

<b>Region Number</b>		<b>Cluster Number</b>		<b>Household Number</b>	

(Please do not enter any thing in this table!  
It will be processed at headquarters)

## 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. Cluster		
3. Household		

#### 4. Attempted visits (including visits where contact was not established):

	4a. Date	4b. Time
Attempted Visit #1	Day_ / Month / 2001	
Attempted Visit #2	Day_ / Month / 2001	
Attempted Visit #3	Day_ / Month / 2001	

#### 6. Reasons for replacement

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 / \_\_\_/

#### 5. Household selection

Original selection ..... 1 → Q. 7

Original sample replacement 2

Replacement based on a new dwelling selection procedure 3

Roma oversampling ..... 4 / \_\_\_/

	Visit 1	Visit 2 (if necessary)
7. Name of Interviewer:		
8. Code of Interviewer:		
9. Date:	Day_ / Month / 2001	Day_ / Month / 2001
10. Time Began:		
11. Time Ended:		

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

**Strictly Confidential**

**April/May 2001**

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17. **First and Family Name of Household Head:** \_\_\_\_\_ (Report from listing if possible)

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

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

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

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19. **Gender of main respondent:**

Male ..... 1

Female.....2../\_\_\_\_/

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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, sharing in the budget spending and raising, who lived together for more than 9 months during the last 12 months.
  - First, list all the people in this 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

**Code box for Question 2**

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		

**Code box for Question 10**

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/specify.....	8

**NOTE For Question 11\*** Remember that an individual is defined as a **Household Member** /in the narrower sense/ if:

- participates in the budget of the household
- Has been living there for more than 3 months out of the last 12 months
- Is not a renter

N.B. **If the household head** has been away from the dwelling for more than 3 months (in the last 12 months), but has been coming back regularly, is part of the family and they consider him/her a head - then you must define him/her as head of household -Q.11

N u m b e r	1. First, list names of <b>all individuals</b> in household ( <b>Head first</b> ) Use first names only.  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 Widowed ..... 5→7 Never Married. 6→7	6. Is "..."s spouse living in the household?  Yes ..... Cod e Not in household . 99  Code of person	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?  Months	10. Reasons for absence or leaving the household :  (use Codes for Q.10)  Code	11.* Is "..." a member of the household?  Yes..... 1 No.....2 → Go to <b>next person</b>	
	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 2: MIGRATION**

Name	Code	1. Where was "... " born?		2. Did "... " live here all the time?		3. When did "... " move here most recently?		4. Where did "... " move from?		5. Why did "... " come here?				
		Name	Code	Yes... 1 →Next person	No.... 2	Year	Month	Name	Code	Work .....1	Study .....2	Opportunity .....3	Family reasons 4	Other /Specify...5

Codes for Question 1 and Question 4				
	Regional HQ	City (ex prov.Cap)	Small town	Village
Sofia City	101			
Sofia Region	102	202	302	402
Plovdiv	103	203	303	403
Bourgas	104	204	304	404
Varna	105	205	305	405
Haskovo	106	206	306	406
Montana	107	207	307	407
Lovech	108	208	308	408
Russe	109	209	309	409

**Section 3: EDUCATION**

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

Name	1. What is “_”’s mother tongue?  Bulgar ....1 (go to→3) Turkish...2 Gypsy.....3 Russian ..4 Other.....5 <i>Specify</i>	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 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 <b>last course</b> 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 <b>the last course</b> “...” took? Code	12. How many weeks was <b>the last course</b> “...” took? Weeks	13. What was the fee paid for the <b>last course</b> “...” took? Leva	14. What was the total amount spent in the last <b>12 months</b> for 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     4 yr.....84
<b>Elementary</b>		<b>Secondary education (Technical)</b>	2 yr.....82     5 yr.....85
1 yr.....31	3 yr.....33	1 yr.....61     3 yr.....63	3 yr.....83     more than 5 yrs.....86
			post-graduate...87
2 yr.....32	4 yr.....34	2 yr.....62     4 yr.....64     5 yr.....65	<b>9. Other occupation-specific education after secondary, incl. college</b>
<b>Middle School</b>		<b>Secondary education (vocational)</b>	(e.g. Nurses, Police, etc.)
1 yr.....41	3 yr.....43	1 yr.....71     3 yr.....73	1 yr 1.....91     3 yr.....93
2 yr.....42	4 yr.....44	2 yr.....72     4 yr.....74     5 yr.....75	2 yr 2.....92

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

EDUCATION - Continued

Name	15. What <b>type</b> of child care/ educational institution does “...” attend?  C State run.... 1 o Private..... 2 d Other..... 3 e	16. How many hours (1h=60sec)of child care/ school does “...” usually attend per week when school is in session?  Hours	17. When does “_” go to day care/ school ?  Morning ..... 1 Afternoon....2 Alternate.....3 All day.....4	18. How many hours of child care, schooling did “...” <b>miss</b> during the past two weeks?  Hours	19. How far is the child care/ school ?  Km.	20. How long does it take to go to childcare/ school or come back on average ?  (One way)  Minutes	21. What is the main mode of transportation to go to DC/ school? School bus.... 1 Private car .... 2 Public transport .... 3 Bicycle ..... 4 Walk..... 5 Other ..... 6	22. How much does it cost per month to go and come back from child care/ school?  Leva



**EDUCATION - Continued**

Name	C o d e	23. How much was spent in the past month for “...” for expenses/fees for the following:  (Note if None: report 0)				24. How much was spent in the past 12 months for “...” for expenses/fees for the current school year for the following expenses:  (Note if None: report 0) Note: Prorate the expenses made for all year			30. Does “...” receive any <b>special training</b> or tutoring in addition to school?  Yes.....1 No .....2 (next person)	31. How many hours of training/ tutoring does “...” usually receive <b>per month?</b>  Hours	27. How much was usually <b>paid per month</b> for “...” special training/ tutoring during last school year?  Leva
		A. Extra- Curricular Activities	B. School meals	C. Lodging	D. Paper and Other Materials	A. School Tuition	B. Uniforms	G. Textbooks			

Name	<p>In addition to formal fees and charges you already mentioned, in the last 12 months did your household provide any assistance, both cash and in-kind, for:</p> <p><i>(In each column you should put the amount spent. If the assistance is in-kind, please record its Leva equivalent. -Leva equivalent of labour you should estimate based on a 10 leva daily wage. If no money was spent - enter 0)</i></p>				
	C o d e	25. Refurbishment of school, cleaning, construction? Leva	26. Materials and equipment for the school? Leva	27. Gifts for teachers and other school staff? Leva	28. Cultural activities, trips organised by the school, parties? Leva

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## Section 4: Housing

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### 2.1 Housing

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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 →12 /\_\_\_\_/

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 Restitution 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 (doorkeeper, cleaning) 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 /\_\_\_\_/

15. Who pays part or all of the rent?

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

16. Percentage paid by others

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

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  
 Shacks /shelter not meant for  
 living puposes/ ..... 4→20 /\_\_\_/

19. What is the location of the dwelling?

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

20. What is the approximate age of the dwelling ?

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

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

Prefabricated elements ..... 1  
 Concrete ..... 2  
 Stone/bricks ..... 3  
 Wood ..... 4  
 Adobe ..... 5  
 Corrugated Iron ..... 6  
 Other/ Specify ..... 7 /\_\_\_/

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

Flush toilet ..... 1  
 Pit latrine ..... 2  
 Other/ Specify ..... 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 system / pump /well..... 2
- River ..... 3 →31
- None (specify)..... 4 →31 /\_\_\_/

30. Where is the tap located?

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

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. *Attn. of interviewer\**: For each of the energy sources and charges listed ask the following questions (from a. to d.)

Item Name	Item Code	a. Amount due last month for: Leva	b. Amount paid last month for: Leva	c. Total amount due for: Leva	d. For how many months is it due
District heating	01				
Electricity	02				
Gas	03				
Coal	04				
Oil	05				
Wood (purchased)	06				
Other energy sources	07				
Water and sewerage	08				
Waste disposal	09				
Condominium fees (not including contingent repairs)	10				

\_\_\_\*Note: Where an energy source or charge is purchased/paid only once or several times a year, you need to estimate and fill in the average monthly value.

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 /\_\_\_/

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

41. How far from the dwelling is the nearest facility:  
 (use increments of 0.5 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 /\_\_\_/  
 If No, Go to Q.44

43. How much did you pay for the telephone last month  
 L /\_\_\_\_\_/

44. Does any member of your household own a personal (not company) **mobile** (cell) phone?  
 Yes.....1  
 No.....2  
 If No, Go to next Section.

45. How much did you pay for the mobile phone last month?  
*/if there is more than one mobile phone in the household - enter the total amount/*  
 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**  
For each of the items use **the same** reporting period - on weekly or monthly basis.

- Note:**
- For **Question 3**, Report the total amount that was consumed last month for that product on a monthly or weekly basis. 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** in the past month, it is possible that they were purchased months ago or they had been received 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 known price of the commodity consumed. This price would be different from the price purchased if the commodity had been purchased a long time ago, or if the commodity had been received from other sources or own production.
  - 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 record it.
  - For the question referring to consumption of canned fruit and vegetables you should on your own calculate and record the quantity in kilos.

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 basis last month ?			
		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
Commodity name	Code											

**Cereals**

Maize flour	101		Kg									
Wheat flour	102		Kg									
Bread	103		Kg									
Pasta	104		Kg									
Rice	105		Kg									
Other Grains (buns,rolls)	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									



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 basis last month?			
Commodity name	Code	Yes..1 No...2		Unit	a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?	Unit Price	a.	b.	c.
		Week..1 Mon....2	Quantity		Quantity	Quantity	Quantity	Week..1 Mon....2		Quantity	Total Value	
Peppers	306		Kg									
Cabbage	307		Kg									
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**

Canned vegetables	501		Kg									
Canned 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. 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 basis last month?			
		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
Commodity name	Code		Unit	Quantity	Quantity	Quantity	Quantity	Unit Price	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 (milk formula)	805		Kg									
Other	806		Kg									

1. Was ___ Consumed or purchased by this			2.	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			
		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
Commodity name	Code		Unit									

**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.*

Child care - Baby-sitting	<b>309</b>				
Pet food and expenses	<b>310</b>				
Other monthly expenditure	<b>311</b>				

Item	Code	Unit	Quantity	Amount	Price
------	------	------	----------	--------	-------

**Personal Items**

Cigarettes and Tobacco	<b>101</b>	Pack			
Toilette Soap	<b>103</b>	Unit			
Luxury Toilette soap	<b>104</b>	Unit			
Shampoo	<b>105</b>	Unit			
Conditioner	<b>106</b>	Unit			
Shampoo & Conditioner	<b>107</b>	Unit			
Hand Cream	<b>108</b>	Unit			
Hydrating lotion	<b>109</b>	Unit			
Face cream	<b>110</b>	Unit			
Cleansing Cream	<b>111</b>	Unit			
Deodorant	<b>112</b>	Unit			
Tooth paste	<b>113</b>	Unit			
Hair cut	<b>114</b>	Unit			
Hygienic services	<b>115</b>				
Cultural activities	<b>102</b>				
Books	<b>116</b>				
Newspaper/magazine	<b>117</b>				
Stationery	<b>118</b>				
Mail Service/ incl .calls from post office/	<b>119</b>				

**Transport**

Gas and Oil	<b>201</b>	L			
Car service, maintenance	<b>202</b>				
Taxi	<b>203</b>	Unit			
Tram and Buses	<b>204</b>				
Trains - Outside city	<b>205</b>	Unit			

**Other Monthly Expenditures**

Purchased Wash. Soaps	<b>301</b>	Unit			
Value of made soaps	<b>302</b>	Unit			
Washing powder	<b>303</b>	Kg			
Bleach	<b>304</b>	L			
Dishwashing soap	<b>305</b>	L			
Other washers	<b>306</b>	Kg			
Other cleaners	<b>307</b>				
Membership fees /clubs, sports, parties, unions/	<b>308</b>				
Sports activities /without membership fees/	<b>312</b>				

**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.*

<b>Item</b>	<b>Code</b>	<b>Amount</b>
-------------	-------------	---------------

**Textile / Cloth**

Cotton	<b>201</b>	
Wool	<b>202</b>	
Silk	<b>203</b>	
Synthetic	<b>204</b>	

**Clothes**

Men	<b>301</b>	
Woman	<b>302</b>	
Children	<b>303</b>	

**Shoes**

Men	<b>401</b>	
Woman	<b>402</b>	
Children	<b>403</b>	

**Household items**

Kitchen equipment	<b>501</b>	
Home repairs	<b>502</b>	
Furniture	<b>503</b>	
Bedding, sheets, etc.	<b>504</b>	
Other/ <i>Specify</i>	<b>505</b>	

**Health Care**

Dentist - Consultation	<b>601</b>	
Doctor - Consultation	<b>602</b>	
Hospital / Sanit. - Fees	<b>603</b>	
Medicines, medications	<b>604</b>	
Optical equipment	<b>605</b>	
Skin care/Plastic surgery	<b>606</b>	
Other Health/ <i>Specify</i>	<b>607</b>	

**Other yearly expenditures**

Holidays / Camps	<b>701</b>	
Jewelry and Presents	<b>702</b>	
Insurance : Mandatory	<b>703</b>	
Insurance : Optional	<b>704</b>	
Savings	<b>705</b>	

**Section 6.1: EMPLOYMENT - STATUS AND HISTORY OF EMPLOYMENT**

- NOTE:**
- Ask all household members **16 years** and older.
  - List all the household members in the correct age group first from the flap and then ask all Questions for that person..
  - Make sure that all pensioners are listed and asked if they have a job.
  - For questions about type of job (profession) and sector of economy of this and the following sections, fill the type of activity and codes you will find in the Jobs table and sector table in this section and at the end of the questionnaire.

Name	C o d e	1. Has “_” been working for a wage or revenue during the past 7 days? Yes ... 1 → 3 No .... 2	2. In the past 7 days has “_” not been working because he/she is: On sick leave ..... 1 On maternity leave .. 2 On vacation ..... 3 Not in season ..... 4 Company closed ..... 5 Other reason ..... 6 → 5	3. What is “_”’s <b>main</b> current type of work ?  Permanent dep. job ..... 1 Temporary No Contract 2 Temporary/Contract..... 3 Own Business ..... 4 Own Farm ..... 5 Helping friends - Relat.. 6	4. Is “_” currently looking for <b>more work</b>  Yes . 1 → <b>8</b> No .. 2 → <b>18</b>	5. Is “_” Currently looking for work ?  Yes ... 1 → 8 No..... 2	6. Why Not? No jobs..... 1 Sick ..... 2 Disabled ..... 3 Maternity..... 4 Education ..... 5 Housekeeping... 6 Pensioner ..... 7 Other ..... 8	7. Although “_” has not been working at a regular job for remuneration, has he/she been performing any activity for cash or in kind remuneration in the past 7 days? Yes ..... 1 → 18 No..... 2 → 27

**Note:** Make sure to distinguish between **employed women that are still entitled to maternity leave** (children up to 3 years) that are paid through the employer - their revenue will be reported in Section 6 as **salary**, and those that were unemployed at the time of delivering - their revenue will be reported in **Section 8.6** /Maternity and childcare benefits under the social assistance system/.

**EMPLOYMENT - STATUS AND HISTORY OF EMPLOYMENT - Continued**

Name	C o d e	8. How long has “_” been looking for a job ?  Months	9. In the past 7 days how many hours has “_” spent looking for a job ?  Hours	10. What is the <b>main method</b> “_” used to look for a job ?  Labor office ..... 1 Written application ..... 2 Ads/ Paper..... 3 Going to firms... 4 Intermediary..... 5 Friends ..... 6 Other ..... 7	11. Is “_” ready to start a new job in 7 days if offered?  Yes .....1 No.....2	12. Would “_” move to another town in order to get a job ?  Yes..... 1 No ..... 2	13. What is the minimum monthly salary that “_” would accept for a regular job ?  (Net)  Leva	14. What is the minimum daily wage that “_” would accept for an occasional job ?  (Gross)  Leva	15. Is “_” registered with the labor office?  Yes..... 1 No ..... 2	16. Has “_” received any form of unemploy- ment benefits ?  Yes..... 1 No ..... 2	17. Although “_” has been unemployed and has been looking for a regular job for remuneration, has he/she been performing any activity for cash or in kind remunerations in the last 7 days ?  Yes..... 1 No..... 2 → 27

**EMPLOYMENT - STATUS AND HISTORY OF EMPLOYMENT - Continued**

Name	C o d e	18. What has been “_”s <b>main job</b> during the past 7 days ?  (If none “0” and go to 20)	19. For how long has “_” been doing this job ?	20. Did “_” spend any time on a second job during the past 7 days ?	21. What has been “_”s secondary / casual job during the past 7 days ?	22. For how long has “_” been doing this job ?	23. Did “_” spend any time on a self- employment activity during the past 30 days ?	24. For how long has “_” been doing this activity ?	25. Did “_” spend any time on any agricultural activities during the past 12 Months ?	26. For how long has “_” been engaged in agricultural activities?
		Activity Code	Years Mos	Yes... 1 No .... 0→ 23	Activity Code	Years Mos	Yes....1 No.....0→ 25	Years Mos	Yes....1 No.....0→ 27	Years Mos

**Codes for Q. 18, Q. 21, Q.28, Q.32 and Q.36**

None..... 0

Other codes are on the flap  
page



**EMPLOYMENT - STATUS AND HISTORY OF EMPLOYMENT - Continued**

Name	Code	27. What type of employment did “_” have 12 months ago? (if 0→31) Code	28. What type of job was “_” doing? Activity Code	29. For how long was “_” doing it? Years Mos	30. Why did “_” stop doing it? Code	31. What type of job or activity was “_” in <b>1998</b> ? if 0→35 Code	32. What type of job was “_” doing? Activity Code	33. For how long had “_” been doing it? Years Mos	34. Why did “_” stop doing it? Code	35. What type of job or activity was “_” doing in <b>1995</b> ? if 0→nxt Code	36. What type of job was “_” doing? Activity Code	37. For how long had “_” been doing it? Years Mos	38. Why did “_” stop doing it? Code

Codes for Q. 27, Q. 31 and Q. 35	
Same as before.....0	Working for Friends and relatives .. 10
State Sector temporary..... 1	Own Business ..... 11
State Sector Permanent (FT).....2	Farm..... 12
State Sector Permanent (PT).....3	Casual job ..... 13
Private Sector Temporary .....4	Student..... 14→31, 35
Private Sector Permanent (FT) .....5	Housekeeping ..... 15→31, 35
Private Sector Permanent (PT) .....6	Military service..... 16→31, 35
Coop Temporary.....7	Pensioner ..... 17→31, 35
Coop Permanent (FT).....8	Unemployed ..... 18→31, 35
Coop Permanent (PT).....9	Other/ <i>Specify</i> ..... 19

Codes for Q. 30, Q. 34 and Q. 38	
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/ <i>Specify</i> ..... 10

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

**Note: Ask this section to all individuals that work for a salary or commission for an employer. Ask also unemployed people, who have been performing activities for a wage or commission during the past 7 days.**

Name	C o d e	1. What is “_”’s <b>main job</b> ?  (Codes Jobs table)  Activity Code	2. What is the type of <b>employer</b> that “_” works for ?  Gov’nt.....1 State.....2 Private.....3 Municip...4 Joint vent...5 Other .....6 /specify/	3. What is the <b>sector</b> that “_” works in?  Code /sector table/	4. What type of <b>contract</b> does “_” have:  Code /table on employment relations/	5. How many hours was “_” <b>suppo- sed</b> to work last week ?  Hours	6. How many hours did “_” <b>actual- ly work</b> last week ? Hours	7. How many weeks did “_” <b>work</b> 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 and insurance deducted from your salary ?  No..... 0 If Yes: How Much? Leva	11. Were there any other deductions/ voluntary/?  No..... 0 If Yes: How Much? Leva	12. What was the <b>take home pay</b> ?  Leva

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	

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/monthly	14. Did “_” receive any honorarium/ additional payment? No .....0 If Yes: How Much? Leva/ yearly	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 yearly?

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

**Note: Ask this section to individuals who have a second dependent job, working for a salary or commission for an employer**

Name	Code	1. What is “_”s second job ?  (Codes Jobs table)  Activity Code	2. What is the type of employer that “_” works for ?  Gov’nt.....1 State.....2 Private.....3 Munic.....4 Joint vent...5 Other.....6 /specify/	3. What is the sector that “_” works in?  Code /sector table/	4. What type of contract does “_” have:  Code /table on employment relations/	5. How many hours was “_” supposed to work last week ?  Hours	6. How many hours did “_” actually 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 and insurance deducted from your salary ?  No..... 0 If Yes: How Much?  Leva	11. Were there any other deductions/voluntary/?  No..... 0 If Yes: How Much?  Leva	12. What was the take home pay ?  Leva

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		

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/specify .....	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/Yearly	15. Does “_” employer provide paid leave? No..... 0 If Yes: How many days a year?	16. Does “_” employer provide subsidized vacation cost? No .....0→18 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 per year?

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

**Note:** Here we include people who have a business of their own /small enterprises, family business/, freelancers, etc., excluding farmers.

Name	C o d e	1. What is “_”s first self- employ- ment activity ?	2. What is “_”s second (if any?) self- employ- ment activity ?	3. What is “_”s third (if any?) self- employ- ment activity ?	4. How many <b>hours</b> did “_” spend in these activities <b>last week</b> ?	5. How many <b>weeks</b> did “_”spend in these activities <b>last month</b> ?	6. On average how many <b>months</b> did “_” spend in these activities <b>last year</b> ?	7. On average how many <b>days</b> does “_” spend in these activities <b>a month</b> ?	8. On average how many <b>hours</b> does “_” spend in these activities <b>a day</b> ?	9. How much did “_” make (net revenue) <b>in cash</b> from these activities during the <b>past 30 days</b> ?	10. How much did “_” make (net revenue) <b>in kind</b> from these activities during the <b>past 30 days</b> ?	11. How much should have “_” paid somebody else for doing the same job?
		Activity Code	Activity Code	Activity Code	Hours	Weeks	Months	Days	Hours	Leva	Leva	Leva

Self Employment codes for Q.1 , Q.2 and Q.3		
Embroidery/dessmaking/Knitt .....1	Beautician / Hair dresser ..... 9	Prof. Serv: Financial..... 17
Hospitality services/hotels .....2	Cleaning ..... 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 repairs .....8	Prof. Serv: Research..... 16	Other/ Specify ..... 21

**SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for self) - 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 /see code on previous page/			
<b>EXPENSES</b>			
1. Capital Equipment last 12 mos - Tot Cost			
2. Labor - Number of full time workers last month			
3. Labor - Cost for Salaries last month			
4. Labor - Number of part time workers - Average people per month			
5. Labor - Cost for part time labour last month			
6. Social insurance payment last month			
7. Cost for Materials last month			
8. Other Expense last month			
9. Business Taxes - last year			
<b>REVENUE</b>			
1. Gross Value of the production during last 7 days			
2. Gross 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			
<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 self) - 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	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			

**REMEMBER TO ENTER CODES FOR Q.4**

<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 6.7, on page 38. /\_\_\_/

**Note:** In this section you need to describe all land, which the household **cultivates and makes use of**, regardless of whether it is owned or not:

- 1. for commercial purposes and/or for own consumption; and**
- 2. members of the household participate in management decision making relating to the farming and use of land /i.e. they are not hired workers/.**

*N.B. If the members of the household own land, but they themselves DO NOT farm it /or use it/ and DO NOT participate in decision making as to its farming and use, the land must be reported in Section 9.2 Real Estate Assets.*

	1. Orchards and vineries	2. Pastures and greenfields	3. Agricultural land (excluding orchards and vineries)	4. Total
1. Total decares available for farming and use by the household members				
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. Annual rent paid out /to other individuals or organisations/ (Leva)				
9. What is main source of irrigation ? Rain .....1 Dam.....2 Ground source /Pump/ ....3 River / stream .....4 Other.....5				

**Section 6.6: AGRICULTURE - Crop production, Yield**

**Note: Write down the ten most important crops for the household**

**Questions of this Section refer to the last season: April 200-March 2001**

1.  Crop Name	2.  Code	3. Total area of cultivated land  Decares	4. Was it:  Single cropped... 1 Double cropped . 2	5. What was the total quantity harvested last season (April 2000-March 2001) Kg.	6. When was last harvest ?  Month	7. What was the total quantity Sold ? No quantity was sold .. 0 →10 Kg.	8. Where was most of the product sold?  Code	9. Unit Price received		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 by way of payments last 12 mos ?  Kg.	13. What was the total quantity bartered last 12 mos. ?  Kg.
								A Price last time	B Average price				
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**NOTE:** Distinguish between crops produced at different times of the year, if in the open air or in green houses. This distinction is to be entered in two different boxes respectively.

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

Codes for Question 8	
<b>Coop.....</b>	<b>1</b>
<b>State Wholesale Dealer .....</b>	<b>2</b>
<b>Private Wholesale Dealer.....</b>	<b>3</b>
<b>Retail Market.....</b>	<b>4</b>
<b>Side of the Road.....</b>	<b>5</b>
<b>Individual .....</b>	<b>6</b>
<b>Other.....</b>	<b>7</b>

6.6 AGRICULTURE - Crop production -continued- Agricultural inputs

Questions of this Section refer to the last season: April 2000 - March 2001

Crop Name	1. Code	Fertilizer				Pesticide/Herbicides		Seeds		Seedlings		Labour input		Other inputs
		Chemical		Organic		6. Quantity used these 12 mos.	7. How much did it cost	8. Quantity used these 12 mos.	9. How much did it cost	10. Quantity used these 12 mos.	11. How much did it cost	12. How many workdays went for crop production these 12 mos (total for all household members)	13. What amount would you pay to other individuals to do the same job these last 12 mos?	14. Total amount
		2. Quantity used these 12 mos.	3. How much did it cost?	4. Quantity used these 12 mos.	5. How much did it cost?									
<b>Total quantity</b>														

- Note:**
- Write down all inputs regardless of whether they have been purchased or from own production
  - In case the respondent is not able to estimate the value of inputs that come from own production, write down the quantity.
  - In case the respondent is not able to divide inputs by type of crop, write down total quantity by type of input.

**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 ?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?	5. Does it belong exclusively to you or is it a joint ownership? What is the household's share in % ?
Commodity Name	Code	Yes ... 1 No..... 2	Quantity	Leva	Code	
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, donkeys	12					
Cart	13					
Other/ <i>specify</i>	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/ <i>specify</i> .....	8

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

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

Yes .....1 → **Note: Ask every question from 2a to 2k**

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 sheep:

	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:** Codes for Q.3e are the same as the ones on previous page. Prorate the sale of wool on a monthly basis if respondent reports it on a longer period basis.

Codes for Question 2d, 2i & 3e	
Coop..... 1	Individual person ..... 6
State Wholesale Dealer ..... 2	Inherited..... 7
Private Wholesale Dealer ..... 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 on a permanent basis? 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 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, <u>except for</u> annual rent, made in the last 12 months to gain access to land ( <i>incl. informal payments</i> )	L
9. Land taxes last 12 months	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 ? <i>Describe</i>	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 in Leva	received Month
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	
5. 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.**

---

1. Are there any people, not members of this household (in the narrower sense of the household definition), who send money, food, or make any other kind of contribution to this household?

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

---

**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 9.**

**Note:** • For **Question 4:** You need to find out what is the relation of the individual sending money, food or other to the head of the household. For that purpose you should use Coding table for Q.4.

- For **Questions 7 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 3					
	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
					/specify/

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



2. List names of people <b>making</b> the contributions to household  Names	3. Where is ____ now?  (Use code box)  Code	4. What is __'s relationship to the head of household ?  (Use code box)  Relation Code			5. Amount received in <b>cash</b> during <b>last 30 days</b>  Leva	6. Amount received in <b>cash</b> during <b>last 12 months</b>  Leva	7. Did the household receive any <b>food</b> during the <b>last 30 days</b> ?  No... 0 Yes..Amount  Leva	8. Did the household receive any <b>clothes</b> during the last 12 months ?  No .. 0→9 Yes . Amount  Leva	9. Did the household receive any other <b>contribution in kind</b> during the last 12 months ?  No.. 0→Next Yes . Amount  Leva
1.									
2.									
3.									
4.									
5.									
6.									
7.									

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

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:** • **Note:** For **Question 7** : Fill in the relationship code from the code box
- For **Questions 10 to 12** 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 3					
	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/specify119

Codes for Question 7
Sel/ head of household.....1
Wife/Husband/Partner .....2
Father/Mother .....3
Son/Daughter .....4
Brother/Sister.....5
Other Relatives .....6
Not Related.....7
Family .....8

2. List names of people <b>receiving</b> contributions from the household Names	3. Code of receiving person  Enter code from column 1 /Q1,Section 1,p.5 Not living in the household...99 Code	4. Gender  Male 1 Fem .. 2	5. Age in years  Years	6. Where is ____ now?  (Use code box)  Code	7. What is ___'s relationship to the head of the household ?  Relationship Code	8. Amount donated in <b>cash</b> during  last 30 days  Leva	9. Amount donated in <b>cash</b> during  last 12 months  Leva	10. Did the household donate any <b>food</b> during  last 30 days?  No . 0 Yes Amount Leva	11. Did the household donate any <b>clothes</b>  during last 12 months ? No ..0→12 Yes ..Amount Leva	12. Did the household make any donations in kind during last 12 months? No ... 0→Next Yes ...Amount
1.										
2.										
3.										
4.										
5.										
6.										
7.										

**Section 8.1: STATE OLD AGE PENSION**

**In the last 12 months did any member of your household receive an old age pension from a State Pension Fund?**

Yes...1 No...2 Go to Section 8.2 / \_\_\_\_/

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? Code (from Jobs table)	4. In which sector ?  Code (from sector table)	5. What was “_”’s monthly salary at time of retirement?  Leva	6. Did “_” receive any severance pay at time of retirement? No..... 0 Yes.....Amount Leva	7. How much in pension did “_” receive last month ?  Leva	8. Did “_” receive any child allowance in addition? No ..... 0 Yes .... Amount Leva
		Mos	Years	Years						

**Section 8.2: PRIVATE OLD AGE PENSION**

**In the last 12 months did any member of your household receive an old age pension from a Private Pension Fund?**

Yes...1 No...2 Go to Section 8.3 / \_\_\_\_/

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 ? Code (from Jobs Table)	4. In which sector ?  Code (from sector table))	5. What was “_”’s monthly salary at time of retirement ?  Leva	6. Did “_” receive any severance pay at time of retirement? No.... 0 Yes... Amount Leva	7. How much in pension did “_” receive last month ?  Leva
		Mos	Years	Years					

**Section 8.3 - SURVIVOR'S PENSION**

**In the last 12 months did any member of your household receive a survivor's pension?**

Yes...1 No...2 **Go to Section 8.4 / \_\_\_/**

Report name of survivor  Name	C o d e	1. When did “_” start receiving pension?  Month Year	2. What is “_”'s relationship to deceased?  Code	3. How old was he/she when he/she died?  Years	4. When did he/she die?  Month Year	5. What was his/her monthly salary at time of death ?  Leva	6. Did “_” receive any lump sum payment at that time? No..... 0 Yes.... Amount Leva	7. How much did “_” receive last month ?  Leva	8. Did “_” receive child allowance last month (in addition to pension)? No .... 0 Yes.... Amount Leva

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

**Section 8.4: DISABILITY PENSION**

**In the last 12 months did any member of your household receive a disability pension?**

Yes...1 No...2 **Go to Section 8.5 / \_\_\_/**

Name	C o d e	1. What is “...”'s type of disability ?  Code	2. When did “_” become disabled ? Always=99  Month Year	3. What was “_” main job at time of retirement?  Code (Jobs table)	4. In which sector did “_” work?  Code (sector table)	5. What was “_” monthly salary at time of retirement?  Leva	6. Did “_” receive any lump sum payment at that time? No..... 0 Yes.... Amount Leva	7. How much did “_” receive last month ?  Leva	8. Did “_” receive child allowance last month (in addition to pension)? No .... 0 Yes .... Amount Leva

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

**Section 8.5: UNEMPLOYMENT BENEFITS - For all people above age 15**

**Has any member of your household, aged above 15, been unemployed during the last 5 years?**

Yes...1      No...2 Go to Section 8.6 / \_\_\_\_\_/

Name	Code	1. Has “_” ever been unemployed during the past 5 years? Yes .....1 No.....2→ Next person	2. When did “_” become unemployed <b>last time</b> ?  Month Year	3. What was “_”’s main job when he/she became unemployed ? Code (Jobs table)	4. In which sector did “_” work?  Code (Sector table)	5. What was “_”’s monthly salary at that time?  Leva	6. For how long has “_” been unemployed?  Months	7. For how long did “_” receive benefits?  Months	8. When was last time that “_” received benefits?  Month Year	9. How much did “_” receive a month <b>last time</b> ?  Leva	10. Did “_” receive any child allowance in addition ? No..... 0 Yes.... Amount Leva

Name	Code	11. Did “_” receive any lump sum at lay-off? No..... 0 →13 Yes.... Amount Leva	12. What did “_” do with the lump sum ?  Code	13. Did “_” receive any <b>special training</b> ?  Yes ..... 1 No.....2→15	14. When did “_” attend this training?  Month/ Year	15. Has “_” been part of a <b>special Job search program</b> ? Yes .....1 No.....2→ Next person	16. When did “_” join this program?  Month/ Year

**Codes for Question 12**

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

**Section 8.6: MATERNITY AND CHILDCARE BENEFITS UNDER THE SOCIAL ASSISTANCE SYSTEM**

**During the last 12 months has any member of your household received maternity benefits, childcare benefits or stipends for studying mothers under the social assistance system?**

Yes...1 No...2 → Go to Section 8.7 / \_\_\_\_\_/

**Note:** Here you need to enter regular maternity benefits, paid by municipalities to mothers (of children below 3), who did not have an employment contract at the start of maternity leave.

Name	C o d e	1. Has “_” received any <b>maternity or childcare benefits</b> during the past 12 mos.? Yes ..... 1 No..... 2→5	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 <b>studying mother stipend</b> in the last year? No .. 2 → 9 Yes 1	6. When did “_” start receiving this stipend?  Month Year	7. When did “_” stop receiving this stipend ? (if not →99)  Month Year	8. How much did “_” receive per month last time ?  Leva	9. How much does “_” receive in <b>child allowance</b> monthly? No... 0 Yes .Amount Leva

**Section 8.7: IN KIND INDIVIDUAL SOCIAL BENEFITS**

Name	C o d e	1. Has “_” received any <b>transportation benefits</b> during the past 12 mos.? Yes ..... 1 No..... 2→5	2. When did “_” start receiving these benefits?  Month Year	3. When did “_” stop receiving these benefits?  Month Year	4. How much did “_” receive a month last time?  Leva	5. Has “_” received any medical equipment, drugs,aids benefits during the past 12 mos.? Yes ..... 1 No..... 2→8	6. When did “_” start receiving these benefits?  Month Year	7. When did “_” stop receiving these benefits?  Month Year	8. Has “_” received any other <b>in-kind</b> benefits /e.g. <i>disability rehabilitation, treatment abroad subsidies, spa treatment, phone bill subsidies</i> ? Yes ..... 1 No.....2→Next	9. What was the total value of in-kind and other benefits that “_” received these past 12 months?  Leva

**Section 8.8: SUMMARY OF CHILD BENEFIT ALLOWANCE**

Note: List all the children aged 0 to 18 that are members of your household and for whom you are responsible. Do not enter or put codes in case children are not members of the household.

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



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

1. Did you or any member of your family receive any of the following benefits during the past 12 months? ( <i>irrespective of source</i> )		2. When did you start receiving these benefits?		3. When did you stop receiving these benefits? (if not →99)		4. How many times during the last 12 months?	5. How much did “_” receive in total these past 12 months?	6. Where was received it from?				
Type of Benefit	Yes.....1 Code No .....2	Month	Year	Month	Year	Number	Leva	State.....1	Foundation.....2	Church.....3	NGO.....4	Other/specify..... 5
Guaranteed minimum income	1											
Other regular monthly payments	2											
Cash - one-off benefits	3											
Food	4											
Clothing Benefits	5											
Energy benefits	6											
Other Benefit (Specify)	7											

\_\_\_ **Note:** • **First:** Ask **Question 1** for all the Benefits, **Then:** Ask **Question 2 through 6**

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

1. Did you or any member of your family receive any income or incur any debts from the following sources during the past 12 months?			2. Amount received/ paid last month	3. Amount received/ paid last 12 months
Type of Revenue	Code	Yes..... 1 No..... 2	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			
Other/specify	7			

1. Did you or any member of your family receive any income or incur any debts from the following sources during the past 12 months?			2. Amount received/ paid last month	3. Amount received/ paid last 12 months
Debts and Loans	Code	Yes .....1 No.....2	Leva	Leva
Amount borrowed last 12 months	11			
Due monthly payments (credits, hire purchases)	12			
Mortgage of house	13			
Other / <i>specify</i>	14			

**Note:** Here you need to include revenue from partnership in private companies

- **First ask Q.1** for all sources of revenue/debt
- **Then ask Q.2 and Q.3** for each "Yes"-answer

**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. When was it acquired? <i>/where there are more than one of the same type - indicate year for the latest buy/</i>	4. What is the current resale value?
Commodity Name	Code	Yes....1 No .....2	Quantity	Year of purchase	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				

**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 Next Section**

- Note:**
- **First** list all properties in **Question 2**. **Then** answer **Questions 3 to 10**
  - **Here you need to enter** in-kind rent received by owners of land that has been contributed to a cooperative

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. Area ?  Sq.m..2 Decares.. 3	5. When was it acquired?  Mon. Year	6. How was it acquired?  Code	7. What is the current resale value?  Leva	8. Share owned by your household  Percent	9. Is it rented ?  Yes.. 1 No...2 → next	10. Total value at today's price of interests and rents (incl. land in coop) received in cash and kind last 12 months Leva
1.								
2.								
3.								
4.								
5.								
6.								

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

**Section 10: HEALTH STATUS**

**Note:** Answers to this section must not include treatment and consultations related to baby delivery.

1. List names of all individuals in household  Name	2. Did “_” suffer from any disability, chronic disease or ailment during the <b>past year</b> ? No ...0→7 Yes..Code	3. Did “_” miss work or school because of his/her condition? Yes .....1 No.....2→5	4. How many weeks during the past year? Weeks	5. What type of treatment does “_” receive? None.....1 Home.....2 Hospital.....3 Nursing.....4 Sanatorium...5 Other/Specify6	6. What is “_”s monthly cost for the treatment? Leva	7. Did “_” suffer from any injury, disease or ailment during the <b>past 4 weeks</b> ? No ... 0→11 Yes...Code	8. Did “_” miss work or school because of his/her sickness? Yes 1 No.. 2→10	9. How many days during the past month? Days	10. Is “_” still sick? Yes..... 1 No ..... 2	11 Did “_” have any medical consultation during the past 4 weeks? Yes...1→13 No ... 2	12. Why did not any medical consultation the past 4 weeks? Not needed ..... 1 Not too sick ..... 2 Too far..... 3 Wait too long... 4 Quality poor..... 5 Too expensive . 6 Other..... 7 (Next person)

**Code for Question 2**

Neurological problems ..... 1	Male problems..... 11
Eye problems ..... 2	Skin / rash problems..... 12
Hearing problems ..... 3	Mental problems..... 13
Heart problems ..... 4	Locomotory system problems ..... 14
Respiratory problems / Asthma ..... 5	Arthritis ..... 15
High blood pressure / Anemia ..... 6	Trauma ..... 16
Stomach problems ..... 7	Infections..... 17
Kidneys / Urine retention ..... 8	Lasting cold..... 18
Diabetes..... 9	Other problems..... 19
Female problems ..... 10	

**Code for Question 7**

Fever / Flu / Cold running nose ..... 1	Injury: Burn..... 13
Blood pressure..... 2	Head ache..... 14
Dizziness ..... 3	Arms and legs pain..... 15
Vomiting..... 4	Eye problem ..... 16
Diarrhea..... 5	Ear problem..... 17
Constipation..... 6	Heart problem / Chest Pain ..... 18
Respiratory / Bronchitis..... 7	Stomach pain..... 19
Rush / Skin problems..... 8	Kidneys ..... 20
Severe bolding..... 9	Gold bladder..... 21
Bleeding ..... 10	Dental problems ..... 22
Urinary problems..... 11	Other health problems ..... 23
Injury: Trauma..... 12	

**HEALTH STATUS (continued)**

Name	13. How many consultations/inter-ventions did “_” have during the past 4 weeks? Number	14. What was the main reason for the consultation? Illness ..... 1 Injury..... 2 Check up ..... 3 Vaccination .. 4 Prenatal ..... 5 Other ..... 6 Code	15. Who was consulted first? Pharmacist.... 1 Dentist..... 2 Quasi-Doctor 4 Nurse..... 5 Midwife..... 6 Other ..... 7 GP.....8 Med.Speacilist 9 Emergency Care ("Quick help") 10 Code	16. Where did the consultation take place? Home..1 PHCU..2 Polyclinic.3 Hospital..4 Private Office.5 Other ....6 GP office..7 Diagnostic Center...8 Code	17. Was it public or private?  Private.1 Public..2 Code	18. How long did “_” stay in Hospital/ Clinic? /if any/  Days	19. How long was the wait?  Minutes	20. What was the cost of consultation and tests in the last 4 weeks?  Leva	21. What was the cost of treatment and drugs /in the last 4 weeks/?  Leva	22. How much did the transport cost?  Leva	23. In addition to reported amounts for consultations, did “.....” make any gifts or extra payments to medical staff in the last 4 weeks?  No...0 Yes*→Amount Leva

\*Note to Question 23: If a gift was given, please fill in the cash equivalent.

**Section 11. Ethnicity of main respondent**

**1. What is your ethnicity origin?**

- Bulgarian.....1
- Turk.....2
- Roma/gypsy.....3
- Other/ *Specify*.....4 /\_\_\_\_/

**QUESTIONS TO THE INTERVIEWER /Q.2-Q.4/**

**2. In your opinion what is the ethnicity of the respondent?**

- Bulgarian.....1
- Turk.....2
- Roma/gypsy.....3
- Other/ *Specify*.....4 /\_\_\_\_/

**3. Are you sure?**

- Absolutely.....1
- To a certain extent.....2
- Not at all.....3 /\_\_\_\_/

**4. What was the major criterion you used for your assessment? CODE ONE ANSWER ONLY**

- Colour of skin.....1
- Language/accnt/verbal behaviour.....2
- Style of living.....3
- Family name.....4
- Other/*specify*.....5 /\_\_\_\_/

*Continue with questions to the respondent:*

**5. What is the main language spoken in your household?**

- Bulgarian.....1
- Turk.....2
- Roma/gypsy.....3
- Other/ *Specify*.....4    /\_\_\_\_/

**6. What was the main language spoken in your home when you were a child?**

- Bulgarian.....1
- Turk.....2
- Roma/gypsy.....3
- Other/ *Specify*.....4    /\_\_\_\_/

**7. What is your religion?**

- Christian Orthodox.....1
- Roman-Catholic.....2
- Greek-Catholic.....3
- Protestant (Calvinist, Lutheran, Baptist, Methodist, Unitarian)....4
- Neo-Protestant sect.....5
- Muslim.....6
- Jewish .....7
- Other / *Specify*.....8
- Not religious (*illegible*).....9    /\_\_\_\_/

***Thank the respondent and finish the interview in this household.***

Your next step is to check the ethnicity of your respondent as determined by him/herself (**Q.1**) and compare it with your assessment of his/her ethnicity. (**q.2**). In case these two questions get **different answers**, you need to make the following:

- 1) You should find **3** individuals from the same settlement/ residential area, who knows the respondent (neighbours, friends, teacher, mayor, etc.).
- 2) Ask each of them the following questions:

	<b>8. The informant is:</b>  <u>Codes:</u> 1. Neighbour 2. Friend 3. Teacher/head of school 4. Local authorities officer in charge of social issues 5. Mayor 6. Other ( <i>write in the respective box</i> )	<b>9. What is the ethnicity of _____/ name of main respondent/?</b>  <u>Codes</u> Bulgarian.....1 Turk.....2 Roma/gypsy.....3 Other/ <i>Specify</i> .....4 /_____/	<b>10. Are you sure?</b>  <u>Codes</u> Absolutely.....1 To a certain extent.....2 Not at all.....3 /_____/	<b>11. What was the major criterion you used for your assessment?</b>  <u>Codes</u> Colour of skin.....1 Language/accent/verbal behaviour.....2 Style of living.....3 Family name.....4 Other/ <i>specify</i> .....5
Informant 1 - name.....				
Informant 2 - name.....				
Informant 3 - name.....				

Additional codes for Question 9:

- Russian ..... 5
- American ..... 6
- Wallachian ..... 7
- Pomak ..... 8
- Karakachanin ..... 9
- Rumanian ..... 10
- Jew ..... 11



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, Question 11. 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