

# PART 5E. SEARCH FOR ADDITIONAL EMPLOYMENT OR OTHER WORK

PERSON	ID	1	2	3	4	5	6			7	8
		During the past 7 days, have you looked for additional or other work?  YES, FOR ADDITIONAL WORK.....1 YES, FOR OTHER WORK.....2 NO.....3 > Q 8  CODE	In what area did you look for work? Agriculture.....1 Mining.....2 Manufacturing.....3 Elec,gas,water.....4 Construction.....5 Commerce.....6 Transport.....7 Financial.....8 Services.....9 Any area.....10  CODE	What position are you looking for? white collar worker?.....1 blue collar worker?.....2 owner/employer?.....3 member of manufacturing cooperative? 4 individual professional? 5 servant?.....6  CODE	Are you looking for work...  in the private sector?.....1 in the public sector?.....2 in either one?...3  CODE	What is the lowest monthly salary for which you are willing to work?  SOMS	While looking for work in the past 7 days, have you... applied in the labor office?.....1 used family connections?.....2 used other intermediaries?.....3 used mass media(radio, TV, newspapers)?.....4 applied for a position in person?.....5  YOU CAN LIST UP TO 3 CODES CODE CODE CODE			How many weeks in total have you spent looking for additional work or another job?  NUMBER OF WEEKS	Why didn't you look for a job or try to start your own business during the past 7 days?  DO NOT NEED 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 FOOD AND OTHER BENEFITS COME WITH CURRENT JOB.....9 OTHER.....10  CODE
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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 past 12 months.

PERSON	ID CODE	1 In what area did you work for your main work during the past 12 months?	2 Is this work the same as your main or additional work in the past 7 days?	3 During the past 12 months, how many months did you do this work?	4 During the past 12 months, how many hours per week did you usually do this work?	5 Why did you work less than 41 hours per week in this work?	6 How long have you been doing this type of work in your lifetime?		7 How long have you been working at this business or firm?		8 In the past 12 months, did you earn the same amount, more or less than you made the year before?	9 In this work are you self-employed or an independent entrepreneur?	10 In the past 12 months, what was your average monthly salary/income in this work?	11 In this work are you a...
		Agriculture..... 1 Mining ..... 2 Manufacturing ..... 3 Elec.gas,water ..... 4 Construction ..... 5 Commerce ..... 6 Transport ..... 7 Financial ..... 8 Services ..... 9  CODE	<b>SAME AS MAIN WORK..... 1</b> <b>&gt; Q.19</b> <b>SAME AS ADDITIONAL WORK.2</b> <b>&gt; Q.19</b> DIDN'T WORK IN THE PAST 7 DAYS ..... 3 OTHER ..... 4  CODE	NUMBER OF MONTHS	<b>IF 41 HOURS OR MORE, &gt;Q 6</b>  NUMBER OF HOURS PER WEEK	CODE	TIME DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME UNIT	TIME DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME UNIT	CODE SAME...1 MORE...2 LESS...3	YES ..... 1 NO ..... 2 <b>&gt;Q 11</b>	SOMS	CODE
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# **PART 5F. MAIN WORK FOR THE PAST 12 MONTHS (End)**

PERSON	ID	12	13	14	15	16		17	18	19
		Where did you work in your main job in the past 12 months.  state owned enterprise .....1 cooperative .....2 joint stock enterprise .....3 joint venture enterprise .....4 private/individual enterprise .....5 social organization .....6 collective farm .....7 farming community .....8 other .....9 foreign company .....10  CODE	What is your monthly salary/income in this work?  IF ZERO, >Q.19  SOMS	What percentage of this amount was paid to you in goods or services rather than money?  IF ZERO, WRITE ZERO  PERCENT	How many months of the last 12 months did you receive salary in cash or in bartered goods for this work?  NUMBER OF MONTHS	When were you last paid for this work?  MONTH	YEAR	In the past 12 months, did you receive any other pay, for example, bonuses, commissions, tips, or other pay in addition to your salary for your main job?  YES ..... 1 NO ..... 2> Q.19	What was the total amount of these bonuses, commissions, tips and other pay?  SOMS	In the past 12 months, did you do any other work in addition to your main work?  YES ..... 1> PART 5G NO ..... 2> PART 5H
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>> PART 5G

# **.PART.5G. ADDITIONAL 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.

PERSON	ID CODE	1 In what area did you do this additional work in the past 12 months, was it...	2 Is this work the same as your main or additional work in the past 7 days?	3 During the past 12 months, how many months did you do this work?	4 During the past 12 months, how many hours per week did you usually do this work?	5 How long have you been working at this work?		6 In this work are you self-employed or an independent entrepreneur?	7 In the past 12 months, what was your average monthly salary/income at this work?	8 In this work are you a...	9 Where did you do this work?	10 In the past 12 months, what was your average monthly salary/income at this work?	11 What percentage of your salary was paid in goods or services?	12 Have you done any other work in the past 12 months?	13 What was the total amount you received for this additional work in the past 12 months (including other payments in goods or services)?
		agriculture?..... 1 mining?..... 2 manufacturing?.... 3 elec.gas.water? ... 4 construction? ..... 5 commerce?..... 6 transport? ..... 7 financial? ..... 8 services? ..... 9	YES, <b>SAME AS MAIN WORK</b> ..... 1 >Q 12 YES, <b>SAME AS ADD. WORK</b> ..... 2 > Q 12 NO ..... 3	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK	TIME	TIME UNIT	YES..... 1 NO .....2 > Q.8	SOMS	CODE	CODE	SOMS	PERCENT	YES ..... 1 NO .....2 >PART 5H	SOMS
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>>PART 5H

## PART 5H. OTHER ACTIVITIES

Now I would like to ask you about time you spent outside of work (yesterday only)

PERSON	ID CODE	1	2	3	4	5	6	7	8
		How many hours did you care for children yesterday?  IF NONE, WRITE ZERO  NUMBER OF HOURS	How many hours did you spend caring for elderly people yesterday?  IF NONE, WRITE ZERO  NUMBER OF HOURS	How many hours did you spend cleaning the house, preparing meals, or washing clothes yesterday?  IF NONE, WRITE ZERO  NUMBER OF HOURS	How many hours did you spend gathering water and fuel for your household's use yesterday?  IF NONE, WRITE ZERO  NUMBER OF HOURS	During the past 12 months has there been any period of time when you were without paid work?  YES..... 1 NO..... 2> PART 5I  CODE	Have you looked for work during the past 12 months?  YES..... 1 NO ..... 2> Q.8  CODE	During the past 12 months, how many weeks 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?  ONE PERIOD..... 1 TWO PERIODS..... 2 SEVERAL PERIODS..... 3  >>PART 5I
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>>PART 5I

## PART 5I. OTHER INCOME

Now I would like to ask you some questions regarding income received in the past 12 months from other sources other than labor income.

For each source I would like to know first if you are eligible to receive income of that type, second the amount you received in the most recent payment and finally the month you received your most recent payment.

PERSON ID	1. Old age pension			2. Disability pension			3. Pension in case of loss of provider			4. Temporary disability/sickness allowance (sick lists)			5. Unemployment allowance			6. Maternity leave allowance ASK WOMEN AGE 15-49		
	IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO					
	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH
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**PART 5I. OTHER INCOME (Continued)**

PERSON	ID	7. Allowance for funeral			8. Compensation to victims of the Chernobyl disaster			9. Social pensions			10. Family benefits			11. Other allowances, compensation, and privileges not mentioned earlier		
		IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO		
		Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH	Elig? YES ..... 1 NO ..... 2	SOMS	MONTH
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> > SECTION 6

**LIVING STANDARDS MEASUREMENT SURVEY  
THE REPUBLIC OF KYRGYZSTAN**

**HOUSEHOLD ROSTER CARD**

**HOUSEHOLD ID #**

--	--	--	--	--	--	--

	MAKE A COMPLETE LIST OF ALL HOUSEHOLD MEMBERS.	SEX MALE.....1 FEMALE.....2	AGE	
			YEARS	MONTHS
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INTERVIEWER: SLIDE THIS CARD BEHIND SECTIONS 3, 4, 5, AND 6 AND ALIGN IT WITH THE NUMBERED ROWS OF THE QUESTIONNAIRE.

MAKE SURE THE CARD IS VISIBLE AT ALL TIMES DURING THE INTERVIEW.

YOU WILL ALSO NEED TO BRING THIS ROSTER CARD WITH YOU TO ROUND 2 OF THE INTERVIEW.



# SECTION 6. MIGRATION

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID	1. What is your citizenship?	2. Were you born in this population point?	3. What country were you born in..?	4. What oblast were you born in..?	5. Was the place where you were born a... capital? ..... 1 oblast or raion center? ..... 2 town? ..... 3 urban type ..... 4 village? ..... 5	6. How old were you when you left your place of birth?	7. What was the main reason you left?	8. Have you ever lived anywhere else for more than 3 months (besides this place )?	9. From where did you come to your current place of residence?	10. Was the place you lived before coming here a... capital? .... 1 oblast or raion center? .... 2 town? .... 3 urban type ..... 4 village? .... 5	11. What was your main reason for coming to your present place of residence?	12. Since your most recent move, how many years have you lived in this place?	13. Are you registered to live and work in this place?	14. Why are you not registered?
		KYRGYZ .. 1 RUSSIAN .. 2 OTHER ..... 3	YES ..... 1 > Q 8 NO ..... 2	USE COUNTRY CODES AT THE BOTTOM OF THIS PAGE IF NOT IN KYRGYZ STAN > Q5	USE OBLAST CODES AT THE BOTTOM OF THIS PAGE	capital? ..... 1 oblast or raion center? ..... 2 town? ..... 3 urban type ..... 4 village? ..... 5	AGE IN YEARS	FAMILY REASONS ..... 1 BECAUSE OF WORK (LOW PAY) ..... 2 SEARCH OF WORK ..... 3 SCHOOL, STUDY ..... 4 MARRIAGE ..... 5 MILITARY SERVICE ..... 6 THREAT OF VIOLENCE ..... 7 ENVIRONMENTAL DANGER ..... 8 NATIONAL CONFLICTS ..... 9 OTHER REASONS ..... 10 >> QUESTION 10	YES ..... 1 NO ..... 2 > Q13	THIS POPULATION POINT WHERE YOU WERE BORN ..... 33  ELSE SEE OBLAST AND COUNTRY CODES AT THE BOTTOM OF THIS PAGE	capital? .... 1 oblast or raion center? .... 2 town? .... 3 urban type ..... 4 village? .... 5	FAMILY REASONS ..... 1 BECAUSE OF WORK (LOW PAY) .. 2 SEARCH OF WORK ..... 3 SCHOOL, STUDY ..... 4 MARRIAGE ..... 5 MILITARY SERVICE 6 THREAT OF VIOLENCE ..... 7 ENVIRONMENTAL DANGER ..... 8 OTHER REASONS .. 9	IF LESS THEN 1 YEAR, WRITE ZERO	YES ..... 1 >>INSTRUC TION AT THE BOTTOM OF THIS PAGE NO ..... 2	DIFFICULT TO OBTAIN THE PERMIT... 1 INSUFFICIENT SPACE IN DWELLING ..... 2 LEAVING SOON ..... 3 HAVE NO MONEY ..... 4 OTHER ..... 5 >>INSTRUCTION AT THE BOTTOM OF THIS PAGE
		CODE		CODE	CODE	CODE		CODE		CODE	CODE	CODE	NUMBER OF YEARS	CODE	CODE
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CODES OF OBLASTS IN KYRGYZ REPUBLIC:

BISHKEK ..... 1 / ISSYK-KUL ..... 2 / JALAL-ABAD ..... 3 / NARYN ..... 4 / OSH ..... 5 / TALAS ..... 6 / CHU ..... 7 / YUL'TAU ..... 8

COUNTRY CODES:

AZERBAIJAN ..... 11 ARMENIA ..... 12 BYELORUSSIA ..... 13 GEORGIA ..... 14 KAZAKHSTAN ..... 15 MOLDOVA ..... 16 RUSSIA ..... 17 TADJIKISTAN ..... 18 TURKMENISTAN ..... 19  
UZBEKISTAN ..... 20 UKRAINE ..... 21 BALTIC STATES ..... 22 NON CIS COUNTRIES ..... 23

INTERVIEWER! IF HEAD OR PRINCIPLE RESPONENT IS INTERVIEWED > SECTION 7

IF FEMALE AGE 15-49 IS INTERVIEWED > SECTION 8

IF ANY ONE ELSE > NEXT PERSON IN THE HOUSEHOLD CARD, STARTING AGAIN AT SECTION 3

IF NO MORE PERSONS LISTED ON THE HOUSEHOLD CARD ARE YET TO BE INTERVIEWED, THEN ROUND ONE IS COMPLETED.

## SECTION 7. RESPONDENTS FOR ROUND TWO

TO BE COMPLETED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

1. During the past 12 months, did any member of your household work as an independent farmer or worked on land owned by your household raising crops or animals?

YES.....1 CODE [ ]

NO.....2 > QUESTION 3

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

NAME: \_\_\_\_\_ ID CODE (FROM THE HOUSEHOLD CARD): [ ]

3. During the past 12 months, has any member of your household done any non-agricultural activities, such as production of equipment, instruments, clothes, footwear, sale of food products, industrial products, medical and other services, consultations, repair of any kind of equipment, etc.?

YES.....1 CODE [ ]

NO.....2 > QUESTION 7

C O D E	4. Please name different businesses, commercial activities, etc. done by your household members.  INTERVIEWER: MAKE A COMPLETE LIST BEFORE GOING TO QUESTION 5.	5. <b>CATEGORIZE THE ACTIVITIES HERE:</b> Produce goods ..... 1 Produce or process agricultural products ..... 2 Construction or building repair..... 3 Sell or resell some goods ..... 4 Cafe, restaurant..... 5 Automobile service ..... 6 Home appliance repair..... 7 Medical services ..... 8 Legal services..... 9 Education services ..... 10 Banking and money exchange ..... 11 Other services ..... 12	6. Who is the person who knows the most about the income and expenditures on [BUSINESS OR ACTIVITY] ?	
	DESCRIPTION OF ACTIVITIES	ACTIVITY CODE	NAME	RESPONDENT'S ID CODE
1				
2				
3				
4				
5				

7. Who buys food products for you household?

NAME: \_\_\_\_\_ ID CODE: [ ]

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

NAME: \_\_\_\_\_ ID CODE: [ ]

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.

**GO TO THE NEXT PERSON ON THE HOUSEHOLD ROSTER CARD BEGINNING AT SECTION 3**

**SECTION 8.**

**INDIVIDUAL FEMALE QUESTIONNAIRE**

**INTERVIEWER:**

ALL FEMALE HOUSEHOLD MEMBERS AGE 15-49 ARE TO FILL OUT THIS SECTION ON THEIR OWN. THERE ARE SEVERAL COPIES OF SECTION 8 IN THE FOLLOWING PAGES -- UP TO 3 WOMEN MAY RESPOND TO THIS SECTION. WRITE EACH WOMAN'S ID CODE AT THE TOP OF THE PAGE ON HER RESPECTIVE SECTION 8.

IF THE WOMAN YOU ARE INTERVIEWING CAN NOT READ AND WRITE, TELL HER THAT SHE IS WELCOME TO HAVE EITHER YOU, THE INTERVIEWER, OR ANOTHER WOMAN HELP HER FILL OUT THIS SECTION.

NEXT GIVE THE WOMAN A PENCIL AND THE QUESTIONNAIRE OPENED TO THE CORRECT PAGE.

WHEN THE WOMAN IS FINISHED, ASK TO SPEAK TO THE NEXT PERSON ON THE HOUSEHOLD MEMBER CARD, AND BEGIN AGAIN AT SECTION 3.

## **INDIVIDUAL FEMALE QUESTIONNAIRE**

### **DEAR RESPONDENT!**

This section is about woman's health. It includes questions about giving birth and family planning. As some of these questions are very private, you should fill in this section yourself. I assure you that nobody of your family members, neighbors nor I will divulge your answers. Therefore be honest in your answers. The information you give will be valuable for further development of health care in our Republic and enable the Government to carry out necessary projects in the field of women and children's health.

Please complete this form. If you don't understand a question or explanation, please address to interviewer, in other words the person who conducts this conversation. When you have answered all of the questions on the section, please fold it and give it to the interviewer.

Thank you very much for your cooperation and help in giving answers to these important questions. In answering the questions please use instructions for each question. Once more I assure you that the information will be kept confidential - no one will divulge your answers.

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**

**SECTION 8 FAMILY PLANING AND FEMALE HEALTH**  
**PART 8A. Pregnancy and Birth**

WOMAN'S CODE : \_\_\_\_\_

1. Have you ever had your period? (CIRCLE YES OR NO)

YES ..... 1

NO ..... 2 >IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

2. How old were you, when you had your first period?

\_\_\_\_ years old

3. Have you ever been married or shared intimate life with a man? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 >IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

4. How old were you when you first married or first shared intimate life with a man?

\_\_\_\_ years old

5. Have you ever been pregnant, even if you had a pregnancy that lasted only a few weeks? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 >IF NO, GO TO QUESTION 47

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

NUMBER \_\_\_\_\_

**IF NONE, PLEASE WRITE ZERO AND GO TO QUESTION 13**

PLEASE MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO FILL OUT OTHER QUESTIONS IN THE TABLE

	CHILD'S NAME	7. IS THIS CHILD A BOY OR A GIRL?  PLEASE WRITE IN <b>BOY</b> OR <b>GIRL</b>	8. IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?				9. HAS THIS CHILD BEEN INOCULATED AGAINST DISEASES?  PLEASE WRITE IN <b>YES</b> OR <b>NO</b>	10A. IS THIS CHILD STILL LIVING IN THE HOUSEHOLD?  PLEASE WRITE IN <b>YES</b> OR <b>NO</b>	10B. THIS COLUMN IS FOR INTERVIEWER'S USE
			MONTH	YEAR					
1.				1	9				
2.				1	9				
3.				1	9				
4.				1	9				

**CONTINUED ON THE NEXT PAGE**

	CHILD'S NAME	7. IS THIS CHILD A BOY OR A GIRL?  PLEASE WRITE IN <b>BOY</b> OR <b>GIRL</b>	8. IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?		9. HAS THIS CHILD BEEN INOCULATED AGAINST DISEASES?  PLEASE WRITE IN <b>YES</b> OR <b>NO</b>	10A. IS THIS CHILD STILL LIVING IN THE HOUSEHOLD?  PLEASE WRITE IN <b>YES</b> OR <b>NO</b>	10B. THIS COLUMN IS FOR INTERVIEWER'S USE
			MONTH	YEAR			
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11. Have any of the children you listed above died? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 > IF NO, GO TO QUESTION 13

12. Please list the names of the children who died, their ages at the of their death, the date they died and the causes of their death.

	a. NAME OF CHILD	b. WAS IT A BOY OR A GIRL?  PLEASE WRITE IN <b>BOY</b> OR <b>GIRL</b>	c. AGE  IF LESS THAN 1 MONTH, WRITE ZERO		d. WHAT DATE DID THE CHILD DIE?			e. WHAT WAS THE CAUSE OF DEATH? ILLNESS ..... 1 ACCIDENT ..... 2 MURDER ..... 3 OTHER ..... 4  <b>PLEASE WRITE DOWN THE RELEVANT CODE</b>
			YEARS	MONTHS	DAY	MONTH	YEAR	
1.							19	
2.							19	
3.							19	
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9.							19	

GO TO THE NEXT PAGE

13. Have you had a stillborn child? (A stillborn child is a baby born dead when you were 7 months pregnant or more.) (CIRCLE YES OR NO)

YES ..... 1

NO .....2 > IF NO, GO TO QUESTION 15

14. How many stillborn births have you had in your life?

NUMBER | |

15. Have you had any miscarriages? (A miscarriage is when you give birth to a child when you are less than 7 months pregnant and the child does not survive.) (CIRCLE YES OR NO)

YES ..... 1

NO .....2 > IF NO, GO TO QUESTION 17

16. How many miscarriages have you had in your life?

NUMBER | |

**THE NEXT FEW QUESTIONS ARE ABOUT YOUR LAST BORN CHILD**

17. Was your last born child born in the last 3 years? That is, after September 1994? (CIRCLE YES OR NO)

YES ..... 1

NO .....2 > IF NO, GO TO QUESTION 29

18. 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 YES OR NO)

YES ..... 1

NO .....2 > IF NO, PLEASE SKIP TO QUESTION 23

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

NUMBER OF WEEKS | |

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

NUMBER OF TIMES | |

21. Where did you go for medical consultation for your pregnancy? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE ..... 1

HOSPITAL ..... 2

MATERNITY CENTER ..... 3

HEALTH CENTER ..... 4

OTHER ..... 5

**GO TO THE NEXT PAGE**

22. Who cared for you and your baby during your pregnancy? (IF MORE THAN ONE PERSON, CIRCLE THE PERSON YOU CAME TO FIRST ON THE LIST)

DOCTOR..... 1  
NURSE..... 2  
MIDWIFE..... 3  
FELDSHER..... 4  
OTHER..... 5

23. Who assisted you with the birth of your last born child? (IF MORE THAN ONE PERSON, CIRCLE THE PERSON YOU CAME TO FIRST ON THE LIST)

DOCTOR..... 1  
NURSE..... 2  
MIDWIFE..... 3  
FELDSHER..... 4  
FAMILY MEMBER..... 5  
OTHER..... 6

24. Where did you give birth to your last born child? (CIRCLE ONE ANSWER)

MATERNITY CENTER..... 1  
HOSPITAL..... 2  
GYNECOLOGIST'S OFFICE..... 3  
FELDSHER'S OFFICE..... 4  
HOME..... 5  
OTHER..... 6

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

KILOGRAMS | |

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

YES..... 1  
NO..... 2 > IF NO, GO TO QUESTION 29

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

YES..... 1 > IF YES, GO TO QUESTION 29  
NO..... 2

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

NUMBER OF MONTHS | |

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

YES..... 1  
NO..... 2 > IF NO, GO TO QUESTION 38

GO TO THE NEXT PAGE



30. How many abortions have you had in the course of your lifetime?

NUMBER | \_\_\_\_\_ |

31. Have you had an abortion in the past 12 months? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 > IF NO, GO TO QUESTION 38

32. During the last 12 months, how many abortions have you had?

NUMBER | \_\_\_\_\_ |

33. Where did you have the last abortion performed? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE ..... 1

HOSPITAL ..... 2

MATERNITY CENTER ..... 3

HEALTH CENTER ..... 4

OTHER ..... 5

34. Who performed the last abortion? (PLEASE CIRCLE ONE)

DOCTOR ..... 1

NURSE ..... 2

MIDWIFE ..... 3

FELDSHER ..... 4

OTHER ..... 5

35. Did you have complications after this abortion? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2

36. Did you pay for this abortion? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 > IF NO, GO TO QUESTION 38

37. How much did you pay for this abortion?

SOMS | \_\_\_\_\_ |

38. Have you had any mini-abortions in the course of your lifetime? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2 > IF NO, GO TO QUESTION 47

39. How many mini-abortions have you had in the course of your lifetime?

NUMBER | \_\_\_\_\_ |

GO TO THE NEXT PAGE

40. During the past 12 months have you had any mini-abortions?

YES ..... 1

NO .....2 > IF NO, GO TO QUESTION 47

41. How many mini-abortions have you had during the past 12 months?

NUMBER \_\_\_\_\_

42. Where did you have the last mini-abortion? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE .....1

HOSPITAL .....2

MATERNITY CENTER .....3

HEALTH CENTER .....4

OTHER .....5

43. Who performed the last mini-abortion? (PLEASE CIRCLE ONE)

DOCTOR ..... 1

NURSE ..... 2

MIDWIFE ..... 3

FELDSHER ..... 4

OTHER ..... 5

44. Did you have complications after this mini-abortion? (CIRCLE ONE ANSWER)

YES ..... 1

NO ..... 2

45. Did you pay for this mini-abortion? (CIRCLE ONE ANSWER)

YES ..... 1

NO .....2 > IF NO, GO TO QUESTION 47

46. How much did you pay for this mini-abortion?

SOMS \_\_\_\_\_

47. Do you get your period, even if it is irregular? (CIRCLE ONE ANSWER)

YES ..... 1

NO .....2 > IF YOU DON'T GET YOUR PERIOD BECAUSE YOU ARE PREGNANT, PLEASE CONTINUE.. OTHERWISE, GO TO QUESTION 59

GO TO THE NEXT PAGE

48. Do you normally use a method of contraception? (CIRCLE ONE ANSWER)

YES..... 1

NO .....2 > IF NO, GO TO QUESTION 52

49. What birth control method do you normally use? (PLEASE CIRCLE ONE)

ABSTINENCE ..... 1 > GO TO QUESTION 53

OBSERVING THE CYCLE..... 2 > GO TO QUESTION 53

INTERRUPTION OF THE ACT ..... 3 > GO TO QUESTION 53

DOUCHE WITH WATER..... 4

DOUCHE WITH SPECIAL SOLUTIONS..... 5

CONDOM..... 6

CAP..... 7

PILLS ..... 8

SPIRAL (IUD)..... 9

INJECTIONS..... 10

STERILIZATION..... 11

FOAM/JELLY/CREAM..... 12

OTHER ..... 13

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

YES..... 1

NO .....2 > IF NO, GO TO QUESTION 53

51. How much did you or your husband or partner pay for this method?

SOMS [ ] > GO TO QUESTION 53

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

WANT TO HAVE A CHILD ..... 1

HEALTH PROBLEMS..... 2

HAVE NO HUSBAND OR PARTNER ..... 3

TOO EXPENSIVE..... 4

UNAVAILABLE TO BUY..... 5

DON'T KNOW HOW TO USE ..... 6

RELIGIOUS REASONS..... 7

AM PREGNANT..... 8 > GO TO QUESTION 54

OTHER ..... 9

GO TO THE NEXT PAGE

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

YES ..... 1

**NO .....2 > IF NO, GO TO QUESTION 57**

54. How many weeks are you into your pregnancy?

NUMBER OF WEEKS | \_\_\_\_\_ |

55. Are you planning to give birth or have an abortion? (CIRCLE ONE ANSWER)

GIVE BIRTH ..... 1

**ABORTION .....2 > IF ABORTION, GO TO QUESTION 57**

56. After finishing your pregnancy, when do you plan to give birth to another child? (PLEASE CIRCLE ONE)

**IN 1 YEAR .....1 > GO TO QUESTION 58**

**IN 2-5 YEARS .....2 > GO TO QUESTION 58**

**IN 6-10 YEARS .....3 > GO TO QUESTION 58**

**DON'T KNOW .....4 > GO TO QUESTION 58**

**NEVER .....5 > GO TO QUESTION 61**

57. Would you want to have more children? (CIRCLE ONE ANSWER)

YES ..... 1

**NO .....2 > IF NO, GO TO QUESTION 61**

58. How many children do you want to have altogether?

NUMBER OF CHILDREN | \_\_\_\_\_ | **> GO TO QUESTION 61**

59. Which of the following reasons best describes why you don't have your period? (PLEASE CIRCLE ONE)

AGE ..... 1

HAD VAGINAL SURGERY ..... 2

**HAVE NOT HAD A MENSTRUAL CYCLE SINCE**

**RECENT CHILD DELIVERY ..... 3 > GO TO QUESTION 61**

OTHER ..... 4

60. How old were you when you stopped having your period?

AGE | \_\_\_\_\_ |

**GO TO THE NEXT PAGE**

Dear respondent, below are the questions we would like you to know your opinion on about some family planning issues, such as: Is this problem important for people of the republic? Should every family plan the number of children they would like to have and when they want their children to be born or is it necessary at all, etc.

61. How many children did your parents have?

NUMBER OF CHILDREN | \_\_\_\_\_ |

62. What is your opinion about family planning? (PLEASE CIRCLE ONE)

- |  |   |
|--|---|
| FAMILY PLANNING IS NECESSARY .....                         | 1 |
| DOESN'T MATTER HOW MANY CHILDREN I HAVE .....              | 2 |
| OUR FAMILY FOLLOWS RELIGIOUS AND NATIONAL TRADITIONS ..... | 3 |
| CANNOT DO BIRTH CONTROL .....                              | 4 |
| NEVER THOUGHT ABOUT IT .....                               | 5 |
| OTHER .....  | 6 |

**THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS SECTION.  
PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.**

## SECOND ROUND

INTERVIEWER: EXPLAIN AGAIN TO THE RESPONDENT(S) THE PURPOSE OF YOUR VISIT,

IMPORTANCE OF THE SURVEY AND CONFIDENTIALITY OF ANSWERS

PLEASE MAKE SURE THE LIST OF HOUSEHOLD MEMBERS AGREES WITH THE HOUSEHOLD ROSTER CARD

IS THE HOUSEHOLD INVOLVED IN AGRICULTURAL ACTIVITY?

YES.....1 CODE [ ]

NO.....2 >SECTION 10.

INTERVIEWER/SUPERVISOR: USE Q2 SECTION 7 TO ENTER NAME AND ID CODE OF THE RESPONDENT MOST KNOWLEDGEABLE ABOUT AGRICULTURAL ACTIVITIES OF THE HOUSEHOLD.

RESPONDENT \_\_\_\_\_ ID CODE: [ ][ ]

## SECTION 9. AGRO-PASTORAL ACTIVITIES

### PART 9A. LAND

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

C O D E	TYPE OF LAND	1. What area of [TYPE OF LAND] is available to your household?  IF NO LAND IS AVAILABLE, WRITE ZERO > NEXT TYPE OF LAND  Sotka ..... 1 M2 ..... 2		2. Do you have a legal document that shows your right to use this [TYPE OF LAND]?  YES..... 1 NO ..... 2 >Q4		3. How much money do you think your household would get for selling the rights to [THIS TYPE OF LAND] today?  SOMS		4. 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?  IF DID NOT PAY, WRITE ZERO  SOMS		5. In the past 12 months, how many hectares of [TYPE OF LAND] did other private individuals rent from your household?  IF ZERO > Q. 7  NUMBER OF HECTARES		6. In the past 12 months, how much did your household receive, including goods and services, from other private individuals for renting this [TYPE OF LAND]?  IF ZERO, WRITE ZERO  SOMS		7. What is the main source of water used by your household for [TYPE OF LAND]?  CANALS ..... 1 RESERVOIR ..... 2 PUMP ..... 3 RIVER ..... 4 RAIN ..... 5 CENTRALIZED PIPELINE ..... 6 OWN SYSTEM ..... 7  CODE	
		NUMBER	CODE												
1	Landplot														
2	Crop production														
3	Pasture														
4	Hayfields														
5	Fallow														
6	Orchards and Vineyards														
7	Dacha														
8	Kitchen garden														
9	Barnyards														

>> PART 9B

## PART 9B. CROPS

1. In the past 12 months, has your household been involved in any crop production activities?

YES .....1

CODE [ ]

NO .....2 >PART 9E

C R O P  C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?		4. In the past 12 months, how many kilograms of [CROP] did you harvest?	5. How many kilograms of [CROP] did your household sell?	6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?	8. How many kilograms of [CROP] did your household keep for seeding?	9. How many Kgs. of [CROP] did your household lose to insects, rodents, fire or spoilage?	10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?	11. How many months in the past 12 months did your household consume [CROP]?	12. How many kilograms of [CROP] did your household process?
		YES .....1 NO .....2 >NEXT CROP	M <sup>2</sup> ..... 1 Sotka ..... 2	NUMBER	CODE	KGS	KGS	SOMS	KGS	KGS	KGS	KGS	MONTHS
1	Wheat												
2	Rye												
3	Barley												
4	Oats												
5	Maize												
6	Cotton												
7	Tobacco												
8	Sugar beet root												
9	Sunflowers												
10	Perennial grasses												
11	Annual grasses												
12	Fodder crops												
13	Rice												
14	Beans												
15	Squash, pumpkin												

>> NEXT PAGE

**PART 9B. CROPS (CONTINUED)**

C R O P  C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?		4. In the past 12 months, how many kilograms of [CROP] did you harvest?	5. How many kilograms of [CROP] did your household sell?	6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?	8. How many kilograms of [CROP] did your household keep for seeding?	9. How many Kgs of [CROP] did your household lose to insects, rodents, fire or spoilage?	10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?	11. How many months in the past 12 months did your household consume [CROP]?	12. How many kilograms of [CROP] did your household process?
		YES .....1 NO .....2 >NEXT CROP	M <sup>2</sup> ..... 1 Sotka ..... 2	NUMBER	CODE	KGS	KGS	SOMS	KGS	KGS	KGS	KGS	MONTHS
16	Potatoes												
17	Beetroot												
18	Onions												
19	Garlic												
20	Carrots												
21	Radish												
22	Other root crops												
23	Tomatoes												
24	Peppers (fresh)												
25	Cabbage												
26	Cucumbers												
27	Eggplant												
28	Other vegetables												
29	Melons, watermelons												
30	Grapes												
31	Mushrooms												

&gt;&gt; NEXT PAGE



# PART 9B. CROPS (END)

C R O P  C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?		4. In the past 12 months, how many kilograms of [CROP] did you harvest?	5. How many kilograms of [CROP] did your household sell?	6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?	8. How many kilograms of [CROP] did your household keep for seeding?	9. How many Kgs. of [CROP] did your household lose to insects, rodents, fire or spoilage?	10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?	11. How many months in the past 12 months did your household consume [CROP]?	12. How many kilograms of [CROP] did your household process?
		YES.....1 NO .....2 >NEXT CROP	M <sup>2</sup> ..... 1 Sotka ..... 2	NUMBER	CODE	KGS	KGS	SOMS	KGS	KGS	KGS	KGS	MONTHS
32	Strawberry, raspberry												
33	Currant, gooseberry												
34	Apples												
35	Pears												
36	Cherries												
37	Plums												
38	Apricots, peaches												
39	Other fruit												
40	Nuts												
41	Flowers												
42	Other												

>> PART 9C

## PART 9C. CROP INPUTS

1. Where does your household normally buys... (ENTER SUPPLIER CODE)

- a. seeds, young plants?.....[       ]  
b. mineral fertilizer/pesticides? .....[       ]  
c. organic manure? .....[       ]  
d. packaging material? .....[       ]

2. Did your household buy any of these items on credit in the past 12 months?

YES.....1 CODE [      ]

NO .....2 >TABLE BELOW

**SUPPLIER CODES:**

PRIVATE INDIVIDUAL .....	1	SOVHOZ/KOLHOZ/FARMS .....	5
PRIVATE RETAILER .....	2	COOPERATIVE .....	6
PRIVATE WHOLESALER .....	3	STATE ENTERPRISE .....	7
STATE STORE .....	4	OTHER .....	8
		DO NOT BUY .....	9

3. What percentage of these items was bought on credit?

PERCENT [ ]

[illegible]

LINE "TOTAL" IS TO BE FILLED OUT IF RESPONDENT IS NOT ABLE TO PROVIDE INFORMATION ABOUT EACH INDIVIDUAL CROP.

**>> NEXT PAGE**

## PART 9C. CROP INPUTS (End)

14. During the past 12 months, how much did your household spend on the following kinds of paid labor?

IF NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Clearing land	
b.	Plowing	
c.	Planting, seeding	
d.	Irrigating	
e.	Harvesting	
f.	Other	

15. How much did your household spend in cash, goods, services, or on credit on ...

IF NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Renting animals	
b.	Renting equipment or machinery	
c.	Maintenance and repair of buildings and machines	
d.	Irrigation charges	
e.	Fuel oil, electricity, other fuels, etc.	
f.	Other	

16. How much did your household spend on ...

IF NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Land taxes	
b.	Livestock taxes	
c.	Value added taxes	
d.	Other local agricultural taxes	
e.	Other agricultural taxes	

>>PART 9D

## PART 9D. FOOD PRODUCTS PRODUCED IN THE PAST 12 MONTHS

1. During the past 12 months, did any member of your household produce any food products from the crops grown or bought by the household?

YES.....1 CODE [ ]

NO .....2 > PART 9E

2. In the past 12 months, which members of your household helped in the production of home produced food products? IF MORE THAN 3, PUT CODES OF THOSE WHO HELPED THE MOST.

CODE [ ] CODE [ ] CODE [ ]

P R O D U C T  C O D E	FOOD PRODUCT	3. During the past 12 months did any member of your household produce [FOOD PRODUCT] from crops grown or bought by the household?	4. What quantity of [FOOD PRODUCT] did your household produce in the past 12 months?	5. In the past 12 months, what quantity of the [FOOD PRODUCT] did your household consume?	6. How many months in the past 12 months did your household consume [FOOD PRODUCT]?	7. In the past 12 months, what quantity of the [FOOD PRODUCT] was given away to other people as a gift or help?	8. What quantity of the [FOOD PRODUCT] did your household store?	9. What quantity of the [FOOD PRODUCT] did your household sell in the past 12 months?	10. In the past 12 months, how much money did your household receive from sale of [FOOD PRODUCT]?	11. How much money did members of your household spend on producing [FOOD PRODUCT]?
		YES..... 1 NO .....2 > NEXT FOOD PRODUCT	QUANTITY	QUANTITY  IF ZERO, > Q.7	NUMBER OF MONTHS	QUANTITY  IF ZERO, WRITE ZERO	QUANTITY  IF ZERO, WRITE ZERO	QUANTITY  IF NONE, > Q11	SOMS	SOMS  IF ZERO, >> NEXT FOOD PRODUCT
1	Wheat flour KG									
2	Corn flour KG									
3	Corn oil L									
4	Cotton oil L									
5	Sunflower oil L									
6	Other vegetable oil (soy bean oil, etc.) L									
7	Dried apricots, raisins, dried fruit KG									
8	Jam L									
9	Compote, juice L									
10	Canned vegetables L									
11	Dried mushrooms KG									
12	Wine (grape, fruit) L									
13	Vodka, samogon L									
14	Beer L									
15	Tobacco products KG									

>> PART 9E

## PART 9E. LIVESTOCK

1. During the past 12 months, was your household involved in raising livestock, poultry, bees or other animals?

YES .....1 CODE { }

NO .....2 > PART 9G

2. Which members of your household were involved in raising [ANIMAL]? IF MORE THAN 3 ASK FOR THE MEMBERS WHO CONTRIBUTED THE MOST.

CODE [ ]

CODE [ ]

CODE [ ]

ANIMAL CODE	ANIMAL	3. During the past 12 months, did your household raise [ANIMAL]?	4. How many [ANIMAL] did your household own 1 year ago?	5. How many [ANIMAL] has your household sold in the past 12 months?	6. How much money did your household receive from sale of [ANIMAL]?	7. How many [ANIMAL] has your household bought during the past 12 months?	8. How much money did your household pay for purchased [ANIMAL]?	9. How many [ANIMAL] were born or received as a gift?	10. In the past 12 months, how many [ANIMAL] did your household slaughter?	11. How many kilograms did the slaughtered [ANIMAL] weigh?	12. How many months in the past 12 months did your household consume [ANIMAL]?	13. During those months, how many kilograms of [ANIMAL] did your household normally consume each month?	14. How many [ANIMAL] were lost or stolen, given away for free or died?	15. How many [ANIMAL] does your household own at present?	16. How much could you receive from sale of [ANIMAL] if you sold all of them today?
		YES ..... 1 NO ..... 2 > NEXT ANIMAL	NUMBER	NUMBER IF ZERO, >Q.7	SOMS	NUMBER IF ZERO, >Q.9	SOMS	NUMBER IF NONE, WRITE ZERO	NUMBER IF ZERO >Q.12	KG	MONTHS IF ZERO >Q.14	KG	NUMBER IF NONE, WRITE ZERO	NUMBER	SOMS >>NEXT ANIMAL
1	Cattle														
2	Pigs, piglets														
3	Sheep, lambs														
4	Goats														
5	Horses														
6	Donkeys, mules														
7	Chickens, roosters														
8	Turkeys														
9	Ducks, geese, other poultry														
10	Rabbits, mink														
11	Bees (number of colonies)														
13	Other animals														

>> PART 9F

## PART 9F. ANIMAL PRODUCTS

1. During the past 12 months did your household produce any animal products, such as meat, dairy products, eggs or tanned skins?

YES ..... 1 CODE [ ]

NO ..... 2 >PART 9G

2. Which members of your household were involved in producing animal products?

ID CODE [ ]

ID CODE [ ]

ID CODE [ ]

Now I will name some animal products, and I would like to ask you to try to remember, whether or not your household produced any of these products. I would also like to ask some questions as to how your household used these products and their value.

P R O D U C T	ANIMAL PRODUCT	3. Did your household produce [ANIMAL PRODUCT]?  YES..... 1 NO ..... 2 >NEXT PRODUCT	4. In the past 12 months, what quantity of [ANIMAL PRODUCT] did your household produce?  QUANTITY	5. How many months in the past 12 months did your household consume [ANIMAL PRODUCT]?  MONTHS  IF ZERO >Q7	6. What quantity of [ANIMAL PRODUCT] does your household normally consume each month?  QUANTITY	7. What quantity of [ANIMAL PRODUCT] was given away to other people for free? IF NOTHING, WRITE ZERO  QUANTITY	8. What quantity of [ANIMAL PRODUCT] did your household store?  IF NOTHING WRITE ZERO QUANTITY	9. What quantity of the [ANIMAL PRODUCT] did your household sell in the past 12 months?  IF ZERO, >Q.11  QUANTITY	10. In the past 12 months, how much money did your household receive from sale of [ANIMAL PRODUCT]?  SOMS	11. How much did your household spend on producing [ANIMAL PRODUCT]?  IF ZERO, >> NEXT PRODUCT  SOMS
1	Animal Meat KG									
2	Inner organs of cows KG									
3	Inner organs of sheep/lamb KG									
4	Inner organs of pig KG									
5	Inner organs of horse KG									
6	Inner organs of chicken/poultry KG									
7	Sausages KG									
8	Lard KG									
9	Milk L									
10	Cream L									
11	Sour Cream L									
12	Kefir/airan L									

>> NEXT PAGE

**PART 9F. ANIMAL PRODUCTS (End)**

P R O D U C T	ANIMAL PRODUCT	3. Did your household produce [ANIMAL PRODUCT]?  YES.....1 NO .....2 ->NEXT PRODUCT	4. In the past 12 months, what quantity of [ANIMAL PRODUCT] did your household produce?  QUANTITY	5. How many months in the past 12 months did your household consume [ANIMAL PRODUCT]?  IF ZERO >Q7  MONTHS	6. What quantity of [ANIMAL PRODUCT] does your household normally consume each month?  QUANTITY	7. What quantity of [ANIMAL PRODUCT] was given away to other people for free? IF NOTHING, WRITE ZERO  QUANTITY	8. What quantity of [ANIMAL PRODUCT] did your household store?  IF NOTHING WRITE ZERO  QUANTITY	9. What quantity of the [ANIMAL PRODUCT] did your household sell in the past 12 months?  IF ZERO, >Q.11  QUANTITY	10. In the past 12 months, how much money did your household receive from sale of [ANIMAL PRODUCT]?  SOMS	11. How much did your household spend on producing [ANIMAL PRODUCT]?  IF ZERO, >> NEXT PRODUCT  SOMS
		13	Cheese KG							
14	Feta cheese KG									
15	Butter KG									
16	Horse milk L									
17	Other milk products L									
18	Eggs KG									
19	Fish KG									
20	Honey KG									
21	Big Skins ITEMS									
22	Small Skins ITEMS									
23	Wool KG									
24	Down KG									
25	Fur skins ITEMS									
26	Other KG									

>> PART 9G

## PART 9G. LIVESTOCK EXPENDITURES IN THE PAST 12 MONTHS

C O D E	EXPENDITURE ITEM	1. In the past 12 months, did your household pay money or goods/services for [EXPENDITURE ITEM]?	2. In the past 12 months, how much money or goods and services did your household spend on [EXPENDITURE ITEM]?
		YES.....1 NO.....2 >NEXT EXPENDITURE ITEM	SOMS
1	Veterinary services, inoculations, medical or chemical products		
2	Hired labor for herding		
3	Fodder, 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	Transportation of animals, feed or supplies		
10	Commission on sale of animals		
11	Other expenditures for raising animals (incubator, electricity, etc.)		

>>PART 9H

## PART 9H. FARMING EQUIPMENT

C O D E	EQUIPMENT	1. In the past 12 months, did your household buy [EQUIPMENT]?	2. How much money did your household pay for [EQUIPMENT] in the past 12 months?	3. In the past 12 months, did your household sell [EQUIPMENT]?	4. How much money did your household receive for sale of [EQUIPMENT]?	5. During the past 12 months, how much money did your household receive for renting [EQUIPMENT] to other people?
		YES.....1 NO.....2 >Q.3	SOMS	YES.....1 NO.....2 > Q.5	SOMS	IF ZERO, WRITE ZERO SOMS >>NEXT EQUIPMENT
1	Caterpillar tractor					
2	Wheel tractor					
3	Plough					
4	Seeder					
5	Hay balers					
6	Mowers					
7	Other transport					
8	Draft animals					
9	Other					

>>SECTION 10



## SECTION 10. NON-FARM SELF EMPLOYMENT

INTERVIEWER! ASK HOUSEHOLD MEMBERS SELECTED IN SECTION 7 AS RESPONDENTS FOR THE SECOND ROUND  
Now I would like to talk to you about any trades, businesses, production, professional services and any other self-employed activities of your household.

Does your household have any self-employment activities?

YES.....1                      CODE [       ]

NO.....2 > SECTION 11

**INTERVIEWER/SUPERVISOR: FROM SECTION 7, Q 5, WRITE IN NAMES AND CODES OF RESPONDENTS WHO ARE MOST INFORMED ABOUT NON-FARM SELF-EMPLOYMENT ACTIVITIES OF THE HOUSEHOLD. IF SOME OF THE PEOPLE ARE NOT PRESENT, CHOOSE THE MOST INFORMED ONE.**

1) \_\_\_\_\_ ID: \_\_\_\_\_

2) \_\_\_\_\_ ID: \_\_\_\_\_

3) \_\_\_\_\_ ID: \_\_\_\_\_

## PART 10A. WORKING CONDITIONS

Let us start from [BUSINESS OR ACTIVITY]

B U S I N E S S	1	2		3	4	5	6			
	What is the main activity of this business?  READ TO RESPONDENT  Produce some goods .....1 Produce or process agricultural products .....2 Construction or building repair .....3 Sell or resell some goods.....4 Cafe, restaurant .....5 Automobile service.....6 Home appliances repair .....7 Medical services .....8 Legal services .....9 Education services .....10 Banking and currency exchange .....11 Other services .....12  <b>INTERVIEWER: REFER TO SECTION 7 TO MAKE SURE ACTIVITIES ARE THE SAME</b> CODE	How long have you been involved in this business or activity?	What percentage of this business(activity) is owned by you or by members of your household?	How many people, including part time workers, are currently involved in this business or activity?	Where is this business located?  at home .....1 other premises .....2 outdoor premises .....3 no fixed location .....4	Which members of your household worked or helped in this business, including yourself?  <b>IF MORE THAN FOUR PEOPLE, IDENTIFY THE FOUR WHO CONTRIBUTED THE MOST</b>	ID CODE	ID CODE	ID CODE	ID CODE
		NUMBER OF YEARS	NUMBER OF MONTHS	PERCENT	NUMBER OF PEOPLE	CODE				
1										
2										
3										

>> NEXT PAGE

**PART 10A. WORKING CONDITIONS (END)**

BUSINESS	7	8	9	10	11	12	13	14		
	In the past 12 months, how many months were you involved in this business or activity?	Where do you mostly purchase inputs for this business?  private farmers ..... 1 other private ..... individuals ..... 2 private retailer ..... 3 private wholesaler ..... 4 state enterprise ..... 5 kolhoz/sovhoz ..... 6 other ..... 7	In the past 12 months, who was the main consumer of goods or services of this business or activity?  private farmers ..... 1 other private ..... individuals ..... 2 private retailer ..... 3 private wholesaler ..... 4 state enterprise ..... 5 kolhoz/sovhoz ..... 6 other ..... 7	Do you buy any goods or inputs abroad for this business?  YES ..... 1 NO ..... 2 > Q12	Where do you buy these goods or inputs?  CIS COUNTRIES 1 OTHER COUNTRIES ..... 2	In the past 12 months did you buy any goods or use any services on credit for this business or activity?  YES ..... 1 NO ..... 2 > Q14	Who provided the goods or services on credit?  private farmers ..... 1 other private ..... individuals ..... 2 private retailer ..... 3 private wholesaler ..... 4 state enterprise ..... 5 kolhoz/sovhoz ..... 6 other ..... 7	What are the main challenges, if any, your business has faced?  high price on inputs ..... 1 lack of inputs ..... 2 high interest rates on credit ..... 3 unavailability of credit ..... 4 high taxes ..... 5 low demand for products ..... 6 high cost of labor ..... 7 lack of skilled workers ..... 8 extortion/racketing ..... 9 low production capacity ..... 10 getting legal license ..... 11 other ..... 12  WRITE IN 3 MAJOR CHALLENGES		
	NUMBER OF MONTHS			CODE	CODE	CODE	CODE	CODE	CODE	CODE
1										
2										
3										

&gt;&gt; PART 10 B

## PART 10B ASSETS

Now I would like to ask you about assets owned by your business

C O D E	ASSET ITEM	FIRST BUSINESS			SECOND BUSINESS			THIRD BUSINESS		
		1 Does your business currently own any [ASSET ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for?  SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]?  IF NOTHING, WRITE ZERO. >> NEXT ASSET  SOMS	1 Does your business currently own any [ASSET ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for ?  SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]?  IF NOTHING, WRITE ZERO. >> NEXT ASSET  SOMS	1 Does your business currently own any [ASSET ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for ?  SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]?  IF NOTHING, WRITE ZERO. >> NEXT ASSET  SOMS
1	Buildings, structures									
2	Automobiles, motorcycles, 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

Now I would like to ask you about expenditures your business has had in the past 12 months

C O D E	EXPENDITURE ITEM	FIRST BUSINESS			
		1 During the past 12 months, has your business had any expenditures on [ITEM]?  YES ..... 1 NO ..... 2 > NEXT 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 owned by your household also use this [ITEM]?  YES ..... 1 NO ..... 2 > NEXT ITEM
		CODE	SOMS	TIME UNIT	CODE
1	Full-time employees including wages and other remuneration				
2	Part-time employees including wages and other remuneration				
3	Maintenance and repairs				
4	Raw materials				
5	Goods for resale				
6	Vehicles				
7	Rental of such assets as equipment, buildings, vehicles, space for production activities, land				
8	Other transport (animal-drawn)				
9	Fuel and oil				
10	Electricity				
11	Gas				

**>> FIRST BUSINESS, NEXT PAGE**

[illegible]

**>> SECOND BUSINESS, NEXT PAGE**

[illegible]

**>> THIRD BUSINESS, NEXT PAGE**

C O D E	EXPENDITURE ITEM	FIRST BUSINESS		
		1 During the past 12 months, has your business had any expenditures on [ITEM]?  YES ..... 1 NO ..... 2 > NEXT ITEM  CODE	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  SOMS      TIME UNIT	3 Do members of your household or other businesses owned by your household also use this [ITEM]?  YES ..... 1 NO ..... 2 > NEXT ITEM  CODE
12	Telephone			
13	Water			
14	Daily expenses			
15	Payment for licenses			
16	Payment of interests on business loans			
17	Production taxes			
18	Payment for fines, dues, etc.			
19	Payment for business debts			
20	Charity			
21	Other expenditures			

[illegible][illegible]

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## PART 10D INCOME

C O D E	INCOME ITEM	FIRST BUSINESS			
		1	2	3	
		During the past 12 months, has your business had any income from [ITEM]?	Normally, what is the value of income from [ITEM] in this business?	In the past month, what was the value of income obtained from [ITEM]?	
		YES ..... 1 NO ..... 2 > NEXT ITEM	DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	> NEXT ITEM	
		CODE	SOMS	TIME UNIT	SOMS
1	Cash payment for goods and services				
2	Payment in kind for goods or services				
3	Sale of business assets				
4	Rental of business assets				
5	Income from penalties, fines, dues, etc.				
6	Charity received by business				
7	Income as a result of loan(s) being forgiven				
8	Interests				
9	Other income				

IF MORE THAN ONE BUSINESS, >>SECOND BUSINESS, PART 10A

IF ONLY ONE BUSINESS, >>SECTION 11

SECOND BUSINESS				
1	2	3		
During the past 12 months, has your business had any income from [ITEM]?	Normally, what is the value of income from [ITEM] in this business?	In the past month, what was the value of income obtained from [ITEM]?		
YES ..... 1 NO ..... 2 > NEXT ITEM	DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	> NEXT ITEM		
CODE	SOMS	TIME UNIT	SOMS	

IF MORE THAN TWO BUSINESSES, >>THIRD BUSINESS, PART 10A

IF ONLY TWO BUSINESSES, >>SECTION 11

THIRD BUSINESS				
1	2	3		
During the past 12 months, has your business had any income from [ITEM]?	Normally, what is the value of income from [ITEM] in this business?	In the past month, what was the value of income obtained from [ITEM]?		
YES ..... 1 NO ..... 2 > NEXT ITEM	DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	> NEXT ITEM		
CODE	SOMS	TIME UNIT	SOMS	

>> SECTION 11

## SECTION 11. FOOD EXPENDITURES AND FOOD CONSUMPTION

DATE OF LAST VISIT TO THE HOUSEHOLD: [ ] [ ] 199[ ]  
DAY MONTH YEAR

DATE OF COMPLETION OF SECTION 11: [ ] [ ] 199[ ]  
DAY MONTH YEAR

HOW MANY DAYS IN ALL PASSED BETWEEN THE FIRST VISIT AND TODAY? [ ]  
DAYS

INTERVIEWER/SUPERVISOR: FROM SECTION 7, QUESTION 8, WRITE IN NAME AND ID CODE OF THE PERSON MOST KNOWLEDGEABLE ABOUT PURCHASING FOOD PRODUCTS BY THE HOUSEHOLD

NAME [ ] ID CODE [ ]

### PART 11A FOOD EXPENDITURES

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

YES ..... 1 CODE [ ]

NO ..... 2 > Q. 4

2. Who was absent? REFER TO HOUSEHOLD CARD AND WRITE IN ID CODES OF THE HOUSEHOLD MEMBERS WHO WERE ABSENT

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

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

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

Now I would like to ask you about food items, quantities and costs of food products your household purchased in the past 2 weeks

FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?  CODE	6. How often did you buy this [ITEM] during this period?  daily ..... 1 once a week ..... 2 once every two weeks ..... 3 once a month ..... 4 every 3 months ..... 5 every 6 months ..... 6 once a year ..... 7  CODE	7. How much [FOOD ITEM] does your household normally buy?  GRAM ..... 1 KG ..... 2 LITER ..... 3 ITEM ..... 4		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?  SOMS	9. Where do you usually buy [FOOD ITEM]?  state grocery store ..... 1 bazaar ..... 2 mini-market ..... 3 individual's workplace ..... 4 other ..... 5  CODE	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?  NONE ..... 0 GRAM ..... 1 KG ..... 2 LITRE ..... 3 ITEM ..... 4		11. How much did you or your household spend on [FOOD ITEM]?  SOMS
				QUANTITY	CODE			QUANTITY	CODE	
1. Khleb (square loaf) KG										
2. Leposhka (round bread) KG										
3. Wheat flour KG										
4. Rice KG										
5. Groats KG										
6. Macaroni products, pasta KG										

>> NEXT PAGE

# PART 11A FOOD EXPENDITURES (CONTINUED)

F O O D  C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]? .	6. How often did you buy this [ITEM] during this period?  daily ..... 1 once a week ..... 2 once every two weeks ..... 3 once a month ..... 4 every 3 months ..... 5 every 6 months ..... 6 once a year ..... 7	7. How much [FOOD ITEM] does your household normally buy?  GRAM ..... 1 KG ..... 2 LITER ..... 3 ITEM ..... 4		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?	9. Where do you usually buy [FOOD ITEM]?  state grocery store ... 1 bazaar ..... 2 mini-market ..... 3 individual's workplace ..... 4 other ..... 5	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?  NONE ..... 0 GRAM ..... 1 KG ..... 2 LITRE ..... 3 ITEM ..... 4		11. How much did you or your household spend on [FOOD ITEM]?  SOMS
					CODE	NUMBER OF MONTHS			CODE	QUANTITY	
7.	Potatoes	KG									
8.	Carrots	KG									
9.	Radish	KG									
10.	Beet roots	KG									
11.	Beans, lentils, soy, peas	KG									
12.	Tomatoes	KG									
13.	Tomato paste	KG									
14.	Onions	KG									
15.	Garlic	KG									
16.	Cucumbers	KG									
17.	Peppers	KG									
18.	Mushrooms	KG									
19.	Egg-plant	KG									
20.	Cabbage	KG									
21.	Squashes, pumpkin	KG									
22.	Greens	KG									
23.	Apples	KG									
24.	Lemon	ITEM									
25.	Other citrus fruit (orange, etc.)	KG									
26.	Grapes	KG									
27.	Apricot	KG									
28.	Peaches	KG									
29.	Plums	KG									
30.	Pears	KG									

>>NEXT PAGE



**PART 11A FOOD EXPENDITURES (CONTINUED)**

F O O D  C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?  NUMBER OF MONTHS	6. How often did you buy this [ITEM] during this period? daily ..... 1 once a week ..... 2 once every two weeks ..... 3 once a month ..... 4 every 3 months ..... 5 every 6 months ..... 6 once a year ..... 7  CODE	7. How much [FOOD ITEM] does your household normally buy?  GRAM ..... 1 KG ..... 2 LITER ..... 3 ITEM ..... 4		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?  SOMS	9. Where do you usually buy [FOOD ITEM]? state grocery store ..... 1 bazaar ..... 2 mini-market ..... 3 individual's workplace ..... 4 other ..... 5  CODE	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased? NONE ..... 0 GRAM ..... 1 KG ..... 2 LITRE ..... 3 ITEM ..... 4		11. How much did you or your household spend on [FOOD ITEM]?  SOMS
					QUANTITY	CODE			QUANTITY	CODE	
31.	Cherries	KG									
32.	Dates	KG									
33.	Dried fruit, raisings	KG									
34.	Melons	KG									
35.	Watermelons	KG									
36.	Raspberry, strawberry	KG									
37.	Currants, gooseberry	KG									
38.	Oblepiha berries	KG									
39.	Vegetable puree (baby food)	KG									
40.	Fruit puree (baby food)	KG									
41.	Preserved vegetables	KG									
42.	Honey	KG									
43.	Nuts and sunflower seeds	KG									
44.	Beef, veal	KG									
45.	Inner organs of cow	KG									
46.	Mutton, lamb	KG									
47.	Inner organs of sheep, lamb	KG									
48.	Horse meat KG										
49.	Inner organs of horse	KG									
50.	Pork	KG									
51.	Inner organs of pig	KG									
52.	Boiled sausage products	KG									

&gt;&gt;NEXT PAGE

**PART 11A FOOD EXPENDITURES (CONTINUED)**

F O O D  C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?  NUMBER OF MONTHS	6. How often did you buy this [ITEM] during this period? daily ..... 1 once a week ..... 2 once every two weeks ..... 3 once a month ..... 4 every 3 months ..... 5 every 6 months ..... 6 once a year ..... 7  CODE	7. How much [FOOD ITEM] does your household normally buy?		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?  SOMS	9. Where do you usually buy [FOOD ITEM]? state grocery store ... 1 bazaar ..... 2 mini-market ..... 3 individual's workplace ..... 4 other ..... 5  CODE	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased? NONE ..... 0 GRAM ..... 1 KG ..... 2 LITRE ..... 3 ITEM ..... 4  QUANTITY CODE		11. How much did you or your household spend on [FOOD ITEM]?  SOMS
					QUANTITY	CODE			QUANTITY	CODE	
53.	Smoked sausage products	KG									
54.	Poultry	KG									
55.	Fish (fresh)	KG									
56.	Fish tins	KG									
57.	Preserved meat cans	KG									
58.	Eggs	UNIT									
59.	Fresh milk	L									
60.	Dry milk mixtures (baby food)	L									
61.	Biolakt (baby food)	L									
62.	Yeast	KG									
63.	Cream, sour cream	L									
64.	Buttermilk, airan, riazhenka	L									
65.	Cheese	KG									
66.	Feta cheese	KG									
67.	Butter	KG									
68.	Margarine	KG									
69.	Mayonnaise	KG									
70.	Lard	KG									
71.	Vegetable oil	L									
72.	Animal fat	KG									
73.	Tea	G									
74.	Coffee	G									

&gt;&gt;NEXT PAGE

**PART 11A FOOD EXPENDITURES (END)**

FOOD CODE	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?  YES ..... 1 NO ..... 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?  NUMBER OF MONTHS	6. How often did you buy this [ITEM] during this period?  daily ..... 1 once a week ..... 2 once every two weeks ..... 3 once a month ..... 4 every 3 months ..... 5 every 6 months ..... 6 once a year ..... 7  CODE	7. How much [FOOD ITEM] does your household normally buy?  GRAM ..... 1 KG ..... 2 LITER ..... 3 ITEM ..... 4  QUANTITY CODE		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?  SOMS	9. Where do you usually buy [FOOD ITEM]?  state grocery store ..... 1 bazaar ..... 2 mini-market ..... 3 individual's workplace ..... 4 other ..... 5  CODE	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?  NONE ..... 0 GRAM ..... 1 KG ..... 2 LITRE ..... 3 ITEM ..... 4  QUANTITY CODE		11. How much did you or your household spend on [FOOD ITEM]?  SOMS
75.	Vodka, somagon L										
76.	Wine L										
77.	Champagne L										
78.	Beer L										
79.	Cognac, brandy L										
80.	Moxim/bozo L										
81.	Soft drinks, Coke, Fanta, juices L										
82.	Sugar KG										
83.	Salt KG										
84.	Spices (ground black pepper) KG										
85.	Cakes KG										
86.	Candy KG										
87.	Chocolate KG										
88.	Chocolate candy KG										
89.	Vitamins and polyvitamins G										
90.	Cigarettes, tobacco UNIT										
91.	Newspapers, magazines										
92.	Taxis										
93.	Local transport services (bus, trolleybus, minibus, etc.)										
94.	Communication services (telephone, telegraph, international calls)										
95.	Russian baths, sauna										

12. Since my last visit, what share of all of the food purchases did your household buy on credit?

PER CENT [       ]

&gt;&gt; PART 11 B

PART 11B EATING OUT

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

YES ..... 1 CODE [ ]  
NO .....2 > Q. 4

C O D E	MEAL	2. Since my last visit, how many [MEALS/SNACKS] have beenpurchased and consumed by household members outside of the home?	3. Since my last visit, how much have memebers of your household spent on [MEALS] purchased and consumed outside of the home?
1	Breakfasts		
2	Lunches		
3	Dinners/suppers		
4	Snacks		
5	Moxim		
6	Other drinks		
7	Beer		
8	Vodka or somagon		
9	Other alcohol drinks		

4. During the past 12 months, did you or anyone in your household receive any food for free from relatives or friends?

YES ..... 1 CODE [ ]  
NO ..... 2 > SECTION 12

5. In the past 12 months, how many months did your household receive food for free?

NUMBER OF MONTHS [ ]

6. Can you please estimate the monthly value of food received by your household for free from relatives or friends?

SOMS [ ]

7. Can you please estimate the value of food received by your household for free from relatives or friends since my last visit?

SOMS [ ]

>> SECTION 12

## SECTION 12. EXPENDITURES AND DURABLE GOODS

I would like to ask you about your current and annual expenditures, as well as purchases of durable goods

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

NAME \_\_\_\_\_ ID CODE [ ] [ ]

### PART 12A EXPENDITURES.

C O D E	EXPENDITURE ITEM	1. Since my last visit, have the members of your household spent money on [ITEM]?	2. Since my last visit, how much has your household spent for [ITEM]	3. Where do you usually buy [ITEM]?
		YES ..... 1 NO ..... 2 > NEXT ITEM	SOMS	state shop ..... 1 organization ..... 2 market ..... 3 mini-market ..... 4 private person ..... 5 individual's workplace ..... 6 other ..... 7 >> NEXT ITEM
1.	Soap, washing powder and other detergents			
2.	Personal hygiene products (toilet paper, shampoo, razor blades, hair brush, toothpaste, etc.)			
3.	Cosmetic products			
4.	Goods for home usage (matches, candles, lightbulbs, cleaning supplies, etc.)			
5.	Gasoline or diesel fuel, kerosene			
6.	Condensed propane gas			
7.	Laundry, dry cleaning, drying services			
8.	Hairdresser, barber			
9.	Purchase of stocks, securities, lottery tickets			
10.	Pocket money for children			
11.	Worship (Donations to mosque, mullahs or churches)			
12.	Entertainment, sports, culture			
13.	Intercity transport services			
14.	Domestic help (maids, cooks, drivers)			

FOR CALCULATIONS

>> PART 12 B

## PART 12B ANNUAL EXPENDITURES

C O D E	EXPENDITURE ITEM	1.	2.	3.	FOR CALCULATIONS
		During the past 12 months, did your household spend money on [ ITEM ]?  YES ..... 1 NO ..... 2 > NEXT ITEM	In the past 12 months, how much did you or other household members spend on [ ITEM ] ?  SOMS	Where do you usually buy [ITEM ]? state shop .....1 organization .....2 market .....3 mini-market .....4 private person .....5 individual's workplace ..6 other .....7 >> NEXT ITEM	
1	Footware for adults				
2	Footware for children				
3	Clothing for adults				
4	Clothing for children				
5	Cloth/Fabric				
6	Sheets, blankets, towels				
7	Tailoring services				
8	Furniture				
9	Books, paper, envelopes, stationery (not for school)				
10	Records, cassettes, toys, sports equipment				
11	Medications (including vitamins)				
12	Glasses, contact lenses				
13	Hearing aid				
14	Dentures				
15	Other medical services				
16	Construction and repair of dwelling				
17	Coal, wood				
18	Repair of home equipment (TV, tape recorder, PC, etc.)				
19	Automobile repair and other vehicle maintenance expenses				
20	Dog tax				
21	Other non-agricultural taxes				
22	Insurance				

&gt;&gt; NEXT PAGE

# PART 12B ANNUAL EXPENDITURES (END)

C O D E	EXPENDITURE ITEM	1.	2.	3.	FOR CALCULATIONS
		During the past 12 months, did your household spend money on [ ITEM ]?  YES ..... 1 NO ..... 2 > NEXT ITEM	In the past 12 months, how much did you or other household members spend on [ ITEM ] ?  SOMS	Where do you usually buy [ITEM ]? state shop ..... 1 organization ..... 2 market ..... 3 mini-market ..... 4 private person ..... 5 individual's workplace ..... 6 other ..... 7 >> NEXT ITEM	
23.	International transport services				
24.	Travel and vacation expenses				
25.	Weddings, other celebrations				
26.	Dowries				
27.	Gifts (for marriage, birthday, funeral)				
28.	Funeral expenses				
29.	Payment of debts, loans and interests to banks or other people				
30.	Private classes for children (not at school)				
31.	Optional classes for children (painting, dancing, sport, language)				
32.	Private classes for adults				
33.	Resorts, spas, etc. (excluding health centers)				
34.	Alimony				
35.	Child support				

>> PART 12 C

## PART 12C LOSSES

LOSSES		1. Have you or any members of the household lost money because of [LOSS] in the past 12 months?  YES ..... 1 NO ..... 2 >NEXT LOSS	2. How much money was lost in the past 12 months?  SOMS	FOR CALCULATIONS
1.	Non-disbursement from banks or private companies			
2.	Theft, racket			
3.	Other losses			
4.	Bad investment			
5.	Loans not being repaid by other people			

> > PART 12D

**PART 12D DURABLE GOODS**

I T E M  C O D E	DURABLE GOODS	1. Do members of your household own [ITEM]?	2. When did your household buy [ITEM]?	3. How much did your household pay for [ITEM]?	4. Where did you acquire this [ITEM]?	5. If you were to sell this [ITEM] today, how much do you think you would receive for it?	6. In the past 12 months, did your household sell [ITEM]?	7. How much was did your household receive from the sale of [ITEM]?
		YES ..... 1 NO ..... 2 > QUESTION 6 CODE	IF EARLIER THAN 1995, >QUESTION 5 YEAR	IF DID NOT PAY, WRITE ZERO SOMS	State shop ..... 1 Private shop ..... 2 Private person ..... 3 Inherited ..... 4 Gift ..... 5 Other ..... 6 CODE	SOMS	YES ..... 1 NO ..... 2 > NEXT ITEM	>> NEXT ITEM SOMS
1	Gas or electric stove							
2	Refrigerator							
3	Freezer							
4	Washing machine							
5	Carpets							
6	Jewelry, watches							
7	Dishes							
8	Vacuum cleaner							
9	Sewing or knitting machine							
10	Air conditioner							
11	Electric fan							
12	Electric room heater							
13	Black and white television							
14	Color television							
15	Stereo or tape recorder							
16	Radio							
17	Video cassette recorder							
18	Photo camera							
19	Video camera							
20	Personal computer							
21	Musical instruments							
22	Motor boat							
23	Bicycle							
24	Motorcycle or motor scooter							
25	Car							
26	Truck							
27	Tractor or mini-tractor							

&gt;&gt; PART 12E



## PART 12E REAL ESTATE

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

YES ..... 1

CODE [     ]

NO ..... 2 > **PART 12F**

Please list real estate assets, other than your dwelling, owned by your household

C O D E	REAL ESTATE ASSET	2. TYPE OF REAL ESTATE ASSET	3. When did your household acquired this real estate?	4. How was this real estate acquired?	5. How much did your household pay for this real estate in soms or US dollars?		6. Does your household own all of this [REAL ESTATE ASSET] or does someone else own some part of it?	7. If you were to sell this [REAL ESTATE ASSET] today, how much money do you think you could receive for it?	8. In the past 12 months, did you household rent [REAL ESTATE ASSET] to other people?	9. How much did your household receive from renting [REAL ESTATE ASSET] to other people?
		HOUSE ..... 1 APARTMENT ..... 2 BUILDING ..... 3 WAREHOUSE ..... 4 GARAGE ..... 5 DACHA ..... 6 OTHER ..... 7	BOUGHT ..... 1 PRIVATIZED ..... 2 BUILT ..... 3 INHERITED ..... 4 FREE FROM STATE .. 5 OTHER ..... 6	SOMS ..... 1 DOLLARS ..... 2	AMOUNT	CODE				
		CODE	YEAR	CODE						
1.			19 _ _							
2.			19 _ _							
3.			19 _ _							
4.			19 _ _							
5.			19 _ _							
6.			19 _ _							
7.			19 _ _							
8.			19 _ _							
9.			19 _ _							
10.			19 _ _							

>> **PART 12F**

## PART 12F EXPENDITURES ON REMITTANCES

1. During the past 12 months has any member of your household provided money or goods to persons who are not members of your household? For example, to children or relatives living elsewhere? Do not include alimony or inheritance). Again, let me remind you that this is confidential information, not to be shared with anyone.

YES ..... 1      CODE [      ]

NO ..... 2 > SECTION 13

Now I would like to ask you some questions about people whom your household provided assistance or support.

C O D E	2. During the past 12 months, did your household give any assistance or support (i.e. money, food, clothes, or other items) to [PERSON]  ASK FOR ALL PERSONS BEFORE GOING TO QUESTION 3	YES ..... 1 NO ..... 2	3. What was the value of assistance or support provided by your household to [PERSON] during the past 12 months?  SOMS	4. In the past month, what was the value of assistance you or members of your household provided to [PERSON]?  SOMS	5. Was this assistance or support repaid to you or other members of your household (either completely or partially)?  YES ..... 1 NO ..... 2 > NEXT PERSON	6. How much of the value of the assistance did your household received back?  SOMS > NEXT PERSON
1.	Your parents/ your spouse's parents					
2.	Your children/ you spouse's children					
3.	Your grandparents/ your spouse's grandparents					
4.	You or your spouse's grandchildren					
5.	Your siblings / your spouse's siblings					
6.	Your other relatives or spouse's relatives					
7.	Friends					
8.	Other people					
9.						
10.						
11.						
12.						
13.						

> SECTION 13

## SECTION 13. OTHER SOURCES OF INCOME

I would like you to tell me about other sources of income received by members of your household during the past 12 months.  
INTERVIEWER! [READ THE NAMES FROM THE HOUSEHOLD ROSTER CARD].

### PART 13A. INCOME RECEIVED FROM RELATIVES AND PRIVATE PERSONS

1. During the past 12 months, did any members of your household receive 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, or money for your children's education that you may have already mentioned.

YES ..... 1                      CODE [                      ]

NO ..... 2 >SECTION 13 B

C O D E	PERSON	2 During the past 12 months did 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	3 What was the value of the assistance you or members of your household received from [PERSON]?  SOMS	4 In the past month, what was the value of the assistance you or members of your household received from [PERSON]?  IF ZERO, WRITE ZERO  SOMS	5 Has your household reimbursed [PERSON] for the assistance or support provided to your household?  YES ..... 1 NO ..... 2 >> NEXT PERSON	6 How much of the assistance did your household pay back?  SOMS	7. How much of the assistance does you household still need to pay back?  SOMS >> NEXT PERSON
1.	Your parents/ your spouse's parents						
2.	Your children/ you spouse's children						
3.	Your grandparents/ your spouse's grandparents						
4.	Your or your spouse's grandchildren						
5.	Your siblings / your spouse's siblings						
6.	Your other relatives or spouse's relatives						
7.	Friends						
8.	Other people						
9.	Church, mosque						
10.	Foreign international organizations						
11.	Other charity organizations						
12.							
13.							
14.							
15.							
16.							

>> PART 13B

## PART 13B. INCOME FROM OTHER SOURCES

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

C O D E	INCOME SOURCE	1 During the past 12 months, did any member of your household receive [SOURCE] in cash, goods, or services?	2 During the past 12 months, how much money did members of your household receive from [SOURCE]?
		YES.....1 NO.....2 >> NEXT SOURCE	SOMS
1	Inheritance		
2	Insurance		
3	Income from interests on loans made to other people		
4	Income from interests on deposits in banks		
5	Income from interests on capital investments		
6	Dowry		
7	Birthday gifts		
8	Marriage gifts		
9	Funeral assistance		
10	Income from renting such assets as vehicles, equipment, etc.		
11	Income from selling jewelry, books, other personal belongings		
12	Lottery , or other income from gambling or contests		
13	Alimony		
14	Other		

>> SECTION 14

## SECTION 14. LOANS AND SAVINGS

### PART 14. 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 past 12 months. Please think about all loans made, whether they were for personal reasons, for household businesses or agriculture.

1. Did any members of your household make loans to friends, neighbors, relatives, or business partners who have not repaid the loans yet?

YES .....1 CODE [     ]

NO .....2 > QUESTION 3

2. How much in total do these people owe to members of your household?

TOTAL AMOUNT [     ]

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

YES .....1 CODE [     ]

NO .....2 > 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?

TOTAL AMOUNT [     ]

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

TOTAL AMOUNT [     ]

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

YES .....1 CODE [     ]

NO .....2 > PART 14C

7. How many loans did members of your household receive in the past 12 months?

NUMBER [     ]

8. What is the total amount of the loans?

TOTAL AMOUNT [     ]

>> PART 14 B

## PART 14 B. LOANS RECEIVED BY MEMBERS OF THE HOUSEHOLD

I would like to ask you some questions about the loans which members of your household received in the past 12 months.

LOAN	1. Is the lender of your 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?	3. When did you receive [LOAN]?		4. What did you borrow this money for?  FARM ..... 1 BUSINESS ..... 2 CONSTRUCTION 3 PURCHASE PROPERTY ..... 4 SPECIAL EVENT 5 SCHOOL ..... 6 OTHER ..... 7	5. What was the annual rate of interest?  IF NONE, WRITE ZERO	6. Did you or other household members have to give something as collateral for this loan?  YES ..... 1 NO ..... 2 > Q8	7. What was used as collateral?  DWELLING ..... 1 LAND ..... 2 JEWELRY ..... 3 OTHER PERSONAL ITEMS ..... 4 OTHER ..... 5	8. Did members of your household make re- payments of [LOAN] to the lender?  YES ..... 1 NO ..... 2 > Q11	9. How much did they pay and how often?  WEEK ..... 4 MONTH ..... 5 QUARTER ..... 6 HALF YEAR ..... 7 YEAR ..... 8 ONCE ..... 9		10. Was this loan repaid to the lender completely in the past 12 months?  YES ..... 1 > Q 12 NO ..... 2	11. If the loan had to be entirely repaid today, what amount would you have to pay?	12. When is the due date for repayment of the loan?  IF NO FIXED DATE, WRITE ZEROS  >> NEXT LOAN	
	CODE	SOMS	MO	YR	CODE	RATE	CODE	CODE	SOMS	TIME	SOMS	MONTH	YEAR		
1ST LOAN			19										19		
2ND LOAN			19										19		
3RD LOAN			19										19		
4TH LOAN			19										19		
5TH LOAN			19										19		
6TH LOAN			19										19		

>> PART 14C

## PART 14C. SAVINGS

INTERVIEWER: IF PERSON INTERVIEWED DOES NOT KNOW ABOUT HOUSEHOLD SAVINGS, OTHER HOUSEHOLD MEMBERS INDIVIDUALLY.

1. Does any member of your household have any of the following accounts? IF NO, > QUESTION 4

A. State bank account	YES...1	NO...2	[     ]
B. Commercial bank account	YES...1	NO...2	[     ]
C. Foreign currency account	YES...1	NO...2	[     ]
D. Other bank accounts	YES...1	NO...2	[     ]
E. Bonds	YES...1	NO...2	[     ]
F. Stocks (in companies or banks)	YES...1	NO...2	[     ]
G. Other Savings	YES...1	NO...2	[     ]

IF NO ACCOUNTS OR OTHER SAVING, > SECTION 15

2. During the past month, how much money did members of your household deposit to bank accounts, savings, etc.? IF ZERO, > QUESTION 4

AMOUNT [     ]

3. Is that amount more or less or about the same as usual?

MORE .....	1	CODE [     ]
LESS .....	2	
THE SAME .....	3	

4. In the past 12 months, how much money did members of your household deposit in savings? IF ZERO, > QUESTION 6

AMOUNT [     ]

5. Is that amount more or less or about the same as usual?

MORE .....	1	CODE [     ]
LESS .....	2	
THE SAME .....	3	

6. Currently, what is the total value of savings in all the above mentioned accounts and other savings which belong to members of your household?

TOTAL AMOUNT [     ]

>> SECTION 15

## SECTION 15. ANTHROPOMETRIC MEASUREMENTS

INTERVIEWER! MEASUREMENTS ARE TO BE MADE OF ALL MEMBERS OF HOUSEHOLD, AS LISTED ON THE HOUSEHOLD ROSTER CARD

NAME	CODE	2. PERSON'S HEIGHT INTERVIEWER! WRITE IN HEIGHT IN CENTIMETERS AND MILLIMETERS.		3. PERSON'S WEIGHT WRITE IN KILOGRAMS AND GRAMS.		4. PERSON'S UPPER ARM CIRCUMFERENCE	
		CENTIMETERS	MILLIMETERS	KILOGRAMS	GRAMS	CENTIMETERS	MILLIMETERS
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						

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