

## Integrated Household Survey

Good (morning/afternoon/evening), I'm \_\_\_\_\_ and we are conducting a survey for GALLUP. The purpose of the study is to find out about your living conditions in order to plan future programs in Bulgaria. The information you give to us will be kept confidential. You and your household members will not be identified by name or address in any of the reports we plan to write.

	Name	Code/Number
1. Region		
2. Statistical Sector		
3. Household		

Distict Number	Statistical Sector	Household Number	Wave		

**4. Attempted visits:**

	4a. Date	4b. Time
Attempted Visit #1	____ / ____ / 1995 Day Month	
Attempted Visit #2	____ / ____ / 1995 Day Month	
Attempted Visit #3	____ / ____ / 1995 Day Month	

**5. Household selection for the first wave**

Original - interviewed..... 1    Replacem. Same dwelling ..3  
 Original - Not Interv..... 2    Replacem. New dwelling ....4 /\_\_\_/

**6. Household Selection for the Second Wave**

First wave selection..... 1 → Q. 8  
 New selection same dwel.. 2    New selection new dwelling ...3 /\_\_\_/

**7. Reason not Interviewed in Second Wave**

Address not found..... 1    Worried of consequences..... 4  
 Different Household at    Family reasons..... 5  
 address ..... 2    Too long ..... 6  
 Not kept confidential ..... 3    Other reasons (Specify) ..... 7 /\_\_\_/

	Visit 1	Visit 2 (if necessary)
8. Name of Interviewer:		
9. Code of Interviewer:		
10. Date:	____ / ____ / 1995 Day Month	____ / ____ / 1995 Day Month
11. Time Began:		
12. Time Ended:		

13. Name of Supervisor: \_\_\_\_\_  
 14. Code of Supervisor: \_\_\_\_\_  
 15. Signature of Supervisor \_\_\_\_\_  
 16. Name of Operator: \_\_\_\_\_  
 17. Code of Operator: \_\_\_\_\_

**Strictly Confidential**

**Jan 1996**

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18. **Name of Household Head:** \_\_\_\_\_

(Report from listing if possible)

**Street Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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19. **Telephone Number (if respondent will provide it):** \_\_\_\_\_

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20. **Population group of respondent (can be reported without asking ?):**

Bulgarian ..... 1  
Bulgarian Gypsy ..... 2  
Bulgarian Turkish ..... 3  
Other (Specify) ..... 4     /\_\_\_\_/

.....

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21. **Gender of main respondent:**

Male ..... 1  
Female ..... 2     /\_\_\_\_/

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22. **Language of respondent (main language spoken at home):**

Bulgarian ..... 1  
Turkish ..... 2  
Gypsy ..... 3  
Other ..... 4     /\_\_\_\_/

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**Section 1: HOUSEHOLD ROSTER**

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- NOTE:**
- The household is defined as all the people living in this dwelling and being part of the same economic entity, who live together for more than 9 months during the last 12 months.
  - First, list all the people in the household as reported in first wave.
  - Then, list all the new individuals in the household
  - Next,ask questions 2 to 11.
  - Remember to list all people living outside Bulgaria for employment reasons, renters and visitors. If they are not household members they will be not included on the flap later

<b>Code box for Question 2</b>		
Head.....1	Grandchildren.....8	Cousin.....15
Wife/husband .....2	Grandparents .....9	Other relative .....16
Son/daughter .....3	Father-in-law/mother-in-law..... 10	Children from another family .....17
Father/mother .....4	Son-in-law/daughter-in-law ..... 11	Other Non-relative .....18
Sister/brother.....5	Sister-in-law/brother-in-law..... 12	Renter .....19
Step-son/step-daughter..6	Nephew/niece ..... 13	
Step-father/step-mother.7	Uncle/aunt ..... 14	

<b>Code box for Question 10</b>	
Work in another part of the country ..... 1	Institutionalized .....5
Work outside Bulgaria.....2	Left for family reasons.....6
Studies .....3	Died .....7
Vacation/ visiting friends/ relatives .....4	Other.....8

**NOTE For Question 1** Remember that an individual is defined as a **Household Member** if:

- Is part of the same economic identity
- Has been living there for more than 3 months out of the last 12 months
- Is not a renter

N u m b e r	1. First, list names of all individuals in household as in first wave. (Head first) Next, add new individuals. Name	2. What is "..."s relation- ship to household head? (use code box) Code	3. Gender Male .....1 Female .2	4. How old is "_" ? Years Mos.	5. What is "..."s civil Status? Married ..... 1 Cohabiting ..... 2 Divorced ..... 3→7 Separated ..... 4→7 Widow(er) ..... 5→7 Never Married 6→7	6. Is "..."s spouse living in the household? Yes .....Cod e Not in household..99 Code	7. Are "..."s mother and father living in the household? Yes.....Code Deceased.....88 Not in household.99 Mother      Father Code          Code	8. Has "..." been absent during the last 12 months. ? Yes .... 1 No.....2 → 11	9 How many months last 12 months ? Months	10. Reasons for absence or leaving the household : Code	11. Is "..." from the old or new list households ? Is "..." a member of the household? Old member..... 1 New member .....2 Not a member.....3 Go to next person
	01										
02											
03											
04											
05											
06											
07											
08											
09											
10											

**NOTE:** • Remember to report name, code number, age in years and gender of **household members** on to the flap on the bottom.



**Section 3: FORMAL AND NON FORMAL EDUCATION & CHILD CARE**

**Note: Fill for all household members aged 6 months and up.**

Name	1. What is “_”s mother tongue?  Bulgar.... 1 (go to→3) C Turkish...2 o Gypsy ....3 d Russian..4 e Other .....5	2. Does “...” speak Bulgarian?  Yes.....1 No .....2 Does not speak.....3	3. What is the highest level of child care, formal schooling/ university completed by “...” ? (use code box) Code	4. Is “...” still going to child care, school/ higher education?  Yes. 1→15 No.. 2	5. When did “...” stop going ?  Never went 99 Year	6. How many years of formal school did “...” attend in total ? (Include repeating classes) Years	7. Why “_” stopped/never went to school ?  Too young ...1 →Next person Done .....2 Did not like...3 Need work ....4 Expelled.....5 Flunked.....6 Other.....7	8. Has “...” taken any non-formal job training courses after formal schooling/ higher education?  Yes 1 No .2→Next person	9. How many weeks of training did “...” receive?  Weeks	10. By whom was the last course taken by “...” offered?  Gov’nt Cntr .. 1 Employer ..... 2 Private training center ..... 3 Priv. person .. 4 Non-profit organization.. 5 Other..... 6	11. What was the subject of the last course “....” took?  Code	12. How many weeks was the last course “...” took?  Weeks	13. What was the fee paid for the last course “...” took?  Leva	14. What was the total amount spent in the last 12 months for non-formal job training courses taken by “...” (Go to next person )  Leva

<b>Code for Q. 3</b>			
<b>No studies and cannot read or write...00</b>	<b>Secondary education (general)</b>		
<b>No studies but can read or write .....01</b>	1 yr.....51	3 yr.....53	<b>University</b>
<b>Daycare.....10</b>	<b>Preschool.....20</b>	2 yr.....52	1 yr.....81
<b>Elementary</b>			4 yr.....84
1 yr.....31	3 yr.....33	1 yr.....61	2 yr.....82
2 yr.....32	4 yr.....34	3 yr.....63	5 yr.....85
		2 yr.....62	3 yr.....83
		4 yr.....64	more than 5 yrs.....86
<b>Middle School</b>		<b>Secondary education (vocational)</b>	<b>9. Other occupation-specific higher education</b>
1 yr.....41	3 yr.....43	1 yr.....71	(e.g. Nurses, Police, etc.
2 yr.....42	4 yr.....44	3 yr.....73	1 yr 1.....91
		2 yr.....72	3 yr.....93
		4 yr.....74	2 yr 2.....92
		5 yr.....75	

<b>Code for Q.11</b>
Languages..... 1
Computers..... 2
Secretarial..... 3
Professional ..... 4
Requalification... 5
Other..... 6





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## Section 4: Housing

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### 2.1 Housing

---

1. How many households live in this dwelling?  
/ \_\_\_\_\_ /
- 
2. What is the total number of people occupying this dwelling?  
/ \_\_\_\_\_ /
- 
- 2b. How many people have usually been eating together in this household every day during the past month ?  
/ \_\_\_\_\_ /
- 
3. What is the approximate area of the dwelling?  
/ \_\_\_\_\_ / **Sqm**
- 
4. What is the area is used by your HH?  
/ \_\_\_\_\_ / **Sqm**
- 
5. How many rooms (excluding toilets, hallway, and kitchen) are used by your HH?  
/ \_\_\_\_\_ /
- 
6. What is the HH's rental status?
- |                                   |   |            |
|-----------------------------------|---|------------|
| Own dwelling .....                | 1 |            |
| Rented from state.....            | 2 | →11        |
| Rented from a private person..... | 3 | →11        |
| Rented from a private company.... | 4 | →11        |
| Live for free.....                | 5 | →11 /____/ |

7. If owned: what is the estimated value of the dwelling at the present time (e.g. if you sold it today)?  
**L** / \_\_\_\_\_ /
- 
8. If owned: If you wanted to rent this dwelling to someone else, how much would you be able to get per month for it?  
**L** / \_\_\_\_\_ /
- 
9. If owned: have you acquired this property under the Land Constitution Act?  
Yes ..... 1  
No ..... 2 →11 /\_\_\_\_/
- 
10. If yes: when was it acquired? (Go to Q.18)  
/ \_\_\_\_\_ / **Year**
- 
11. If rented: how much money did the HH pay in rent for this dwelling last month? (if no money, enter 0)  
**L** / \_\_\_\_\_ /
- 
12. Does your HH also supply goods and/or services in exchange for this dwelling?  
Yes ..... 1  
No ..... 2 →14 /\_\_\_\_/
- 
13. What is the approximate value of these goods or services supplied last month?  
**L** / \_\_\_\_\_ /
- 
14. Is part or all of your rent paid by someone who is not a member of your household (e.g. relative, employer, etc.)?  
Yes ..... 1  
No ..... 2 →17 /\_\_\_\_/

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15. Who pays part or all of the rent?

Relative..... 1  
 State employer ..... 2  
 Private employer..... 3  
 Public agency..... 4  
 Other..... 5 /\_\_\_/

---

16. Percentage paid by others

/\_\_\_\_\_/%

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17. Does the dwelling come furnished?

Yes..... 1  
 No ..... 2 /\_\_\_/

---

18. What is the type of dwelling?

Mobile home..... 1 →20  
 Apartment..... 2  
 Individual dwelling..... 3 →20 /\_\_\_/

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19. What is the location of the dwelling?

Basement ..... 1  
 Half-basement..... 2  
 Ground floor..... 3  
 Above ground ..... 4  
 Attic..... 5  
 Other..... 6 /\_\_\_/

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20. What is the approximate age of the apartment ?

/\_\_\_\_\_ / Years

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21. What the main material of the walls of the dwelling?

Pannels..... 1  
 Concrete..... 2  
 Stone/bricks..... 3  
 Wood..... 4  
 Mud..... 5  
 Corrugated Iron..... 6  
 Other ..... 7 /\_\_\_/

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22. What type of toilet is available for your HH?

Flush toilet ..... 1  
 Pit latrine..... 2  
 Other ..... 3 /\_\_\_/

---

23. Is the toilet used only by your HH or do other HHs use it?

This HH only..... 1  
 Shared ..... 2 /\_\_\_/

---

24. Is the toilet inside or outside the dwelling?

Inside dwelling..... 1  
 Inside building ..... 2  
 Outside building..... 3 /\_\_\_/

---

25. Do you have a garage?

Yes ..... 1  
 No ..... 2 /\_\_\_/

---

26. Do you have a studio/workshop in/near the dwelling?

Yes..... 1  
 No..... 2 /\_\_\_/

---

27. Do you have a storehouse or barn in/near the dwelling?

Yes..... 1  
 No..... 2 /\_\_\_/

---

28. Do you have a stable near the dwelling?

- Yes ..... 1  
 No ..... 2 /\_\_\_/

29. What is the main type of water supply does you dwelling have?

- Piped public ..... 1  
 Own sistem / pump /well ..... 2  
 River ..... 3 →31  
 None (specify) ..... 4 →31 /\_\_\_/

30. Where is the tap located?

- Inside dwelling ..... 1  
 Inside building ..... 2  
 Outside building ..... 2 /\_\_\_/

31. How do you obtain hot water?

- Central district system ..... 1  
 Central building system ..... 2  
 Own electric boiler ..... 3  
 Own gas boiler ..... 4  
 Heating it on coal/wood fire ..... 5  
 Other (specify) ..... 6 /\_\_\_/

32. What is the main source of energy you use for cooking?

- Electricity ..... 1  
 Gas cylinders/natural gas ..... 2  
 Coal/kerosene/wood ..... 3  
 Other (specify) ..... 4 /\_\_\_/

33. What is your main source of energy for heating in the winter?

- District heating ..... 1  
 Electric heating ..... 2  
 Wood/coal fire ..... 3  
 Oil ..... 4  
 Other (specify) ..... 5 /\_\_\_/

34. How many hours a day was electricity available on an average day this past week in this dwelling?

(If none report 0) /\_\_\_/ **Hours**

35. How many hours a day was water available on an average day this past week in this dwelling?

(If none report 0) /\_\_\_/ **Hours**

36. How much did you pay last month for:

Item Name	Item Code	Amount paid
District heating	01	
Electricity	02	
Gas	03	
Coal	04	
Oil	05	
Wood (purchased)	06	
Other energy sources	07	
Water	08	
Waste disposal	09	
Trash collection and building tax	10	
Condominium fees	11	

37. What is the waste disposal system in this dwelling?

- Public sewerage ..... 1  
 Septic tank ..... 2  
 Other (specify) ..... 3 /\_\_\_/

38. How does your HH dispose of garbage?

- Collected by garbage truck ..... 1  
 Dumped ..... 2  
 Burned ..... 3  
 Buried ..... 4 /\_\_\_/

39. Is the dwelling exposed to noise, odour, or pollution problems?

- Yes ..... 1  
 No ..... 2 →41 /\_\_\_/

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40. If yes, how severe is the problem on a scale of 1 to 5?  
(1 is better and 5 is worse)

/ \_\_\_\_\_ /

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41. How far from the dwelling is the nearest kilometer:  
(use increments of .5 Km)

Item Name	Item Code	Distance Kil.
Retail shop	01	
Post office	02	
Primary school	03	
Secondary school	04	
Public transport stop	05	
Health clinic	06	
Hospital	07	
Movie theater	08	
Park/playground	09	
Library	10	
Bank	11	

---

42. Is there a telephone in your dwelling?

Yes..... 1

No..... 2 / \_\_\_ /

Go to next section

---

43. How much did you pay for the telephone last month

**L** / \_\_\_\_\_ /

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## Section 5.1: Food Expenditure and Consumption

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In this section, we look at the patterns of food consumption for all the people in the household. This should include all the food that members of the household have consumed during the past month. It should **not** include food that has been bought or produced for resale or exchanging for commercial purposes.

### Interviewer :

**First:** Introduce this section by saying :

"I have a list of different kinds of food that people may have consumed or purchased during the past month . As I read each one, I'd like you to tell me whether or not it was consumed in this household during the past month. "

**Then :** Ask **Question 1** for each item on the list.

**Next :** For each of the items marked with a **YES** to **Question 1** : Ask **Questions 3, 4, and 5**

- Note:**
- For **Question 3**, Report the total amount that was consumed last month for that product on a monthly or weekly bases. Then record the quantity that was purchased, the quantity that was received from other sources and the quantity that was derived from their own production. These quantities should reflect the source of the commodity used this month, it is possible that they were purchased months ago or that had been receive months ago. Do not include commodities used as inputs for the production of other goods and the goods themselves, i.e., if milk is used for making yogurt or cheese it should not be reported as milk consumption, only the yogurt or cheese should be reported.
  - Most likely the household acquires each kind of food from only one source. Report a "0" for the quantities of the sources not used.
  - For **Question 4**, report the current know price of the commodity consumed. This price would be different from the price purchased if it the commodity had been purchased a long time ago, or if the commodity had been recieved from other sources or own priduction.
  - For **Question 5**, record the amount that was actually purchased last month on a weekly or monthly basis (choose the appropriate time period). Record value and price in the verbal form in which the respondent gives it to you. If you get only two of the three, calculate the third one to be sure that "it does make sense", but do not report it.
-

1. Was ___ Consumed or purchased by this household during the past month ?			2. Unit	3. What was the total amount of ___ consumed last month on a weekly or monthly basis?				4. What is the actual current price of ___ ?	5. How much ___ was actually purchased on a weekly or monthly bases last month ?			
Commodity name	Code	Yes .1		Week.. 1	a. Total amount	b. Amount purchased?	c. Amount received from other sources ?		d. Amount from own production ?	Week.. 1	a.	b.
		No...2	Mon.... 2	Quantity	Quantity	Quantity	Quantity	Mon ....2	Quantity	Total Value	Unit Price	

### Cereals

Maize flour	101		Kg									
Wheat flour	102		Kg									
Bread	103		Kg									
Pasta	104		Kg									
Rice	105		Kg									
Other Grains	106		Kg									

### Pulses, roots and tuberous

Beans	201		Kg									
Potatoes	202		Kg									
Carrots	203		Kg									
Lentils	204		Kg									
Sweet peas	205		Kg									
Other	206		Kg									

### Vegetables - Fresh

Tomatoes	301		Kg									
Eggplants	302		Kg									
Onions	303		Kg									
Squash (Veg.)	304		Kg									
Leafy Veg.	305		Kg									
Peppers	306		Kg									
Cabbage	307		Kg									

1. Was ___ Consumed or purchased by this household during the past month ?			2. Unit	3. What was the total amount of ___ consumed last month on a weekly or monthly basis?				4. What is the actual current price of ___ ?	5. How much ___ was actually purchased on a weekly or monthly bases last month ?			
Commodity name	Code	Yes .1 No...2		Week.. 1 Mon.... 2	a. Total amount Quantity	b. Amount purchased? Quantity	c. Amount received from other sources ? Quantity	d. Amount from own production ? Quantity	Unit Price	Week.. 1 Mon ....2	a. Quantity	b. Total Value
Cucumbers	308		Kg									
Other vegetab.	309		Kg									

**Fruit - Fresh**

Oranges, etc.	401		Kg									
Apples	402		Kg									
Pears	403		Kg									
Bananas	404		Kg									
Nuts	405		Kg									
Grapes	406		Kg									
Watermelon	407		Kg									
Melon	408		Kg									
Strawberries	409		Kg									
Cherries	410		Kg									
Other fruits	411		Kg									

**Canned Fruits and Vegetables**

Can vegetables	501		Kg									
Can fruit	502		Kg									
Jams, etc.	503		Kg									
Honey	504		Kg									
Other	505		Kg									

1. Was ___ Consumed or purchased by this household during the past month ?			2.	3. What was the total amount of ___ consumed last month on a weekly or monthly basis?				4. What is the actual current price of ___ ?	5. How much ___ was actually purchased on a weekly or monthly bases last month ?				
		Yes .1 No...2		Unit	a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?		a.	b.	c.	
Commodity name	Code		Unit	Week.. 1 Mon.... 2	Quantity	Quantity	Quantity	Quantity	Unit Price	Week.. 1 Mon ....2	Quantity	Total Value	Unit Price

### Meat and eggs

Veal and Beef	601		Kg										
Pork	602		Kg										
Lamb	603		Kg										
Chicken /Birds	604		Kg										
Sausages / Sala	605		Kg										
Eggs	606		Unit										
Bacon	607		Kg										
Canned meat	608		Kg										
Ground meats	609		Kg										
Other meat	610		Kg										

### Fish

Fresh fish	701		Kg										
Frozen fish	702		Kg										
Canned fish	703		Kg										

### Milk and Dairy products

Fresh Milk	801		l										
White Cheese	802		Kg										
Yellow Cheese	803		Kg										
Yogurt	804		Kg										
Powder milk	805		Kg										
Other	806		Kg										

1. Was Consumed or purchased by this			2. Unit	3. What was the total amount of consumed last month on a weekly or				4. What is the price of __ ?	5. How much was actually purchased on a			
Commodity name	Code	Yes . 1 No...2		Week.. 1 Mon ... 2	a. Total amount Quantity	b. Amount purchased? Quantity	c. Amount received from Quantity	d. Amount from own Quantity	Unit Price	Week.. 1 Mon ....2	Quantity	Total Value

**Oils and fats**

Butter	901		Kg										
Margarine	902		Kg										
Lard	903		l										
Olive oil	904		l										
Veg. oil	905		Kg										
Other	906		Kg										

**Condiments and Spices**

Salt	1101		Kg										
Sugar	1102		Kg										
Spices	1103		Kg										
Coffee	1104		Kg										
Tea	1105		Kg										
Other	1106		Kg										

**Drinks**

Soft drinks	1201		l										
Fruit juices	1202		l										
Water	1203		l										
Wine	1204		l										
Beer	1205		l										
Bulgar. Liquor	1206		l										
Hard liquors	1207		l										
Other	1208		l										

**Prepared food**

At home	1301		Meal										
Not at home	1302		Meal										

**Section 5.2 - Purchase of Non-Food Commodities**

**Interviewer: For each of the items listed, ASK:** “How much was spent on \_\_\_\_ (for each item in the list ) during last thirty days?” If none report “0” in the Amount column.

Item	Code	Unit	Quantity	Amount	Price
<b>Personal Items</b>					
Cigarettes and Tobacco	101	Pack			
Cultural activities	102				
Toilette Soap	103	Unit			
Luxury Toilette soap	104				
Shampoo	105	Unit			
Conditioner	106	Unit			
Shampoo & Conditioner	107	Unit			
Hand Cream	108	Unit			
Hydrating lotion	109	Unit			
Face cream	110	Unit			
Cleansing Cream	111	Unit			
Deodorant	112	Unit			
Tooth paste	113	Unit			
Hair cut	114	Unit			
Hygienic services	115				
Books	116				
Newspaper	117				
Stationery	118				
Mail Service	119				
<b>Transport</b>					
Gas and Oil	201	l			
Car service, maintenance	202				
Taxi	203	Unit			
Tram and Busses	204				
Trains - Outside city	205	Unit			
<b>Other Monthly Expenditures</b>					
Purchased Wash. Soaps	301	Unit			
Value of made soaps	302	Unit			
Washing powder	303	Kg			
Bleach	304	l			
Dishwashing soap	305	l			
Other washers	306	Kg			
Other cleaners	307				
Membership fees	308				
Child care - Baby-sitting	309				
Pet food and expenses	310				
Other monthly expenditure	311				

**Interviewer: For each of the items listed, ASK:**

“How much was spent on \_\_\_\_ (for each item in the list ) during last 12 months ?”

Report actual cost and estimated cost at today’s prices - If none report “0” in the Amount column.

Item	Code	Actual Cost	Today's Value
<b>Textile / Cloth</b>			
Cotton	201		
Wool	202		
Silk	203		
Synthetic	204		
<b>Cloths</b>			
Men	301		
Woman	302		
Children	303		
<b>Shoes</b>			
Men	401		
Woman	402		
Children	403		
<b>Household items</b>			
Kitchen equipment	501		
Home repairs	502		
Furniture	503		
Bedding, sheets, etc.	504		
Other	505		
<b>Health Care</b>			
Dentist - Consultation	601		
Doctor - Consultation	602		
Hospital / Sanit. - Fees	603		
Medicines, medications	604		
Optical equipment	605		
Skin care/Plastic surgery	606		
Other Health	607		
<b>Other yearly expenditures</b>			
Holidays / Camps	701		
Jewelry and Presents	702		
Insurance : Mandatory	703		
Insurance : Optional	704		
Savings	705		







**STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued**

Name	C o d e	27. What type of job or activity was “_” doing 6 months ago ? (if 0→31)	28. What type of job was “_” doing?	29. For how long was “_” doing it ?	30. Why did “_” stop doing it?	31. What type of job or activity was “_” doing 12 months ago? if 0→35	32. What type of job was “_” doing?	33. For how long had “_” been doing it ?	34. Why did “_” stop doing it?	35. What type of job or activity was “_” doing before a year if 0→nxt	36. What type of job was “_” doing?	37. For how long had “_” been doing it ?	38. Why did “_” stop doing it?
		Code	Activity Code	Years Mos	Code	Code	Activity Code	Years Mos	Code	Code	Activity Code	Years Mos	Code

Same as before .....	0	Working for Friends and relatives..	10
State Sector temporary .....	1	Own Busines .....	11
State Sector Permanent (FT) .....	2	Farm .....	12
State Sector Permanent (PT) .....	3	Casual job.....	13
Private Sector Temporary.....	4	Student .....	14→29,33,37
Private Sector Permanent (FT) .....	5	Housekeeping .....	15→29,33,37
Private Sector Permanent (PT) .....	6	Military service .....	16→29,33,37
Coop Temporary .....	7	Pensioner.....	17→29,33,37
Coop Permanent (FT).....	8	Unemployed .....	18→29,33,37
Coop Permanent (PT).....	9	Other .....	19

Laid-off.....	1	Went back to school.....	6
Fired.....	2	Stayed home with children.....	7
Found better job Public.....	3	Join military .....	8
Found better job Private.....	4	Retired.....	9
Started Business.....	5	Other .....	10

**Section 6.2: MAIN JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else)**

Name	C o d e	1. What is “_”s main job ?  (Codes from p.24)  Activity Code	2. What is the type of employer that “_” works for ?  Gov’nt ..... 1 State.....2 Private .....3	3. What is the sector that “_” works in?  Code	4. What type of contract does “_” have:  Code	5. How many hours was “_” suppo- sed to work last week ? Hours	6. How many hours did “_” actual- ly work last week ? Hours	7. How many weeks did “_” work last month ?  Weeks	8. How often does “_” get paid ?  Hourly.... 1 Daily ..... 2 Weekly .. 3 Monthly . 4	9. What was the gross pay received last month?  Leva	10. Are taxes deducted from your salary ?  No .....0 If Yes: How Much?  Leva	11. Were there any other deductions ?  No .....0 If Yes: How Much?  Leva	12. What was the take home pay ?  Leva

<b>Codes for Question 3 - Job Sectors</b>	
Manufacturing/Industry..... 1	Science\Education ..... 10
Construction..... 2	Arts and Culture..... 11
Agriculture ..... 3	Health care..... 12
Forestry ..... 4	Sport and tourism..... 13
Transportation..... 5	Finance and credit..... 14
Communications ..... 6	Management and administration..... 15
Trade ..... 7	Army and Police ..... 16
Commercial services ..... 8	Other non material activities..... 17
Other production activities..... 9	

<b>Codes for Question 4</b>
Contract Termless..... 1
Contract Fixed term ..... 2
Contract Civil ..... 3
No contract/ Public ..... 4
No contract/ Private ..... 5
Commission Contract ..... 6
Help without pay..... 7
Other ..... 8

**MAIN JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else) - Continued: Benefits**

Name	C o d e	13. Did “_” receive any child allowance in addition last month? No ..... 0 If Yes: How Much? Leva	14. Did “_” receive any honorarium/ additional payment? No ..... 0 If Yes: How Much? Leva	15. Does “_” employer provide paid leave? No .....0 If Yes: How many days a year?	16. Does “_” employer provide subsidized vacation cost? No ..... 0 If Yes: total value?	17. When did “_” receive it last time? Month Year	18. Does “_” employer provide gas / transport subsidy? No ..... 0 If Yes: How much last month?	19. Has “_” employer provided other in kind benefits? No .....0 If Yes: How much last month?	20. Do trade unions operate in “_”s work place? Yes .....1 No .....2	21. Is “_” a member of the Trade Unions? Yes .....1 No .....2

**Section 6.3: SECOND - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else)**

Name	C o d e	1. What is “_”s main job ?  (Codes from p.26)	2. What is the type of employer that “_” works for ?  Gov’nt ..... 1 State.....2 Private .....3	3. What is the sector that “_” works in?  Code	4. What type of contract does “_” have:  Code	5. How many hours was “_” suppo- sed to work last week ? Hours	6. How many hours did “_” actual- ly work last week ? Hours	7. How many weeks did “_” work last month ?  Weeks	8. How often does “_” get paid ?  Hourly.... 1 Daily ..... 2 Weekly .. 3 Monthly . 4	9. What was the gross pay received last month?  Leva	10. Are taxes deducted from your salary ?  No .....0 If Yes: How Much?  Leva	11. Were there any other deductions ?  No .....0 If Yes: How Much?  Leva	12. What was the take home pay ?  Leva

<b>Codes for Question 3 - Job Sectors</b>	
Manufacturing/Industry..... 1	Science\Education ..... 10
Construction..... 2	Arts and Culture..... 11
Agriculture ..... 3	Health care..... 12
Forestry ..... 4	Sport and tourism..... 13
Transportation..... 5	Finance and credit..... 14
Communications ..... 6	Management and administration..... 15
Trade ..... 7	Army and Police ..... 16
Commercial services ..... 8	Other non material activities..... 17
Other production activities..... 9	

<b>Codes for Question 4</b>
Contract Termless..... 1
Contract Fixed term ..... 2
Contract Civil ..... 3
No contract/ Public ..... 4
No contract/ Private ..... 5
Commission Contract ..... 6
Help without pay..... 7
Other ..... 8

**MAIN JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else) - Continued: Benefits**

Name	C o d e	13. Did “_” receive any child allowance in addition last month? No ..... 0 If Yes: How Much? Leva	14. Did “_” receive any honorarium/ additional payment? No ..... 0 If Yes: How Much? Leva	15. Does “_” employer provide paid leave? No .....0 If Yes: How many days a year?	16. Does “_” employer provide subsidized vacation cost? No ..... 0 If Yes: total value?	17. When did “_” receive it last time? Month Year	18. Does “_” employer provide gas / transport subsidy? No ..... 0 If Yes: How much last month?	19. Has “_” employer provided other in kind benefits? No .....0 If Yes: How much last month?	20. Do trade unions operate in “_”s work place? Yes .....1 No .....2	21. Is “_” a member of the Trade Unions? Yes .....1 No .....2

**Section 6.4: SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself)**

Name	C o d e	1. What is “_”’s first self- employment activity ?  Activity Code	2. What is “_”’s second (if any?) self- employment activity ?  Activity Code	3. How many hours did “_” spend in these activities last week ?  Hours	4. How many weeks did “_”spend in these activities last month ?  Weeks	5. On average how many months did “_” spend in these activities last year?  Months	6. On average how many days does “_” spend in these activities a month?  Days	7. On average how many hours does “_” spend in these activities a day?  Hours	8. How much did “_” make (net revenue) in cash from these activities during the past 30 days ?  Leva	9. How much did “_” make (net revenue) in kind from these activities during the past 30 days ?  Leva	10. How much should have “_” paid somebody else for doing the same job?  Leva

Self Employment codes for Q.1 and Q.2		
Embroidery/dessmaking/Knitt..... 1	Beautitian / Hair dresser .....9	Prof. Serv: Financial ..... 17
Food Processing .....2	Cleaining.....10	Doctor ..... 18
Financial Transactions..... 3	Child care Provider.....11	Lawyer ..... 19
Car repair.....4	Artisan .....12	Free Lancing .....20
Construction/ Carpentry .....5	Translator.....13	
Taxi driving .....6	Security/ clerical services .....14	
Selling .....7	Prof. Serv: Tutoring .....15	
Shoe making and reparis ..... 8	Prof. Serv: Research .....16	Other .....21

**SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Enterprises**

**NOTE :** • A single household member may participate in more than one business activity

For each of the enterprises ask the following questions:

	1. First Business	2. Second Business	3. Third Business
1. Name of the Business Activity			
2. Code			
<b>EXPENSES</b>			
1. Capital Equipment last 12 mos - Tot Cost			
2. Capital Equipment last 12 mos - Value now			
3. Labor - Number of full time workers last mo			
4. Labor - Cost for Salaries last month			
5. Labor - Number of part time workers - Average people per month			
6. Labor - Cost for part time work last month			
7. Social insurance payment last month			
8. Cost for Materials last month			
9. Other Expense last month			
10. Business Taxes - last year		Check	Time
<b>REVENUE</b>			
1. Total Value of the production during last 7 days			
2. Total Value sold during last 7 days			
3. Total Value used by the household during last 7 days			
4. Total Value bartered, stocked, given away during last 7 days			
5. What was the average weekly revenue the past 6 mos.			
6. Amount received last month for hiring unemployed laborers		Check time	Check order
<b>LIST OF FAMILY MEMBERS ENGAGED IN BUSINESS</b>			
1. First person code			
2. Second person code			
3. Third person code			

**SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Business assets and durables**

**Note:** • **First:** Ask **Question 1** for all the assets.  
**Then:** Ask **Question 2 to 4** if answered yes to first Question.

- **Remember to exclude** own house or any other assets that have been included in other parts of the questionnaire.

1. Do you have any of the following assets?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?
Commodity Name	Code	Yes....1 No .....2	Quantity	Leva	Code
Building	1				
Machinery	2				
Office equipment	3				
Furniture	4				
Computers	5				
Copy machine	6				
Fax machine	7				
Medical Equipment	8				
Other capital equipment	9				
Car	10				
Truck	11				
Bus	12				
Motorcycle	13				
Motorboat	14				
Boats	15				
Tools	16				
Push cart	17				
Other	18				

<b>Codes for Question 4</b>	
State Enterprise .....	1
Coop.....	2
Private Dealer.....	3
State Dealer.....	4
Individual .....	5
Inherited .....	6
Gift.....	7
Other .....	8

**Section 6.5: AGRICULTURAL LAND**

Do you have access to any agricultural land that you use to produce crops or raise livestock ?

Yes ..... 1  
 No ..... 2 / \_\_\_/      Go to Section 6.8, on page 35.

	1. Orchards and vineries	2. Pastures	3. Agricultural land for crop production	4. Total
1. Total decares available for farming				
2. Area owned by household members (decares)				
3. Value of land owned (Leva)				
4. When was it acquired? (Year)				
5. How was it acquired Restitution ..... 1 Bought..... 2 Given by Gov't ..... 3 Inherited ..... 4 Free ..... 5 Other ..... 6				
6. Area owned by Coop (Decares)				
7. Area rented from privates (Decares)				
8. Rent paid last month (Leva)				
9. What is main source of irrigation ? Rain..... 1 Dam..... 2 Pump ..... 3 River / stream..... 4 Other ..... 5				

**Note:** Remeber to list any other agricultural land that is owned and rented out or not in use in the real estate section (sec. 9.2 page 51).

**Section 6.6: AGRICULTURE - Crop production**

1. Crop Name	2. Code	3. What was the total area allocated Decares	4. Was it: Single cropped.... 1 Double cropped..2	5. What was the total quantity harvested last 12 months Kg.	6. When was last harvest ? Month	7. What was the total quantity Sold ? Kg.	8. Where was most of the product sold? Code	9a. Unit Price received last time? Leva	9b. Current unit price? Leva	10. What was the total quantity used as input ? Kg.	11. What was the total quantity consumed by household last 12 mos? Kg.	12. What was the total quantity given in form of salaries last 12 mos ? Kg.	13. What was the total quantity bartered last 12 mos. ? Kg.

**NOTE:** Distinguish between crops produced at different time of the year, if in the open air or in green houses

Codes for Question 1 & 2					
Wheat .....	1	Other Roots Crops, etc. ....	14	Apples.....	28
Rye .....	2	Peanuts .....	15	Pears .....	29
Barley.....	3	Tomatoes .....	16	Cherries/Morrelli .....	30
Maize .....	4	Peppers.....	17	Plums.....	31
Rice .....	5	Cabbages .....	18	Peaches .....	32
Sunflower.....	6	Cucumbers.....	19	Apricots .....	33
Forage Plants.....	7	Onions .....	20	Strawberries/Raspberries .....	34
Sugar Beet.....	8	Garlic.....	21	Grapes.....	35
Beetroot.....	9	Marrows (veg.squash) .....	22	Mushrooms .....	36
Beans.....	10	Egg-plants.....	23	Flowers .....	37
Other Leguminous Plants (peas, lentils, soy).....	11	Leafy Vegetables.....	24	Oil-yielding plants (roses, lavender).....	38
Potatoes.....	12	Watermelons.....	25	Tobacco .....	39
Carrots.....	13	Melons.....	26	Other .....	40
		Pumpkin, Squash.....	27		

Codes for Question 8	
Coop .....	1
State Marketing Board.....	2
Wholesale Market.....	3
Retail Market .....	4
Side of the road.....	5
Individual .....	6
Other.....	7



**Section 6.7: AGRICULTURE ASSETS**

**Note:** • **First:** Ask **Question 1** for all the assets.  
**Then:** Ask **Question 2 to 4**

1. Do you own any of the following assets by yourself or together with other people ?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?	5. How much do you own?
Commodity Name	Code	Yes....1 No .....2	Quantity	Leva	Code	Share in Percent
Tractor	1					
Trailer	2					
Plows	3					
Pick-up truck	4					
Hay Truck	5					
Combine	6					
Plow truck	7					
Chemical applicator	8					
Seeder	9					
Threshing	10					
Bale press	11					
Horses	12					
Cart	13					
Other	14					

<b>Codes for Question 4</b>	
State Enterprise .....	1
Coop.....	2
Private Dealer.....	3
State Dealer .....	4
Individual .....	5
Inherited .....	6
Gift.....	7
Other .....	8

**Section 6.8: AGRICULTURE - Livestock: Cattle, Pigs, etc.**

1. Does the household any animals or poultry of any kind?

Yes ..... 1 → **Note: Ask every question from 2a to 2d**  
 No ..... 2 / \_\_\_/ → **Go to Next Section**

	1. Cattle	2. Sheep	3. Goats	4. Pigs	5. Poultry
2a. How many _____ (Name of animal) does the household own at the moment?					
2b. In the past year, how many, if any, _____ were born?					
2c. In the past year, how many, if any _____ did the household purchase?					
2d. Where were they acquired from? Code					
2e. What was the price paid last time for _____ ? (Leva)					
2f. When was it ? Month year	/	/	/	/	/
2g. In the past year, how many _____, if any, did the household use for own consumption, died were lost or given away?					
2h. In the past year, how many, if any _____ did the household sell?					
2i. Where were they sold ? Code					
2j. What was the unit price received last time for _____ ? (Leva)					
2k. When was it ? Month year	/	/	/	/	/

3. Ask all who have cattle, chicken, goats or ships:

	1. Milk	2. Eggs	3. Wool
3a. Unit of measure.	Liter	Units	Kilos
3b. How many _____ (units) of “_” (commodity) were produced last month ?			
3c. In the past month, how many _____ (units) of “_” (commodity) did the household use for own onsumption?			
3d. In the past month, how many _____ (units) of “_” (commodity) did the household sell ?			
3e. Where were they sold ? Code			
3f. In the past month how much money did the household get from the sale of _____ ? (Leva)			
3g. What was the last unit price received for the sale of “_” (commodity) ?			
3h. In the past month, how many _____ (units) of “_” (commodity) did the give away ?			
3i. In the past month, how many _____ (units) of “_” (commodity) did the household bartered ?			

**Note:** Prorate the sale of wool if done on a yearly bases

Codes for Question 2d, 2i & 3e			
Coop .....	1	Individual person .....	6
State Marketing Board .....	2	Inherited .....	7
Wholesale Market .....	3	Free / Gift .....	8
Retail Market .....	4	Other .....	9
Side of the road .....	5		

## Section 6.9: Other Farming Income and Costs

### Other farming Cost

1. In the last 12 months, how much, if anything, did the household pay in cash and credit for:

	Amount
<b>Labor who helped with farming:</b>	
1. Number of workers employed on the farm for most of the year (that is, permanent workers)? Number	N
2. Cost last month for permanent workers	L
3. Total number of seasonal workers employed on the farm during the past year (Add the number of workers employed each month)?	N
4. Cost of Seasonal Workers last 12 months	L
5. Cost last month for benefits for permanent workers - Cost for social insurance	L
6. Cost for Petrol, diesel and oil for machines last month	L
7. Cost for Food for the poultry or farm animals last month	L
8. Other payments made in the last 12 months to gain access to land	L
9. Land taxes	L
10. Cost for various services, for example tractors, oxen which were used for ploughing last 12 months	L
11. Cost for water last 12 months	L
12. Cost for loans/Interest last 12 months	L
13. Other costs ? Describe	L

### Other Farming Income

2. In this section, I'd like you to indicate what other amount you received in total in the past 12 months from your farming activities.

Let's begin with \_\_\_\_: How much did you receive from \_\_\_\_  
(Repeat for each category)

	Value	Last time received Month Year
1. Value of subsidies or drought relief received in the past 12 months?	L	
2. Value received for providing a service to other farmers, for example ploughing or planting last 12 months?	L	
3. Value received for providing use of agricultural tools and machineries last 12 months?	L	
4. Total value received for other agricultural services not listed above last 12 months	L	



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**Section 7.1: Remittances - Income Received from Absent Members of the Household or from Any Other Person.**

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1. Are there any people who send money, food, or make any other kind of contribution to this household?

Yes .....1  
 No.....2      /\_\_\_\_/      → **Go to Section 7.2**

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**Interviewer: SAY:** "Please name each person who sends money or food or makes some other kind of contribution to the household (record names in the column provided under Question 2).

**Next:.** Ask **Questions 3 to 6.**

- Note:**
- For **Question 4a** it is possible that the individual sending money or goods has more than one type of relationship with the household. (For instance a person may be husband, father, and grandfather) In these cases use the first applicable code from the box.
  - For **Questions 4b and 4c:** Fill in the name and the person code of the related household member from the household roster.
  - For **Questions 6 to 9** we want to know how much do you think it would have cost the household to buy all the things that \_\_\_\_\_ brought to the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia .....111
Sofia Region	102	202	302	402	Ukraine .....112
Plovdiv	103	203	303	403	Turkey .....113
Bourgas	104	204	304	404	USA.....114
Varna	105	205	305	405	Canada.....115
Haskovo	106	206	306	406	Germany .....116
Montana	107	207	307	407	Libia .....117
Lovech	108	208	308	408	Greece .....118
Russe	109	209	309	409	Other.....119

Codes for Question 4a	
Wife/Husband/Partner .....	1
Father/Mother.....	2
Son/Daughter.....	3
Brother/Sister .....	4
Other Relatives .....	5
Not Related .....	6

2. List names of people making the contributions to household	3. Where is ____ now?  (Use code box)	4. What is ___'s relationship to any member of the household ?			5. Amount received in cash during last 30 days	6. Amount received in cash during last 12 months	7. Did the household receive any food during the last 30 days ?  No... 0 Yes . Amount	8. Did the household receive any clothes during the last 12 months ?  No.. 0→10 Yes . Amount	9. Total value evaluated at today's cost	10. Did the house- hold receive any other contribu-tion in kind during the last 12 months ?  Leva	11. Total value evaluated at today's cost  Leva
		4a.  Relationship Code	4b.  Person Name	4c.  Person Code							
Names	Code										
1.											
2.											
3.											
4.											
5.											
6.											
7.											

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## Section 7.2: Remittances - Absent Household Members and Other Persons Who Received Contributions from the Household

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1. Are there any people who are not member of this household as reported on the flap who have been away for more than three months, or any other person who have received money, food, or any other assistance from this household in the past 12 months?

Yes ..... 1  
 No ..... 2      /\_\_\_\_/      → **Go to Section 8**

**Interviewer: SAY:** "Please name each person who has been away for more than three months or any other person who received food or any other kind of assistance from the household (record names in the column provided under Question 2).

In the case of the entire family being supported (like in the case of migrant workers) WRITE "Family".

**Next:.** Ask **Questions 3 to 11.**

- Note:**
- For **Question 6a** : Fill in the relationship code from the code box
  - For **Questions 6b and 6c**: Fill in the name and the person code from the flap. If name and code are not on the flap, **code 88**
  - For **Questions 7 to 11** we want to know how much do you think it would have cost the household to buy all the things that \_\_\_\_\_ took from the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia ..... 111
Sofia Region	102	202	302	402	Ukraine ..... 112
Plovdiv	103	203	303	403	Turkey ..... 113
Bourgas	104	204	304	404	USA ..... 114
Varna	105	205	305	405	Canada ..... 115
Haskovo	106	206	306	406	Germany ..... 116
Montana	107	207	307	407	Libia ..... 117
Lovech	108	208	308	408	Greece ..... 118
Russe	109	209	309	409	Other ..... 119

Codes for Question 4a	
Wife/Husband/Partner	..... 1
Father/Mother	..... 2
Son/Daughter	..... 3
Brother/Sister	..... 4
Other Relatives	..... 5
Not Related	..... 6
Family	..... 7

2. List names of people receiving contributions from the household	3. Gender	4. Age in years	5. Where is ____ now?  (Use code box)  Code	6. What is __'s relationship to any member of the household ?			7. Amount donated in cash during  last 30 days  Leva	8. Amount donated in cash during  last 12 months  Leva	9. Did the household donate any food during  last 30 days?  No. 0 Yes Amount Leva	10. Did the household donate any clothes  during last 12 months ? No ..0→11 Yes ..Amount Leva	11. Total value evaluated at today's cost  Leva	12. Did the household make any donations  in kind during last 12 months? No ... 0→Next Yes ...Amount	13. Total value evaluated at today's cost  Leva
				6a. Relation- ship Code	6b. Person Name	6c. Per- son Code							
Names	Mal .. 1 Fem .. 2	Years											
1.													
2.													
3.													
4.													
5.													
6.													
7.													

**Section 8.1 : SOCIAL ASSISTANCE / INSURANCE**

	1. Was the household or any member of the household formally granted any of the following benefits/payments?  Yes ..... 1 No ..... 2 →Next one	2. In the last month did the household or any member of the household actually receive any of these benefits?  Yes ..... 1 No..... 2	3. Did the household or any member of the household receive the full amount of benefits formally granted?  Yes ..... 1 No..... 2
1	Private old age pension		
2	State old age pension		
3	Survivor pension		
4	Disability Pension		
5	Social Pension		
6	Unemployment benefits		
7	Job search related programs		
8	Guaranteed monthly social assistance payment		
9	Periodic monthly social assistance payment		
10	Targetted (? Specify) social assistance payment		
11	Child allowance		
12	In kind benefits - Free transportation - Medicine certificates - Food / Clothes - Other in kind benefits		

**Section 8.2: PRIVATE OLD AGE PENSION**

Name	C o d e	1. When did “_” retire ?		2. How old was “_” when he/she retired?	3. What was “_”’s main job at time of retirement ?	4. In which sector ?	5. What was “_”’s monthly salary at time of retirement ?	6. Did “_” receive any severance pay at time of retirement? No..... 0 Yes..... Amount	7. How much did “_” receive last month ?	8. Did “_” receive any child allowance in addition? No ..... 0 Yes .... Amount
		Mos	Years	Years	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva	Leva

**Section 8.3: STATE OLD AGE PENSION**

Name	C o d e	1. When did “_” retire ?		2. How old was “_” when he/she retired?	3. What was “_”’s main job at time of retirement ?	4. In which sector ?	5. What was “_”’s monthly salary at time of retirement ?	6. Did “_” receive any severance pay at time of retirement? No.... 0 Yes... Amount	7. How much did “_” receive last month ?	8. Did “_” receive any child allowance in addition? No ..... 0 Yes .... Amount
		Mos	Years	Years	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva	Leva

**Section 8.4 - SURVIVERS PENSION**

Report name of beneficiary	C o d e	1. When did “_” start receiving benefits?	2. What is “_”s relationship to deceased?	3. How old was he/she when he/she died?	4. When did he/she died?	5. What was his/her main job at time of death ?	6. In which sector did he/she work?	7. What was his/her monthly salary at time of death ?	8. Did “_” receive any lump sum payment at that time? No ..... 0 Yes.... Amount	9. How much did “_” receive last month ?
Name		Month Year	Code	Years	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

<b>Code for Q. 2</b>	
Spouse.....	1
Sister/Brother.....	2
Son/Daughter .....	3
Other .....	4

**Section 8.5: DISABILITY PENSION**

Name	C o d e	1. What is “_”s type of disability ? (use code box)	2. When did “_” become disabled ? Always=99	3. What was “_” main job at time of retirement?	4. In which sector did “_”work?	5. What was “_” monthly salary at time of retirement?	6. Did “_” receive any lump sum payment at that time? No ..... 0 Yes ....Amount	7. How much did “_” receive last month ?
		Code	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

<b>Code for Q. 1</b>	
Disability 1 .....	1
Disability 2 .....	2
Disability 3 .....	3

**Section 8.6: UNEMPLOYMENT BENEFITS - For all people above age 15**

Name	C o d e	1. Has “_” ever been unemployed during the past 5 years? Yes .....1 No.....2	2. When did “_” become unemployed last time?		3. What was “_”s main job when he/she became unemployed ? Code (from p.22)	4. In which sector did “_” work?  Code (from p.24)	5. What was “_”s monthly salary at that time?  Leva	6. For how long has “_” been unem- ployed?  Months	7. For how long did “_” receive benefits?  Months	8. When was last time that “_” received benefits?		9. How much did “_” receive a month last time?  Leva	10. Did “_” receive any family / child subsidy in addition ? No..... 0 Yes.... Amount Leva
		Month	Year							Month	Year		

Name	C o d e	11. Did “_”receive any lump sum payment at that time? No..... 0 →14 Yes.... Amount Leva	12. What did “_” do with the lump sum ?  Code	13. Did “_” receive any special training ?  Yes ..... 1 No..... 2	14. Has “_” been part of a special Job search program ? Yes .....1 No .....2

**Codes for Question 13**

Start a business .....	1
Buy Real Estate .....	2
Buy durables.....	3
Buy Food .....	4
Savings .....	5
Given to Friends and rel ...	6
Other.....	7

**Section 8.7: MATERNITY AND SOCIAL PROGRAM BENEFITS**

Name	C o d e	1. Has “_” received any maternity benefits during the past 12 mos.? Yes ..... 1 No..... 2→6	2. When did “_” start receiving benefits? Month Year		3. When did “_” stop receiving benefits ? (if not →99) Month Year		4. How much did “_” receive per month last time ? Leva	5. Did “_” receive any child allowance in addition? No .. 0 Yes . Amount Leva	6. Has “_” received any stipend during the past 12 mos.? Yes.. 1 No..2→Next	7. When did “_” start receiving this stipend? Month Year		8. When did “_” stop receiving benefits ? (if not →99) Month Year		9. How much did “_” receive per month last time ? Leva	10. Did “_” receive any child allowance in addition? No... 0 Yes..Amount Leva

**Section 8.8: IN KIND INDIVIDUAL SOCIAL BENEFITS**

Name	C o d e	1. Has “_” received any transportation benefits during the past 12 mos.? Yes ..... 1 No..... 2→5	2. When did “_” start receiving this benefits? Month Year		3. When did “_” stop receiving this benefits? Month Year		4. How much did “_” receive a month last time? Leva	5. Has “_” received any medical equipment benefits during the past 12 mos.? Yes ..... 1 No..... 2→Next	6. When did “_” start receiving this benefits? Month Year		7. When did “_” stop receiving this benefits? Month Year		8. How much did “_” receive in total this past 12 months? Leva	9. What was the total value at today’s cost of benefits that “_” received this past 12 months? Leva

**Section 8.9: CASH AND IN KIND HOUSEHOLD SOCIAL BENEFITS**

**Note:** • **First:** Ask **Question 1** for all the Benefits, **Then:** Ask **Question 2 to 4**

1. Did you or your family receive any of the following benefits during the past 12 months?			2. When did you start receiving this benefits?		3. When did you stop receiving this benefits? (if not →99)		4. How many times during the last 12 months?	5. How much did “_” receive in total this past 12 months?	6. What was the total value at today’s cost of benefits that “_” received this past 12 months?	7. Where was received it from? State ..... 1 Foundation ..... 2 Church..... 3 NGO..... 4 Other ..... 5
Type of Benefit	Code	Yes.....1 No .....2	Month	Year	Month	Year	Number	Leva	Leva	
Regular Monthly Cash	1									
Occasional Cash	2									
Food Benefits	3									
Clothing Benefits	4									
Other Benefit (Specify)	5									

**Section 8.10: OTHER FORMS OF REVENUE \ DEBTS**

1. Did you or your family receive any income or incurred any debts from the following sources during the past 12 months ?			2. Amount received/paid last months	3. Amount received/paid last 12 Months	4. Today’s value of total amount received/paid last 12 Months
Type of revenue/debt	Code	Yes.....1 No .....2	Leva	Leva	Leva
Income from financial assets	1				
Income from Partnerships	2				
Interests from investments and bank accounts	3				
Interests from loans	4				
Revenue from Lotteries	5				
Insurance Payments	6				
<b>Debts and loans</b>					
Debts	11				
Hire purchases	12				
Mortgage of house	13				

**Section 8.9: SUMMARY OR CHILD BENEFIT ALLOWANCE**

Note: List all the children age 0 to 18 that are members of your household and for whom you are responsible.

Name	Code	1. Is anybody in this household eligible to receive child allowance for this child	2. Why not:	3. Who is supposed to receive child allowance for this child?	4. From where is this person supposed to receive it?	5. How much was supposed to be the payment for this child?	6. How much was actually received last month?	7. Was it received on time?	8. How many days later did you receive it?
		Yes.....1 > 3 No.....2	Too old ..... 1 Don't know..... 2 Other ..... 3  (Next Child)	Name    Code	Employer..... 1 Municipality 2 Other ..... 3	Leva	Leva	Yes..... 1 > Next person No..... 2	Days

**Section 9.1: HOUSEHOLD FURNITURE AND DURABLE GOODS**

**Note:** • **First:** Ask **Question 1** for all the assets.  
**Then:** Ask **Question 2 to 4**

1. Do you have any of the following assets?		2. How many?	3. What is the current resale value?	4. Where were they acquired from ?
Commodity Name	Code	Yes....1 No .....2	Quantity	Leva
GAS STOVE	1			
ELECTRIC STOVE	2			
REFRIGERATOR	3			
FREEZER	4			
AUTOMATIC WASHING MACHINE	5			
MANUAL WASHING MACHINE	6			
DRYER	7			
DISH WASHER	8			
SEWING MACHINE	9			
ELECTRIC SEWING MACHINE	10			
COLOR TV	11			
VIDEO RECORDER	12			
PARABOLIC ANTENNA	13			
STEREO	14			
RADIO	15			
PERSONAL COMPUTER	16			
CAR	17			
MOTORCYCLE	18			
OTHER	19			

<b>Codes for Question 4</b>	
State Shop.....	1
Private Shop .....	2
Private person .....	3
Inherited.....	4
Gift/Free .....	5
Other.....	6

**Section 9.2: REAL ESTATE ASSETS**

1. Does any member of this household own other property or share of other property (such as a second home, a building or agricultural land) -  
Do not count properties in current use by the household already listed.

Yes.....1  
No .....2 /\_\_\_\_/ → Go to Question 12

**Note: First list all properties in Question 2. Then answer Questions 2 to 11**

2. Real estate property	3. Type of property ? House ..... 1 Non Ag L.6 Flat ..... 2 Garage .....7 Building ..... 3 Store Hou 8 Coop Land ..... 4 Plant .....9 Non use Ag La. 5	4. How many ?  Quantity	5. Unit of measure  Number ..... 1 Square Meters .. 2 Decares ..... 3	6. When was it acquired?  Mon. Year	7. How was it acquired?  Code	8. What is the current resale value?  Leva	9. Share owned by your houshold  Percent	10. Is it rented ?  Yes . 1 No... 2 → next	11. Total value at today's price of interests and rents received in cash and kind last 12 months  Leva	12. Total value at today's price of rents received in kind for your own consumption last 12 months  Leva
1.										
2.										
3.										
4.										
5.										

1. Does any member of this household expect to receive any other land or real estate property under the Land Restitution Act?

Yes ..... 1  
No ..... 2 /\_\_\_\_/ → Go to Section 10

<b>Codes for Question 7</b>	
Restitution.....	1
Bought.....	2
Given by Gov't.....	3
Inherited.....	4
Free.....	5
Other.....	6

2. Property	3. Type of property ? House .....1 Non Ag L.6 Flat .....2 Garage .....7 Building .....3 Store Hou.8 Coop Land .....4 Plant .....9 Non use Ag La..5	4. Time of expected acquisition  Month Year	5. Expected value of property  Leva
1.			
2.			
3.			
4.			
5.			





**Section 11: FERTILITY**

**Interviewer:** Ask for all women aged **15 to 49 years**. Record person names and codes from the flap and write them under **Question 1** and **Question 2**.

**Next:** Repeat all the questions for the first person on the list before going on to the next person.

**Note:** • In **Question 4**, if answer is "0" (zero) then go to next page to **Question 14**

1.  Name	C o d e	2. At what age did “_” have her first period?  Years	3. Has “_” ever been pregnant?  Yes .Num No .. 0→17  Number	4. Has “_” ever had a miscar- riage?  Yes..Num No... 0  Number	5. Has “_” ever had an abortion?  Yes . Num No.. 0→9	6. When did “_” have last one ?  Mon. Year	7. Where did “_” have last one ?  Hospital 1 Private Office. 2 Other..... 3	8. How much did it cost?  Leva	9. How many times has “_” given birth? (if 0 go to 17) Number	10. When did “_” have the first delivery?  Year	11. When did “_” have the last delivery?  Year	12. How many babies were not born alive?  Number	13. How many children are alive now?  Number

**FERTILITY (continued)**

Name	C o d e	14. How many died before age 1?  Number	15. How many died between ages 1 and 5?  Number	16. Would “_” like to have any (more) children?  Yes ... 1 No .... 2	17. How many children would “_” like to have or would have (had)?  Number	18. What is “_” method of contra- ception if any ?  (if none or 1 go to 22)  Code	19. Who prescribed / reccomended it? Nobody.....1 Pharmacist.....2 Doctor .....3 Quasi-doctor..4 Midwife.....5 Nurse.....6 Other .....7	20. Where was it obtained?  Pharmacy ..... 1 PHCU ..... 2 Polyclinic ..... 3 Hospital ..... 4 Office ..... 5 Other ..... 6	21. How much did it cost?  Leva	22. Is “_” pregnant now?  Yes ... 1 No .... 2	23. Is “_” breast- feedingt now?  Yes ... 1 No..... 2

Code for Q. 18	
None .....	0
Rithm .....	1
Condom/diaphragm .....	2
Spiral .....	3
Pill .....	4
Male sterilization .....	5
Femal steril .....	6
Other .....	7

JOB CODES			
None.....	0	Pulp and paper industry .....	23
Managers and high government officials, and local authorities .....	1	Glass and china industry .....	24
Managers and high party officials, officials of public and other organizations .....	2	Textile industry .....	25
Managers of state organizations and enterprises .....	3	Tailoring .....	26
Engineering and technical experts .....	4	Fur and Leather .....	27
Agronomists, veterinary, zoological, and forestry experts .....	5	Shoe-making .....	28
Research and Development Experts .....	6	Poligraphic industry .....	29
Managers, lecturers, teachers, etc. ....	7	Food processing, soap production, and fodder production.....	30
Cultural, arts, and mass communications staff.....	8	Energy production.....	31
Health care, physical education, and sports staff .....	9	Construction and operation of forklifts, etc. ....	32
Legal Staff.....	10	Agriculture.....	33
Security and defense staff .....	11	Forestry : preservation and replanting.....	34
Financial accounting experts, economists .....	12	Railways .....	35
Religion.....	13	Automobile and electric transport .....	36
Other intellectual professions.....	14	Water transport .....	37
Programmers and operators of automatic lines and systems .....	15	Air transport.....	38
Miners and related staff.....	16	Other transport related professions .....	39
Metallurgists, foundry workers, coke production.....	17	Communications personnel .....	40
Wires, electric, and electronic industry .....	18	Trade personnel (salespeople).....	41
Chemical, petrochemical and rubber industry.....	19	Public utilities and services personnel .....	42
Production of construction materials.....	20	Janitors, sick-nurses, etc. ....	43
Wood yielding .....	21	Other physical labor related professions .....	44
Wood processing.....	22	Unspecified profession (vague job definition) .....	45

## Household Roster Flap

**Interviewer:** Copy name, code, age and gender of all household members reported in the household roster section on page 5. Use it as, a reference for the other section where reference is made to a household member.

Name	Person Code	Age	Gender M/F

Name	Person Code	Age	Gender M/F