

LIVING STANDARDS MEASUREMENT SURVEY
THE REPUBLIC OF KYRGYZSTAN
HOUSEHOLD QUESTIONNAIRE

YEAR 3

FALL, 1997

STRICTLY CONFIDENTIAL

HOUSEHOLD ID NUMBER

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**FIELD INTERVIEWER ID
NUMBER**

--	--	--

**DATE FIRST ROUND
COMPLETED**

DAY		MONTH		YEAR	

**DATE SECOND ROUND
COMPLETED**

DAY		MONTH		YEAR	

FINAL RESULT CODE

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HOUSEHOLD ADDRESS

Dear respondent !

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. We will remunerate you for your participation in this interview.

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

INTERVIEWER:

When completing the household roster card you need to remember the following:

HOUSEHOLD MEMBERS ARE DEFINED AS FOLLOWS:

- HOUSEHOLD HEAD
- CHILDREN BORN IN THE LAST 9 MONTHS
- PEOPLE WHO MARRIED INTO THE HOUSEHOLD IN LAST 9 MONTHS OR LESS
- PEOPLE WHO HAVE LIVED IN THIS HOUSEHOLD FOR MORE THAN 9 MONTHS

QUESTION 10, PART 1A SHOULD BE CODED 1 FOR ALL THE PEOPLE LISTED ABOVE.

THE FOLLOWING PEOPLE ARE NOT ELIGIBLE HOUSEHOLD MEMBERS AND SHOULD NOT BE INTERVIEWED:

- SERVANTS AND PAYING LODGERS
- HOUSEHOLD MEMBERS WHO WERE ABSENT FROM THIS HOUSEHOLD FOR MORE THAN 9 MONTHS.

QUESTION 10, PART 1A SHOULD BE CODED 2 FOR THESE PEOPLE

ALL THE PEOPLE CODED 1 SHOULD BE LISTED IN THE HOUSEHOLD ROSTER CARD

SECTION 1

PART 1A. HOUSEHOLD ROSTER

TO BE COMPLETED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

I D C O D E	1 NAME <i>INTERVIEWER: MAKE A COMPLETE LIST OF ALL PERSONS WHO LIVE IN THIS HOUSEHOLD BEFORE PROCEEDING TO QUESTIONS 2-10.</i> WRITE FULL NAME	2 ASK IF NECESSA RY. What is [NAME's] sex? MALE..... 1 FEMALE 2	3 What is [NAME's] relationship to the head? HEAD 1 HUSBAND/WIFE 2 SON/DAUGHTER 3 SON/DAUGHTER-IN-LAW 4 FATHER OR MOTHER 5 MOTHER/FATHER-IN-LAW 6 BROTHER/SISTER 7 GRANDCHILD 8 GRANDPARENT 9 NIECE OR NEPHEW 10 BROTHER/SISTER-IN-LAW 11 OTHER RELATIVE 12 SERVANT 13 TENANT 14 OTHER PERSON NOT RELATED TO THE HEAD 15 CODE	4 {NAME's} date of birth <i>INTERVIEWER: PLEASE NOTE, YOU SHOULD WRITE IN ALL FOUR DIGITS FOR YEAR. FOR EXAMPLE 1993 OR 1895.</i> DAY MONTH YEAR 	5 {NAME'S} AGE ENTER YEARS IF 5 YEARS OLD OR OLDER ENTER YEARS AND MONTHS IF <5 YEARS OLD FOR AGE 14 AND YOUNGER, > QUESTION 8 YEARS MONTHS	6 What is the present marital status of [NAME]? married 1 not officially married but living together as a family 2 divorced 3 separated 4 widow(er) 5 never married 6 FOR CODES 4-6 >QUESTION 8	7 COPY THE ID CODE OF THE WIFE (OR HUSBAND) IF SHE/HE LIVES IN THIS HOUSEHO LD. IF NOT, WRITE ZERO	8 What is his/her legal ethnicity? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Byelorussian 6 Tadjik 7 Tatar 8 Dungan 9 Other 10	9 For how many months during the past 12 months has {NAME} been away from this household? IF NONE, WRITE ZERO MONTHS	10 IS {NAME} A HOUSEHOLD MEMBER? CIRCLE CODE >>NEXT PERSON. YES 1 NO 2	
	1.										1
2.										1	2
3.										1	2
4.										1	2
5.										1	2
6.										1	2
7.										1	2
8.										1	2
9.										1	2
10.										1	2
11.										1	2
12.										1	2
13.										1	2
14.										1	2
15.										1	2
16.										1	2
17.										1	2

INTERVIEWER! WRITE IN THE TOTAL NUMBER OF PEOPLE LIVING IN THIS HOUSEHOLD _____

FROM QUESTION 10, WRITE IN THE TOTAL NUMBER OF HOUSEHOLD MEMBERS _____
(COMPARE IT WITH THE HOUSEHOLD ROSTER CARD)

>> PART 1B

• 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 E	1. Is the father of [NAME] living in this household?	2. COPY THE ID CODE FOR THE FATHER OF [NAME] FROM THE HOUSEHOLD ROSTER CARD	3. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] father?	4. What kind of work has the father of [NAME] done for most of his life?	5. Is the mother of [NAME] living in this household?	6. COPY THE ID CODE FOR THE MOTHER OF [NAME] FROM THE HOUSEHOLD ROSTER CARD	7. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] mother?	8. What kind of work has the mother of [NAME] done for most of her life?
		YES.....1 NO.....2> Q3	CODE >> Q5	CODE	CODE	YES.....1 NO.....2> Q7	CODE >>NEXT PERSON	CODE	>>NEXT PERSON
	1.			1-8th CLASS.....1-8 INCOMPLETE SECONDARY.....9 COMPLETE SECONDARY.....10 PROF-TECH. SCHOOL.....11 TECHNIKUM.....12 HIGHER ED DIPLOMA.....13 CAND. OF SCIENCE.....14 DOCTOR OF SCIENCE.....15 OTHER.....16 NONE.....17	agriculture.....1 mining.....2 manufacturing.....3 elec/gas/water.....4 construction.....5 commerce.....6 transport and communication.....7 finance.....8 services.....9 did not work.....10			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	agriculture.....1 mining.....2 manufacturing.....3 elec/gas/water.....4 construction.....5 commerce.....6 transport and communication.....7 finance.....8 services.....9 did not work.....10
	2.								
	3.								
	4.								
	5.								
	6.								
	7.								
	8.								
	9.								
	10.								
	11.								
	12.								
	13.								
	14.								
	15.								
	16.								
	17.								

>>PART 1C

PART 1C. CHILDREN PERMANENTLY RESIDING ELSEWHERE

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR PRINCIPLE RESPONDENT

1. Does any member of your household have children who are not living here in the household?

YES 1 ID CODE []

NO 2 >>SECTION 2

C H I L D R E N	2. NAMES OF CHILDREN RESIDING ELSEWHERE COMPLETE THE LIST BEFORE GOING TO Q3-Q11	3. COPY FATHER'S ID CODE FROM THE HOUSEHOLD ROSTER CARD IF FATHER OF [NAME] DOESN'T LIVE IN THIS HOUSEHOLD, WRITE ZERO	4. COPY MOTHER'S ID CODE FROM THE HOUSEHOLD ROSTER CARD IF MOTHER OF [NAME] DOESN'T LIVE IN THIS HOUSEHOLD, WRITE ZERO	5. What is the sex of [NAME]?	6. How old is [NAME] now? WRITE IN NUMBER OF FULL YEARS	7. Why is [NAME] not living in this household? STUDYING 1 MILITARY 2 MARRIED 3 IN PRISON 4 IN HOSPITAL 5 LIVING WITH OTHER RELATIVES 6 OTHER 7	8. Is [NAME] attending any school now?	9. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME]?	10. Does [NAME] live in... this population point? 1 >NEXT CHILD this raion? 2 this oblast? 3 a different oblast? 4 another CIS country? 5 outside of the CIS? 6	11. Is the place where [NAME] lives, a capital? 1 oblast or raion center? ... 2 town? 3 urban type village? 4 village? 5
	NAME	ID CODE	ID CODE	MALE 1 FEMALE ... 2	YEARS [][]	CODE	YES 1 NO 2	CODE	CODE	>> NEXT CHILD CODE
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

>>SECTION 2

SECTION 2. DWELLING

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT

PART 2A. DESCRIPTION OF THE DWELLING

NOW I WOULD LIKE TO ASK YOU ABOUT YOUR HOUSING CONDITIONS.

1. What type of dwelling does your household live in?

DETACHED HOUSE.....	1	CODE []
MULTI-FAMILY HOUSE.....	2	
SEPARATE APARTMENT.....	3	
COMMUNAL APARTMENT.....	4	
MULTI-UNIT BUILDING.....	5	
SEVERAL SEPARATE BUILDINGS.....	6	
ROOM IN A DORMITORY.....	7	>QUESTION 4
BED IN A DORMITORY ROOM.....	8	>QUESTION 4
OTHER.....	9	

2. How many rooms do the members of your household live in, including rooms used for household business?

DO NOT COUNT KITCHENS, BATHROOMS, TOILETS, BALCONIES AND CORRIDORS

NUMBER OF ROOMS []

3. How many, if any, of these rooms are used for household business or trade?

WRITE ZERO IF ROOMS ARE NOT USED FOR BUSINESS OR TRADE

NUMBER OF ROOMS []

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

MONTHS (IF LESS THAN A YEAR) []

YEARS []

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

SQUARE METERS []

6. In approximately what year was this dwelling built?

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

YEAR BUILT 19 []

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

CENTRALIZED PIPELINE.....	1	[]
OWN SYSTEM OF WATER SUPPLY.....	2	
WELL.....	3	
SPRING, RIVER, LAKE, POND.....	4	>QUESTION 10
RAINWATER.....	5	>QUESTION 10
BROUGHT IN WATER (TRUCK).....	6	>QUESTION 11
OTHER.....	7	

8. Is water always available when you want it?

YES.....	1	> QUESTION 10
NO.....	2	CODE []

9. How often is water not available to your household?

SEVERAL TIMES PER YEAR.....	1	CODE []
ONCE PER MONTH.....	2	
ONCE PER WEEK.....	3	
SEVERAL TIMES PER WEEK.....	4	
EVERY DAY.....	5	

10. About how many meters (from your dwelling) is this source of water? IF INSIDE, WRITE ZERO

METERS []

11. On average, in the last month, what was the quality of water used by your household for cooking or drinking?

GOOD.....	1	CODE []
FAIR.....	2	
POOR.....	3	

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

CENTRALIZED SUPPLY.....	1	CODE []
GAS WATER HEATER / STOVE.....	2	
ELECTRIC HEATER / STOVE.....	3	
COAL/WOOD STOVE.....	4	
OTHER.....	5	

13. Where do members of your household bathe?

INDOOR BATHROOM WITH A SHOWER.....	1	CODE []
INDOOR SHOWER.....	2	
PRIVATE BANYA / SAUNA.....	3	
PUBLIC BANYA / SAUNA.....	4	
OTHER.....	5	

14. What type of toilet is used by your household?

INDOOR FLUSH TOILET.....	1	CODE []
FLUSH TOILET IN ANOTHER DWELLING.....	2	
OUTDOOR LATRINE.....	3	
NO TOILET.....	4	> QUESTION 16

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

THIS HOUSEHOLD ONLY.....	1	CODE []
OTHER HOUSEHOLDS AS WELL.....	2	

16. What is the main source of lighting for your dwelling?

ELECTRICITY.....	1	CODE []
KEROSENE, OIL OR GAS LAMPS.....	2	> QUESTION 20
CANDLES OR BATTERY FLASHLIGHTS.....	3	> QUESTION 20
SUNLIGHT.....	4	> QUESTION 20

17. Do you have an individual electric meter or do you share it with any other household?

JOINT METER.....	1	CODE []
INDIVIDUAL METER.....	2	

>> NEXT PAGE

18. Does your household always have electricity?

YES1
NO2

> QUESTION 20
CODE []

19. How often do you not have electricity?

SEVERAL TIMES PER YEAR1
ONCE PER MONTH2
ONCE PER WEEK3
SEVERAL TIMES PER WEEK4
EVERYDAY5

CODE []

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

CENTRALIZED GAS1
ELECTRICITY2
GAS-CONTAINERS3
COAL/WOOD4
KEROSENE, DIESEL OIL5
PEAT, MANURE6

CODE []

21. How does your household heat your dwelling?

WATER RADIATORS-CENTRALIZED HOT WATER1
INDIVIDUAL2
ELECTRIC HEATERS3
COAL OR WOOD STOVE4
MIXED HEATING (WATER AND COAL/WOOD STOVE)5
OTHER6

CODE []

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

NUMBER OF MONTHS []

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

NUMBER OF MONTHS []

24. 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 a 5 minute walk from the dwelling?3
In a public place which is more than a 5 minute walk from the dwelling?4
No telephone accessible.....5

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

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CODE []

CODE []

CODE []

CODE []

CODE []

CODE []

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

Any place?1
Only places within the CIS?2
Only within this country?3
Only within the limits of the city or village?4

CODE []

CODE []

CODE []

CODE []

26. How does your household dispose of garbage?

GARBAGE CHUTE IN BUILDING1
COLLECTED BY TRUCK2
DUMPED OUTSIDE3
BURNED4
BURIED5

CODE []

CODE []

CODE []

CODE []

CODE []

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

NUMBER OF MINUTES []

>> PART 2B

PART.2B. DWELLING EXPENDITURES

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

YES 1 > QUESTION 3
NO 2 CODE []

2. Who is the owner of your dwelling?

STATE 1 > QUESTION 13 CODE []
STATE ENTERPRISE / ORGANIZATION...2 > QUESTION 13
PRIVATE EMPLOYER.....3 > QUESTION 13
COOPERATIVE.....4 > QUESTION 9
RELATIVE5 > QUESTION 13
PRIVATE PERSON6 > QUESTION 13
OTHER7 > QUESTION 13

3. How did your household obtain this dwelling?

PRIVATIZED 1 CODE []
PURCHASED FROM A PRIVATE PERSON 2
BUILT 3
SWAPPED 4
INHERITED/GIFT 5 > QUESTION 11
OTHER.....6

4. In what year was this dwelling privatized/purchased/built/swapped?

YEAR 19 [] [] []

5. How much did your household pay, either in soms or dollars for this dwelling?

IF DID NOT PAY, WRITE ZERO

AMOUNT []
SOMS.....1 []
DOLLARS..2

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

YES 1 CODE []
NO 2 > QUESTION 11

7. Whom did the members of your household receive this assistance from?

STATE 1 CODE []
STATE ENTERPRISE 2
PRIVATE EMPLOYER.....3
STATE BANK 4
COMMERCIAL BANK 5
RELATIVES 6
OTHER.....7

8. What is the amount of this assistance?

AMOUNT []
SOMS.....1 []
DOLLARS..2

>> QUESTION 11

9. Does your household make instalment payments for your dwelling?

YES 1 CODE []
NO.....2 > QUESTION 17

10. In the last month, how much of an installment payment did your household make?

IF NOTHING, WRITE ZERO >QUESTION 17

AMOUNT (SOMS) []

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

AMOUNT (SOMS) []

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

AMOUNT (SOMS) []

CURRENCY : SOMS ...1 US DOLLARS...2 []
TIME UNIT []

>> QUESTION 19

13. How much does your household pay in cash, goods, or services to rent this dwelling?

IF ZERO, > QUESTION 17 AMOUNT []

CURRENCY : SOMS ...1 US DOLLARS...2 []
TIME UNIT []

14. In the past month, how much did your household pay as rent for this dwelling ?

IF ZERO, WRITE ZERO

AMOUNT (SOMS) []

15. How many months ago and for what period did your household paid rent?

MONTHS AGO []
NUMBER OF MONTHS []

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

IF DIDN'T PAY, WRITE ZERO

AMOUNT []

CURRENCY : SOMS ...1 US DOLLARS...2 []

17. 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?

YES, PAYS RENT.....1 CODE []
YES, PROVIDES DWELLING FREE OF CHARGE2
NO 3 > QUESTION 19

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

STATE ENTERPRISE/ORGANIZATION 1 CODE []
PRIVATE EMPLOYER.....2
SOCIAL FUND3
RELATIVE4
PRIVATE PERSON.....5
OTHER.....6

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

>> NEXT PAGE

PART 2B. DWELLING EXPENDITURES (End)

IF RESPONDENT CAN ONLY PROVIDE THE TOTAL AMOUNT, WRITE THE AMOUNT IN THE LINE PROVIDED FOR THE TOTAL.

	SERVICE	19. In the past month, how much did your household pay for the [SERVICE] IF DID NOT PAY, WRITE ZERO SOMS	20. Do you receive a discount for the [SERVICE] ? YES 1 NO 2 > QUESTION 22	21. What is amount of this discount? (HOW MUCH LESS THAN THE TARIFF) PERCENT	22. Does your household have any debts for this dwelling or debts for the service just mentioned? YES 1 NO 2 > SECTION 3	23. What is the total amount of this debt for the past 12 months ? SOMS
a)	Central heating					
b)	Hot water					
c)	Centralized water supply					
d)	Electricity					
e)	Gas pipe					
f)	Coal					
g)	Wood					
h)	Other fuel					
i)	Telephone (without trunk line)					
j)	Radio					
k)	Elevator					
l)	Trash collection					
m)	Janitors					
n)	TOTAL					

>> SECTION 3

**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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

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 3. EDUCATION **PART 3A. PRE-SCHOOL CHILD CARE**

INTERVIEWER ! IN THIS SECTION, ASK PARENTS OR OTHER KNOWLEDGEABLE ADULTS ABOUT ALL CHILDREN IN THE HOUSEHOLD AGE 6 AND UNDER

P E R S O N	I D	1	2	3	4		5		6	7	8	9	10				
		Does [CHILD] currently attend a kindergarten, nursery or have a nanny? YES.....1 NO.....2 > Q 7	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.	How many hours per day does [CHILD] usually spend (at the kindergarten, nursery or with a nanny)? NUMBER OF HOURS	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 WRITE ONE WAY TIME ONLY	MINUTES	HOURS	How far is [CHILD'S] (kindergarten, nursery or nanny) from the dwelling? METERS.....1 KILOMETERS...2	DISTANCE CODE	SOMS	During the last month, how much money was spent on kindergarten, nursery, or for a nanny for [CHILD]? IF ZERO, WRITE ZERO >> PART 4A	Did [CHILD] ever attend a kindergarten, nursery or have a nanny in the past? YES.....1 NO.....2 > QUESTION 9	CODE	What was the main reason [CHILD] stopped attending the kindergarten, nursery or having a nanny? KINDERGARTEN OR NURSERY CLOSED.....1 COSTS TOO MUCH.....2 DISSATISFIED WITH QUALITY OF CARE.....3 PREFER TO HAVE CHILD ELSEWHERE.....4 OTHER.....5	CODE	Who usually takes care of [CHILD] during the day? MOTHER.....1 FATHER.....2 BOTH PARENTS.....3 OTHER HOUSEHOLD MEMBER.....4 OTHER RELATIVES.....5 HOUSEHOLD HELP/SERVANT.....6 FRIENDS.....7 OTHER.....8 FOR CODES 1-4 > PART 4A	CODE
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
	9																
	10																
	11																
	12																
	13																
	14																
	15																
	16																
	17																

>> PART 3B

PART 3B. EDUCATIONAL ATTAINMENT

INTERVIEWER! THESE QUESTIONS ARE TO BE ASKED OF ALL HOUSEHOLD MEMBERS AGE 6 YEARS OR OLDER. PARENTS MUST ANSWER FOR CHILDREN AGE 6-13. CHILDREN 14 AND OLDER ANSWER FOR THEMSELVES.

PERSON	ID	1	2	3	4	5	6	7	8	9	10
		INTERVIEWER! WRITE IN THE ID CODE OF THE PERSON ANSWERING THE QUESTIONS	What is your mother tongue? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Other 8	What languages do you speak? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9	In what languages can you read? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9 Can't read 10	In what languages can you write? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9 Can't write 10	How many years did you study in secondary school (grades 1-11)? IF ZERO, > PART 4A	What is the final grade you completed in secondary school?	How many years did you study in institute or university? IF ZERO, > Q. 10	How many years of schooling did you complete at institute or university?	What was the highest diploma or certificate you obtained? INCOMPLETE SECONDARY 1 COMPLETE SECONDARY 2 PROF-TECH SCHOOL 3 TECHNIKUM 4 HIGHER ED. DIPLOMA 5 CAND. OF SCIENCE 6 DOCTOR OF SCIENCE 7 OTHER 8 NONE 9
	ID CODE	CODE	YOU CAN LIST UP TO TWO LANGUAGES	YOU CAN LIST UP TO TWO LANGUAGES	YOU CAN LIST UP TO TWO LANGUAGES	NUMBER OF YEARS	FINAL GRADE COMPLETED	NUMBER OF YEARS	NUMBER OF YEARS	CODE	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

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PART 3B. EDUCATIONAL ATTAINMENT (Continued)

PERSON	ID	11	12	13	14	15	16	17
		What was the last subject area that you specialized in?	Was the last school you attended...	What was the main language of instruction in the last school you attended?	Are you currently in school or continuing your education?	What level of studies are you in currently?	Do you plan to continue your education?	Why did you [NAME] discontinue your studies?
		Natural sciences 1 Humanities 2 Education 3 Medicine 4 Technical sciences 5 Agriculture 6 Economy / finances 7 International relations 8 Other 9	State? 1 Private? 2 Religious? 3	Kyrgyz 1 Russian 2 Other 3 YOU CAN LIST UP TO TWO LANGUAGES	YES 1 NO 2 > Q. 16	Grades 1-9 1-9 Grades 10-11 10 Prof-tech. school 11 Technikum 12 University/Institute 13 Post-graduate 14 Courses 15 Other 16 >> QUESTION 18	YES 1 NO 2	Finished 1 Costs too much 2 Brother/sister goes instead of me 3 School is too far 4 No supplies 5 Illness 6 Don't like studying 7 Never studied 8 Other 9 IF AGE 14 AND OLDER >> PART 3D OTHERWISE >>SECTION 4
	1							
	2							
	3							
	4							
	5							
	6							
	7							
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	11							
	12							
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	14							
	15							
	16							
	17							

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PART 3B. EDUCATIONAL ATTAINMENT (Continued)[illegible]

>> PART 3C

PART 3C. EDUCATIONAL EXPENDITURES

PERSON	ID CODE	1 During the past 12 months, how much did your household spend on {NAME'S} education for...					2 INTERVIEWER ! THIS QUESTION RELATES TO ELEMENTARY OR SECONDARY SCHOOL EXPENDITURES ONLY.							
		IF NOTHING WAS SPENT WRITE ZERO. IF RESPONDENT CAN GIVE ONLY A TOTAL, ENTER TOTAL IN COLUMN F.					In past 12 months, how much money did your household spend on ... IF NOTHING WAS SPENT, WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, ENTER TOTAL IN COLUMN G.							
		A tuition and fees?	B textbooks and supplies?	C uniforms/ sports clothes?	D library fees?	E tutors and extra classes?	F Total amount	A school repairs?	B money to buy curtains, flowers for classroom, chalk, or other classroom items?	C gifts to teachers?	D class or school trips?	E celebration of holidays?	F other?	G Total amount
		SOMS	SOMS	SOMS	SOMS	SOMS	TOTAL SOMS	SOMS	SOMS	SOMS	SOMS	SOMS	SOMS	TOTAL SOMS
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PART 3C. EDUCATIONAL EXPENDITURES (End)

PERSON	ID CODE	3 In the past month how much did your household spend on, related to (NAME'S) education?				4 In the past 12 months, how much money did you received (if any) as a school allowance? IF NOTHING, WRITE ZERO.	5 In the past 12 months, what was the value of scholarship received for your education? IF NOTHING, WRITE ZERO.	6 In the past 12 months, how much other financial assistance was received from any individual outside of the household for your education? IF NOTHING, WRITE ZERO. >> SECTION 3D
		A. transport SOMS	B. meals in school SOMS	C. Books, newspapers, magazines SOMS	D. Other (clubs, sports, etc.) SOMS	SOMS	SOMS	SOMS
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>> PART 3D

PART 3D. TRAINING

INTERVIEWER! ASK OF ALL HOUSEHOLD MEMBERS AGE 14 YEARS AND OLDER

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	
		In the past 12 months, have you taken any job training courses besides your formal schooling or higher education?	What was the subject of the most recent training course?	How long was the last training course that you took?	From whom did you take the most recent training course?	What was the reason for taking the most recent training course?	Are you presently working in a job that uses skills obtained in the last training course you attended?	During the past 12 months, what was the total amount spent for all your training courses?	
		YES 1 NO 2 >SECTION 4	LANGUAGE 1 COMPUTERS 2 DRIVING 3 MANAGEMENT 4 SECRETARIAL SKILLS 5 ACCOUNTING 6 OTHER 7	DAY 3 WEEK 4 MONTH 5 YEAR 8	State employment center 1 Other state agency 2 Employer 3 Private person 5 Public organization 6 Other 7	Increase qualification 1 Requalification 2 Training for a new job 3 Interest 4 Other 5	YES 1 NO 2	INCLUDE ALL THE EXPENSES IF DIDN'T PAY, WRITE ZERO	
		CODE	CODE	NUMBER	TIME UNIT	CODE	CODE	CODE	SOMS
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>> SECTION 4

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

HOUSEHOLD ROSTER CARD

HOUSEHOLD ID #

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	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 4. HEALTH

INTERVIEWER! ASK EACH HOUSEHOLD MEMBER 14 YEARS AND OLDER. FOR CHILDREN 13 AND UNDER, ASK THE QUESTIONS OF THEIR PARENTS.

PART 4A. CHRONIC ILLNESS AND DISABILITY

P E R S O N	I D E N T I F Y	1 Do you currently have a chronic illness or disability that has lasted for more than 6 months?	2 How long have you had this illness or disability?		3 What type of illness or disability do you have? INFECTIOUS DISEASE1 TUBERCULOSIS2 BLOOD DISEASE3 DISORDER OF THE NERVOUS SYSTEM AND SENSORY ORGANS4 CARDIO-VASCULAR DISEASE5 DISEASE OF THE GENITOURINARY TRACT6 DISEASE OF THE DIGESTIVE TRACT7 DISEASE OF THE RESPIRATORY SYSTEM8 OTHER DISEASE9 BONE FRACTURE10	4. Was this illness or disease diagnosed by a doctor?	5. How many days were you unable to carry on your usual activities because of this illness or injury (don't include days when you were in hospital)? IF NONE, WRITE ZERO	6. How much money have you spent in the last month for any other expenses caused by this chronic illness or disability, including transportation, consultations, medicine, e.t.c.? IF DID NOT PAY, WRITE ZERO	7. Do you have any other chronic illness or disability that has lasted more than 6 months?	8. In the past month, how much money have you spent altogether on this/ these illnesses or disabilities, including all expenses and gifts? IF NONE, WRITE ZERO						
			NUMBER OF								CODE	YES 1 NO 2	DAYS	SOMS	YES 1 NO 2 >PART 4B	SOMS >PART 4B
			MONTHS	YEARS												
		YES 1 NO 2 > PART 4B														
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>>PART 4B

. PART 4B. RECENT ILLNESS OR INJURY

P E R S O N	I D C O D E	1. During the past month, have you had any illness or injury?	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. How long have you had this illness or injury?		4. In the past month, how many days were you not able to do your regular activities at home or work because of this illness or injury (excluding days in the hospital)?	5. In the past months, how many times did you apply for medical assistance? IF DID NOT APPLY, > Q.12	6. Where did you go for help or who did you talk to? LOCAL AREA PUBLIC DOCTOR 1 DENTIST 2 HEALTH CENTER 3 OUTPATIENT CLINIC 4 AMBULANCE 5 FAMILY DOCTOR 6 FELDSHER 7 PRIVATE DOCTOR 8 HEALER 9 OTHER 10	7. Did you ask the doctor for a home visit or did you go to the doctor's office?	8. How long did it take you to travel to the consultation? WRITE ONE WAY TIME LESS THAN 1/2 HOUR 1 LESS THAN 1 HOUR 2 1-4 HOURS 3 MORE THAN 4 HOURS 4	9. In the past month, how much money did you spend for the travel to and from the consultation?
		YES ...1 NO ...2 >PART 4C	CODE	NUMBER OF DAYS WEEKS		DAYS	TIMES	CODE	I went to the doctor ... 1 Doctor came to me... 2 >Q10	CODE	SOMS
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PART 4B. RECENT ILLNESS OR INJURY (CONTINUED)

PERSON	ID	10. How much time did each of these consultations take, on average?	11. How much money did you pay for this consultations?	12. Why did you not seek treatment?	13. In the past month, did you seek care from any other person for this illness or injury, someone we have not yet talked about?	14. Where did you go for help or who did you talk to?	15. In the past month, how much did you pay for this additional medical treatment? (include all expenses)	16. In the past month, did you visit any medical facility or doctor for preventative care (not because of illness)	17. Who conducted the last preventative medical checkup?	18. Where did you go for the last medical checkup?
		LESS THAN 1/2 HOUR 1 LESS THAN 1 HOUR 2 1-4 HOURS 3 MORE THAN 4 HOURS 4 CODE	IF DID NOT PAY, WRITE ZERO >> Q13 SOMS	NOT NEEDED/ SELF-MEDICATED 1 TOO FAR 2 POOR SERVICES 3 TOO EXPENSIVE 4 NO RESIDENCE PERMIT 5 LACK OF TIME 6 OTHER 7 >> Q16 CODE	YES 1 NO 2 >Q16	LOCAL AREA PUBLIC DOCTOR 1 DENTIST 2 HEALTH CENTER 3 OUTPATIENT CLINIC 4 AMBULANCE 5 FAMILY DOCTOR 6 FELDSHER 7 PRIVATE DOCTOR 8 HEALER 9 OTHER 10 CODE	SOMS YES 1 NO 2 >Q20	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER 4 CODE	STATE OUTPATIENT CLINIC 1 HEALTH CENTER 2 STATE HOSPITAL 3 PRIVATE HOSPITAL 4 PRIVATE DOCTOR 5 OTHER 6 CODE	
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• PART 4B. RECENT ILLNESS OR INJURY (End)

PERSON	ID CODE	19. How much did you pay for this medical checkup?	20. In the past month, did you use any medication prescribed by a doctor?	21. Were you able to buy this medication?	22. Where did you buy this medication?	23. Was there any discount for this medication?	24. What was the percentage of your discount?	25. How much did you pay for this medication?	26. Why did you not buy this medication?	27. In the past month, did you buy any medication without prescription?	28. How much money did you pay for this medication?
		IF DID NOT PAY, WRITE ZERO			DOCTOR, WHO PRESCRIBED IT1 STATE PHARMACY2 PRIVATE PHARMACY3 PRIVATE PERSON4 OTHER5			IF DID NOT PAY, WRITE ZERO >>> Q.27	COULDN'T FIND1 TOO EXPENSIVE2 DIDN'T WANT3 COULDN'T GO BECAUSE OF HEALTH REASONS4 FARMACY TOO FAR5 OTHER6		
		SOMS	YES 1 NO 2 > Q.27	YES 1 NO 2 > Q 26	CODE	YES 1 NO 2 > Q.25	PERCENT	SOMS	CODE	YES 1 NO 2 > PART 4C	SOMS
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>>PART 4 C

PART 4C. HOSPITALIZATION

I would like to ask you about hospitalization for the past 12 months.

PERSON	ID CODE	1	2	3	4	5	6
		In the past 12 months, did you stay in a hospital or clinic?	In the past 12 months, how many times were you hospitalized?	What was the reason for the hospitalization? 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	What type of medical facility did you stay in during your hospitalization? STATE 1 PRIVATE 2	In the past 12 months, how many days did you spend in the hospital?	How much did you pay for the medical treatment in this hospital (including value of gifts and medications)? IF DID NOT PAY, WRITE ZERO
		YES.....1 NO.....2 >PART 4D	TIMES	CODE	CODE	DAYS	SOMS
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>>PART 4D

PART 4D ACTIVITIES OF DAILY LIVING

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID	1 Health condition of [NAME] Very good... 1 Good..... 2 Poor..... 3 Very poor... 4	2 When you perform [A, B, C, D], does your health limit you a lot, a little, or not at all? REPEAT THE QUESTION FOR EACH OPTION (A-D) LIMITS A LOT..... 1 LIMITS A LITTLE..... 2 DOES NOT LIMIT AT ALL..... 3 > QUESTION 4				3 ASK ONLY IF REPORTED CODE 1 OR 2 IN Q.2 Are any of your limitations in ability to function a result of a previous injury or accident? YES..... 1 NO..... 2	4 Do you currently smoke cigarettes or other tobacco products? YES..... 1 Q.6 NO..... 2	5 Have you ever smoked cigarettes or tobacco products? YES..... 1 NO..... 2 Q.7	6 At what age did you start smoking? AGE IN YEARS	7 In the past month, have you consumed alcoholic beverages? YES..... 1 NO..... 2 > SECTION 5	8 How often did you drink alcoholic beverages? EVERY DAY..... 1 4-6 TIMES A WEEK... 2 2-3 TIMES A WEEK... 3 ONCE A WEEK..... 4 2-3 TIMES..... 5 ONCE..... 6	9 On days when you consumed [Beer, Wine or Champagne, Cognac, Vodka or Samogon] about how many grams did you consume? REPEAT QUESTION FOR EACH CATEGORY (A - D). IF NONE, WRITE ZERO			
			A Vigorous activities such as running, lifting heavy objects, or sports, doing hard labor.	B Moderate activities such as moving a table, climbing stairs, or carrying food products.	C Light activities, such as walking 100 meters.	D Daily activities, such as eating, dressing, etc.							A Beer GRAMS	B Wine, champagne GRAMS	C Cognac GRAMS	D Vodka or Samogon GRAMS
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>> SECTION 5

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

HOUSEHOLD ROSTER CARD

HOUSEHOLD ID #

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	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 5 ECONOMIC ACTIVITIES

PART 5A. TIME USE

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID	1.	2.	3.	4.	5.	6.
		INTERVIEWER! COPY RESPONDENT'S ID CODE FROM HOUSEHOLD ROSTER CARD. YES1 > QUESTION 4 NO2	During the past 7 days, did you work or have any business, for example, selling some goods or services to other people? YES 1 NO 2	Do you have a job or your own business that you were not engaged in during the last 7 days, because of illness, vacation, business trip, temporary shut down of your enterprise, or some other reason? YES 1 NO 2	In the past 7 days, did you do any work at a relative's business or at a relative's farm or dacha, etc? YES 1 NO 2	In the past 7 days, have you done any farming, fishing, hunting, or gathering of fruit, berries, nuts or other products? YES 1 NO 2	INTERVIEWER! CHECK IF IS THERE AN ANSWER YES TO AT LEAST ONE OF THE QUESTIONS: Q2, Q3, Q4, OR Q5. YES1 > SECTION 5C NO2 >SECTION 5B
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>> PART 5B

PART 5B. SEARCH FOR EMPLOYMENT

PERSON	ID	1.	2.	3.	4.	5.	6.
		Have you ever had a paid job or your own business?	What was your former place of work?	How many months ago did you leave this job?	Could you please tell me why you stopped working?	In the past 7 days, did you look for a job or try to start your own business?	Why didn't you look for a job or try to start your own business during the last 7 days?
		YES 1 NO 2 > Q.5	STATE OWNED ENTERPRISE 1 COOPERATIVE/SMALL ENTERPRISE 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	MONTHS	ENTERPRISE SHUTDOWN 1 STAFF REDUCTION 2 CONTRACT NOT EXTENDED 3 FIRED FROM JOB 4 WAGE TOO LOW 5 WAGES DELAYED 6 DID NOT LIKE JOB/QUIT 7 HEALTH PROBLEMS 8 TO CARE FOR FAMILY 9 SEASONAL 10 TOO OLD/PENSIONER/ RETIRED 11 ENTERPRISE TEMPORARILY CLOSED 12 OTHER 13 REDUCED HOURS 14 HARMFUL/DANGEROUS WORK 15 CODE	YES 1 > Q.7 NO 2	WAITING FOR A JOB TO START 1 WAITING FOR A RESPONSE FROM A POTENTIAL EMPLOYER 2 WAITING FOR SEASONAL WORK TO BEGIN 3 THERE IS NO GOOD JOB 4 THERE ARE NO JOBS 5 STUDENT 6 TAKING CARE OF CHILDREN 7 PENSIONER/OLD 8 DON'T KNOW HOW TO START BUSINESS 9 NO MONEY TO START BUSINESS 10 NO TIME 11 I AM DISABLED/NOT HEALTHY 12 I DO NOT WANT TO WORK 13 RETRAINING 14 MATERNITY VACATION 15 HAVE A STATUS OF UNEMPLOYED 16 > Q.17 FOR ANSWERS 1-15 > Q.19 CODE
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.PART.5B. SEARCH FOR EMPLOYMENT (CONTINUED)

PERSON	I D C O D E	7. In what area did you look for work?	8. What position were you looking for?	9. While looking for work in the past 7 days, have you...			10. In the last 7 days, how many hours have you spent looking for a job?	11. What is the lowest monthly salary for which you are willing to work?	12. In the past 6 months, for how many weeks have you been looking for a job?	13. Would you move to another town to accept a job?	14. Are you registered with a labor office?	15. Are you registered as unemployed at the labor office?	16. Why are you not registered as unemployed? TOO YOUNG 1 STUDYUNG 2 PENSIONER/TOO OLD 3 NO RESIDENCE PERMIT 4 LABOR OFFICE TOO FAR 5 BENEFITS TOO SMALL 6 DON'T KNOW ABOUT THE LABOR OFFICE 7 I WAS REFUSED 8 OTHER 9	17. Do you receive unemployment benefits?
		Agriculture.....1 Mining2 Manufacturing3 Elec., gas, water .4 Construction.....5 Commerce6 Transport7 Financial8 Services9	White collar worker1 Blue collar worker2 Owner/ employer3 Member of manufacturing cooperative4 Individual professional5 Servant.....6	applied in the labor office? 1 used family connection? 2 used other inter-mediaries? 3 used mass media (TV, radio, newspapers)? 4 applied for a job in person? 5 YOU CAN LIST UP TO THREE CODES	NUMBER OF HOURS	SOMS	NUMBER OF WEEKS	YES1 NO2	YES...1 NO ... 2 >Q16	YES..... 1 > Q18 NO 2	CODE	YES 1 NO2 >Q.19		
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PART 5B. SEARCH FOR EMPLOYMENT (End)

PERSON	D C O D E	18.	19.	20.	21.	22.
		In the past month, how much did you receive in unemployment benefits? SOMS	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 or services to other people? YES 1 NO 2	In the past 12 months, did you do any work at a relative's or another person's farm or dacha, or a relative's business? YES 1 NO 2	In the past 12 months, have you done any farming, hunting, or gathering of fruit, berries, nuts, or other products? YES 1 NO 2	INTERVIEWER! CHECK IF THERE IS AT LEAST ONE YES RESPONSE TO Q.19, Q.20, OR Q.21 YES 1 > PART 5F NO 2 > PART 5H
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>> PART 5C

.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 past 7 days.

PERSON	ID CODE	1. In what area did you work for your main job during the past 7 days?	2. During the past 7 days, how many days did you do this work?	3. In the past 7 days, how many hours in total did you work in your main work?	4. Why did you work less than 41 hours last week in this job?	5. During the past 12 months, how many months did you do this work?	6. During the past 12 months, how many hours per week did you usually do this work?	7. How long have you been working in this area of occupation in your lifetime?		8. How long have you been working at this business or firm?		9. In the past month did you earn the same amount of soms, more or less than usual?	10. In this work are you self employed or an independent entrepreneur?	11. During the past month, how much did you earn in this work (excluding taxes, etc.)?	12. In this work are you a...
		Agriculture.....1 Mining2 Manufacturing3 Elec.gas.water4 Construction.....5 Commerce6 Transport.....7 Financial.....8 Services9 CODE	NUMBER OF DAYS	NUMBER OF HOURS	PERSONAL REASONS1 VACATION2 ENTERPRISE SHUTDOWN3 ENTERPRISE LAYOFFS4 ENTERPRISE ON REDUCED SCHEDULE5 LOW SEASON6 PART-TIME JOB.....7 OTHER8 CODE	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK	DAY...3 WEEK...4 MONTH...5 YEAR...8	DAY...3 WEEK...4 MONTH...5 YEAR...8	SAME.....1 MORE.....2 LESS.....3	YES.....1 NO2 >Q.12	SOMS	CODE		
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PART 5C. MAIN WORK FOR THE PAST 7 DAYS (Continued)

PERSON	ID CODE	13. Where did you work in the past 7 days	14. What best describes the work that you did in the past 7 days? Was it:	15. What is your average monthly salary in this work?	16. In the past month, how much did you receive from this work?	17. How many months ago did you receive your last pay for this work?	18. What percent of that amount was paid in goods and services rather than money?	19. As of today, does your main work owe you any money?	20. In the past 12 months, for how many months did your main work not pay you (money, goods or services)?	21. How much money does your main work owe you?
		state owned enterprise1 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	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 appliance repair.....7 Medical services.....8 Legal services.....9 Education services.....10 Banking or money exchange.....11 Other services.....12		INCLUDE CASH AND BARTER GOODS IF NOT ZERO, > Q.18	IF DID NOT RECEIVE, WRITE ZERO, > Q.19	IF NONE, WRITE ZERO	YES..... 1 NO2>Q.22	NUMBER OF MONTHS	SOMS
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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	22. In the past 12 months, have you received other pay in addition to your salary/income, for example, bonuses, tips, etc?	23. What is the total amount of this other pay? INCLUDE CASH AND BARTERED GOODS AND SERVICES.	24. In the past 12 months, did you receive any subsidies or donations from your main work?	25. What is the value of the transport subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8	26. What is the value of the dwelling subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8	27. What is the value of the medical services subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8	28. What was the value of the subsidy for vacation in resorts, spas or rest homes? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8	29. What was the value of free goods, food or clothes received from your main work? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8		
		YES..... 1 NO..... 2> Q. 24	SOMS	YES.....1 NO.....2	SOMS	TIME UNIT	SOMS	TIME UNIT	SOMS	TIME UNIT	SOMS
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>>NEXT PAGE

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

PERSON	ID	30 When you started this work, did you sign a contract that specified your wage exactly?	31 Are you entitled to receive paid vacation in your main job?	32 Does this work pay sick lists?	33 In the past 12 months, did the administration of your main work force you to take an unpaid leave?	34 How long was this forced leave?		35 About how many people in total work at the place where you work?	36 How far is you work from this dwelling? IF LESS THAN 1 KILOMETER, WRITE ZERO	37 How long does it take you to go to work from your dwelling (one way)?		38 How many times per week do you go to your place of work?	39 In the past month, how much money did you spend on transportation to and from your main job? IF ZERO, WRITE ZERO	40 Did you have a second job or work activity in the past 7 days?
		YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2 Q.35	DAYS	MONTHS	CODE	KILOMETERS	HOURS	MINUTES	NUMBER OF TIMES	SOMS	YES 1 NO 2 > PART 5E
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
	10													
	11													
	12													
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	14													
	15													
	16													
	17													

>> PART 5D

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 past 7 days.

PERSON	ID	1	2	3	4	6		7	8	9	10	11	12	13	14	
		In what area 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	During the past 7 days, how many days did you do this other work?	During the past 7 days, how many hours in total did you do this work?	In the past 12 months, for how many months did you do this work? IF DIDN'T WORK, WRITE ZERO >> QUES 7	During the past 12 months, how many hours per week did you usually do this work?	How long have you been working at this enterprise or firm? DAY...3 WEEK...4 MONTH...5 YEAR...8	TIME	TIME UNIT	In this work are you self-employed or an independent entrepreneur?	During the past month, how much did you earn in this work, including salary, bonuses, awards, or other payments in goods and services? >>Q 13	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	Where did you work in your additional work for the past 7 days, was it... state owned enterprise..... 1 cooperative 2 joint stock enterprise..... 3 joint venture enterprise..... 4 private enterprise..... 5 social organization 6 collective farm..... 7 farming community 8 other 9 foreign company 10	What are the total earnings that you received for this work for the past month?	What percentage of your wages or salary was paid in goods or services?	Have you done any other work in the past 7 days?
		CODE	NUMBER OF DAYS	NUMBER OF HOURS	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK			YES 1 NO 2 >Q9	SOMS	CODE	CODE	SOMS	PERCENT	YES.....1 NO.....2 >PART 5E	SOMS
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	2															
	3															
	4															
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>>PART 5E