

My name is _____

I represent the National Statistics Committee of the Republic of Kyrgyzstan. We are conducting a survey of the standard of living in all regions of Kyrgyzstan. You are aware that people speak much about the current economic situation in Kyrgyzstan, on the hardships that many people suffer from. To have a better idea of what is really going on, there is not any other way except to survey the conditions of thousands of people in various families. Only after summarizing all those responses can we make up a real picture of how the people of Kyrgyzstan live.

For that purpose over 2,000 addresses have been chosen at random as in a lottery. One of those addresses proved to be yours. The authenticity of the results of the whole survey will depend on your sincerity and exactness while answering the questions of this questionnaire. We will be asking questions about many topics of your life, from your housing conditions, health, and education, to food consumption and savings.

We assure you that your personal responses will not be disclosed to anyone in your neighborhood or government. After all these questionnaires are processed by the computer, your or your family's name will be used only in a summary way.

If any question arises in connection with this survey you are welcome to telephone the number indicated on the visit card of our organization that I leave for you here.

I express my gratitude for your participation in this survey in advance.

INTERVIEWER INSTRUCTIONS

FOR SECTION 1, THE PERSON INTERVIEWED SHOULD BE THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A PRINCIPAL RESPONDENT TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

INTERVIEWER SCRIPT - READ VERBATIM

I would like to make a complete list of all the people who normally live, eat their meals together, and share expenses in this dwelling.

1. First I would like the names of all the members of your immediate family, who normally live, eat their meals together and share expenses in this dwelling. Include the head of the household, his wife (or her husband) and his or her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN FROM THE YOUNGEST CHILD TO THE OLDEST.

WRITE DOWN THE NAME, PATRONYM, AGE, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD FOR EACH PERSON IN QUESTION 1. (QUESTION 2 WILL BE FILLED OUT AFTER YOU ASK QUESTION 12.)

Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families who normally live, eat their meals together, and share expenses here.

WRITE DOWN THE NAME, AGE, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live, eat their meals, and share expenses here. For example, tenants, lodgers, servants or other persons who are not relatives.

WRITE DOWN THE NAME, AGE, SEX, AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

Are there any other persons not now present but who normally live, eat their meals here and share expenses? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE DOWN THE NAME, AGE, SEX, AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 6-11 AND CLASSIFY THE PERSON ACCORDINGLY FOR QUESTION 12. COMPLETE THE ENTIRE LINE BEFORE GOING TO THE NEXT PERSON.

INTERVIEWER CHECKPOINT:

After completing Q.11 for all persons listed in Question 1, check the following:

INSTRUCTIONS TO CLASSIFY HH MEMBERS:

CHECK COLUMN 5. SERVANTS AND PAYING LODGERS ARE NEVER HOUSEHOLD MEMBERS AND WILL NOT BE LISTED ON THE HOUSEHOLD ROSTER, REGARDLESS OF LENGTH OF STAY. CODE 2 FOR SUCH PERSONS IN Q.2.

CHECK COLUMN 10. IF A PERSON WAS ABSENT FOR MORE THAN 3 MONTHS, THEY ARE NOT A HOUSEHOLD MEMBER. CODE 2 FOR THEM IN Q.2. IF A PERSON WAS ABSENT FOR 3 MONTHS OR LESS, UNLESS THEY ARE A LODGER OR A SERVANT, THEY ARE A HOUSEHOLD MEMBER. CODE 1 FOR SUCH PERSONS IN Q.2.

HOUSEHOLD MEMBERS ARE ALWAYS:

- HH HEAD
 - INFANTS BORN IN LAST 9 MONTHS OR LESS
 - PEOPLE WHO MARRIED INTO HOUSEHOLD IN LAST 9 MONTHS OR LESS
- CODE 1 FOR SUCH PERSONS IN Q.2.

ENTER ALL PERSONS CODED 1 ON Q.2 ON THE HOUSEHOLD CARD AND PLACE THE CARD SO THAT YOU CAN REFER TO IT DURING THE INTERVIEW.

YOU WILL CREATE THE HOUSEHOLD CARD AFTER COMPLETING PART 1A. ONLY HOUSEHOLD MEMBERS SHOULD BE ENTERED ON THIS CARD. HOWEVER, THE NAMES MUST BE WRITTEN ON THE SAME LINES THAT THEY ARE WRITTEN DOWN ON IN THE QUESTIONNAIRE IN Q.1.

PART 1B. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

P E R S O N	I D C O D E	1	2	3	4	5	6	7	8	9	10
		Is the father of [NAME] living in this household?	COPY THE IDENTIFICATION CODE FOR THE FATHER	What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] father?	What kind of work has father of [NAME] done for most of his life?	When [NAME] was 10 years old, did he/she live with his/her father?	Is the mother of [NAME] living in this house-hold?	COPY THE IDENTIFICATION CODE FOR THE MOTHER	What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] mother?	What kind of work has the mother of [NAME] done for most of her life?	When [NAME] was 10 years old, did he/she live with his/her mother?
		YES.....1 NO2 > Q 3	>> Q 5 ID CODE	1-8th CLASS 1-8 DID NOT COMPLETE SECONDARY 9 COMPLETED SECONDARY SCHOOL 10 PROF-TECH. SCHOOL 11 TECHNIKUM 12 HIGHER ED DIPLOMA 13 CAND. OF SCIENCE 14 DOCTOR OF SCIENCE 15 OTHER 16 NONE 17	READ TO RESPONDENT agricultural..... 1 mining..... 2 manufacturing..... 3 elec/gas/water 4 construction 5 commerce 6 transport 7 financial 8 services 9 did not work 10	YES.....1 NO2 > Q 8	YES.....1 NO2 > Q 10	ID CODE	1-8th CLASS..... 1-8 DID NOT COMPLETE SECONDARY 9 COMPLETED SECONDARY SCHOOL 10 PROF-TECH. SCHOOL 11 TECHNIKUM 12 HIGHER ED DIPLOMA 13 CAND. OF SCIENCE 14 DOCTOR OF SCIENCE 15 OTHER 16 NONE 17	READ TO RESPONDENT agricultural..... 1 mining..... 2 manufacturing 3 elec/gas/water 4 construction 5 commerce 6 transport 7 financial 8 services 9 did not work 10	YES..... 1 NO 2
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										

SECTION 2. DWELLING

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT

Now I would like to ask you about your housing conditions. I mean by housing all the rooms and all the separate buildings used by your household members. FILL OUT

Q. 1-5 FROM YOUR OBSERVATION OF THE DWELLING. BEGIN ASKING QUESTIONS AT Q. 6.

PART 2A. DESCRIPTION OF THE DWELLING

1. WHAT IS THE MAJOR CONSTRUCTION MATERIAL OF THE EXTERNAL WALLS?

- BRICK1 []
- CONCRETE PLATES2
- UNBAKED BRICK, ADOBE3
- WOOD, LOGS4
- CANVAS, FELT5
- OTHER (SPECIFY _____)6

2. WHAT IS THE MAJOR MATERIAL OF THE ROOF? ASK IF NECESSARY

- ASBESTOS SHEETS1 []
- METAL SHEETS2
- THATCH3
- TILES4
- WOOD5
- UNBAKED BRICKS (SAMAN)6
- OTHER (SPECIFY _____)7

3. WHAT IS THE MATERIAL OF THE FLOOR?

- PARQUET1 []
- PAINTED WOOD2
- LINOLEUM3
- SYNTHETIC CARPET4
- CONCRETE5
- CLAY/EARTHEN FLOOR6
- OTHERS(SPECIFY _____)7

4. HOW MANY FLOORS ARE THERE IN THE BUILDING?

NUMBER OF FLOORS []

5. WHAT TYPE OF DWELLING IS IT?

- DETACHED HOUSE1 []
- MULTI-FAMILY HOUSE2
- SEPARATE APARTMENT3
- COMMUNAL APARTMENT4
- SEVERAL BUILDINGS CONNECTED5
- SEVERAL SEPARATE BUILDINGS6
- ROOM IN A DORMITORY7 ➤ QUESTION 8
- PLACE IN A DORMITORY8 ➤ QUESTION 8
- OTHER (SPECIFY _____)9 ➤ QUESTION 8

6. How many rooms do the members of your household occupy, including bedrooms, living rooms and rooms used for household enterprises?

DO NOT COUNT TOILETS, KITCHENS, BALCONIES AND CORRIDORS

NUMBER OF ROOMS []

7. How many, if any, of these rooms are used for family enterprise or trade?

WRITE ZERO IF ROOMS ARE NOT USED FOR BUSINESS OR TRADE

NUMBER OF ROOMS []

8. How long has your household been living in this dwelling?.....

MONTHS []

YEARS []

9. About how many square meters is your dwelling, including living and extra rooms?

SQUARE METERS []

10. In approximately what year was this dwelling built?

ASK THE RESPONDENT TO PROVIDE AN ESTIMATE IF UNSURE OF THE EXACT YEAR

YEAR BUILT []

11. ASK IF NECESSARY: Is there an elevator in the building?

YES1 []

NO2 ➤ PART 2B

12. How often does the elevator in this building work?

ALWAYS1 []

SOMETIMES2

NEVER3

➤➤ PART 2B

PART 2B. DWELLING EXPENDITURES

1. Does this dwelling belong to you or any member of your household?

YES.....1 []
 NO.....2 ➤ QUESTION 13

2. How did your household obtain this dwelling?

PRIVATIZED1 []
 PURCHASED FROM A PRIVATE PERSON2 ➤ QUESTION 5
 NEWLY BUILT3 ➤ QUESTION 5
 COOPERATIVE ARRANGEMENT4 ➤ QUESTION 7
 SWAPPED5 ➤ QUESTION 10
 INHERITED/GIFT6 ➤ QUESTION 10
 OTHER7 ➤ QUESTION 10

3. In what month and year was this dwelling privatized?

MONTH [] YEAR []

4. How much did your household pay, either in coupons, soms, or dollars, to privatize this dwelling?

AMOUNT []

INDICATE CURRENCY TYPE

COUPON1
 SOMS2 []
 DOLLARS3

5. Did the members of your household receive assistance to purchase or build this dwelling?

YES.....1 []
 NO2 ➤ QUESTION 7

6. From whom did the members of your household receive assistance to purchase or build this dwelling?

STATE1 []
 STATE ENTERPRISE2
 PRIVATE EMPLOYER3
 STATE BANK4
 COMMERCIAL BANK5
 RELATIVES6
 OTHER7

7. If you make installment payments for your dwelling, what is the amount of the installment?

WRITE ZERO IF THE HOUSEHOLD DOES NOT MAKE INSTALLMENT PAYMENTS AND
 ➤ QUESTION 10.

AMOUNT (SOMS) []

TIME UNIT []

8. When did you or your household last pay an installment for this dwelling?

MONTH [] YEAR []

9. In what year do you expect to make your last installment payment?

YEAR []

10. Could you sell this dwelling if you wanted to?

YES.....1 []
 NO.....2 ➤ QUESTION 12

11. If you were to sell this dwelling today how many soms do you think you would receive for it?

SOMS []

12. Estimate, please, the amount of soms you could receive as rent if you let this dwelling to another person?

SOMS []

TIME UNIT []
 ➤➤ QUESTION 23

13. Do you rent this dwelling for goods, services or cash?

YES1 []
 NO2 ➤ QUESTION 21

14. From whom do you rent this dwelling?

RELATIVE1 []
 PRIVATE EMPLOYER2
 STATE ENTERPRISE3
 STATE4
 PRIVATE PERSON/AGENCY5
 DOES NOT KNOW6

15. How much does your household pay in cash to rent this dwelling?

IF THEY DO NOT PAY CASH, WRITE ZERO

AMOUNT []

SOMS ...1 US DOLLARS...2 OTHER...3 CURRENCY []

TIME UNIT []
 ➤➤ QUESTION 16 (NEXT PAGE)

TIME UNITS	DAY3	MONTH.....5	HALF YEAR.....7
	WEEK.....4	QUARTER.....6	YEAR.....8

PART 2B. DWELLING EXPENDITURES (Continued)

16. In the past month, how much did your household actually pay for rent?

IF ZERO, CONTINUE.

IF NOT ZERO ➤ QUESTION 19.

AMOUNT []
CURRENCY []

17. When was the last time the household paid rent?

MONTH []
YEAR []

18. The last time your household paid rent, how much did you pay?

SOMS ...1 U.S. DOLLAR...2 OTHER...3

AMOUNT []
CURRENCY []
TIME UNIT []

19. Does your household pay the rent by goods or services?

YES.....1
NO.....2

➤ QUESTION 21 []

20. What is the approximate value of the goods and services paid by your household?

SOMS ...1 U.S. DOLLAR...2 OTHER...3

AMOUNT []
CURRENCY []
TIME UNIT []

21. Does any person who is not a member of this household pay all or part of the rent or provide this housing free of charge? For example, a relative, private employer, governmental or public organization, private person or organization? IF YES, PROBE FOR WHICH.

YES, PAYS RENT1
YES, PROVIDES DWELLING FREE OF CHARGE2
NO3

➤ QUESTION 23 []

22. Who pays part or all of the rent for this dwelling or provides this dwelling free of charge?

RELATIVE.....1
STATE EMPLOYER.....2
PRIVATE EMPLOYER.....3
PUBLIC AGENCY.....4
PRIVATE PERSON/AGENCY.....5
NON-RELATIVE/BORDER.....6
OTHER7

[]

23. What is the main source of water for your household?

CENTRALIZED PIPELINE.....1
OWN SYSTEM OF WATER SUPPLY.....2
WELL3
SPRING4
RIVER, LAKE, POND5
RAINWATER6
BROUGHT-IN WATER (TRUCK)7
OTHER (SPECIFY _____)8

➤ QUESTION 25
➤ QUESTION 26
➤ QUESTION 26
➤ QUESTION 26
➤ QUESTION 26
➤ QUESTION 26

[]

24. On average in the past month, how many hours per day was water available?

NUMBER OF HOURS []

25. Where is this standing water pipe, water supply, or well situated?

INSIDE THE HOUSE.....1
IN THE YARD2
IN THE STREET.....3
OTHER (SPECIFY _____)4

➤ QUESTION 27
➤ QUESTION 27

[]

26. How many meters is this source of water from your dwelling?

METERS []

27. On average in the last month, what was the quality of your water?

GOOD.....1
FAIR.....2
POOR.....3

[]

28. What is the major source of hot water in your household?

CENTRALIZED SUPPLY.....1
GAS WATER HEATER.....2
ELECTRIC WATER HEATER.....3
COAL/WOOD STOVE4
NO HOT WATER.....5
OTHER (SPECIFY _____)6

[]

29. Where do members of your household bathe?

INDOOR BATHROOM WITH SHOWER.....1
INSIDE SHOWER.....2
BANYA3
SAUNA4
PUBLIC BANYA/SAUNA5
OTHER (SPECIFY _____)6

[]

(NEXT PAGE)

➤➤ QUESTION 30

TIME UNITS	DAY3	MONTH.....5	HALF YEAR.....7
	WEEK.....4	QUARTER.....6	YEAR.....8

PART 2B. DWELLING EXPENDITURES (Continued)

30. What is the type of toilet that is used by your household?

- FLUSH TOILET IN HOUSE1 []
- FLUSH TOILET IN ANOTHER DWELLING2
- OUT DOOR LATRINE3
- NO TOILET4 ➤ QUESTION 32

31. Is this toilet (or latrine) used only by members of your household or do other households use it as well?

- THIS HOUSEHOLD ONLY1 []
- OTHER HOUSEHOLDS AS WELL2

32. Do you have an individual electric meter or do you share it with the other person?

- JOINT METER1 []
- INDIVIDUAL METER2

33. What is the main source of lighting in your dwelling?

- ELECTRICITY1 []
- KEROSENE, OIL OR GAS LAMPS2 ➤ QUESTION 35
- CANDLES OR BATTERY FLASHLIGHTS3 ➤ QUESTION 35
- SUNLIGHT4 ➤ QUESTION 35

34. Last month, how many hours a day on average was electricity available in your dwelling?

NUMBER OF HOURS []

35. What fuel do you use most often for cooking?

- GAS1 []
- ELECTRICITY2
- COAL OR WOOD STOVE3
- KEROSENE/OIL4
- PEAT, MANURE5
- OTHER (SPECIFY _____)6

36. How does your household heat your dwelling?

- WATER RADIATORS-CENTRALIZED HOT WATER1 []
- WATER RADIATORS IN ROOMS FROM A GAS,
COAL OR ELECTRIC BOILER WITHIN THE HOUSE2
- ELECTRIC HEATERS3
- COAL OR WOOD STOVE4
- KEROSENE/OIL5
- OTHER (SPECIFY _____)6

37. During the last 12 months, for how many months was your dwelling heated?

NUMBER OF MONTHS []

38. During how many of those months was your dwelling sufficiently warm?

NUMBER OF MONTHS []

39. Where is the nearest telephone that is used by the members of your household, is it..

- inside the dwelling?1 []
- in a neighbor's house?2
- in a public place
within 5 minutes walk from the dwelling?3
- in a public place
more than 5 minutes walk from the dwelling?4
- other (specify _____)?5
- no telephone accessible?6 ➤ QUESTION 41

40. Can you use this telephone to call...

- any place?1 []
- only places within the former Soviet Union?2
- only within this country?3
- only within the limits of the city or the village?4

41. How does your household dispose of garbage?

- REFUSE CHUTE IN BUILDING1 []
- COLLECTED BY TRUCK2
- DUMPED OUTSIDE3
- BURNED4
- BURIED5

➤➤ QUESTION 42, NEXT PAGE

PART 2B. DWELLING EXPENDITURES (End)

42. Is your household's dwelling exposed to the following:

42a. Unwanted outside noise?

YES.....1 []
NO.....2 (➤ Question 42c)

42b. How many days in the past month?

DAYS []

42c. Unwanted odor from outside?

YES.....1 []
NO.....2 (➤ Question 42e)

42d. How many days in the past month?

DAYS []

42e. Unwanted pollution from outside, such as coal, soot, chemical, or industrial pollution, or smog?

YES.....1 []
NO.....2 (➤ Question 43)

42f. How many days in the past month??

DAYS []

43. How many minutes does it take to walk to the nearest bus stop from your dwelling?

NUMBER OF MINUTES []

In the last month, how much did your household pay for the following services?

IF THE HOUSEHOLD DIDN'T PAY ANYTHING, WRITE ZERO

- 44. Centralized heating []
- 45. Electricity []
- 46. Gas []
- 47. Coal []
- 48. Oil []
- 49. Wood []
- 50. Other fuel []
- 51. Water []
- 52. Trash collection []
- 53. Telephone []
- 54. Apartment building fees []
- 55. Janitors []

➤➤ SECTION 3

SECTION 3. EDUCATION
PART 3A. CARE OF CHILDREN

ASK THIS SECTION ABOUT ALL CHILDREN IN THE HOUSEHOLD AGE 6 AND UNDER. PARENTS TO ANSWER FOR THESE CHILDREN.

P E R S O N	I D E	1 Does [CHILD] currently attend a kindergarten, nursery or have a nanny? YES 1 NO 2 ➤ QUES 7	2 Does [CHILD] attend a... kindergarten or nursery at parent's place of work? 1 other public kindergarten or nursery? 2 private kindergarten or nursery? 3 nanny? 4 IF MORE THAN ONE, CHOOSE PLACE CHILD SPENDS MOST TIME.	3 On average during the last 7 days, how many hours per day did [CHILD] spend (at the kindergarten, nursery or with a nanny)? NUMBER OF HOURS	4 On average each day, how much time does it take to bring [CHILD] to his or her (kindergarten, nursery, or nanny,) from your dwelling? IF NONE ➤ Q.6 ONE WAY TIME ONLY		5 How far is [CHILD'S] (kindergarten, nursery or nanny) from the dwelling?		6 During the last month, how much money was spent on kindergarten, nursery, or for a nanny for [CHILD]? ➤➤ PART 3B AMOUNT	7 Did [CHILD] ever attend a kindergarten, nursery or have a nanny in the past? YES 1 NO 2 ➤ QUES 9	8 What was the main reason [CHILD] stopped attending the kindergarten, nursery or having a nanny? KINDERGARTEN OR NURSERY CLOSED 1 COSTS TOO MUCH 2 PARENT NO LONGER WORKS WHERE KINDERGARTEN WAS PROVIDED 3 DISSATISFIED WITH QUALITY OF CARE 4 PREFER TO HAVE CHILD ELSEWHERE 5 OTHER 6	9 Who usually takes care of [CHILD] during the day? MOTHER 1 FATHER 2 BOTH PARENTS 3 OTHER HOUSEHOLD MEMBERS 4 OTHER RELATIVES 5 HOUSEHOLD HELP/SERVANT 6 FRIENDS 7 OTHER 8	10 How much, if anything, was paid in the last month to the people who cared for [CHILD]? IF NOTHING WRITE ZERO AMOUNT ➤➤ PART 3B	
					MINUTES	HOURS	DISTANCE	DISTANCE CODE METER 1 KM 2						
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
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	11													
	12													

➤➤ PART 3B

PART 3B. EDUCATIONAL ATTAINMENT AND EXPENDITURES

QUESTIONS ARE TO BE ASKED OF ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER. PARENTS MUST ANSWER FOR CHILDREN 7-13. CHILDREN 14 AND OLDER ANSWER FOR THEMSELVES.

P E R S O N	ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		IS [NAME] ANSWERING THE QUESTIONS FOR HIM OR HERSELF? YES1 > Q. 3 NO2	WRITE DOWN THE ID CODE OF THE PERSON ANSWERING ON BEHALF OF [NAME]. ID CODE	Do you speak Russian? YES1 NO2	What is your mother tongue? KYRGYZ1 > Q. 6 RUSSIAN2 TAJIK3 KOREAN4 UZBEK5 DUNGAN6 OTHER (SPECIFY)7	Do you speak Kyrgyz? YES1 NO2	Can you read? YES1 NO2 > Q. 8	In what languages can you read? CAN LIST UP TO TWO KYRGYZ1 RUSSIAN2 OTHER.3 CODECODE	Can you write? YES1 NO2 > Q. 10	In what languages can you write? KYRGYZ RUSSIAN OTHER3 CODECODE	Do you know how to do arithmetic? YES1 NO2	How many years did you study in primary educational institutions? IF ZERO, > Q. 22 NUMBER OF YEARS	How many classes of primary school did you complete? IF ZERO, > Q. 18 NUMBER OF CLASSES	How many years did you study in secondary educational institutions? IF ZERO, > Q. 18 NUMBER OF YEARS	How many classes of secondary school did you complete? IF ZERO, > Q. 18 NUMBER OF CLASSES
	1														
	2														
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PART 3B. EDUCATIONAL ATTAINMENT AND EXPENDITURES (Continued)

QUESTIONS ARE TO BE ASKED OF ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER. PARENTS MUST ANSWER FOR CHILDREN 7-13. CHILDREN 14 AND OLDER ANSWER FOR THEMSELVES.

P E R S O N	I D	15	16	17	18	19	20	21	22	23	24	25
		How many years did you study in higher educational institutions? IF ZERO, > Q. 17 NUMBER OF YEARS	How many years of higher education did you complete? NUMBER OF YEARS	What was the highest diploma or certificate you obtained DID NOT COMPLETE SECONDARY SCHOOL.....1 SECONDARY SCHOOL.....2 PROF-TECH SCHOOL.....3 TECHNIKUM.....4 HIGHER ED. DIPLOMA.....5 CAND. OF SCIENCE.....6 DOCTOR OF SCIENCE.....7 OTHER.....8 NONE.....9	Was the last school you attended... state?.....1 private?.....2 religious?.....3	What was the main language of instruction in the last school you attended? KYRGYZ.....1 RUSSIAN.....2 OTHER.....3	Are you currently in school or continuing your education? YES.....1 NO.....2 > Q. 22	What level of studies are you in currently? FOR 1-9TH WRITE NUMBER IN BOX.....1-9 SECONDARY SCHOOL.....10 PROF-TECH. SCHOOL.....11 SPEC. SEC. SCHOOL.....12 UNIVERSITY.....13 INSTITUTE.....14 POST-GRADUATE.....15 OTHER.....16 >> Q. 24	Do you plan to go to school or continue your education? YES.....1 NO.....2	Why did you discontinue your studies? FINISHED/GRADUATED.....1 COSTS TOO MUCH/BROTHER SISTER GOES INSTEAD OF ME2 AGRI. WORK.....3 HAD TO EARN MONEY TO LIVE.....4 SCHOOL TOO FAR.....5 NO TEACHER.....6 NO SUPPLIES.....7 NO CLOTHING/SHOES.....8 ILLNESS.....9 DON'T LIKE STUDYING.....10 NO DORM/DORM CLOSED.....11 NEVER STARTED.....12 OTHER.....13 >> NEXT SECTION	Do you live at home while attending school? YES.....1 NO.....2	During the past 7 days, how many hours have you actually spent in classes? HOURS
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											

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PART 3B. EDUCATIONAL ATTAINMENT AND EXPENDITURES (Continued)

P E R S O N	I D	26 During the past 12 months, how much did the household spend on [NAME'S] education for... IF NOTHING WAS SPENT WRITE ZERO. IF RESPONDENT CAN GIVE ONLY A TOTAL, ENTER TOTAL IN COLUMN K.										27 During the past 12 months, how much money did the household spend on [NAME] as a member of the parent's committee for ... IF NOTHING WAS SPENT WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, ENTER TOTAL IN COLUMN G.						
		A tuition and fees? SOMS	B textbooks and supplies? SOMS	C uniforms/sports clothes? SOMS	D tutors and extra classes? SOMS	E transport to and from school? SOMS	F meals for school? SOMS	G other (clubs, sports)? SOMS	H literature, newspapers, and other books? SOMS	I school library fees? SOMS	J lodging away from home? SOMS	K Total (if can't give breakdown) SOMS	A school repairs? SOMS	B money to buy curtains, flowers for classroom, chalk, rags, or other classroom items? SOMS	C gifts to teachers? SOMS	D class or school trips? SOMS	E celebration of holidays? SOMS	F other? SOMS
	1																	
	2																	
	3																	
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PART 3B. EDUCATIONAL ATTAINMENT AND EXPENDITURES (Continued)

P E R S O N	I D	28	29	30	31	32	33	34	35	36	37	38	39
		In the last 12 months, how much money was received as a school allowance or stipend for [NAME]?	In the last 12 months, what was the value of any scholarship received for the education of [NAME]?	In the last 12 months, how much other financial assistance was received from any individual outside of the household for the education of [NAME]?	In the last 12 months, how much other financial assistance was received from any individual outside of the household for the education of [NAME]?	There is a new policy of school uniforms in Kyrgyzstan. Can your household afford to buy a uniform for [NAME]?	How far is [NAME'S] school from the dwelling?	How does [NAME] go to school?	How long does it usually take, one way, [NAME] to go to school?	Did [NAME] miss school for a month or more in the previous academic year?	What was the main reason [NAME] missed school?	In general, how many hours each day do you (does [NAME] spend studying or completing homework outside of school?	Do you (Does [NAME]) typically receive help with your (his/her) studying?
		IF NOTHING WRITE ZERO. AMOUNT	IF NOTHING WRITE ZERO. AMOUNT	IF NOTHING WRITE ZERO. AMOUNT	IF NOTHING WRITE ZERO. AMOUNT	DISTANCE	WALK.....1 HORSE.....2 PUBLIC TRANSPORT.....3 MOTORBIKE.....4 BICYCLE.....5 TAXI.....6 PRIVATE CAR.....7 OTHER.....8	TIME ONE WAY	YES.....1 NO.....2 > Q. 37	COSTS TOO MUCH/ BROTHER/SISTER GOES INSTEAD OF ME.....1 AGRI. WORK.....2 HAD TO EARN MONEY TO LIVE.....3 SCHOOL TOO FAR.....4 NO TEACHER.....5 NO SUPPLIES.....6 NO CLOTHING/SHOES..7 ILLNESS.....8 DOESN'T LIKE STUDYING.....9 NO DORMITORY/DORM CLOSED.....10 OTHER.....11	0.....1 LESS THAN 1.....2 1-2.....3 2-3.....4 3-4.....5 MORE.....6	YES.....1 NO.....2 > NEXT SECTION	PARENTS.....1 MOTHER.....2 FATHER.....3 SIBLING.....4 OTHER RELATIVE.....5 FRIEND.....6 OTHER.....7
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PART 3C. TRAINING

TO BE ASKED OF ALL HOUSEHOLD MEMBERS 14 YEARS AND OLDER

PERSON	ID	1 What was the last subject area that you specialized in, in technikum, university, or institute? NATURAL SCIENCE1 TECHNICAL SPEC.....2 ENGINEERING.....3 EXACT SCIENCES.....4 MEDICINE.....5 ECONOMICS/BUS./ FINANCE6 CULTURE, ART, SPORT.....7 HUMANITARIAN.....8 EDUCATION.....9 FOREIGN RELATIONS.....10 OTHER.....11	2 In the past 5 years, have you taken any job training courses besides your formal schooling or higher education? YES.....1 NO.....2 ➤NEXT SECT	3 In the past 5 years, how many months of training have you taken altogether? NUMBER OF MONTHS	4 In what month and year did you begin to take the most recent training course?		5 How long was the last training course that you took?		6 From whom did you take the most recent training course? STATE EMPLOYMENT CENTER.....1 OTHER STATE OFFICE2 EMPLOYER3 PRIVATE PERSON4 PUBLIC ORGANIZATION5 OTHER.....6	7 What was the reason for taking the most recent training course? INCREASE QUALIFICATION.....1 REQUALIFICATION.....2 CHANGE JOBS.....3 FIND A JOB.....4 INTEREST.....5 OTHER.....6	8 What was the subject of the most recent training course? LANGUAGE1 COMPUTERS2 SECRETARIAL SKILLS3 PROFESSIONAL SKILLS4 OTHER.....5	9 Are you presently working in a job that uses the skills obtained in the last training course you attended? YES.....1 NO.....2	10 How much did you pay in all for the last training course you attended? IF NO FEE WAS PAID, WRITE ZERO SOMS	11 During the last 12 months, what was the total amount spent for your training courses? SOMS
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SECTION 4. HEALTH

PART 4A. CHRONIC ILLNESS AND DISABILITY ASK EACH HOUSEHOLD MEMBER. FOR CHILDREN AGE 13 AND UNDER, ASK THE QUESTIONS OF THEIR PARENTS.

PERSON	ID	1	2		3	4	5	6	7	8	9	10
		Do you have a chronic illness or disability that has lasted more than 6 months? YES.....1 NO.....2 > PART 4B	MONTH	YEAR	Has this chronic illness or disability been diagnosed by a professional? YES.....1 NO.....2	Which part of your body is most affected by this chronic illness or disability? HEART/CIRCULATORY SYSTEM.....1 LUNGS/RESPIRATORY SYSTEM.....2 STOMACH/DIGESTIVE SYSTEM.....3 HEAD.....4 ARMS OR LEGS/HANDS OR FEET.....5 BACK/SPINE.....6 OTHER INTERNAL ORGANS.....7 OTHER.....8	Now please think back over the last 30 days only. In the last 30 days, how much have you spent for treatment of this illness or disability? SOMS	In the past 30 days, how much have you spent on medication for this illness or disability? SOMS	How much have you spent in the last 30 days for any other expenses caused by this chronic illness or disability, including transportation and special equipment? SOMS	During the past 30 days, for how many days were you unable to carry on your usual activities because of this illness or disability? NUMBER OF DAYS	Do you currently have any <u>other</u> chronic illnesses or disabilities that lasted more than 6 months, besides the one we just talked about? YES.....1 NO.....2 > SECTION 4B	In the past 30 days, how much have you spent altogether on this/these other chronic illnesses or disabilities, including consultations, medicine, and transportation to and from treatment? SOMS
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>> PART 4B

PART 4B. RECENT ILLNESS OR INJURY

ASK EACH HOUSEHOLD MEMBER. FOR CHILDREN 13 AND UNDER, ASK THE QUESTIONS OF THEIR PARENTS.

PERSON	ID	1 During the past month, have you had any illness or injury, whether it started earlier than a month ago or not? YES.....1 NO, HEALTHY.....2 ➤ PART 4C	2 What type of illness or injury did you have? IF MORE THAN ONE, REFER TO MOST SERIOUS ONE. CHILL/FLU.....1 STOMACH.....2 BOWELS/DIARRHEA.....3 LIVER.....4 KIDNEY(S).....5 HEADACHE.....6 HEARTACHE.....7 LUNGS.....8 FRACTURE(S).....9 SKIN DISEASE.....10 OTHER INJURY.....11 OTHER ILLNESS.....12	3 In what year and month did this illness or injury start?		4 For how many days since it began did you have this illness or injury? DAYS	5 For how many days were you unable to carry on your usual activities because of this illness or injury? DAYS	6 In the past month, to whom did you first apply for care for this illness or injury? NOBODY.....1 ➤ QUES 31 PRIVATE DOCTOR.....2 STATE DOCTOR.....3 NURSE.....4 FELDSHER.....5 PHARMACIST.....6 DENTIST.....7 HEALER.....8 PSYCHIC.....9 PARAMEDIC.....10 OTHER.....11	7 Where did you receive this care? PATIENT'S HOME.....1 ➤ Q. 10 POLYCLINIC.....2 FELDSHER POST.....3 WOMEN'S CONSULTATION.....4 MATERNITY HOME.....5 HEALTH CENTER.....6 HOSPITAL/ CLINIC.....7 AMBULANCE STATION.....8 DISPENSARY.....9 WORKPLACE.....10 HOME OF PERSON CONSULTED.....11 ➤ Q. 9 OTHER.....12	8 Is this a public or a private establishment? PUBLIC.....1 PRIVATE.....2	9 How long did it take you to travel to the consultation? TIME ONE WAY LESS THAN ½ HOUR.....1 LESS THAN 1 HOUR.....2 1-4 HOURS.....3 MORE THAN 4 HOURS.....4	10 In the past month, how many times did you see this person for this illness or injury? TIMES	11 How much time did each of these consultations take, on average? LESS THAN ½ HOUR.....1 LESS THAN 1 HOUR.....2 1-4 HOURS.....3 MORE THAN 4 HOURS.....4	12 In the past month, did you have to spend a night in a health facility because of this illness or injury? YES.....1 NO.....2 ➤ Q 14	13 How many nights? NIGHTS	14 In the past month, how much did you pay, including gifts, for all the consultations with this person? Please include the costs of consultations, over night stays, and transportation to and from the place of consultation. SOMS	15 In the past month, did you seek care from any other person for this illness or injury, someone we have not yet talked about? YES.....1 NO.....2 ➤ Q 28	
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PART 4B. RECENT ILLNESS OR INJURY (Continued)

P E R S O N	I D E	16 In the past month, to whom else did you apply for care for this illness or injury?	17 Where did you receive this other care? PATIENT'S HOME 1 POLYCLINIC..... 2 FELDSHER POST..... 3 WOMEN'S CONSULTATION..... 4 MATERNITY HOME 5 HEALTH CENTER..... 6 HOSPITAL/ CLINIC 7 AMBULANCE STATION 8 DISPENSARY..... 9 WORKPLACE..... 10 HOME OF PERSON CONSULTED..... 11 OTHER 12 ➤ Q. 20	18 Is this a public or a private establishment? PUBLIC..... 1 PRIVATE..... 2	19 How long did it take you to travel to the consultation? TIME ONE WAY LESS THAN ½ HOUR..... 1 LESS THAN 1 HOUR..... 2 1-4 HOURS..... 3 MORE THAN 4 HOURS..... 4	20 In the past month, how many times did you consult this person for this illness or injury? TIMES	21 How much time did each of these consultations take, on average? LESS THAN ½ HOUR 1 LESS THAN 1 HOUR 2 1-4 HOURS..... 3 MORE THAN 4 HOURS 4	22 In the past month, did you have to spend a night in a health facility because of this illness or injury? YES 1 NO 2 ➤ Q 24	23 How many nights in the past month? NIGHTS	24 In the past month, how much did you pay, including gifts, for all the consultations with this person? Please include the costs of the consultation, overnight stays, and transportation to and from the place of consultation. AMOUNT	25 In the past month, did you seek care for this illness or injury at any other facility? YES 1 NO 2 ➤ Q 28	26 How many other facilities did you visit for care for this illness or injury in the past month? NUMBER	27 In the past month, how much altogether did you pay, including gifts, for all these other consultations? Please include the costs of the consultation, overnight stays, and transportation to and from the place of consultation. AMOUNT YES..... 1 NO..... 2 ➤ Q 32	28 In addition to any hospitalization you may have already mentioned, in the past month did you have to spend a night in any other health facility because of this illness or injury?	29 How many nights? NIGHTS	30 In the past month, how much altogether did you spend on this overnight stay? AMOUNT ➤➤ Q 32	
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PART 4B RECENT ILLNESS OR INJURY (End)

P E R S O N	I D E N T I F I C A T I O N	31	32	33	34	35	36	37	38	39	40	41.
		There could be many reasons why people do not seek treatment for a particular illness or injury. Why did you not seek treatment? NOT NEEDED1 TOO FAR2 LONG WAIT3 POOR SERVICE4 TOO EXPENSIVE5 NO RESIDENCE PERMIT6 SELF-MEDICATED7 LACK OF TIME8 OTHER9	Did treatment of this illness or injury require any medicines? YES1 NO2 ➤ QUES 36	Did you obtain all of the required medicines? YES1 NO2 ➤ QUES 35	Why didn't you obtain all of the required medicines? NOT NEEDED1 NOT AVAILABLE2 TOO EXPENSIVE3 DIFFICULT TO FIND4 OTHER5	In the past month, how much did you pay, including gifts, for medicines for this illness or injury? SOMS	In the past month, how much did you pay, including gifts, for lab tests, medical supplies and other expenses for this illness of injury? SOMS	In the past month, did you have any illness or injury besides the ones we have just been talking about? YES1 NO2 ➤ PART 4C	In the past month, how much did you pay for treatment of this illness or any other illnesses that we have not already discussed? Please include the cost of consultations, medicines, and transportation. SOMS	In the past month, for how many days in all were you disabled from the illness(es) or injur(ies) that we have talked about? IF ZERO, ➤ PART 4C DAYS	Did the government refund you for the days that you were not working? YES1 NO2 ➤ PART 4C	In the past month, how much were you refunded for the days that you were disabled from working? SOMS
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➤➤ PART 4C

PART 4C GENERAL HEALTH

ASK EACH HOUSEHOLD MEMBER. BUT FOR CHILDREN AGE 13 AND UNDER, ASK THE QUESTIONS OF THEIR PARENTS.

PERSON	ID	1	2	3	4	5	6	7	8
		Do you wear glasses? YES.....1 NO.....2	In what year did you last see the eye doctor? YEAR	In the last 12 months, how much was spent for eye glasses, contacts, eye doctor and other care for your eyes? DO NOT INCLUDE ANY EXPENDITURES FROM THE PAST MONTH THAT WERE ALREADY MENTIONED IN PART 4A or 4B. SOMS	In what year did you last see a dentist? IF NEVER OR BEFORE 1994, > Q. 6. YEAR	In the last 12 months, how much was spent for dentists and dental care? DO NOT INCLUDE ANY EXPENDITURES FROM THE PAST MONTH THAT WERE ALREADY MENTIONED IN PART 4A or 4B. SOMS	Do you wear a hearing aid? YES.....1 NO2	In the past 12 months have you had any other preventive consultations, vaccinations, or maternal and child care consultations? YES.....1 NO2 > SECTION 4D	In the past 12 months, how much altogether did you pay, including gifts, for these other consultations or for other medical equipment, such as, hearing aids, or medicines? SOMS
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>> PART 4D

SECTION 5 ECONOMIC ACTIVITIES TO BE ASKED OF ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OLDER

PART 5A. TIME USE

PERSON ID CODE	1 IS THE HOUSEHOLD MEMBER RESPONDING FOR HIMSELF OR HERSELF?	2 WRITE DOWN THE ID CODE OF PERSON ANSWERING ON BEHALF OF [NAME].	3 During the past 7 days, did you work for money or have any business, for example, selling some items or services to other people?	4 Even though you did not work, do you have a job or your own business that you were not engaged in during the last 7 days, for example because of illness, vacation, temporary shut down of your enterprise, or some other reason?	5 During the last 7 days did you do any unpaid work at a relative's business or at a relative's farm or dacha?	6 During the past 7 days have you done any farming, fishing, hunting, or gathering of fruit, berries, nuts or other products?	7 IS THERE AN ANSWER YES TO ONE OF THE QUESTIONS: Q3, Q4, Q5, OR Q6?
	YES.....1 NO.....2 ➤ Q. 3	ID CODE	YES1 NO2 ➤ Q. 5	YES1 NO2	YES1 NO2	YES1 NO2	YES.....1 NO.....2 ➤ SECTION 5C ➤ SECTION 5B
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➤➤ PART 5B

PART 5B. SEARCH FOR EMPLOYMENT

P E R S O N	I D E N T I F I C A T I O N	1 Why were you out of work the past 7 days?		2 Have you ever had a paid job or your own business?		3 What was your former place of work?		4 In what month and year did you leave this job?		5 Could you please tell me why you stopped working?		6 During the last 7 days, did you look for a job or try to start your own business?		7 Why didn't you look for a job or try to start your own business during the last 7 days?																																									
		ENTERPRISE SHUTDOWN1	STAFF REDUCTION2	CONTRACT NOT EXTENDED3	FIRED FROM JOB4	WAGE TOO LOW5	WAGES DELAYED6	DID NOT LIKE JOB/QUIT7	HEALTH PROBLEMS8	TO CARE FOR FAMILY9	SEASONAL10	TOO OLD/PENSIONER/ RETIRED11	VACTION/HOLIDAY12	OTHER13	YES1	NO2	STATE OWNED ENTERPRISE1	COOPERATIVE2	JOINT STOCK ENTERPRISE3	JOINT VENTURE ENTERPRISE4	PRIVATE/INDIVIDUAL ENTERPRISE5	SOCIAL ORGANIZATION6	FARMING COMMUNITY7	PRIVATE FARM8	OTHER (SPECIFY)9	MONTH	YEAR	ENTERPRISE SHUTDOWN1	STAFF REDUCTION2	CONTRACT NOT EXTENDED3	FIRED FROM JOB4	WAGE TOO LOW5	WAGES DELAYED6	DID NOT LIKE JOB/QUIT7	HEALTH PROBLEMS8	TO CARE FOR FAMILY9	SEASONAL10	TOO OLD/PENSIONER/ RETIRED11	VACTION/HOLIDAY12	OTHER13	YES1	NO2	WAITING FOR A JOB TO START1	WAITING FOR A RESPONSE FROM A POTENTIAL EMPLOYER2	WAITING FOR SEASONAL WORK TO BEGIN3	THERE IS NO GOOD JOB4	THERE ARE NO JOBS5	I AM A STUDENT6	I WANT TO TAKE CARE OF CHILDREN7	I AM A PENSIONER/OLD8	DON'T KNOW HOW TO START BUSINESS OVER9	NO MONEY TO START BUSINESS10	NO TIME11	I AM DISABLED/NOT HEALTHY12	I DO NOT WANT TO WORK13
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>> PART 5B CONTINUED

PART 5B. SEARCH FOR EMPLOYMENT (Continued)

P E R S O N	I D C O D E	8	9	10	11					12	13	14	15	16	17	18
		In what sphere did you look for work?	What position are you looking for?	What is the lowest monthly wage for which you are willing to work?	applied in the labor office?	used family connections?	used other inter-mediaries?	used mass media?	applied for a job in person?	NUMBER OF HOURS	NUMBER OF WEEKS	Would you move to another town to accept a job?	Are you registered with the labor office?	Are you registered as un-employed at the labor office?	Why aren't you registered as unemployed?	Do you receive unem-ployment benefits?
		READ TO RESPONDENT Agriculture.....1 Mining.....2 Manufacturing.....3 Elec., gas, water.....4 Construction.....5 Commerce.....6 Transport.....7 Financial.....8 Services.....9	READ TO RESPONDENT White collar worker.....1 Blue collar worker.....2 Owner/ employer.....3 Member of manufacturing cooperative.....4 Individual professional.....5 Servant.....6	SOMS	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			YES.....1 NO.....2	YES.....1 NO.....2 ➤ Q17	YES.....1 NO.....2 ➤ Q18	TOO YOUNG.....1 STUDYING.....2 PENSIONER/TOO OLD.....3 NO RESIDENCE PERMIT.....4 LABOR OFFICE TOO FAR.....5 BENEFITS TOO SMALL.....6 DONT KNOW ABOUT THE LABOR OFFICE.....7 I WAS REFUSED.....8 OTHER.....9 ALL RESPONSES ➤➤Q.20	YES.....1 NO.....2 ➤ Q.20
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➤➤ PART 5B CONTINUED

PART 5B. SEARCH FOR EMPLOYMENT (End)

P E R S O N	I D C O D E	19	20	21	22	23
		In the past month, how much did you receive in unemployment benefits?	Now I would like you to back over the past 12 months. During the past 12 months did you work for money or have any business, for example, selling some items to other people?	During the past twelve months did you do any unpaid work at a relative's farm or dacha, or a relative's business?	During the past 12 months have you done any farming, hunting, or gathering of fruit, berries, nuts, or other products?	IS THERE A YES RESPONSE TO Q.20, Q. 21, OR Q.22
		SOMS	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 > PART 5F NO..... 2 > PART 5I
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PART 5C. MAIN WORK DURING THE PAST 7 DAYS

I would like to ask you some questions about the main job you have worked at during the last 7 days.

PERSON ID	1 In what sphere did you work for your main job during the last 7 days? By main job I mean the job that you worked the most hours at in the past 7 days. READ TO RESPONDENT Agriculture 1 Mining 2 Manufacturing 3 Elec.gas,water 4 Construction 5 Commerce 6 Transport 7 Financial 8 Services 9	2 During the past 7 days, for how many days did you do this work? NUMBER OF DAYS	3 In the last 7 days, how many hours in total did you work? IF 41 HOURS OR MORE > Q5 NUMBER OF HOURS	4 Why did you work less than 41 hours last week in this job? PERSONAL REASONS 1 VACATION/ ADMINISTRATIVE LEAVE 2 ENTERPRISE SHUTDOWN 3 ENTERPRISE LAYOFFS 4 ENTERPRISE ON REDUCED SCHEDULE 5 LOW SEASON 6 PART-TIME JOB 7 OTHER 8	5 Now please think back over the past 12 months. During the last 12 months, for how many months did you do this work? NUMBER OF MONTHS	6 In those months, for how many hours per week did you usually do this work? NUMBER OF HOURS PER WEEK	7 How long have you been working in this kind of occupation in your lifetime?		8 How long have you been working at this business or firm?		9 In this work are you self-employed or an independent entrepreneur? YES 1 NO 2 > QUES 12	10 During the last month, how much did you earn in this work? SOMS	11 In the last month did you earn the same amount of soms, more or less soms than usual? SAME 1 MORE 2 LESS 3 >> Q. 34	12 In this work are you a... white collar worker? 1 blue collar worker? 2 owner/employer? 3 member of manufacturing cooperative? 4 individual professional? 5 servant? 6
							DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME	TIME UNIT	DAY...3 WEEK...4 MONTH...5 YEAR...8				
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>> PART 5C Continued

PART 5C. MAIN WORK FOR THE PAST 7 DAYS (Continued)

P E R S O N	I D E N T I F I C A T I O N	13 For whom did you work in your main job of the last 7 days, was it... state owned enterprise.....1 cooperative2 joint stock enterprise.....3 joint venture enterprise4 private/individual enterprise5 social organization6 farming community7 private farm8 other (specify _____)9	14 What is your monthly salary in this work? SOMS	15 In the past month, how much salary did you receive from this work? INCLUDE CASH AND BARTER GOODS IF NOT ZERO, > Q. 17 SOMS	16 When were you last paid for this work?		17 What percent of that amount was paid in goods and services rather than money? PERCENT	18 How many months of the last 12 months did you receive salary in cash or in barter goods for this work? NUMBER OF MONTHS	19 Now I would like you to think back over the past 12 months for the next group of questions. In the past 12 months, have you received other pay in addition to your salary, for example, bonuses or trips? YES.....1 NO.....2 > QUES 22	20 What is the total amount of this other pay? INCLUDE CASH AND BARTERED GOODS AND SERVICES. INDICATE TIME PERIOD. DAY...3 WEEK...4 MONTH...5 YEAR...8		21 What percent of this other pay was paid in goods and services? PERCENT	22 In the past 12 months, did you receive, or buy at reduced prices, any goods or food products at your main job? YES.....1 NO.....2 > Q 24	23 If you had to buy these goods at the market, how much would they have cost? DAY...3 WEEK...4 MONTH...5 YEAR...8	
					MONTH	YEAR				SOMS	TIME UNIT			SOMS	TIME UNIT
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>> PART 5C Continued

PART 5C. MAIN WORK FOR THE PAST 7 DAYS (Continued)

P E R S O N	I D E N T I F I C A T I O N	24 In the past 12 months, did you receive free or subsidized transport from your main job?	25 What is the value of this subsidy?		26 In the past 12 months, did you receive free or reduced price housing from your main job?		27 What is the value of this subsidy?		28 In the past 12 months, did you receive free or reduced price stays in sanatoria, spas or rest homes?		29 What is the value of this subsidy?	
		YES.....1 NO.....2 ➤ Q 26	DAY...3 WEEK...4 MONTH...5 YEAR...8	SOMS	TIME	YES.....1 NO.....2 ➤ Q 28	DAY...3 WEEK...4 MONTH...5 YEAR...8	SOMS	TIME	YES.....1 NO.....2 ➤ Q 30	DAY...3 WEEK...4 MONTH...5 YEAR...8	SOMS
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➤➤ PART 5C End

PART 5C. MAIN WORK FOR THE PAST 7 DAYS (End)

P E R S O N	I D C O D E	30	31	32	33	34	35	36		37		38	39	
		Is there a union at your main job?	When you started this work, did you sign a contract that specified your wage exactly?	Are you entitled to receive paid holidays in your main job?	Does this work pay sick lists?	About how many people in total work at the place where you work?	How many kilometers from this dwelling is the place where you did this work?	How long does it take you to go to work from your dwelling, one way?	How often do you go to your place of work?	In the past month, how much money did you spend on transportation to and from your main job?	Did you have a second job or activity in the past 7 days?			
		YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	1-5?.....1 6-10?.....2 11-20?.....3 21 to 100?.....4 101-500?.....5 501-1000?.....6 MORE THAN 1000?.....7	KILOMETERS	ONE WAY ONLY.	HOURS	MINUTES	DAY...3 WEEK...4 MONTH...5 YEAR...8	NUMBER OF TIMES	UNIT	SOMS
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PART 5D. SECONDARY WORK DURING THE PAST 7 DAYS

Now I would like to ask you some questions about your secondary work that you have done during the last 7 days.

PERSON	ID	1 In what sphere did you do this other work in the past 7 days, was it... agriculture?1 mining?.....2 manufacturing?3 elec.gas,water?4 construction?.....5 commerce?.....6 transport?.....7 financial?.....8 services?.....9	2 During the past 7 days, for how many days did you do this other work? NUMBER OF DAYS	3 During the last 7 days, how many hours in total did you do this work? NUMBER OF HOURS	4 Thinking back over the past 12 months, for how many months did you do this work? NUMBER OF MONTHS	5 During the past 12 months, for how many hours per week did you usually do this work? NUMBER OF HOURS PER WEEK	6 How long have you been working at this enterprise or firm?		7 In this work are you self-employed or an independent entrepreneur? YES1 NO2 > QUES 9	8 During the past 30 days, how much did you earn in this work, including salary, bonuses, awards, or other payments in goods and services? SOMS >> Q 13	9 In this work are you a... white collar worker?1 blue collar worker?2 owner/employer?3 member of manufacturing cooperative?4 individual professional?5 servant?6	10 For whom did you work in your additional work of the last 7 days, was it... state owned1 cooperative2 joint stock enterprise.....3 joint venture4 enterprise4 private/individual5 social organization6 farming community7 private farm8 other (specify.....)9	11 In the past 30 days, what are the total earnings that you received for this work? SOMS	12 What percent of your wages or salary is paid in goods or services? PERCENT	13 Have you done any other work in the past 7 days? YES1 NO2 >PART 5E	14 In the past 30 days, how much did you receive for all other work that you did, not including the two jobs you already told me about? Please include salary, bonuses, awards, or other payments in goods and services. >>PART 5E SOMS
							DAY...3	WEEK...4								
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>> PART 5D

PART 5E. SEARCH FOR ADDITIONAL EMPLOYMENT OR OTHER WORK

P E R S O N	I D E N T I F I C A T I O N	1 During the last 7 days, have you looked for additional or other work? IF YES, PROBE FOR WHICH. YES, FOR EXTRA WORK 1 YES, TO CHANGE WORK 2 NO 3 > Q 8	2 In what sphere did you look for work? READ TO RESPONDENT Agriculture 1 Mining 2 Manufacturing 3 Elec, gas, water 4 Construction 5 Commerce 6 Transport 7 Financial 8 Services 9 Any sphere 10	3 What position are you looking for? READ TO RESPONDENT white collar worker? 1 blue collar worker? 2 owner/employer? 3 member of manufacturing cooperative? 4 individual professional? 5 servant? 6	4 Are you looking for work... in the private sector? 1 in the public sector? 2 either? 3	5 What is the lowest monthly salary for which you are willing to work? SOMS	6 In looking for work in the past 7 days, have you...					7 In all, how many weeks have you spent looking for additional work or another job? >> PART 5F NUMBER OF WEEKS	8 Why didn't you look for a job or try to start your own business during the last 7 days? DID NOT WANT ADDITIONAL/OTHER WORK 1 LIKE CURRENT WORK 2 EARN ENOUGH ALREADY 3 WAITING FOR A JOB TO START 4 WAITING FOR A RESPONSE FROM A POTENTIAL EMPLOYER 5 THERE IS NO GOOD JOB 6 THERE ARE NO JOBS 7 NO TIME 8 CURRENT JOB BENEFITS TOO GOOD 9 HOUSING/FOOD COME WITH CURRENT JOB 10 OTHER 11 >> PART 5F
							YES.....1 NO.....2	applied in the labor office?	used family connections?	used other intermediaries?	used mass media?		
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>> PART 5F

PART 5F. MAIN WORK DURING THE LAST 12 MONTHS

I would like to ask you some questions about the main job you have worked at during the last 12 months.

PERSON	ID	1 In what sphere did you work for your main work during the last 12 months? Again, by main work I mean the job that you devoted the most time to over the past 12 months. READ TO RESPONDENT Agriculture.....1 Mining.....2 Manufacturing.....3 Elec.gas,water.....4 Construction.....5 Commerce.....6 Transport.....7 Financial.....8 Services.....9	2 Is this the same as your main or additional work in the past 7 days? IF YES, PROBE FOR WHICH. SAME AS MAIN WORK.....1 > PART 5G SAME AS SECOND. WORK.....2 > PART 5G DIDN'T WORK IN PAST 7 DAYS.....3 OTHER.....4	3 During the last 12 months, for how many months did you do this work? NUMBER OF MONTHS	4 During the past 12 months, for how many hours per week did you usually do this work? IF 41 HOURS OR MORE > Q 6 NUMBER OF HOURS PER WEEK	5 Why did you work less than 41 hours per week in this job? PERSONAL REASONS.....1 VACATION.....2 ENTERPRISE SHUT-DOWN.....3 ENTERPRISE LAYOFFS.....4 ENTERPRISE ON REDUCED SCHEDULE.....5 LOW SEASON.....6 PART-TIME JOB.....7 OTHER.....8	6 How long have you been working in this kind of occupation in your lifetime?		7 How long have you been working at this business or firm?		8 In the last 12 months, did you earn the same amount, more or less than you made the year before? SAME.....1 MORE.....2 LESS.....3	9 In this work are you self-employed or an independent entrepreneur? YES.....1 NO.....2 > Q 11	10 In the past 12 months, how much did you earn in this work on average for a month's worth of work? >> SECTION 5G SOMS	11 In this work are you a... white collar worker?.....1 blue collar worker?.....2 owner/employer?.....3 member of manufacturing cooperative?.....4 individual professional?.....5 servant?.....6
							DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME	TIME UNIT	DAY...3 WEEK...4 MONTH...5 YEAR...8				
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>> PART 5F Continued

PART 5F. MAIN WORK FOR THE PAST 12 MONTHS (Continued)

PERSON	ID	12 For whom did you work in your main job of the last 12 months, was it... state owned enterprise.....1 cooperative.....2 joint stock enterprise.....3 joint venture enterprise.....4 private/individual enterprise.....5 social organization.....6 farming community.....7 private farm.....8 other (specify.....).....9	13 What is your monthly salary in this work? IF NO SALARY, WRITE ZERO ➤ QUES 18 SOMS	14 On average in the past 12 months, how much did you earn in salary for a month's worth of work? INCLUDE CASH AND BARTERED GOODS. SOMS	15 What percent of that amount was usually paid in goods or services rather than money? PERCENT	16 How many months of the last 12 months did you receive salary in cash or in bartered goods for this work? NUMBER OF MONTHS	17 When were you last paid for this work?		18 In the past 12 months, have you received any premiums, bonuses, commissions, tips, or other pay in addition to your salary for your main job? YES.....1 NO.....2 ➤ PART 5G	19 What is the total amount of these premiums, bonuses, commissions, tips and other pay? Remember we are talking only about your main job. INDICATE TIME PERIOD DAY...3 WEEK...4 MONTH...5 YEAR...8	
							MONTH	YEAR		SOMS	TIME UNIT
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➤➤ PART 5G

PART 5G. EMPLOYMENT HISTORY

PERSON	ID	1	2	3	4	5		6	7
		What did you do before you started the work that was your main work of the last 12 months?	In what sphere did you work?	In what position did you work?	For whom did you work for, was it...	How long did you do this type of work during your lifetime?		Why did you stop working at this work?	In the last 12 months, have you
		WORK IN DIFFERENT SPHERE.....1 OTHER WORK, SAME SPHERE..... 2 >Q7 SAME WORK/SAME SPHERE..... 3 >Q3 STUDIED 4 >Q7 SEARCHED FOR WORK/WAS UNEMPLOYED..... 5 >Q7 HOUSEWORK..... 6 >Q7 TOO YOUNG TOO WORK..... 7 >Q7	READ TO RESPONDENT agriculture..... 1 mining..... 2 manufacturing..... 3 elec, gas, water 4 construction 5 commerce..... 6 transport..... 7 financial 8 services 9	READ TO RESPONDENT white collar worker?.....1 blue collar worker?.....2 owner/employer?3 member of manufacturing cooperative?4 individual professional?5 servant?6	state owned enterprise.....1 cooperative2 joint stock enterprise.....3 joint venture enterprise4 private/individual enterprise5 social organization6 farming community7 private farm8 other (specify.....)9	DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME TIME UNIT	ENTERPRISE CLOSED1 STAFF REDUCTION2 CONTRACT NOT EXTENDED.....3 FIRED.....4 FOUND BETTER STATE JOB 5 FOUND BETTER PRIVATE JOB 6 STARTED A BUSINESS 7 RETURNED TO SCHOOL..... 8 MATERNITY LEAVE 9 MILITARY SERVICE.....10 RETIRED 11 POOR HEALTH12 OTHER.....13	done any other work in addition to your main employment? YES 1 >PART 5H NO 2 >PART 5I
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PART 5H. SECONDARY WORK DURING THE LAST 12 MONTHS

Now I would like to ask you some questions about your secondary work that you have done during the last 12 months.

P E R S O N	I D E N T I F I C A T I O N	1	2	3	4	5		6	7	8	9	10	11	12	13
		In what sphere did you do this additional work the past 12 months, was it...	Is this work the same as your main or additional work in the past 7 days? IF YES, PROBE FOR WHICH.	During the past 12 months, for how many months did you do this work?	During the past 12 months, for how many hours per week did you usually do this work?	How long have you been working at this work? DAY...3 WEEK...4 MONTH...5 YEAR...8	In this work are you self-employed or an independent entrepreneur?	In the past 12 months, how much did you earn in this work on average for a month's worth of work?	In this work are you a...	For whom did you work, was it...	In the past 12 months, how much did you earn in this work on average for a month's worth of work?	What percent of your salary is paid in goods or services?	Have you done any other work in the past 12 months?	In total in the past 12 months, how much did you receive for all other work that you did, not including the two jobs you already told me about? Please include salary, bonuses, awards, or other payments in goods and services.	
		agriculture?1 mining?2 manufacturing?3 elec.gas.water?4 construction?5 commerce?6 transport?7 financial?8 services?9	YES, SAME AS MAIN WORK1 > Q 12 YES, SAME AS ADD'L WORK2 > Q 12 NO3	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK	TIME	TIME UNIT	YES1 NO2 > Q9	>>>PART 5I SOMS	white collar worker?1 blue collar worker?2 owner/ employer?3 member of manufacturing cooperative?4 individual professional?5 servant?6	state owned enterprise1 cooperative2 joint stock enterprise3 joint venture enterprise4 private/individual enterprise5 social organization6 farming community7 private farm8 other (specify _____) ...9	SOMS	PERCENT	YES1 NO2 >PART 5I	>>>PART 5I SOMS
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>>> PART 5I

PART 5I. OTHER ACTIVITIES

Now I would like to ask you about time spent outside work

PERSON	ID	1	2	3	4	5	6	7	8
		How many hours in the last 7 days did you care for children? IF NO TIME IS SPENT CARING FOR CHILDREN, WRITE ZERO NUMBER OF DAYS	How many hours in the last 7 days have you spent caring for elderly people? IF NO TIME IS SPENT CARING FOR ELDERLY, WRITE ZERO NUMBER OF HOURS	How many hours in the past 7 days did you spend cleaning the house, preparing meals, or washing clothes? IF NO TIME IS SPENT, WRITE ZERO. NUMBER OF HOURS	How many hours in the last 7 days have you spent gathering water and fuel for your household's use? IF NO TIME SPENT, WRITE ZERO NUMBER OF HOURS	During the past 12 months has there been any period of time when you were without paid work? YES1 NO2 ➤ PART 5J	Have you looked for work during the past 12 months? YES1 NO2 ➤ Q.8	During the past 12 months, for how many weeks altogether were you looking for a job? NUMBER OF WEEKS	Were the weeks that you were without paid work continuous, in two periods, or in several periods? PROBE FOR WHICH. ONE PERIOD 1 TWO PERIODS 2 SEVERAL PERIODS 3 ➤➤ PART 5J
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➤➤ PART 5J

PART 5K. PRIVATIZATION

Now I would like to ask you a few questions about how privatization affected you.

PERSON	ID CODE	1	2	3	4	5	6	7
		In 1992 or 1994, did you receive any privatization coupons?	Why didn't you receive any privatization coupons?	During the privatization process in 1992 or 1994, what was the value of coupons that you received in Rubles?	What did you do with the coupons?	Do you still have coupons left over?	Why didn't you use the remaining coupons?	What was the main way that privatization changed your life?
		YES.....1 > Q. 3 NO.....2	DIDN'T KNOW WHERE TO GET THEM1 DIDN'T WANT THEM2 DIDN'T KNOW ABOUT COUPONS3 DIDN'T HAVE A RESIDENCY PERMIT4 AM A FOREIGNER5 NEVER WORKED6 OTHER7 >> Q. 7	RUBLE VALUE SOMS VALUE	PRIVATIZED APARTMENT..... 1 PRIVATIZED HOUSE 2 BOUGHT SHARES OR STOCKS OF ENTERPRISES 3 INVESTED IN INVESTMENT FUNDS 4 EXCHANGED FOR SOMS 5 DID NOT DO ANYTHING 6 OTHER (Specify _____) 7	YES.....1 NO.....2 > Q. 7	COULD NOT BUY WHAT I WANTED.....1 COULD NOT FIND ANYTHING TO BUY2 DID NOT KNOW EXACTLY WHAT TO DO3 DID NOT TRUST COUPON IDEA4 DID NOT WANT TO DEAL WITH COUPONS5 OTHER6	HELPED ME BUY MY DWELLING1 AM GETTING INTERESTS OUT OF INVESTMENT FUNDS2 HELPED ME START MY OWN BUSINESS3 DIDN'T CHANGE MY LIFE4 LOST MY MONEY5 MADE ME MONEY6 >> SECTION 6
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>> NEXT SECTION

SECTION 6. MIGRATION

TO BE ASKED OF ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID CODE	1	2	3	4	5	6	7	8	9	10	11	12	13
		What is your nationality?	Were you born in this population point?	The place where you were born, was it a...	Are you registered to live and work in this place?	Why are you not registered?	Have you ever lived anywhere else for more than 3 months?	How old were you when you left your place of birth?	What was the main reason you left?	Since your most recent move, for how many years have you lived in this place?	How many different places have you lived for periods of more than three months in your life?	From where did you come to your current place of residence?	Was the place you lived before coming here a...	What was the reason for coming to your present place of residence?
		KYRGYZ 1 RUSSIAN 2 TAJIK 3 KOREAN 4 UZBEK 5 KAZAKH 6 BELO-RUSSIAN 7 UKRAINIAN 8 TATAR 9 OTHER (SPECIFY) 10	YES 1 NO 2	capital? 1 oblast or raion center? 2 town? 3 village of the town type? 4 village? 5	YES 1 > Q 6 NO 2	DIFFICULT TO OBTAIN PERMIT 1 INSUFFICIENT SPACE IN DWELLING 2 I AM LEAVING SOON 3 OTHER 4	YES 1 NO 2 > NEXT PERSON	AGE IN YEARS	FAMILY REASONS 1 BECAUSE OF WORK 2 IN SEARCH OF WORK 3 SCHOOL, STUDY 4 MARRIAGE 5 MILITARY SERVICE 6 THREAT OF VIOLENCE 7 ENVIRONMENTAL DANGER 8 OTHER REASONS 9	NUMBER OF YEARS	IF TWO ONLY, > INSTRUCTIONS AT BOTTOM OF PAGE NUMBER OF PLACES	THIS RAION 1 THIS OBLAST 2 ELSEWHERE IN THE REPUBLIC 3 ANOTHER CIS COUNTRY 4 OTHER COUNTRY 5	capital? 1 oblast or raion center? 2 town? 3 village of the town type? 4 village? 5	FAMILY REASONS 1 BECAUSE OF WORK 2 IN SEARCH OF WORK 3 SCHOOL STUDY 4 MARRIAGE 5 MILITARY SERVICE 6 THREAT OF VIOLENCE 8 ENVIRONMENTAL DANGER 9 OTHER REASONS 10 >> BOTTOM OF PAGE
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INSTRUCTIONS:

- IF HEAD OR PRINCIPLE RESPONENT IS BEING INTERVIEWED, > SECTION 7.
- IF FEMALE AGE 15-49 IS RESPONDENT, > SECTION 8.
- IF ANY ONE ELSE, > NEXT PERSON ON THE HOUSEHOLD CARD, STARTING AGAIN AT SECTION 3.
- IF NO MORE PERSONS ARE LISTED ON HOUSEHOLD CARD, IT IS THE END OF ROUND ONE.

SECTION 7. RESPONDENTS FOR ROUND TWO

1. During the past 12 months, has any member of your household worked as an independent farmer or on the household's leased land raising crops or animals, such as poultry, cattle, sheep, pigs or other animals?

YES1 []
 NO2 ➤ QUESTION 3

2. Who is the household member who knows most about all the agricultural and livestock activities of the members of your household?

NAME: _____ ID CODE: []

3. During the past 12 months, has any member of your household worked for himself other than on a farm or raising animals? For example, has anyone operated his/her own business, trade or industry, engaged in the selling of goods or in an independent profession, or worked as an independent fisherman, artisan, taxi driver, seamstress, etc.?

YES1 []
 NO2 ➤ QUESTION 8

BUSINESS	4	OFFICE USE	5	ID CODE
	During the past 12 months, what different trades, businesses, industries, services or professions were owned or operated by members of your household? IF THE BUSINESS HAS NO NAME, HAVE THEM DESCRIBE THE ACTIVITY. MAKE A COMPLETE LIST BEFORE GOING TO QUESTION 5		Who is the person who knows most about the expenses and income of ...[NAME OF TRADE, BUSINESS, INDUSTRY, ENTERPRISE, OR PROFESSION..]? NAME	
1				
2				
3				
4				
5				

6. DID THE RESPONDENT NAME MORE THAN THREE ENTERPRISES?

YES1 []
 NO2 ➤ QUESTION 8

7. Among these trades, industries and businesses, which are the most important for the household?

NUMBER OF MOST IMPORTANT []
 NUMBER OF SECOND MOST IMPORTANT []
 NUMBER OF THIRD MOST IMPORTANT []

8. Who shops for the food for your household?

NAME: _____ ID CODE: []

9. Who in your household knows most about the other expenses, income and savings of the member of your household?

NAME: _____ ID CODE: []

INTERVIEWER CHECKPOINT:

INTERVIEWER: EXPLAIN TO THE HOUSEHOLD OR PRINCIPLE RESPONDENT THAT YOU WOULD LIKE TO SPEAK TO [NAME ALL PEOPLE LISTED IN THIS SECTION] WHEN YOU RETURN TO THE HOUSEHOLD TWO WEEKS FROM NOW. THEN GO TO THE NEXT PERSON ON THE HOUSEHOLD ROSTER BEGINNING AT SECTION 3

SECTION 8. FEMALE HEALTH

1. Have you ever been pregnant? (CIRCLE ONE ANSWER)

YES

NO >>..... IF YOU SAID NO, PLEASE THINK BACK AND REMEMBER WHETHER YOU HAD ANY PREGNANCIES THAT LASTED ONLY A FEW WEEKS OR MONTHS. IF SO, PLEASE CHANGE YOUR ANSWER TO YES. IF THE ANSWER IS STILL NO, PLEASE SKIP TO QUESTION 22.

2. How many live births have you had, including births where the child lived only a few short hours or died later.

_____ >> IF NONE, PLEASE SKIP TO QUESTION 18.

NUMBER OF BIRTHS

NOW I WOULD LIKE YOU TO MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO FILL OUT THE OTHER QUESTIONS ABOUT YOUR CHILDREN.

	NAMES OF ALL CHILDREN, FROM FIRST BORN TO LAST BORN	3 IS THIS CHILD A BOY OR A GIRL?	4 IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?	5 HAS THIS CHILD BEEN INOCULATED AGAINST DISEASE? PLEASE WRITE YES OR NO	6 IS THIS CHILD STILL LIVING IN THE HOUSEHOLD? PLEASE WRITE YES OR NO
1					
2					
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7. Have any of the children you listed above died? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 9

8. Please list the names of the children who died and their age at the time of their death.

_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH

The next few questions are about your last born child, that is, your youngest child. For questions with numbers besides the response options, please write the correct number in the box to the right of the question.

9. While you were pregnant with your last born child, did you go for medical consultations for your pregnancy at a maternity home, women's consultation center, or other health service facility? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 12

10. How many weeks pregnant were you when you had your first medical consultation for your pregnancy?

NUMBER OF WEEKS

11. How many times did you go for medical consultations during your pregnancy?

_____ NUMBER OF TIMES

12. Who assisted you at the birth of your last born child?

ATTENTION: IF MORE THAN ONE PERSON ASSISTED YOU, WRITE THE NUMBER OF THE PERSON YOU FIRST CAME TO ON THE LIST WHO ASSISTED YOU.

- DOCTOR.....1
- NURSE.....2
- MIDWIFE WITH DIPLOMA.....3
- PRACTICAL MIDWIFE.....4
- FELDSHER.....5
- FAMILY MEMBER.....6
- OTHER.....7

13. Where did you give birth to your last born child? (ENTER NUMBER IN BOX)

- HOSPITAL1
- MATERNITY HOME2
- WOMEN'S CONSULTATION
CENTER3
- FELDSHER STATION.....4
- POLY-CLINIC5
- AT HOME.....6
- IN THE HOME OF A
TRADITIONAL MIDWIFE7
- OTHER8

14. How much did your last born child weigh at birth?

KILOGRAMS: _____

15. Did you breastfeed your last born child? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 19**

16. Are you still breastfeeding this child? (CIRCLE ONE ANSWER)

YES >> **IF YES, SKIP TO QUESTION 19**

NO

17. How many months did you exclusively breastfeed your child?

NUMBER OF MONTHS

18. How many months altogether did you breast-feed your child? That is, how old was he or she when completely weaned?

NUMBER OF MONTHS

19. Have you had any miscarriages, or have you had a stillborn child or a tubal pregnancy? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 21**

20. How many miscarriages, stillbirths, and tubal pregnancies have you had in your life?

NUMBER

21. Have you had any abortions in the course of your life? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 23**

22. How many abortions have you had in the course of your life?

NUMBER

23. Are you pregnant now? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 25**

24. How many weeks are you into your pregnancy?

NUMBER

>>

THANK YOU FOR YOUR HELP. PLEASE CLOSE THE QUESTIONNAIRE AND BRING IT BACK TO THE INTERVIEWER.

25. Have you already lived intimate life with a man? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.**

26. How old were you when you for the first time started intimate life with a man?

AGE IN YEARS

27. Are you currently using a method of contraception? (CIRCLE ONE ANSWER)

YES >> IF YES, SKIP TO QUESTION 29 ON THE NEXT PAGE

NO

28. Which of the following reasons best describes why you do not use any birth control method?
(CHECK ONLY ONE PLEASE)

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | 1. TOO EXPENSIVE |
| <input type="checkbox"/> | 2. HUSBAND OR PARTNER DOESN'T WANT |
| <input type="checkbox"/> | 3. DON'T KNOW HOW TO USE |
| <input type="checkbox"/> | 4. DON'T KNOW WHERE TO BUY |
| <input type="checkbox"/> | 5. RELIGIOUS REASONS |
| <input type="checkbox"/> | 6. TOO SHY TO BUY |
| <input type="checkbox"/> | 7. OTHER |

THANK YOU VERY MUCH. THAT IS ALL. PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

29. What birth control method or birth spacing are you using?
(PLEASE CHECK ALL OF THE APPROPRIATE RESPONSES.)

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1. ABSTINENCE |
| <input type="checkbox"/> | 2. OBSERVING THE CYCLE |
| <input type="checkbox"/> | 3. INTERRUPTION OF THE ACT |
| <input type="checkbox"/> | 4. HOT BATH |
| <input type="checkbox"/> | 5. HERBS |
| <input type="checkbox"/> | 6. DOUCHE |
| <input type="checkbox"/> | 7. CONDOM |
| <input type="checkbox"/> | 8. CAP |
| <input type="checkbox"/> | 9. PILLS |
| <input type="checkbox"/> | 10. SPIRAL (IUD) |
| <input type="checkbox"/> | 11. INJECTIONS |

30. In the past month, did you or your husband or partner pay for the method of birth control that you are using? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.

31. In the past month, how much did you or your husband or partner pay for this method?

SOMS: _____

THE END. THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS SECTION. YOUR CONFIDENTIAL RESPONSES ARE VERY IMPORTANT TO US. PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER. THANK YOU AGAIN.

SECTION 8. FEMALE HEALTH

1. Have you ever been pregnant? (CIRCLE ONE ANSWER)

YES

NO >>..... IF YOU SAID NO, PLEASE THINK BACK AND REMEMBER WHETHER YOU HAD ANY PREGNANCIES THAT LASTED ONLY A FEW WEEKS OR MONTHS. IF SO, PLEASE CHANGE YOUR ANSWER TO YES. IF THE ANSWER IS STILL NO, PLEASE SKIP TO QUESTION 22.

2. How many live births have you had, including births where the child lived only a few short hours or died later.

_____ >> IF NONE, PLEASE SKIP TO QUESTION 18.

NUMBER OF BIRTHS

NOW I WOULD LIKE YOU TO MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO FILL OUT THE OTHER QUESTIONS ABOUT YOUR CHILDREN.

	NAMES OF ALL CHILDREN, FROM FIRST BORN TO LAST BORN	3 IS THIS CHILD A BOY OR A GIRL?	4 IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?	5 HAS THIS CHILD BEEN INOCULATED AGAINST DISEASE? PLEASE WRITE YES OR NO	6 IS THIS CHILD STILL LIVING IN THE HOUSEHOLD? PLEASE WRITE YES OR NO
1					
2					
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7. Have any of the children you listed above died? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 9

8. Please list the names of the children who died and their age at the time of their death.

_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH

The next few questions are about your last born child, that is, your youngest child. For questions with numbers besides the response options, please write the correct number in the box to the right of the question.

9. While you were pregnant with your last born child, did you go for medical consultations for your pregnancy at a maternity home, women's consultation center, or other health service facility? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 12

10. How many weeks pregnant were you when you had your first medical consultation for your pregnancy?

NUMBER OF WEEKS

11. How many times did you go for medical consultations during your pregnancy?

_____ NUMBER OF TIMES

12. Who assisted you at the birth of your last born child?

ATTENTION: IF MORE THAN ONE PERSON ASSISTED YOU, WRITE THE NUMBER OF THE PERSON YOU FIRST CAME TO ON THE LIST WHO ASSISTED YOU.

- DOCTOR.....1
- NURSE.....2
- MIDWIFE WITH DIPLOMA.....3
- PRACTICAL MIDWIFE.....4
- FELDSHER.....5
- FAMILY MEMBER.....6
- OTHER.....7

13. Where did you give birth to your last born child? (ENTER NUMBER IN BOX)

- HOSPITAL1
- MATERNITY HOME2
- WOMEN'S CONSULTATION
CENTER3
- FELDSHER STATION.....4
- POLY-CLINIC5
- AT HOME.....6
- IN THE HOME OF A
TRADITIONAL MIDWIFE7
- OTHER8

14. How much did your last born child weigh at birth?

KILOGRAMS: _____

15. Did you breastfeed your last born child? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 19**

16. Are you still breastfeeding this child? (CIRCLE ONE ANSWER)

YES >> **IF YES, SKIP TO QUESTION 19**

NO

17. How many months did you exclusively breastfeed your child?

NUMBER OF MONTHS

18. How many months altogether did you breast-feed your child? That is, how old was he or she when completely weaned?

NUMBER OF MONTHS

19. Have you had any miscarriages, or have you had a stillborn child or a tubal pregnancy? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 21**

20. How many miscarriages, stillbirths, and tubal pregnancies have you had in your life?

NUMBER

21. Have you had any abortions in the course of your life? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 23**

22. How many abortions have you had in the course of your life?

NUMBER

23. Are you pregnant now? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 25**

24. How many weeks are you into your pregnancy?

NUMBER

>>

THANK YOU FOR YOUR HELP. PLEASE CLOSE THE QUESTIONNAIRE AND BRING IT BACK TO THE INTERVIEWER.

25. Have you already lived intimate life with a man? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.**

26. How old were you when you for the first time started intimate life with a man?

AGE IN YEARS

27. Are you currently using a method of contraception? (CIRCLE ONE ANSWER)

YES >> IF YES, SKIP TO QUESTION 29 ON THE NEXT PAGE

NO

28. Which of the following reasons best describes why you do not use any birth control method?
(CHECK ONLY ONE PLEASE)

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | 1. TOO EXPENSIVE |
| <input type="checkbox"/> | 2. HUSBAND OR PARTNER DOESN'T WANT |
| <input type="checkbox"/> | 3. DON'T KNOW HOW TO USE |
| <input type="checkbox"/> | 4. DON'T KNOW WHERE TO BUY |
| <input type="checkbox"/> | 5. RELIGIOUS REASONS |
| <input type="checkbox"/> | 6. TOO SHY TO BUY |
| <input type="checkbox"/> | 7. OTHER |

THANK YOU VERY MUCH. THAT IS ALL. PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

29. What birth control method or birth spacing are you using?
(PLEASE CHECK ALL OF THE APPROPRIATE RESPONSES.)

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1. ABSTINENCE |
| <input type="checkbox"/> | 2. OBSERVING THE CYCLE |
| <input type="checkbox"/> | 3. INTERRUPTION OF THE ACT |
| <input type="checkbox"/> | 4. HOT BATH |
| <input type="checkbox"/> | 5. HERBS |
| <input type="checkbox"/> | 6. DOUCHE |
| <input type="checkbox"/> | 7. CONDOM |
| <input type="checkbox"/> | 8. CAP |
| <input type="checkbox"/> | 9. PILLS |
| <input type="checkbox"/> | 10. SPIRAL (IUD) |
| <input type="checkbox"/> | 11. INJECTIONS |

30. In the past month, did you or your husband or partner pay for the method of birth control that you are using? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.

31. In the past month, how much did you or your husband or partner pay for this method?

SOMS: _____

THE END. THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS SECTION. YOUR CONFIDENTIAL RESPONSES ARE VERY IMPORTANT TO US. PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER. THANK YOU AGAIN.

SECTION 8. FEMALE HEALTH

1. Have you ever been pregnant? (CIRCLE ONE ANSWER)

YES

NO >>..... IF YOU SAID NO, PLEASE THINK BACK AND REMEMBER WHETHER YOU HAD ANY PREGNANCIES THAT LASTED ONLY A FEW WEEKS OR MONTHS. IF SO, PLEASE CHANGE YOUR ANSWER TO YES. IF THE ANSWER IS STILL NO, PLEASE SKIP TO QUESTION 22.

2. How many live births have you had, including births where the child lived only a few short hours or died later.

_____ >> IF NONE, PLEASE SKIP TO QUESTION 18.

NUMBER OF BIRTHS

NOW I WOULD LIKE YOU TO MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO FILL OUT THE OTHER QUESTIONS ABOUT YOUR CHILDREN.

	NAMES OF ALL CHILDREN, FROM FIRST BORN TO LAST BORN	3 IS THIS CHILD A BOY OR A GIRL?	4 IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?	5 HAS THIS CHILD BEEN INOCULATED AGAINST DISEASE? PLEASE WRITE YES OR NO	6 IS THIS CHILD STILL LIVING IN THE HOUSEHOLD? PLEASE WRITE YES OR NO
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

7. Have any of the children you listed above died? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 9

8. Please list the names of the children who died and their age at the time of their death.

_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH
_____	_____
NAME	AGE AT DEATH

The next few questions are about your last born child, that is, your youngest child. For questions with numbers besides the response options, please write the correct number in the box to the right of the question.

9. While you were pregnant with your last born child, did you go for medical consultations for your pregnancy at a maternity home, women's consultation center, or other health service facility? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE SKIP TO QUESTION 12

10. How many weeks pregnant were you when you had your first medical consultation for your pregnancy?

NUMBER OF WEEKS

11. How many times did you go for medical consultations during your pregnancy?

_____ NUMBER OF TIMES

12. Who assisted you at the birth of your last born child?

ATTENTION: IF MORE THAN ONE PERSON ASSISTED YOU, WRITE THE NUMBER OF THE PERSON YOU FIRST CAME TO ON THE LIST WHO ASSISTED YOU.

- DOCTOR.....1
- NURSE.....2
- MIDWIFE WITH DIPLOMA.....3
- PRACTICAL MIDWIFE.....4
- FELDSHER.....5
- FAMILY MEMBER.....6
- OTHER.....7

13. Where did you give birth to your last born child? (ENTER NUMBER IN BOX)

- HOSPITAL1
- MATERNITY HOME2
- WOMEN'S CONSULTATION
CENTER3
- FELDSHER STATION.....4
- POLY-CLINIC5
- AT HOME.....6
- IN THE HOME OF A
TRADITIONAL MIDWIFE7
- OTHER8

14. How much did your last born child weigh at birth?

KILOGRAMS: _____

15. Did you breastfeed your last born child? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 19**

16. Are you still breastfeeding this child? (CIRCLE ONE ANSWER)

YES >> **IF YES, SKIP TO QUESTION 19**

NO

17. How many months did you exclusively breastfeed your child?

NUMBER OF MONTHS

18. How many months altogether did you breast-feed your child? That is, how old was he or she when completely weaned?

NUMBER OF MONTHS

19. Have you had any miscarriages, or have you had a stillborn child or a tubal pregnancy? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 21**

20. How many miscarriages, stillbirths, and tubal pregnancies have you had in your life?

NUMBER

21. Have you had any abortions in the course of your life? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 23**

22. How many abortions have you had in the course of your life?

NUMBER

23. Are you pregnant now? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, SKIP TO QUESTION 25**

24. How many weeks are you into your pregnancy?

NUMBER

>>

THANK YOU FOR YOUR HELP. PLEASE CLOSE THE QUESTIONNAIRE AND BRING IT BACK TO THE INTERVIEWER.

25. Have you already lived intimate life with a man? (CIRCLE ONE ANSWER)

YES

NO >> **IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.**

26. How old were you when you for the first time started intimate life with a man?

AGE IN YEARS

27. Are you currently using a method of contraception? (CIRCLE ONE ANSWER)

YES >> IF YES, SKIP TO QUESTION 29 ON THE NEXT PAGE

NO

28. Which of the following reasons best describes why you do not use any birth control method?
(CHECK ONLY ONE PLEASE)

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | 1. TOO EXPENSIVE |
| <input type="checkbox"/> | 2. HUSBAND OR PARTNER DOESN'T WANT |
| <input type="checkbox"/> | 3. DON'T KNOW HOW TO USE |
| <input type="checkbox"/> | 4. DON'T KNOW WHERE TO BUY |
| <input type="checkbox"/> | 5. RELIGIOUS REASONS |
| <input type="checkbox"/> | 6. TOO SHY TO BUY |
| <input type="checkbox"/> | 7. OTHER |

THANK YOU VERY MUCH. THAT IS ALL. PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

29. What birth control method or birth spacing are you using?
(PLEASE CHECK ALL OF THE APPROPRIATE RESPONSES.)

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1. ABSTINENCE |
| <input type="checkbox"/> | 2. OBSERVING THE CYCLE |
| <input type="checkbox"/> | 3. INTERRUPTION OF THE ACT |
| <input type="checkbox"/> | 4. HOT BATH |
| <input type="checkbox"/> | 5. HERBS |
| <input type="checkbox"/> | 6. DOUCHE |
| <input type="checkbox"/> | 7. CONDOM |
| <input type="checkbox"/> | 8. CAP |
| <input type="checkbox"/> | 9. PILLS |
| <input type="checkbox"/> | 10. SPIRAL (IUD) |
| <input type="checkbox"/> | 11. INJECTIONS |

30. In the past month, did you or your husband or partner pay for the method of birth control that you are using? (CIRCLE ONE ANSWER)

YES

NO >> IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER.
THANK YOU VERY MUCH FOR YOUR HELP.

31. In the past month, how much did you or your husband or partner pay for this method?

SOMS: _____

THE END. THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS SECTION. YOUR CONFIDENTIAL RESPONSES ARE VERY IMPORTANT TO US. PLEASE CLOSE THE QUESTIONNAIRE AND TAKE IT BACK TO THE INTERVIEWER. THANK YOU AGAIN.

OBSERVATIONS

REMARKS BY THE INTERVIEWER ON THE FIRST ROUND

REMARKS BY THE SUPERVISOR ON THE FIRST ROUND

ROUND TWO

SECTION 9. AGRO-PASTORAL ACTIVITIES
PART 9A. LAND

INTERVIEWER: EXPLAIN AGAIN TO THE RESPONDENT(S) THE PURPOSE OF YOUR VISIT, IMPORTANCE OF THE SURVEY AND CONFIDENTIALITY OF ANSWERS

INTERVIEWER \ SUPERVISOR: USE Q2 SECTION 7 TO ENTER A NAME OF THE RESPONDENT MOST KNOWLEDGABLE ABOUT AGRICULTURAL ACTIVITIES OF THE HOUSEHOLD. ID CODE: [] []
IF THERE WAS NO AGRICULTURAL ACTIVITY ENTER "NO" [] IF THERE WAS NO AGRICULTURAL ACTIVITY, SKIP TO SECTION 10.

I would like to ask you some questions about the land the members of your household rent and use.

C O D E	TYPE OF LAND	1	2	3	4	5	6	7	8	9	10	11
		How many hectares of [TYPE OF LAND] are available to you and the members of your household? IF NO LAND OF THIS TYPE IS AVAILABLE, WRITE ZERO NEXT TYPE	Of this, how many hectares of [TYPE OF LAND] do you and the members of your household have long-term use rights for, meaning your family leases this land? IF ZERO Q 7	How much money do you think your household would get for selling the lease or use rights to your land? SOMS	In what year did you or the members of this household begin leasing or begin using this [TYPE OF LAND]?	Do you have a legal document of your lease, or anything that shows your right to use this [TYPE OF LAND]?	How did you or the members of your household receive use rights for this [TYPE OF LAND]?	In the past 12 months, how much did your household pay to rent this [TYPE OF LAND], including the value of payments made in goods and services? SOMS	In the past 12 months, how many hectares of [TYPE OF LAND] were rented by members of your household to other private individuals? IF ZERO Q 10	In the past 12 months, how much was earned, including the value of goods and services, by members of your household from the rental of this [TYPE OF LAND] to private individuals?	In the past 12 months, how many hectares of [TYPE OF LAND] were provided for the use of your household by a sovhoz or kolhoz? NUMBER OF HECTARES	What is the main source of irrigation for all of the [TYPE OF LAND]?
		NUMBER OF HECTARES	NUMBER OF HECTARES		YEAR	YES.....1 NO.....2	DIVISION OF A KOLHOZ/SOVHOZ1 LEASED FROM A PRIVATE PERSON.....2 BOUGHT FROM THE STATE3 USE RIGHTS GRANTED BY THE STATE4 INHERITED USE RIGHTS5 OTHER6					CANALS1 DAM.....2 PUMP3 RIVER.....4 RAIN5 OTHER6 NONE7
1	Garden plot											
2	Crop production											
3	Pasture											
4	Hayfields											
5	Fallow											
6	Orchard											
7	Vineyards											
8	Barnyards											

PART 9B. CROPS

1. In the past 12 months, has any member of this household raised any crops?

YES.....1 []
 NO.....2 ▯ PART 9E

C R O P	ASK QUESTION 2 FOR EACH CROP AND THEN ASK QUESTIONS 3-17 FOR THE "YES" RESPONSES. CROP LIST CONTINUED ON NEXT PAGE.	2 During the past 12 months, have the members of your household grown [CROP]? YES.....1 NO.....2	3 During the past 12 months, how many hectares of [CROP] were planted? HECTARES	4 In the past 12 months, how many harvests of [CROP] did you have? NUMBER	5 In what month was the last harvest of [CROP]? MONTH	6 In the past 12 months, how many Kgs. of [CROP] did you harvest? KGS	7 In the past 12 months, how many Kgs. of [CROP] were sold? KGS	8 Where was most of [CROP] sold? PRIVATE ORG.....1 RETAIL MARKET.....2 WHOLESALE MARKET.....3 STATE PROCURE-MENT ORG.....4 SOVHOZ/ KOLHOZ.....5 COOPERATIVE.....6 OTHER.....7	9 In the last 12 months, what was the average selling price of [CROP] per kilogram? PRICE PER KG	10 In the past 12 months, how many Kgs. of [CROP] did you give to laborers, land-owners or as gifts to other people? KGS	11 How many kilograms of [CROP] did you keep as seed? KGS	12 In the past 12 months, how many Kgs. of [CROP] did you lose to insects, rodents, fire or spoilage? IF ZERO Q14 KGS	13 In the last 12 months, what was the cause of most of the loss of [CROP]? INSECTS.....1 RODENTS.....2 FIRE.....3 SPOILAGE.....4 THEFT.....5 OTHER.....6 COMBINATION.....7	14 In the past 12 months, how many Kgs. of [CROP] were consumed by members of your household? KGS	15 How many months in the past 12 months did your household consume [CROP] from home production? MONTHS	16 During those months, how much [CROP] from home production did your household consume each month? KGS	17 In the past 12 months, how many Kgs. of [CROP] were used for processing by members of the household? KGS	18 How much [CROP] does your household have in storage? KGS	
																			CROP
1	Winter wheat																		
2	Spring wheat																		
3	Rye																		
4	Barley																		
5	Oats																		
6	Maize																		
7	Rice																		
8	Buckwheat																		
9	Cotton																		
10	Sugar beet root																		
11	Tobacco																		
12	Perennial grasses																		
13	Fodder crops																		
14	Annual grasses																		
15	Sunflowers																		
16	Squash, pumpkin																		

▯▯ NEXT PAGE

PART 9B. CROPS (Continued)

C R O P	ASK QUESTION 2 FOR EACH CROP AND THEN ASK QUESTIONS 3-17 CROP LIST CONTINUED ON NEXT PAGE.	2 During the past 12 months, have the mem-bers of your house-hold grown [CROP]? YES.....1 NO2	3 During the past 12 months, how many heclares of [CROP] were planted?	4 In the past 12 months, how many harvests of [CROP] did you have? NUMBER	5 In what month was the last harvest of [CROP]? MONTH	6 In the past 12 months, how many Kgs. of [CROP] did you harvest? KGS	7 In the past 12 months, how many Kgs. of [CROP] were sold? KGS	8 Where was most of [CROP] sold? PRIVATE ORG.....1 RETAIL MARKET.....2 WHOLESALE MARKET.....3 STATE PROCUREMENT ORG.....4 SOVHOZ/ KOLHOZ.....5 COOPERA-TIVE.....6 OTHER.....7	9 What was the average selling price of [CROP] per kilogram? PRICE PER KG	10 In the past 12 months, how many Kgs. of [CROP] did you give to laborers, land-owners or as gifts to other people? KGS	11 How many kilograms of [CROP] did you keep as seed? KGS	12 In the past 12 months, how many Kgs. of [CROP] did you lose to insects, rodents, fire or spoilage? IF ZERO Q14 KGS	13 In the last 12 months, what was the cause of most of the loss of [CROP]? INSECTS..... 1 RODENTS..... 2 FIRE..... 3 SPOILAGE..... 4 THEFT..... 5 OTHER..... 6 COMBINATION..... 7	14 In the past 12 months, how many Kgs. of [CROP] were consumed by members of your household? KGS	15 How many months in the past 12 months did your household consume [CROPS] from home production MONTHS	16 During those months, how much [CROP] from home production did your household normally consume each month? KGS	17 In the past 12 months, how many Kgs. of [CROP] were used for processing by members of the house-hold? KGS	18 How much [CROP] does your house-hold have in storage? KGS		
17	Potatoes																			
18	Beetroot																			
19	Onions																			
20	Garlic																			
21	Carrots																			
22	Radish																			
23	Other root crops																			
24	Lentils, soy, peas																			
25	Tomatoes																			
26	Peppers																			
27	Cabbage																			
28	Cucumbers																			
29	Eggplant																			
30	Mushrooms																			
32	Other vegetables																			
32	Melons, watermelons																			
33	Grapes																			

PART 9B. CROPS (End)

C R O P	ASK QUESTION 2 FOR EACH CROP AND THEN ASK QUESTIONS 3-17 CROP LIST CONTINUED ON NEXT PAGE.	2 During the past 12 months, how many hectares of your household grown [CROP]? YES.....1 NO2	3 During the past 12 months, how many hectares of [CROP] were planted?	4 In the past 12 months, how many harvests of [CROP] did you have? NUMBER	5 In what month was the last harvest of [CROP]? MONTH	6 In the past 12 months, how many Kgs. of [CROP] did you harvest? KGS	7 In the past 12 months, how many Kgs. of [CROP] were sold? KGS	8 Where was most of [CROP] sold? PRIVATE ORG.....1 RETAIL MARKET2 WHOLESALE MARKET3 STATE PROCUREMENT ORG.....4 SOVHOZ/ KOLHOZ.....5 COOPERATIVE6 OTHER7	9 What was the average selling price of [CROP] per kilogram? PRICE PER KG	10 In the past 12 months, how many Kgs. of [CROP] did you give to laborers, land-owners or as gifts to other people? KGS	11 How many kilograms of [CROP] did you keep as seed? KGS	12 In the past 12 months, how many Kgs. of [CROP] did you lose to insects, rodents, fire or spoilage? IF ZERO Q14 KGS	13 In the last 12 months, what was the cause of most of the loss of [CROP]? INSECTS..... 1 RODENTS..... 2 FIRE 3 SPOILAGE 4 THEFT 5 OTHER..... 6 COMBINATION..... 7	14 In the past 12 months, how many Kgs. of [CROP] were consumed by members of your household? KGS	15 How many months did your household consume [CROP] from home production? MONTHS	16 During those months, how much [CROP] from home production did your household consume each month? KGS	17 In the past 12 months, how many Kgs. of [CROP] were used for processing by members of the house-hold? KGS	18 How much [CROP] does your house-hold have in storage? KGS		
34	Berries																			
35	Apples																			
36	Pears																			
37	Cherries																			
38	Plum																			
39	Apricot																			
40	Peaches																			
41	Other citrus																			
42	Other fruit																			
43	Nuts																			
44	Flowers																			
45	Other _____																			

PART 9C. CROP INPUTS (End)

19. During the past 12 months, how much was spent for the following kinds of paid labor ... IF NOTHING SPENT, WRITE ZERO

	SOMS
Clearing land	
Plowing	
Planting, seeding	
Irrigating	
Harvesting	
Other	

20. In the last 12 months, how much did your household spend in cash, goods, services, or credit for ... REPEAT QUESTION FOR EACH ITEM.

	SOMS
Renting farm animals	
Renting equipment or machinery	
Maintenance and repair of building and machines	
Irrigation charges	
Fuel oil, electricity, other fuels, etc.	
Other	

21. In the past 12 months, how much did your household spend on ...

	SOMS
Land taxes	
Livestock taxes	
Value added taxes	
Other local agricultural taxes	
Other agricultural taxes	

▢ PART 9D

PART 9D. FOOD PRODUCTS PRODUCED FROM CROPS GROWN BY THE HOUSEHOLD

Now I would like to ask you some questions about the production of food products from the harvested crops of your household.

1. During the past 12 months, did any member of your household process any of the crops grown by the household?
For example, by making jam, sunflower oil, dried fruit, wine, beer or any other product from crops grown by your household?

YES 1 []
NO 2 || PART 9E

P R O D U C T C O D E	FOOD PRODUCT	2 During the past 12 months, has any member of your household made [FOOD PRODUCT] from crops grown by the household? YES1 NO2 NEXT FOOD PRODUCT	3 In the past 12 months, which household members participated in the production of [FOOD PRODUCT]? IF MORE THAN 3, ASK FOR THOSE WHO CONTRIBUTED MOST			4 What quantity of the [FOOD PRODUCT] did the household produce in the last 12 months? QUANT.	5 In the last 12 months, what quantity of the [FOOD PRODUCT] did the household consume? QUANT.	6 How many months in the past 12 months did your household consume [FOOD PRODUCT] from home production? MONTHS	7 During those months, how much [FOOD PRODUCT] from home production did your household consume each month? UNIT	8 In the last 12 months, what quantity of the [FOOD PRODUCT] was given away? QUANT.	9 What quantity of the [FOOD PRODUCT] was stored? QUANT.	10 What quantity of the [FOOD PRODUCT] did the household sell? IF NONE, WRITE ZERO Q12 QUANT.	11 In the last 12 months, how much money was received from the sale of [FOOD PRODUCT]? SOMS	12 In the last 12 months, how much did members of the household spend to produce [FOOD PRODUCT]? IF NOTHING WRITE ZERO SOMS
			ID CODE	ID CODE	ID CODE									
1	Wheat flour KG													
2	Corn flour KG													
3	Corn oil LITERS													
4	Cotton oil LITERS													
5	Soy oil LITERS													
6	Sunflower oil LITERS													
7	Other vegetable oil LITERS													
8	Dried apricots, raisins, etc. KG													
9	Jam LITERS													
10	Compote LITERS													
11	Canned fruits LITERS													
12	Canned vegetables LITERS													
13	Wine LITERS													
14	Champagne LITERS													
15	Beer LITERS													
16	Tobacco products UNITS													

PART 9E. LIVESTOCK

1. During the past 12 months, has any member of your household raised livestock, poultry, bees or other animals?

YES 1 []
 NO 2 [] PART 9I

ANIMAL CODE	ANIMAL	2 During the past 12 months, has any member of your household raised [ANIMAL]? YES1 NO2 NEXT ANIMAL	3 In the past 12 months, which members of your household participated in raising [ANIMAL]? IF MORE THAN 3, ASK FOR THE MEMBERS WHO CONTRIBUTED MOST.			4 How many [ANIMAL] are owned by your household at present? NUMBER HEAD	5 If your household sold all of these [ANIMAL] today, how much money in all do you think you would receive? SOMS	6 How many [ANIMALS] have your household sold in the past 12 months? IF ZERO Q.8	7 During the past 12 months how much altogether have they received from sales of [ANIMAL]? SOMS	8 How many [ANIMALS] have your household bought in the past 12 months? IF ZERO Q.12 NUMBER HEAD	9 During the past 12 months, how much did they pay altogether for all the [ANIMAL] they bought? SOMS	10 During the past 12 months, how many [ANIMALS] were born or received as gifts? NUMBER HEAD	11 In the past 12 months, how many [ANIMALS] raised by your household were slaughtered and eaten by the members of your household? NUMBER HEAD	12 How many months in the past 12 months did your household consume [ANIMALS] raised by the household? MONTHS	13 During those months, how many KG of [ANIMAL] did your household normally consume each month? KG	14 During the past 12 months, how many [ANIMALS] raised by your household were lost or stolen, given as gifts or died? NEXT IF NONE WRITE ZERO ANIMAL NUMBER HEAD
			ID CODE	ID CODE	ID CODE											
1	Cattle															
2	Pigs															
3	Sheep															
4	Goats															
5	Horses															
6	Donkeys, mules															
7	Chickens, roosters															
8	Turkeys															
9	Ducks, geese, other poultry															
10	Rabbits															
11	Mink															
12	Other fur animals															
13	Bees															
14	Other _____															

PART 9F. ANIMAL PRODUCTS

1. During the past 12 months have any members of your household made any products obtained from animals they have raised?
For example, meat, milk products, eggs or tanned skins?

YES..... 1 []
NO 2 || PART 9G

P R O D U C T	ANIMAL PRODUCT	2 During the past 12 months, has any member of your household made [ANIMAL PRODUCT] from animals raised by the household? YES.. 1 NO.... 2 NEXT PRODUCT	3 In the past 12 months, which household members participated in the production of [ANIMAL PRODUCT]? IF MORE THAN 3, ASK FOR THE MEMBERS WHO CONTRIBUTED MOST.			4 In the last 12 months, what quantity of the [ANIMAL PRODUCT] did the household produce? QUANT.	5 Of this in amount, the last 12 months, what quantity of the [ANIMAL PRODUCT] did the household consume? QUANT.	6 How many months in the past 12 months did your household consume [PRODUCT] from household animals? MONTHS	7 During those months, how much [PRODUCT] from household animals did your household normally consume a month? QUANT.	8 In the last 12 months, what quantity of the [ANIMAL PRODUCT] was given away? QUANT.	9 In the past 12 months, what quantity of the [ANIMAL PRODUCT] was stored? QUANT.	10 What quantity of the [ANIMAL PRODUCT] did the household sell in the past 12 months? IF NONE, WRITE ZERO Q12 QUANT.	11 In the last 12 months, how much money was received from the sale of [ANIMAL PRODUCT]? SOMS	12 How much did members of the household spend in the last 12 months to make [ANIMAL PRODUCT]? IF NOTHING, WRITE ZERO SOMS
			ID CODE	ID CODE	ID CODE									
1	Meat	KG												
2	Inner organs of cows	KG												
3	Inner organs of sheep/lamb	KG												
4	Inner organs of chicken/poultry	KG												
5	Sausage	LITERS												
6	Inner organs of pig	KG												
7	Lard	LITERS												
8	Milk	TENS												
9	Cream	LITERS												
10	Yogurt/Kefir	ITEMS												
11	Cheese	KG												
12	Feta cheese	KG												
13	Kurds	KG												
14	Butter	KG												
15	Horse milk	LITERS												
16	Other milk products	LITERS												
17	Inner organs of horse	KG												

NEXT PAGE

PART 9F. ANIMAL PRODUCTS (End)

P R O D U C T	PRODUCT	2 During the past 12 months, has any member of your household made [ANIMAL PRODUCT] from animals raised by the household? YES.. 1 NO.... 2 NEXT PRODUCT	3 In the past 12 months, which household members participated in the production of [ANIMAL PRODUCT]? IF MORE THAN 3, ASK FOR THE MEMBERS WHO CONTRIBUTED MOST.			4 In the last 12 months, what quantity of the [ANIMAL PRODUCT] did the household produce? QUANT.	5 Of this in amount, the last 12 months, what quantity of the [ANIMAL PRODUCT] did the household consume? QUANT.	6 How many months in the past 12 months did your household consume [PRODUCT] from household animals? MONTHS	7 During those months, how much [PRODUCT] from household animals did your household normally consume a month? QUANT.	8 In the last 12 months, what quantity of the [ANIMAL PRODUCT] was given away? QUANT.	9 In the past 12 months, what quantity of the [ANIMAL PRODUCT] was stored? QUANT.	10 What quantity of the [ANIMAL PRODUCT] did the household sell in the past 12 months? IF NONE, WRITE ZERO Q12 QUANT.	11 In the last 12 months, how much money was received from the sale of [ANIMAL PRODUCT]? SOMS	12 How much did members of the household spend in the last 12 months to make [ANIMAL PRODUCT]? IF NOTHING, WRITE ZERO SOMS
			ID CODE	ID CODE	ID CODE									
18	Eggs TENS													
19	Pig Skins ITEMS													
20	Tanned Skins KG													
21	Wool KG													
22	Down KG													
23	Fur skins ITEMS													
24	Honey LITERS													
25	Fish KG													
26	OTHER													

PART 9G. VETERINARY SERVICE

1. During the past 12 months, has any member of your household had any contact with an animal husbandry or veterinary service?

YES 1 []
 NO 2 ▣ PART 9H

2. Who provided the veterinary services?

PRIVATE INDIVIDUAL 1 []
 VETERINARY STATIONS 2
 OTHER (SPECIFY _____) 3

3. In the past 12 months, how many times did you receive veterinary services?

NUMBER OF TIMES [] ▣ PART 9H

PART 9H. LIVESTOCK EXPENDITURES FOR THE PAST 12 MONTHS

C O D E	EXPENDITURE ITEM	1	2	3
		In raising animals In the past 12 months, has any member of your household spent money or paid with goods and services for an [EXPENDITURE ITEM]?	In the past 12 months, how much money or goods and services altogether have the members of your household spent on [EXPENDITURE ITEM]?	Where did they obtain this [EXPENDITURE ITEM]?
		YES 1 NO 2 ▣ NEXT EXPENDITURE ITEM	SOMS	PRIVATE INDIVIDUAL 1 PRIVATE RETAILER 2 PRIVATE WHOLESALER 3 STATE ENTERPRISE 4 SOVHOZ/KOLHOZ 5 STATE STORE 6 OTHER 7 ▣ NEXT EXPENDITURE ITEM
1	Veterinary services, inoculations, medical or chemical products			
2	Hired labor for herding			
3	Feed, including salt			
4	Wool washing			
5	Sheep shearing			
6	Building or maintenance of pens and fences			
7	Compensation for damage caused by animals			
8	Packaging of animal and poultry products			
9	Transport of animals, feed or supplies			
10	Commission on the sale of animals			
11	Other expenses for raising animals? (incubator, electricity, etc.)			

PART 9I. HAND INSTRUMENTS

How many of the following tools are owned by members of your household?

- 1. Hoes..... NUMBER
- 2. Axes NUMBER
- 3. Sickles..... NUMBER
- 4. Picks NUMBER
- 5. Shovels NUMBER
- 6. Rakes or pitchforks NUMBER
- 7. Wheel barrows NUMBER

PART 9J. FARMING EQUIPMENT

C O D E	ASK QUESTIONS 1-5 FOR EQUIPMENT ITEM BEFORE MOVING TO NEXT ITEM	1 In the past 12 months, has any member of your household bought a [EQUIPMENT]?	2 How much did they pay altogether for these [EQUIPMENT] in the past 12 months?	3 In the past 12 months, has any member of your household sold a [EQUIPMENT]?	4 How much did they receive altogether for the sale of all of these [EQUIPMENT] in the past 12 months?	5 During the last 12 months, how much money or what value of goods or services did your household earn by renting [EQUIPMENT] to other people? IF NOTHING, WRITE ZERO ▣ NEXT EQUIPMENT
EQUIPMENT		YES1 NO2 ▣ QUESTION 3	SOMS	YES1 NO2 ▣ QUESTION 3	SOMS	SOMS
1	Caterpillar tractor					
2	Wheel tractor					
3	Ploughs					
4	Seeders					
5	Hay balers					
6	Mowers					
7	Vehicle for farm use					
8	Draft animals					
9	Other (SPECIFY) _____					

PART 9K. AGRICULTURAL CREDIT

1. During the last 12 months was money obtained as a loan for the agricultural activities of the household?

YES.....1 []
NO.....2 || SECTION 9

2. In the last 12 months, how much money was borrowed for agricultural activities?

SOMS []

3. What was the borrowed money used for primarily?

LEASE LAND.....1 []
PURCHASE CROP INPUTS.....2
PURCHASE ANIMALS.....3
PURCHASES FOR ANIMAL RAISING.....4
PURCHASE EQUIPMENT.....5
PAY OTHER EXPENSES.....6
PAY OFF OTHER DEBTS.....7
OTHER (SPECIFY _____).....8

4. Who or what institution was this money borrowed from?

RELATIVE.....1 []
ACQUAINTANCE.....2
OTHER PRIVATE INDIVIDUAL.....3
STATE BANK.....4
COMMERCIAL BANK.....5
SOVHOZ/KOLHOZ/COOPERATIVE.....6
OTHER.....7

|| SECTION 10

SECTION 10. NON-FARM SELF EMPLOYMENT

Now I would like some information about the trades, businesses, production, professional services and other self-employed activities of the members of your household. Let us begin with [NAME OF BUSINESS], managed or owned by [NAME OF BEST-INFORMED PERSON].

Is he/she available to answer questions?

FIRST COMPLETE THE WHOLE SECTION FOR EACH BUSINESS ACTIVITY BEFORE GOING TO THE NEXT BUSINESS ACTIVITY. IF THE RESPONDENT IS NOT AVAILABLE, ASK ABOUT THE SECOND PERSON AND THEN THE THIRD PERSON, AND INTERVIEW THEM. MAKE NEW APPOINTMENTS TO SEE ALL THE RESPONDENTS NOT AVAILABLE.

INTERVIEWER/SUPERVISOR: FROM SECTION 7, Q 4, 5 and 7 WRITE IN NAMES OF RESPONDENTS MOST INFORMED ABOUT NON-FARM SELF-EMPLOYMENT ACTIVITIES OF THE HOUSEHOLD.
2) _____ ID:
3) _____ ID:
WRITE IN "NO" IF NO NON-FARM SELF EMPLOYMENT []
INTERVIEWER IF NO NON-FARM SELF-EMPLOYMENT SECTION 11

PART 10A. WORKING CONDITIONS

BUSINESS	1 SUPERVISOR: NAME OF THE BUSINESS OR DESCRIPTION OF BUSINESS ACTIVITY IF NO FORMAL NAME	2 SUPERVISOR: NAME OF THE BEST-INFORMED PERSON	3 INTERVIEWER: ID CODE OF THE PERSON INTERVIEWED SEE HOUSEHOLD CARD CODE	4 What is the main activity of this business? READ TO RESPONDENT Produce some goods 1 Produce goods and Services 2 Sell or resell some goods 3 Sell some services 4 Produce and sell goods 5 Other (SPECIFY _____) 6	5 How long has this business or business activity existed?		6 What percentage of the business is owned by you and the members of your household? PERCENT	7 During the past 12 months, how many persons altogether worked or helped in this business, including yourself, household members and others, paid or not? NUMBER OF PERSONS	8 How many full-time workers are presently employed in this business? NUMBER OF PERSONS	9 How many part-time workers are presently employed in this business? NUMBER OF PERSONS	10 Where is this business located? AT HOME 1 OTHER PREMISES 2 OUTDOOR PREMISES 3 NO FIXED LOCATION 4	11 Which members of your household worked or helped in this business, including yourself? IF MORE THAN FOUR, IDENTIFY THE FOUR WHO CONTRIBUTED THE MOST				
					YEARS	MO.						ID CODE	ID CODE	ID CODE	ID CODE	
1																
2																
3																

|| NEXT PAGE

PART 10A. WORKING CONDITIONS (Continued)

BUSINESS	12	13	14	15	16	17	18	19	20	21			
	In the last 12 months, how many months did this business operate?	From where are most of the inputs for this business purchased?	To whom are most of the products and services of this business sold?	During the last 12 months was money obtained as a loan for this business?	In the last 12 months, how much money was borrowed for this business?	What was the borrowed money used for primarily?	Where did you borrow money?	In the last 12 months, did this business purchase any goods or services on credit?	Who provided the goods and services on credit?	In the last 12 months, in your view, what were the three main challenges that this business faced?			
NUMBER OF MONTHS	PRIVATE FARMERS/FARMS.....1 OTHER PRIVATE INDIVIDUALS.....2 PRIVATE RETAILER.....3 PRIVATE WHOLESALER.....4 PRIVATE FACTORIES.....5 STATE FARMS/KOLHOZ/SOVHOZ6 OTHER.....7	PRIVATE FARMERS/FARMS.....1 OTHER PRIVATE INDIVIDUALS.....2 PRIVATE RETAILER.....3 PRIVATE WHOLESALER.....4 PRIVATE FACTORIES.....5 STATE FARMS/KOLHOZ/SOVHOZ6 OTHER.....7	PRIVATE FARMERS/FARMS.....1 OTHER PRIVATE INDIVIDUALS.....2 PRIVATE RETAILER.....3 PRIVATE WHOLESALER.....4 PRIVATE FACTORIES.....5 STATE FARMS/KOLHOZ/SOVHOZ6 OTHER.....7	YES..... 1 NO..... 2 Q 19	SOMS	PURCHASE INPUTS.....1 PAY OPERATING EXPENSES.....2 PAY OTHER DEBTS.....3 PURCHASE EQUIPMENT.....4 PURCHASE FURNITURE.....5 PURCHASE OTHER SUPPLIES.....6	RELATIVE.....1 ACQUAINTANCE.....2 STATE BANK.....3 COMMERCIAL BANK.....4 KOLHOZ/SOVHOZ OR COOPERATIVE.....5 OTHER.....6	YES..... 1 NO..... 2 Q 21	PRIVATE FARMERS/FARMS.....1 OTHER PRIVATE INDIVIDUALS.....2 PRIVATE RETAILER3 PRIVATE WHOLESALER.....4 PRIVATE FACTORIES.....5 STATE FARMS/KOLHOZ/SOVHOZ6 OTHER.....7	HIGH PRICE OF INPUTS..... LACK OF INPUTS..... HIGH INTEREST RATES ON CREDIT..... LACK OF CREDIT..... HIGH TAXES 5 LOW DEMAND FOR PRODUCT..... HIGH COST OF LABOR..... FINDING GOOD WORKERS..... EXTORTION. 9 LOW PRODUCTION CAPACITY..... GETTING LEGAL LICENSE..... VIOLENCE..12 OTHER.....13	FIRST IMPORTANT CHALLENGE	SECOND IMPORTANT CHALLENGE	THIRD IMPORTANT CHALLENGE
1													
2													
3													

PART 10B ASSETS

C O D E	ASSET ITEM	FIRST BUSINESS			SECOND BUSINESS			THIRD BUSINESS		
		1 Does your business currently own any [ASSET ITEM]? YES1 NO2 ☐ NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would get? SOMS	3 In the last 12 months how much was paid by your business to purchase this [ASSET ITEM]? IF NOTHING WAS PAID, WRITE ZERO. ☐ NEXT ASSET SOMS	1 Does your business currently own any [ASSET ITEM]? YES1 NO2 ☐ NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would get? SOMS	3 In the last 12 months how much was paid by your business to purchase this [ASSET ITEM]? IF NOTHING WAS PAID, WRITE ZERO. ☐ NEXT ASSET SOMS	1 Does your business currently own any [ASSET ITEM]? YES1 NO2 ☐ NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would get? SOMS	3 In the last 12 months how much was paid by your business to purchase this [ASSET ITEM]? IF NOTHING WAS PAID, WRITE ZERO. ☐ NEXT ASSET SOMS
1	Buildings, structures									
2	Autos, trucks, bicycles, boats,									
3	Tools, equipment, machinery									
4	Unsold stock of products									
5	Furniture, office equipment									

☐ FIRST BUSINESS, PART 10C

☐ SECOND BUSINESS, PART 10C

☐ THIRD BUSINESS, PART 10C

PART 10C EXPENDITURES (End)

E X P E N S E C O D E	EXPENSE BY ITEM	FIRST BUSINESS		
		1 During the past 12 months, did your business make any expenditures for [ITEM]?	2 How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 Do members of your household or other businesses belonging to the household also use this [ITEM]?
		YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM
		AMOUNT	TIME UNIT	
12	Telephone			
13	Water			
14	Daily expenses			
15	Payment for licenses			
16	Payments and interest on business loans			
17	Business Taxes			
18	Other expenses			

FIRST BUSINESS, PART 10D

SECOND BUSINESS			
1 During the past 12 months, did your business make any expenditures for [ITEM]?	2 How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 Do members of your household or other businesses belonging to the household also use this [ITEM]?	
YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM	
		AMOUNT	TIME UNIT

SECOND BUSINESS, PART 10D

THIRD BUSINESS			
1 During the past 12 months, did your business make any expenditures for [ITEM]?	2 How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 Do members of your household or other businesses belonging to the household also use this [ITEM]?	
YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM	YES1 NO2 <input type="checkbox"/> NEXT ITEM	
		AMOUNT	TIME UNIT

THIRD BUSINESS, PART 10D

PART 10D REVENUES

REVENUE CODE	REVENUE BY ITEM	FIRST BUSINESS			
		1 During the past 12 months, did your business make any revenue from [ITEM]?	2 How much do you usually earn from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the last month, how much did your business earn from [ITEM]?	
		YES1 NO2 ▣ NEXT ITEM		AMOUNT ▣▣ NEXT ITEM	
		SOMS	TIME UNIT		
1	Cash payment for goods and services				
2	Payment in bartered goods or services				
3	Sale of business assets				
4	Rental of business assets				
5	Other revenue (SPECIFY _____)				

IF MORE THAN ONE BUSINESS ▣ SECOND BUSINESS, PART 10A
IF ONLY ONE BUSINESS ▣▣ SECTION 11

SECOND BUSINESS					
1 During the past 12 months, did your business make any revenue from [ITEM]?	2 How much do you usually earn from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the last month, how much did your business earn from [ITEM]?			
YES1 NO2 ▣ NEXT ITEM		AMOUNT ▣▣ NEXT ITEM			
	SOMS	TIME UNIT			

IF MORE THAN TWO BUSINESSES ▣ THIRD BUSINESS, PART 10A
IF ONLY TWO BUSINESSES ▣▣ SECTION 11

THIRD BUSINESS					
1 During the past 12 months, did your business make any revenue from [ITEM]?	2 How much do you usually earn from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the last month, how much did your business earn from [ITEM]?			
YES1 NO2 ▣ NEXT ITEM		AMOUNT ▣▣ NEXT ITEM			
	SOMS	TIME UNIT			

▣▣ SECTION 11

SECTION 11 FOOD EXPENDITURE AND HOME FOOD CONSUMPTION

DATE OF LAST VISIT TO THE HOUSEHOLD: [] [] []
DAY MONTH YEAR

DATE OF COMPLETION OF SECTION 11: [] [] []
DAY MONTH YEAR

PART 11A FOOD EXPENDITURE AND CONSUMPTION

SHOW RESPONDENT THE HOUSEHOLD CARD.

1. Since my last visit, were any household members absent from the household for more than 2 days?

YES 1
 NO 2 Q. 4

2. Who was absent? REFER TO HOUSEHOLD CARD AND WRITE ID CODES OF ALL ABSENT

ID CODE: [] [] [] [] [] [] [] []

3. How many days were they absent in the past 2 weeks, starting with the first person you mentioned?

DAYS: [] [] [] [] [] [] [] []

INTERVIEWER/SUPERVISOR: FROM SECTION 7, QUESTION 8 WRITE NAME OF PERSON MOST KNOWLEDGEABLE ABOUT PURCHASING OF FOOD PRODUCTS FOR THE HOUSEHOLD _____ ID CODE [] []

F O O D C O D E	FOOD ITEM	4	5	6 UNIT	7	8	9 UNIT	10
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [ITEM] do you normally buy per month? GRAM .1 KG 2 LITRE .3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased? NONE .0 GRAM .1 KG 2 LITRE .3	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES 1 NO 2 Q. NEXT ITEM	MONTHS	QUANTITY UNIT	SOMS	STATE GROCERY STORE 1 BAZAAR 2 MINI-MARKET 3 INDIVIDUAL'S WORKPLACE 4 OTHER 5	IF NONE Q. NEXT "YES" ITEM QUANTITY UNIT	SOMS
1	Khleb (square loaf)	KG						
2	Liposhka (round bread)	KG						
3	Wheat flour	KG						
4	Maize flour	KG						
5	Rice	KG						

PART 11A FOOD EXPENDITURE AND CONSUMPTION (Continued)

F O O D C O D E	FOOD ITEM	4	5	6 UNIT	7	8	9 UNIT	10.
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [ITEM] do you normally buy per month? GRAM .1 KG 2 LITRE .3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased? NONE .1 GRAM .1 KG 2 LITRE .3	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES 1 NO 2 NEXT ITEM	MONTHS	QUANTITYUNIT	SOMS	STATE GROCERY STORE 1 BAZAAR 2 MINI-MARKET 3 INDIVIDUAL'S WORKPLACE ... 4 OTHER 5 IF NONE NEXT "YES" ITEM	QUANTITYUNIT	SOMS
6	Groats	KG						
7	Macaroni products	KG						
8	Other grain products	KG						
9	Potatoes	KG						
10	Carrots	KG						
11	Radish	KG						
12	Other root crops	KG						
13	Dried beans	KG						
14	Lentils, soy, peas	KG						
15	Green beans	KG						
16	Tomatoes	KG						
17	Tomato paste	KG						
18	Onion	KG						
19	Garlic	KG						

|| PART 11A CONTINUED

PART 11A FOOD EXPENDITURE AND CONSUMPTION (Continued)

F O O D C O D E	FOOD ITEM	4	5	6 UNIT	7	8	9 UNIT	10
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [ITEM] do you normally buy per month? GRAM .1 KG2 LITRE .3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased? NONE .1 GRAM .1 KG2 LITRE .3	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES1 NO2 NEXT ITEM	MONTHS	QUANTITYUNIT	SOMS	STATE GROCERY STORE1 BAZAAR.....2 MINI-MARKET3 INDIVIDUAL'S WORKPLACE4 OTHER.....5 IF NONE NEXT "YES" ITEM QUANTITYUNIT	SOMS	
20	Cucumbers	KG						
21	Peppers	KG						
22	Mushrooms	KG						
23	Eggplant	KG						
24	Cabbage	KG						
25	Squash, pumpkin	KG						
26	Greens	KG						
27	Other vegetables	KG						
28	Apples	KG						
29	Oranges	KG						
30	Other citrus fruit	KG						
31	Grapes	KG						
32	Apricot	KG						
33	Peaches	KG						

|| PART 11A CONTINUED

PART 11A FOOD EXPENDITURE AND CONSUMPTION (Continued)

F O O D C O D E	FOOD ITEM	4	5	6	7	8	9	10
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [ITEM] do you normally buy per month? GRAM 1 KG 2 LITRE . 3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased? NONE 1 GRAM 2 LITRE . 3	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES 1 NO 2 NEXT ITEM	MONTHS	QUANTITY UNIT	SOMS	STATE GROCERY STORE 1 BAZAAR 2 MINI-MARKET 3 INDIVIDUAL'S WORKPLACE ... 4 OTHER 5	IF NONE NEXT "YES" ITEM QUANTITY UNIT	SOMS
34	Plums	KG						
35	Pears	KG						
36	Cherries	KG						
37	Dates	KG						
38	Dried fruits	KG						
39	Other fruit	KG						
40	Melons	KG						
41	Watermelons	KG						
42	Berries	KG						
43	Preserved vegetables	KG						
44	Preserved fruits	KG						
45	Jam, jelly, compote	KG						
46	Honey	KG						
47	Nuts and sunflower seeds	KG						

PART 11A FOOD EXPENDITURE AND CONSUMPTION (Continued)

F O O D C O D E	FOOD ITEM	4	5	6 UNIT	7	8	9 UNIT	10
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [ITEM] do you normally buy per month? GRAM 1 KG 2 LITRE . 3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased?	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES 1 NO 2 NEXT ITEM	MONTHS	QUANTITY UNIT	SOMS	STATE GROCERY STORE 1 BAZAAR 2 MINI-MARKET 3 INDIVIDUAL'S WORKPLACE ... 4 OTHER 5	IF NONE NEXT "YES" ITEM QUANTITY UNIT	SOMS
48	Beef, veal	KG						
49	Inner organs of cow	KG						
50	Mutton, lamb	KG						
51	Inner organs of sheep, lamb	KG						
52	Horse meat	KG						
53	Inner organs of horse	KG						
54	Pork	KG						
55	Inner organs of pig	KG						
56	Sausage products	KG						
57	Poultry	KG						
58	Inner organs of chicken	KG						
59	Fish	KG						
60	Preserved meat and fish products	KG						
61	Wild game/wild birds	KG						
62	Other meat and fish products	KG						

|| PART 11A CONTINUED

PART 11A FOOD EXPENDITURE AND CONSUMPTION (Continued)

F O O D C O D E	FOOD ITEM	4	5	6	7	8	9	10
		During the past 12 months, did your household purchase [FOOD ITEM]?	How many months a year do you normally purchase [FOOD ITEM]?	How much [FOOD ITEM] do you normally buy per month? GRAM 1 KG 2 LITRE . 3	During the months that you buy [ITEM], how much do you normally spend each month?	Where do you usually buy [FOOD ITEM]?	Now think back over the time since my last visit. Since my last visit, what quantity of [FOOD ITEM] was purchased? NONE 1 GRAM 2 LITRE . 3	Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?
		YES 1 NO 2 NEXT ITEM	MONTHS	QUANTITY UNIT	SOMS	STATE GROCERY STORE 1 BAZAAR 2 MINI-MARKET 3 INDIVIDUAL'S WORKPLACE ... 4 OTHER 5	IF NONE NEXT "YES" ITEM QUANTITY UNIT	SOMS
63	Eggs							
64	Fresh milk							
65	Canned milk							
66	Cream, sour cream							
67	Kefir							
68	Cheese							
69	Curds							
70	Butter							
71	Margarine							
72	Other dairy products							
73	Vegetable oil							
74	Animal fat, lard							
75	Tea							
76	Coffee							

|| PART 11A CONTINUED

PART 11A FOOD EXPENDITURE AND CONSUMPTION (End)

FOOD CODE	FOOD ITEM	4 During the past 12 months, did your household purchase [FOOD ITEM]?	5 How many months a year do you normally purchase [FOOD ITEM]?	6 UNIT		7 During the months that you buy [ITEM], how much do you normally spend each month?	8 Where do you usually buy [FOOD ITEM]?	9 UNIT		10 Since my last visit, how much did you or your household spend on the purchase of [FOOD ITEM]?	
				GRAM .1	LITRE .3			GRAM .1	LITRE .3		
		YES1 NO2 □ NEXT ITEM	MONTHS	QUANTITY	UNIT	SOMS	STATE GROCERY STORE1 BAZAAR2 MINI-MARKET3 INDIVIDUAL'S WORKPLACE.4 OTHER.....5	IF NONE □ NEXT "YES" ITEM OR Q.11	QUANTITY	UNIT	SOMS
77	Somagong L										
78	Vodka L										
79	Wine and champagne L										
80	Beer L										
81	Moxim/bozo L										
82	Soft drinks, Coke, Fanta L										
83	Sugar KG										
84	Syrup L										
85	Salt KG										
86	Cakes KG										
87	Other pastries KG										
88	Candy KG										
89	Chocolate KG										

11. In general, since my last visit, what share of all of the household's food purchases were purchased on credit?

PERCENTAGE []

PART 11B FOOD CONSUMPTION OUTSIDE THE HOME AND OTHER FOOD CONSUMPTION

1. Since my last visit, did you or any member of your household eat meals or snacks that were purchased and eaten outside of the home or purchase drinks outside the home?

YES 1 []
 NO 2 □ Q. 4.

C O D E	MEAL	2 Since my last visit, how many [MEALS/SNACKS] were purchased and consumed by household members outside of the home?	3 Since my last visit, what was the total amount spent on these [MEALS] purchased and consumed outside of the home?
1	Breakfasts		
2	Lunches (main meal of the day)		
3	Dinners/suppers		
4	Snacks		
5	Glasses of moxim		
6	Other beverages, such as tea, soda		
7	Cans of beer		
8	Vodkas or somagongs		
9	Other alcoholic drinks		

4. During the past 12 months, did you or anyone in your household receive any food in the form of gifts?

YES 1 []
 NO 2 □ SECTION 12.

5. How many months of the past 12 months did you or your household usually receive food as a gift?

NUMBER OF MONTHS []

6. Normally, what do you estimate to be the value per month of these gifts of food?

SOMS []

7. Now think back only since my last visit. Since my last visit, what was the value of all food received as gifts by your household?

SOMS []

SECTION 12 EXPENDITURES AND DURABLE GOODS
PART 12A TWO WEEK EXPENSES

INTERVIEWER/SUPERVISOR: FROM SECTION 7, Q.9 WRITE IN THE NAME OF THE
RESPONDENT MOST INFORMED ABOUT EXPENDITURES OF THE HOUSEHOLD

NAME _____ ID CODE [] []

C O D E	EXPENDITURE ITEM	1 Since my last visit, have the members of your household spent money on [ITEM]? YES..... 1 NO..... 2 ☐ NEXT ITEM	2 Since my last visit, how much has your household spent for [ITEM]? ☐ NEXT ITEM SOMS	FOR CALCULATION
1	Food consumed at home			
2	Food consumed away from home			
3	Cigarettes, tobacco			
4	Newspapers, magazines			
5	Soap and washing powder			
6	Personal hygiene products (toilet paper, shampoo, razor blades, hair brush, toothpaste, etc)			
7	Cosmetic products			
8	Goods for home (matches, candles, lightbulbs, cleaning supplies, etc.)			
9	Taxis			
10	City or local transport services (bus, trolleybus, metro, etc.)			
11	Gasoline or diesel fuel			
12	Postage, mail service, telegraph, telephone outside the home			
13	Russian baths, sauna			
14	Laundry, dry cleaning			
15	Hairdresser, barber			
16	Lottery tickets, gambling			
17	Pocket money for children			
18	Worship (Donations to mosque, mullahs or churches)			
19	Entertainment, sports, culture			
20	Intercity transport services			
21	Domestic help (maids, cooks, drivers)			

PART 12B ANNUAL EXPENSES

C O D E	EXPENSE ITEM	1 Now I would like you to think back over the past 12 months. During the past 12 months, have you or the members of your household spent money for [EXPENSE ITEM]? YES.....1 NO.....2 □ NEXT ITEM	2 In the last 12 months, how much did you or other household members spend on [EXPENSE ITEM]? □ NEXT ITEM ANSWERED "YES" SOMS
1	Footware for adults		
2	Footware for children		
3	Cloth/Fabric		
4	Adult clothing		
5	Children's clothing		
6	Tailoring services		
7	Furniture		
8	Books, paper, envelopes, stationery (not for school)		
9	Jewelry, watches		
10	Records, cassettes, toys, sports equipment		
11	Medicines		
12	Medical services		
13	Home repair, maintenance, household tools		
14	Dog tax		
15	Other non-agricultural taxes		
16	Insurance upon request		
17	Repair, maintenance, other expenses for vehicle, other than gasoline		
18	Sheets, blankets, towels		

FOR CALCULATION

PART 12B ANNUAL EXPENSES (End)

C O D E	EXPENSE ITEM	1 During the past 12 months, have you or any members of your household spent money for [EXPENSE ITEM]? YES.....1 NO.....2 □ NEXT ITEM	2 In the last 12 months, how much did you or other household members spend on [EXPENSE ITEM]? SOMS
19	International transport services		
20	Other expenditure for travel and vacation		
21	Weddings, other celebrations		
22	Dowries		
23	Gifts (marriage, birthday, funerals)		
24	Funerals		
25	Repayment of debts, loans, and interest		
26	Private classes for children (not regular schooling)		
27	Optional classes for children (painting, dancing, sport, language)		
28	Private classes for adults		
29	Rest at rest-homes, summer camps (except treatment in sanatoria)		
30	Alimony		
31	Child support		

	LOSSES	3 Have any members of the household lost money from [LOSS] in the last 12 months? YES.....1 NO.....2 □ NEXT ITEM	4 How much did they lose in the past 12 months? SOMS
32	Non-disbursement from banks and private companies		
33	Theft		
34	Other losses		
35	Bad investment		
36	Loans not being repaid		

FOR CALCULATION

PART 12C DURABLE GOODS

DURABLE GOODS	I T E M	1 Do the members of your household own any [ITEM]? YES..... 1 NO 2 QUESTION 5	2 If you purchased this [ITEM] in the past 12 months, how much did you pay for it? IF ZERO, WRITE 0. SOMS	3 Where did you acquire this [ITEM]? State shop 1 Private shop 2 Private person 3 Inherited 4 Gift 5 Other 6	4 If you wanted to sell this [ITEM] today, how much do you think you would receive? SOMS	5 In the last 12 months, have you or the members of your household sold a [ITEM]? YES..... 1 NO 2 NEXT ITEM	6 In the last 12 months, how much was raised from the sale of [ITEM]? NEXT ITEM AMOUNT
Gas or electric stove	1						
Refrigerator	2						
Automatic washing machine	3						
Manual washing machine	4						
Vacuum cleaner	5						
Sewing or knitting machine	6						
Air conditioner	7						
Electric fan	8						
Electric room heater	9						
Black and white television	10						
Color television	11						
Stereo or tape recorder	12						
Radio	13						
Video cassette recorder	14						
Camera	15						
Video camera	16						
Personal computer	17						
Musical instrument	18						
Boat	19						
Bicycle	20						
Motorcycle	21						
Passenger automobile	22						

PART 12D REAL ESTATE ASSETS

1. Does any member of the household own or partially own any real estate other than the dwelling that your household currently lives in? Please do not include real estate for business.

YES.....1 []
 NO.....2 ▢ PART 10E

Please list for me the real estate assets other than your dwelling that belong to you or the members of your household.

C O D E	REAL ESTATE ASSET	2 TYPE OF REAL ESTATE ASSET HOUSE1 APARTMENT.....2 BUILDING.....3 STORE HOUSE.....4 GARAGE.....5 DACHA.....6 OTHER.....7	3 In what year was this real estate acquired? YEAR	4 How was this real estate acquired? BOUGHT.....1 PRIVATIZED.....2 BUILT.....3 INHERITED.....4 FREE FROM STATE.....5 OTHER.....6 (FOR RESPONSES 4-6, ▢ Q. 6)	5 How much did you or your household pay for this real estate, in soms, coupons, or dollars?		6 Do you or your household own all of this [ASSET] or does someone else own part of it? HOUSEHOLD OWNS ALL.....1 PART OWNER2	7 If you were to sell this [REAL ESTATE ASSET] today, how much money do you think you could get for it? SOMS	8 In the last 12 months, was this [REAL ESTATE ASSET] rented to individuals outside of the household? YES.....1 NO2 ▢ NEXT ASSET	9 How much was earned in the last 12 months from the rental of this [REAL ESTATE ASSET]? SOMS
					AMT	UNIT CODE				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

SECTION 13. OTHER SOURCES OF INCOME

I would like you to tell me about other sources of income received by the members of your household during the past 12 months. That is, income received by these persons: [READ THE NAMES FROM THE ROSTER OF HOUSEHOLD MEMBERS]

PART 13A. INCOME RECEIVED FROM RELATIVES AND PRIVATE PERSONS

1. During the past 12 months, has any member of your household received money or goods from persons who are not members of your household? For example, assistance sent by relatives working elsewhere, or by children of household members, by friends or by neighbors. Please do not include alimony or child support income.

YES..... 1 []
 NO..... 2 || SECTION 14

SOURCE	PERSON	2	3	4	5	6
		During the past 12 months, have you or anyone in your household received assistance or support (i.e. money, food, clothes, or other items) from [PERSON]: YES..... 1 NO..... 2 NEXT PERSON	During the past 12 months, what is the value, in soms, of the assistance you or members of your household received from [PERSON]? SOMS	Now I would like you to think back only over the past 30 days. In the past 30 days, what is the value, in soms, of the assistance you or members of your household received from [PERSON]? SOMS	Is any of this assistance that you mentioned receiving expected to be repaid to [PERSON]? YES 1 NO 2 NEXT PERSON	How much of the assistance is to be repaid? SOMS NEXT PERSON
1	Your parents					
2	Your spouse's parents					
3	Your children					
4	Other children					
5	Your grandparents					
6	Your spouse's grandparents					
7	You and/or your spouse's grandchildren					
8	You and/or your spouse's brother(s)					
9	You and/or your spouse's sisters					
10	You and/or your spouse's cousins					
11	You and/or your spouse's aunts or uncles					
12	Other relatives					
13	Other people, friends, who are not relatives					
14	Others _____					

PART 13B. INCOME FROM OTHER SOURCES

Now I would like to ask you about other income payments to your household

C O D E	INCOME SOURCE ASK ABOUT EACH INCOME SOURCE BEFORE MOVING TO QUESTION 2	1 During the past 12 months, has any member of your household received [SOURCE]?	2 During the past 12 months, what is the amount of money or the value of goods and services received by the members of your household from [SOURCE]?
		YES 1 NO 2 ¶ NEXT SOURCE	AMOUNT
1	Inheritance		
2	Payments from insurance		
3	Income from interest on loans made to other people		
4	Income from interest on deposits in banks		
5	Dividends from investments/interest from investments		
6	Dowry		
7	Birthday gifts		
8	Marriage gifts		
9	Funeral gifts		
10	Income from the rent of movable property (vehicles, equipment, etc.)		
11	Income from the sale of jewelry, books, other personal belongings		
12	Aid from non-governmental organizations		
13	Lottery winnings, or other income from other gambling, or contests		
14	Alimony income		
15	Other (SPECIFY _____)		

SECTION 14. LOANS AND SAVINGS

PART 14A. MONEY AND GOODS LENT AND BORROWED

I would like to ask you some questions about any loans made by members of your household to other people in the last 12 months.

1. Have any members of your household made loans to friends, neighbors, relatives, or business partners that have not yet been repaid?

YES1 []
NO2 ¶ QUESTION 3

2. How much altogether is owed to members of your household?

TOTAL AMOUNT []

3. In the last 12 months, have members of your household purchased goods on credit? Do not include any purchases on credit made for agricultural activities or household business.

YES1 []
NO2 ¶ QUESTION 6

4. What is the value of all of the goods or services purchased on credit by your household over the past 12 months?

SOMS []

5. How much altogether do the members of your household still owe for goods purchased on credit?

TOTAL AMOUNT []

6. In the last 12 months, have any members of your household borrowed money or goods from a bank, a private business, a government agency, or a private person outside of the household?

Do not include amounts borrowed for household businesses or farms discussed earlier.

YES1 []
NO2 ¶ PART 14C

7. How many loans have been received by members of the household in the last 12 months?

NUMBER []

8. What is the total amount of all of this/these loans?

TOTAL AMOUNT []

¶ PART 14B

PART 14B. LOANS RECEIVED BY MEMBERS OF THE HOUSEHOLD

I would like to ask you some questions about the loans on which members of your household have made payments in the last 12 months. As I understand it, [SEE Q. 6 ON THE PREVIOUS PAGE FOR NUMBER] loans were received in your household in the last 12 months.

LENDER	1 Is the lender of your [FIRST/NEXT] loan a... READ EACH RESPONSE relative? 1 acquaintance or other private person?... 2 state bank? 3 commercial bank? 4 kolhoz/sovhoz or cooperative? 5 other? 6	2 What is the amount or value of this loan? SOMS	3 In what month and year did you take out this loan from [LENDER]?		4 For what purpose primarily was this money borrowed? FARM 1 BUSINESS 2 CONSTRUCTION 3 PURCHASE PROPERTY 4 SPECIAL EVENT 5 SCHOOL 6 OTHER 7	5 Was a rate of interest specified for this loan? YES 1 NO 2 QUES 7	6 What was the annual rate of interest? RATE	7 Did you or other household members have to give something as collateral for this loan? YES 1 NO 2 QUES 9	8 What was used as collateral? DWELLING 1 LAND 2 JEWELRY 3 OTHER PERSONAL OBJECT 4	9 In the past 12 months did you or the members of your household make payments to the lender? YES 1 NO 2 QUES 12	10 How much did they pay and how often? WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8 ONCE...9		11 Was this loan repaid in the last 12 months? YES 1 Q.13 NO 2	12 If the loan had to be entirely repaid today, what amount would have to be paid? SOMS	13 When (did they/when will they) finish paying? IF NO FIXED DATE, WRITE ZEROS NEXT LOAN	
			MO	YR							SOMS	TIME UNIT			MONTH	YEAR
1ST LOAN																
2ND LOAN																
3RD LOAN																
4TH LOAN																
5TH LOAN																
6TH LOAN																

SECTION 15. ANTHROPOMETRICS

TO BE ANSWERED FOR ALL CHILDREN AGE 5 AND UNDER ON THE HOUSEHOLD CARD.

1 WRITE DOWN THE NAMES OF ALL CHILDREN AGE 5 AND UNDER. REFER TO HOUSEHOLD ROSTER IF NECESSARY. NAME	2 Now I would like to measure how tall you [NAME] is. WRITE DOWN HEIGHT IN CENTIMETERS AND FRACTIONS. CENTIMETERS FRACTIONS		3 Now I would like to measure how much [NAME] weighs. WRITE DOWN IN KILOS AND FRACTIONS. KILOS FRACTIONS		4 Now I would like to measure the size of [NAME'S] upper arm. CENTIMETERS FRACTIONS	

☐ END OF INTERVIEW OR SCHEDULING FOLLOWUP VISITS WITH THE HEAD OF HOUSEHOLD

COMMENTS

REMARKS BY THE INTERVIEWER ON THE SECOND ROUND

REMARKS BY THE SUPERVISOR ON THE SECOND ROUND
