EXPENDITURE	CODE LEVA

1	Seeding, plowing, digging		
2	Rental of equipment		
3	Hiring labor		
4	Seeds & seedlings		
5	Fertilizers		
6	Manure		
7	Herbicides		
8	Rental of land		
9	Transportation		
10	Fuel for agriculture use		
11	Feed		
12	Veterinary services		
13	???		

Section 10F: AGRICULTURE - HOUSEHOLD LABOUR

[ASK BEST INFORMED RESPONDENT]

1. How many of your household members are engaged in farming all the time?	2. How many of your household members are engaged in farming some of the time?
<div></div>	<div></div>

Section 10G: AGRICULTURE - FINANCIAL RESULTS

[ASK BEST INFORMED RESPONDENT]

1. How do you estimate the financial results of your household activities in agriculture?
<div>1 = Household gained money 2 = Barely cover the expenditures 3 = Household lost some money</div>
<div></div>

Section 11: REMITTANCES FROM PREVIOUS HOUSEHOLD MEMBERS

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER]

I D C O D E	1.	2.	3.	4.	5.	6.	7.	8.
	Please list all former members of the household who no longer live with you. INCLUDE HEAD, SPOUSE AND ALL CHILDREN 15 AND OLDER EVER BORN FROM THE HEAD AND/OR SPOUSE WHO NO LONGER LIVE IN THIS HOUSEHOLD	What is the main reason that [NAME] does not live here now? 1 = Migrated abroad 2 = Married 3 = Studying 4 = Living in an institution 5 = Dead >> Section 12 6 = Working elsewhere 6 = Other (specify)	How old is [NAME]? AGE	SEX 1 = Male 2 = Female	What is [NAME's] relationship to the household head? 1 = Self, i.e. household head 2 = Spouse 3 = Child, step-child 4 = Parent 5 = Other (specify)	Where does [NAME] live? 1 = Bulgaria >>24 2 = Greece 3 = Italy 4 = Spain 5 = Germany 6 = UK 7 = Turkey 8 = Other EU country 9 = Other (specify)	What year did [NAME] first move to [COUNTRY]? YEAR	In what year did [NAME] first move abroad? THIS CAN BE THE SAME AS THE RESPONSE TO Q7 OR AN EARLIER YEAR YEAR
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								

I D C O D E	9.	10.	11.	12.	13.		14.
	At the time [NAME] first moved abroad (see Q8), did he/she speak any foreign language? 1 = Yes 2 = No	What is [NAME's] current marital status? 1 = Married 2 = Living with a partner 3 = Widow/widower >> 12 4 = Divorced/separated >> 12 5 = Never married >> 12	Is [NAME] living with his/her spouse/partner abroad? 1 = Yes 2 = No	What is the highest level and grade completed in school by [NAME]? LEVELS 1. Never been to school 2. Initial 3. Primary 4. Secondary 5. Vocational school 6. Vocational College 7. College 8. University 9. Doctoral studies LEVEL GRADE	What is [NAME's] current occupation? PROBE FOR THE ANSWER OCCUPATION CODE		Does [NAME] have legal residence in the country where s/he currently lives? 1 = Yes 2 = No 3 = Don't know
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							

I D C O D E	15.	16.	17.	18.	19.	20.	21.	22.
	Has [NAME] sent any money to this household over the past 12 months? 1 = Yes 2 = No >>19	How frequently does [NAME] send money? 1 = Monthly 2 = Quarterly 3 = Once or twice a year 4 = Whenever needed 5 = Other (specify)	How much money has [NAME] sent in total in the past 12 months? DO NOT INCLUDE MONEY BROUGHT BACK IN PERSON BY [NAME] LEVA	What percentage of this amount was sent through Banks or MTOs? 1 = None 2 = Less than 20% 3 = 20-50% 4 = More than 50% 5 = Don't know	Has [NAME] visited Bulgaria during the past 12 months? 1 = Yes 2 = No >> Section 12	Did [NAME] bring any money with him/her when he/she visited/returned to Bulgaria? 1 = Yes 2 = No >>22	How much money in total did [NAME] bring over the past 12 months? LEVA	Did [NAME] bring any gifts/ in-kind items during the past 12 months? 1 = Yes 2 = No >> Section 12
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								

I D C O D E	23. What was the value of those gifts/ in-kind items over the past 12 months? GO TO SECTION 12	24. Has [NAME] ever been abroad for more than 1 month to work? 1 = Yes 2 = No >> Section 12	25. What country did [NAME] go to? 1 = Greece 2 = Italy 3 = Spain 4 = Germany 5 = UK 6 = Turkey 7 = Other EU country 8 = Other (specify)	26. In what year did [NAME] return to Bulgaria? YEAR	27. Is [NAME] planning to migrate again within the next 2 years? 1 = Yes 2 = No 3 = Don't know
	LEVA				
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					

Remittances

Section 12: OTHER INCOME

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER]

<p>INCOME SOURCE</p>	<p>1.</p> <p>During the past 12 months did anyone in this household receive income from the following sources?</p> <p>1 = Yes 2 = No</p>	<p>2.</p> <p>How much income did your household receive in total from [SOURCE] during the past 12 months?</p> <p>LEVA</p>
----------------------	--	---

REMITTANCES/GIFTS		
Remittances/gifts from relatives and friends abroad DO NOT INCLUDE AMOUNTS IN REMITTANCE SECTION 11		
Gifts from family and relatives in Bulgaria		
Gifts from other persons (including gifts for ceremonies)		
Gift/aid from institutions		
RENTAL INCOME		
Land other than agricultural land		
Apartment, house		
Shops, store, etc.		
Car, truck, other vehicles		
REVENUE FROM SALE OF ASSETS		
Sale of real estate (house, land, etc.)		
Sale of durable goods of the household		
Other sale of assets		
OTHER INCOME		
Inheritance		
Lottery or gambling winnings		
Other income (specify)		
Other income (specify)		

Section 13A: CONSUMPTION - DAILY EXPENSES
[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER]

1. During the past 7 days have you or another member of the household purchased:		2. What is the total amount spent for [ITEM] in the last 7 days?
1 = Yes 2 = No		
ITEM	CODE	LEVA
Cigarettes and tobacco products		
Newspapers and magazines		
Lottery tickets, pool coupons		
Transportation expenses (tickets, charges, etc.)		
Other daily expenses (specify)		

3. How many members of the family have eaten meals outside the household during the past 7 days?	4. Total number in the household	5. How much was spent for [MEAL] by the household members during the past 7 days?
MEAL	NUMBER	LEVA
Breakfast		
Lunch		
Dinner		
Drinks (including soda, tea, coffee)		
Alcoholic drinks		

Section 13B: CONSUMPTION - FOOD EXPENDITURES

[ASK MOST KNOWLEDGEABLE RESPONDENT]

			MONTHLY CONSUMPTION	PURCHASES IN LAST 30 DAYS					ANNUAL PURCHASE	YEARLY CONSUMPTION		GIFTS
			1. What is your household average monthly consumption of [ITEM]? IF NONE, RECORD 0 AND GO TO NEXT ITEM	2. What is the total amount of [ITEM] that you have bought in the past 30 days?	3. How much did you spend on [ITEM] in total during the past 30 days?	4. How much of what you purchased is already consumed?	5. Why haven't you purchased [item] in the last 30 days? 1 = Has stored 2 = Can't afford 3 = Doesn't consume 4 = Got some free 5 = Grows own 6 = Picks in nature	6. How many months in the past 12 months did your household buy [item]?	7. How many months in the past 12 months has your household consumed food that your household grew or produced at home?	8. How much did your household consume in a typical month from your own production?	9. What was the value of the [ITEM] consumed in a typical month from your own production	10. What is the total value of [ITEM] that you received for free in the past 12 months?
FOOD ITEM			AMOUNT	AMOUNT	LEVA	AMOUNT		MONTHS	MONTHS	AMOUNT	LEVA	LEVA
Rice	101	kg										
Bread	102	kg										
Bakery products	103	kg										
Cereals	104	kg										
Pasta products	105	kg										
Confectionery	106	kg										
Flour	107	kg										
Beef, veal	108	kg										
Pork	109	kg										
Mutton and goat's meat	110	kg										
Poultry	111	kg										
Meat from other animals	112	kg										
Minced meat	113	kg										
Sausages non-durable	114	kg										
Dried salami	115	kg										
Processed meat	116	kg										
Bacon	117	kg										
Sub-products and edible offals	118	kg										
Canned meat & meat products	119	kg										
Fish and fish products	120	kg										
Eggs	121	p										
Fresh milk	122	l										

			MONTHLY CONSUMPTION	PURCHASES IN LAST 30 DAYS					ANNUAL PURCHASE	YEARLY CONSUMPTION		GIFTS
			1. What is your household average monthly consumption of [ITEM]? IF NONE, RECORD 0 AND GO TO NEXT ITEM	2. What is the total amount of [ITEM] that you have bought in the past 30 days?	3. How much did you spend on [ITEM] in total during the past 30 days?	4. How much of what you purchased is already consumed?	5. Why haven't you purchased [item] in the last 30 days? 1 = Has stored 2 = Can't afford 3 = Doesn't consume 4 = Got some free 5 = Grows own 6 = Picks in nature	6. How many months in the past 12 months did your household buy [item]?	7. How many months in the past 12 months has your household consumed food that your household grew or produced at home?	8. How much did your household consume in a typical month from your own production?	9. What was the value of the [ITEM] consumed in a typical month from your own production	10. What is the total value of [ITEM] that you received for free in the past 12 months?
FOOD ITEM			AMOUNT	AMOUNT	LEVA	AMOUNT		MONTHS	MONTHS	AMOUNT	LEVA	LEVA
Yoghurt	123	kg										
White cheese	124	kg										
Other types of cheese	125	kg										
Yellow cheese	126	kg										
Curd	127	kg										
Other types of diary products – cream, condensed/powdered milk , ice-cream	128	kg										
Butter	129	kg										
Margarine	130	kg										
Olive oil	131	l										
Sunflowers and other edible oils	132	l										
Animal fat	133	kg										
Citrus fruit	134	kg										
Bananas	135	kg										
Apples	136	kg										
Pears	137	kg										
Stone fruit	138	kg										
Grape	139	kg										
Strawberries, berries	140	kg										
Melons, water melons	141	kg										
Pumpkin	142	kg										
Canned fruits	143	kg										
Juice, syrups, nectars	144	l										

[illegible]

			MONTHLY CONSUMPTION	PURCHASES IN LAST 30 DAYS				ANNUAL PURCHASE	YEARLY CONSUMPTION			GIFTS
			1. What is your household average monthly consumption of [ITEM]? IF NONE, RECORD 0 AND GO TO NEXT ITEM	2. What is the total amount of [ITEM] that you have bought in the past 30 days?	3. How much did you spend on [ITEM] in total during the past 30 days?	4. How much of what you purchased is already consumed?	5. Why haven't you purchased [item] in the last 30 days? 1 = Has stored 2 = Can't afford 3 = Doesn't consume 4 = Got some free 5 = Grows own 6 = Picks in nature	6. How many months in the past 12 months did your household buy [item]?	7. How many months in the past 12 months has your household consumed food that your household grew or produced at home?	8. How much did your household consume in a typical month from your own production?	9. What was the value of the [ITEM] consumed in a typical month from your own production	10. What is the total value of [ITEM] that you received for free in the past 12 months?
FOOD ITEM			AMOUNT	AMOUNT	LEVA	AMOUNT		MONTHS	MONTHS	AMOUNT	LEVA	LEVA
Coffee, tea and cocoa	168	kg										
Mineral waters	169	l										
Soft drinks	170	l										
Boza (millet-ale)	171	l										
Brandy , vodka, whiskey....	172	l										
Wine	173	l										
Beer	174	l										
Tobacco products	175	p										

Bakery products	Buns, croissants, doughnuts, sandwiches, and other products made of dough, filled with cheese, vegetables, fruit, meat, fish, etc. Fillo, pizza dough, rusks, bread-crumbs, cheese crackers
Cereals	Maize, wheat, millet oats, oatflakes, cornflakes, popcorn, hominy, etc.
Confectionary, sweets, candy	Cakes, cookies, waffles, etc.; pastries, shortbread, baklava, pancakes, caramel, Turkish Delight, sesame cake, chewing gums, etc. Food and desserts containing cocoa

Section 13C: CONSUMPTION - NON-FOOD EXPENDITURES

[ASK MOST KNOWLEDGEABLE RESPONDENT]

	C O D E	LAST 30 DAYS		LAST 12 MONTHS		
		1. During the last 30 days, did you purchase [ITEM]? 1 = Yes 2 = No >> 3	2. How much did your household spend on [ITEM] during the past 30 days?	3. How much did your household spend on [ITEM] in the last 12 months?	4. During the last 12 months did you receive [ITEM] as a gift, donation, etc. from persons who are not members of your household, from orgnaizations, etc.? 1 = Yes 2 = No >> Next item	5. What is the money value of the donation you received during the last 12 months?
PRODUCT/SERVICE			LEVA	LEVA		LEVA
Women's clothes	201					
Men's clothes	202					
Children's and baby's clothes	203					
Women's footwear	204					
Men's footwear	205					
Children's and baby's footwear	206					
Tailoring, sewing/knitting supplies	207					
Central heating	208					
Water, water supply and other services	209					
Electricity	210					
Gas	211					
Liquid fuel	212					
Wood	213					
Coal	214					
Current repair and maintenance of the housing	215					
Furniture, carpets and products for furnishing and decoration	216					
Large electrical household appliances	217					
Small-size electrical household appliances	218					
Cooking & household pottery, glassware, utensils, etc.	219					
Household products for short-term use	220					
Consumption - Nonfood						
Medications, medical tools	221					

	C O D E	LAST 30 DAYS		LAST 12 MONTHS		
		1. During the last 30 days, did you purchase [ITEM]?	2. How much did your household spend on [ITEM] during the past 30 days?	3. How much did your household spend on [ITEM] in the last 12 months?	4. During the last 12 months did you receive [ITEM] as a gift, donation, etc. from persons who are not members of your household, from orgnaizations, etc.?	5. What is the money value of the donation you received during the last 12 months?
		1 = Yes 2 = No >> 3			1 = Yes 2 = No >> Next item	
PRODUCT/SERVICE			LEVA	LEVA		LEVA
Medical services	222					
Vehicles – cars, motorcycles, cycles etc.	223					
Fuel, spare parts, repair for vehicles	224					
Transportation services	225					
Post services	226					
Mobile telephone service	227					
Audio-visual and photographic equipment, computers, consumables	228					
Toys, music instruments, sports equipment	229					
Products for the free time, entertainment and leisure	230					
Purchase of books and stationery	231					
Recreational and tourist services	232					
Products for personal hygiene and cosmetics	233					
Jewelry, watches, travel and other personal belongings	234					
Dry cleaning	235					
Clothes and footwear repairs	236					
Social services	237					
Costs of ceremonies (marriage, birth, funeral etc.)	238					
Administrative, legal and other services	239					

Section 14: SUBJECTIVE BELIEFS AND PERCEPTIONS

[ASK HOUSEHOLD HEAD]

RECORD THE ID CODE FROM THE ROSTER OF THE INDIVIDUAL PROVIDING INFORMATION	<p>1. The following statements are related to Social Security Contributions (SSC). Please tell us how much you agree or disagree with each statement.</p> <p>1 = Strongly agree 2 = Agree 3 = Neither agree nor disagree 4 = Disagree 5 = Strongly disagree</p>				<p>2. Suppose there are two possible pension schemes. In the first one, current contributions are used to finance pensions for current retirees, while in the second one contributions add to your own pension. Which would you prefer?</p> <p>1 = Current contributors paying for current pensioners 2 = Contributions accumulating to own pension</p>	<p>3. Consider the insurance programs provided by the public social security administration. Suppose that you can only increase the benefits provided by one program but, for budgetary reasons, this increase must be compensated by a decrease in all other benefits. Which of the following benefits would you like to increase, knowing that one or some of the others would decrease</p> <p>READ OPTIONS TO RESPONDENT</p> <p>1 = Old age pension 2 = Survivors pension 3 = Disability pension 4 = Sickness and maternity benefits 5 = Work injury benefits 6 = Unemployment benefits 7 = None</p>
	Jobs that require SSC are more stable	Paying SSC today is a good deal for me because the return is guaranteed	Paying SSC provides help for poorer or older people	If I do not pay SSCI may end up not saving enough		

<div>4. In order to be eligible for the public old age pension, what do you think is the minimum age for a person of your same gender? INTERVIEWERS WRITE DOWN BOTH YEARS AND MONTHS IF PROVIDED</div>		<div>5. Think of a person who contributed to social security through all his life and who reached the minimum age requirement. What do you think his old age pension would be as a percentage of income?</div>	<div>6. What do you think your old age pension will be as a percentage of your last income?</div>	<div>7. In your opinion, over the next 10 years the public social security system will be more generous, less generous, or unchanged? <div>1 =More generous 2 = Unchanged 3 = Less generous</div></div>	<div>8. We have some questions about how likely you think various events might be. When I ask a question, I'd like you to give me a number from 0 (absolutely no chance) to 100 (absolutely certain). Let's try an example together and start with the weather. What do you think the chances are that it will be sunny tomorrow? You can say any number from 0 to 100. For example "90" would be a 90 percent change of sunny weather, or sunny weather is very likely. Now, what do you think the chances are that you will be working after you reach age ...</div> <div><div>Age 50</div><div>Age 60</div><div>Age 70</div></div>			<div>9. What do you think the chances are (any number from 0 to 100) that each of the following events could happen to you within the next 12 months?</div> <div><div>Serious illness, causing physical incapacity/unable to work for a long time)</div><div>Serious accident (causing physical incapacity/unable to work for a long time)</div><div>Lose job or be forced to close your business</div></div>		
YEARS	MONTHS	PERCENTAGE	PERCENTAGE							

10. What do you think the chances are (any number from 0 to 100) that you will live to be...?			11. Imagine you won the first prize of a national lottery, which is worth 1000 Leva. The lottery administration is very reliable, so that you would get the money for sure, but only one year from now (suppose there is no inflation). Then a friend of yours asks you to sell him the ticket, for which he would pay immediately. What is the minimum price for which you would sell the ticket?	12. Suppose now that the prize you won is not from a national lottery, but from one which is less reliable, so that there is only a 50% chance to get the money. However, in the event that you get paid you would be paid tomorrow. Your friend asks you to sell him the ticket today. What is the minimum price for which you would sell the ticket?	13. In your opinion, what is the financial situation of your household? 1 = Very poor 2 = Poor 3 = Good 4 = Very good 5 = Rich	14. On a scale from 1 to 10 where 1 means the least satisfied and 10 means the most satisfied, how satisfied are you with the financial situation of your household?
Age 70	Age 80	Age 90				

1									10
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LEAST
SATISFIED

MOST
SATISFIED

15. During the last 12 months, did you have any difficulties covering household expenses for...? <div>1 = Had no expenses 2 = Always had difficulties 3 = Sometimes had difficulties 4 = No</div>							16. How would you consider the current level of food consumption in your household? <div>1 = Less than enough 2 = Enough 3 = More than enough 4 = Don't know</div>	17. What are your expectations for your household financial situation in the next 12 months? <div>1 = Improve a lot 2 = Improve somewhat 3 = Remain the same 4 = Somewhat deteriorate 5 = Deteriorate a lot 6 = Don't know</div>	18. What is your household's current monthly income?	19. In your opinion, what is the monthly household in Bulgaria would have to have to live...?	
Food	New clothes & footwear	Electricity	Heating	Health	Education	Repayment of loans, credits				Very well	Adequately
								LEVA	LEVA	LEVA	

Interviewer's opinion

1. **Approximate** duration of interview in minutes

Please give your opinion and estimates about the following issues in the table below:

Module	2. Are the responses to module [.....] reliable? 1 = Yes 2 = No	3. Which questions of module ... did the respondents find difficult? (Give section and No. of question)	4. Questions were difficult because respondents... 1. <i>could not understand the question</i> 2. <i>could not remember</i> 3. <i>did not want to answer</i>
Housing and Durable Goods			
Household Roster			
Migration			
Primary Caregiver			
Education - Preschool			
Education - General			
Health			
Employment			
Non-Farm Household Enterprise			
Agriculture			
Remittances			
Social Assistance			
Other Income			
Consumption			
Subjective Beliefs and Perceptions			

5. in your opinion, the ethnicity of the household head is:

- 1. Bulgarian
- 2. Turkish
- 3. Roma
- 4. Other _____

6. On what did you base your opinion?

- 1. Look
- 2. Housing/living conditions
- 3. Language spoken by the household members to each other
- 4. Other (specify) _____

7. How do you evaluate the quality of the data collected about the households

- 1. Good
- 2. Satisfactory
- 3. Poor

8. Overall opinion of the interview

Interviewer Comments