

TOTAL NUMBER OF HOUSEHOLD MEMBERS

LOCATION: URBAN 1 RURAL 2

(To be completed by supervisors)

DATE OF INTERVIEW

TIME: BEGINNING OF INTERVIEW

END OF INTERVIEW

TAJIKISTAN LIVING STANDARDS SURVEY, 2003 MAIN QUESTIONNAIRE

| | |
|-----------------------------|----------|
| Name of enumerator | Code |
| Name of field supervisor | Code |
| Name of data entry operator | Code |

| | |
|------------------------|------------------------|
| Hukumat (District) | |
| Djamoat (municipality) | |
| Census EA No. | Name of Household Head |

The information collected will be used only for statistical purposes and is strictly confidential.

| | |
|--------------|------------|
| TLSS PSU | HH No. |
|--------------|------------|

SECTION 1: CONTROL SHEET

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SECTION 1: CONTROL SHEET

КОДЫ РАЙОНОВ, ГОРОДОВ И СТРАН

| РЕГИОН | REGION | КОД / CODE | РЕГИОН | REGION | КОД / CODE | СТРАНА | COUNTRY | КОД / CODE |
|---------------------------|------------------------|------------|------------------------------|---------------------|------------|--------------------|------------|------------|
| Душанбе | Dushanbe (city) | | Хатлонская область | Khatlon | | | | |
| Железнодорожный район | Rohi Ohan | 01 | г.Курган-Тюбе | Kurgon-Teppa (city) | 36 | РОССИЯ | RUSSIA | 81 |
| Исмоили Сомони район | Ismoili Somoni | 02 | г.Куляб | Kulob (city) | 37 | КАЗАХСТАН | KAZAKHSTAN | 82 |
| Фрунзенский район | Frunze | 03 | Бальджуванский район | Baljuvon | 38 | КЫРГЫЗСТАН | KYRGYZSTAN | 83 |
| Центральный район | Markazi | 04 | Бешкентский район | Beshkent | 39 | УЗБЕКИСТАН | UZBEKISTAN | 84 |
| | | | Бохтарский район | Bokhtar | 40 | ПРОЧИЕ СТРАНЫ СНГ | OTHER CIS | 85 |
| РРП | RRS | | Вахшский район | Vakhsh | 41 | ЕВРОПЕЙСКИЕ СТРАНЫ | EUROPE | 86 |
| Варзобский район | Varzob | 05 | Восейский район | Vose | 42 | ПРОЧИЕ | OTHER | 87 |
| Гармский район | Garm | 06 | Гозималикский район | Gozimalik | 43 | | | |
| Гиссарский район | Hissor | 07 | Дангаринский район | Dangara | 44 | | | |
| Дарбандский район | Darband | 08 | Джиликульский район | Jilikul | 45 | | | |
| Джиргатальский район | Jirgato | 09 | Кабодиенский район | Kabodiyon | 46 | | | |
| Кофарнихонский район | Kofarnihon | 10 | Колхозабадский район | Kolkhozobod | 47 | | | |
| Ленинский район | Lenin | 11 | Кулябский район | Kulob | 48 | | | |
| Рогунский район | Rogun | 12 | Кумсангирский район | Kumsangir | 49 | | | |
| Тавилдаринский район | Tavildara | 13 | Московский район | Moskva | 50 | | | |
| Тоджикободский район | Tojikobod | 14 | Муминободский район | Muminobod | 51 | | | |
| Турсунзадевский район | Tursunzoda | 15 | Нурекский район | Norak | 52 | | | |
| Файзабадский район | Fajzobod | 16 | Пархарский район | Farkhor | 53 | | | |
| Шахринавский район | Shahrinav | 17 | Пянджский район | Pandj | 54 | | | |
| | | | Сарбандский район | Sarband | 55 | | | |
| Согдийская область | Sugd | | Советский район | Sovet | 56 | | | |
| гор.Худжанд | Khujand (city) | 18 | Ховалингский район | Khovaling | 57 | | | |
| гор.Табошары | Taboshar (city) | 19 | Хочамастонский район | Khojamaston | 58 | | | |
| Кайраккумский хукумат | Kayrakkum (hukumat) | 20 | Шаартузский район | Shahrtuz | 59 | | | |
| Чкаловск хукумат | Chkalovsk (hukumat) | 21 | Шуроободский район | Shuroobod | 60 | | | |
| Айинский район | Ajni | 22 | Яванский район | Yovon | 61 | | | |
| Аштский район | Asht | 23 | | | | | | |
| Ганчинский район | Gonchi | 24 | Горно-Бадахшанская АО | GBAO | | | | |
| Зафарабодский район | Zafarobod | 25 | город Хорог | Khorog (city) | 62 | | | |
| Исфаринский район | Isfara | 26 | Ванчский район | Vandj | 63 | | | |
| Канибадамский район | Konibodom | 27 | Дарвазский район | Darvoz | 64 | | | |
| Кухистони-Масчоховский | Kuhistoni Mastchov | 28 | Ишкашимский район | Ishkoshim | 65 | | | |
| Матчинский район | Mastchov | 29 | Мургабский район | Murgob | 66 | | | |
| Науский район | Nov | 30 | Рошкалинский район | Poshkalin | 67 | | | |
| Пенджикентский р-он | Pangakent | 31 | Рушанский район | Rushon | 68 | | | |
| Дж.Расулова р-он | Djabor Rasulov | 32 | Шугнанский район | Shugnon | 69 | | | |
| Ура-Тюбинский район | Ura-Tyube | 33 | | | | | | |
| Б.Гафурова район | Bobojon Gafurov | 34 | | | | | | |
| Шахристанский р-он | Shahriston | 35 | | | | | | |

SECTION 1: CONTROL SHEET

Коды культур

| | |
|----|------------------------|
| 1 | Wheat |
| 2 | Barley |
| 3 | Corn |
| 4 | Rye |
| 5 | Rice |
| 6 | Other grain |
| 7 | Potatoes |
| 8 | Cotton |
| 9 | Mulberry |
| 10 | Tobacco |
| 11 | Sugar beet |
| 12 | Sunflowers seed |
| 13 | Beans |
| 14 | Oil and aromatic crops |
| 15 | Tomatoes |
| 16 | Pepper |
| 17 | Cucumber |
| 18 | Cabbages |
| 19 | Watermelon |
| 20 | Melons |

| | |
|----|------------------|
| 21 | Onion |
| 22 | Carrot |
| 23 | Apples |
| 24 | Pears |
| 25 | Quince |
| 26 | Apricots |
| 27 | Cherries (large) |
| 28 | Plums |
| 29 | Cherries |
| 30 | Figs |
| 31 | Pomegranate |
| 32 | Walnut |
| 33 | Pistachios |
| 34 | Almond |
| 35 | Oranges |
| 36 | Lemons |
| 37 | Tangerine |
| 38 | Grape |
| 39 | Berries |
| 40 | Khurmo |

1 гектар: 10,000 кв.м

1 сотка: 100 кв.м

1 центнер: 100 кг

1 тонна: 1,000 кг

SECTION A: INFORMATION FOR THE ROSTER SHEET

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

RESPONDENT: _____

ID CODE:

1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.

* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Start with the head of the household, wife/husband of household head, his/her children in order of age.

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

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

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

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

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

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-9. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-9. Now I would like to have some information about each of the persons you mentioned.

FORM 1

LIST OF HOUSEHOLD MEMBERS

PLEASE COMPLETE THIS FORM USING INSTRUCTIONS TO MODULE 1

| | | | | | | |
|--------------------------------|------|-----------------------------------|--------|-------------------|------------------------------------|----------|
| I D C O D E | | AGE | | | RELATIONSHIP TO THE HOUSEHOLD HEAD | COMMENTS |
| | | YEARS AND MONTHS, IF LESS THAN 16 | | | | |
| | NAME | YEARS | MONTHS | GENDER (in words) | | |
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| 30 | | | | | | |

[illegible][illegible]

| PERSONS 14 YEARS AND OLDER | |
|----------------------------|-----|
| 1. Total | 100 |
| 2. Male | 50 |
| 3. Female | 50 |
| 4. White | 85 |
| 5. Black | 10 |
| 6. Hispanic | 5 |
| 7. Other | 0 |
| 8. Married | 65 |
| 9. Divorced | 10 |
| 10. Widowed | 15 |
| 11. Single | 10 |
| 12. High school or less | 45 |
| 13. Some college | 35 |
| 14. Bachelor's or more | 20 |
| 15. Unemployed | 15 |
| 16. Employed | 85 |
| 17. In poverty | 10 |
| 18. Not in poverty | 90 |

(10)

Has [NAME] ever considered moving abroad, even temporarily?

| | |
|----------|--|
| Why not? | |
|----------|--|

| | |
|---|--|
| Has [NAME] ever tried to move and failed? | |
|---|--|

| | |
|--------------|---|
| RUSSIA | 1 |
| KAZAKHSTAN | 2 |
| KYRGYZSTAN | 3 |
| UZBEKISTAN | 4 |
| OTHER CIS | 5 |
| OTHER EUROPE | 6 |
| OTHER | 7 |

(>>GO TO NEXT PERSON)

| | | |
|-----|---|---------|
| YES | 1 | (>>>12) |
| NO | 2 | |

| | |
|---------------|---|
| NO NEED | 1 |
| TOO DIFFICULT | 2 |
| TOO COSTLY | 3 |
| TOO ILL | 4 |
| OTHER | 5 |

| | |
|-----|---|
| YES | 1 |
| NO | 2 |

(>NEXT PERSON)

| 1998 | | 1999 | | 2000 | | 2001 | | 2002 | |
|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|
| MONTHS | PLACE | MONTHS | PLACE | MONTHS | PLACE | MONTHS | PLACE | MONTHS | PLACE |

[illegible]

MODULE 3: EDUCATION

CHILDREN 3-5 YEARS
DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: PRE-SCHOOL

| | (1) | (2) | (3) | (4) | (5) |
|--------------------------------|--|--|---------------------------------|---|--------------------------------|
| I D C O D E | Is [NAME] currently attending preschool? | Why is [NAME] not attending preschool? | What type of preschool is this? | How many hours per week does [NAME] attend preschool? | How much do you pay per month? |
| | | NONE AVAILABLE | 1 | | |
| | | TOO YOUNG | 2 | | |
| | | TOO EXPENSIVE | 3 | | |
| | | TOO FAR | 4 | | |
| | | NOT GOOD QUALITY CARE | 5 | | |
| | | PREFER TO KEEP AT HOME (NO NEED) | 6 | | |
| | | OTHER (SPECIFY) | 7 | | |
| | YES 1 (>>3) | | PUBLIC | 1 | |
| | NO 2 | | PRIVATE, SECULAR | 2 | |
| | | PRIVATE, RELIGIOUS | 3 | | |
| | (>>NEXT PERSON) | | HOURS | SOMONI | |
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MODULE 3: EDUCATION

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART B: SCHOOL (6 YEARS AND OVER)[illegible]

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

| | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
|----------------------------|--|---|---|--|---|---|--|---------------|
| | Why didn't you enroll in school this year? | Do you intend to return to school next academic year? | In what grade are you currently enrolled? In which level? | Is the school you are currently enrolled in public or private? | How far away from this dwelling is the school that you attended last academic year? | Do you usually stay in another location closer to your school during the school term? | How long does it take you to travel to your school ? | |
| I D C O D E | COMPLETED STUDIES 1 (>> NEXT PERSON) | | | | | | | |
| | TOO EXPENSIVE 2 | | | | | | | |
| | NO INTEREST 3 | | | | | | | |
| | AGRICULTURAL WORK 4 | | | | | | | |
| | OTHER WORK 5 | | | | | | | |
| | SCHOOL TOO FAR 6 | | | | | | | |
| | POOR TEACHING 7 | | PRIMARY (Grades 1-4) 1 1 to 4 | | | IF LESS THAN 1 KM REPORT TENTHS | | |
| | POOR FACILITIES 8 | | BASIC (Grades 1-8(9)) 2 5 to 9 | | | | | |
| | OWN ILLNESS 9 | | SECONDARY GENERAL (Grades 9-10(11)) 3 10 to 11 | | | | | |
| | FAMILY ILLNESS/ DEATH 10 | | SECONDARY SPECIAL 4 1 to 2 | | | | | |
| | MOVED 11 | | SECONDARY TECHNICAL 5 1 to 4 | | | IF LESS THAN 5KM (>>17) | | DON'T KNOW -8 |
| | GOT MARRIED 12 | | HIGHER EDUCATION 6 1 to 5 | | | | | |
| | HH FINANCIAL DIFFICULTIES 13 | | GRADUATE SCHOOL/ASPIRANTURA 7 | | PUBLIC 1 | | | |
| OTHER (SPECIFY) 14 | YES 1 | | | PRIVATE - RELIGIOUS 2 | | YES 1 | | |
| | NO 2 (>> NEXT PERSON) | | | PRIVATE-NON RELIGIOUS 3 | | NO 2 | TIME ONE WAY MINUTES | |
| | | LEVEL | GRADE | | KM | | | |
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MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

[illegible]

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

| | | | | | | | | | | |
|--------------------------------|--|--|---------|--|--|--|-------|--|-----------------|--|
| I D C O D E | New Q27a-d | | | | (28) | (29) | | | | |
| | In addition to formal fees and charges you already mentioned, in the last 12 months did you household provide assistance, both in cash and in-kind, for: | | | | Did you miss school for 4 or more weeks in the last academic year? | Why did you miss school for more than four weeks? choose one TOO EXPENSIVE 1 BAD WEATHER 2 NO INTEREST 3 AGRICULTURAL WORK 4 OTHER WORK 5 SCHOOL TOO FAR 6 POOR TEACHING 7 POOR FACILITIES 8 OWN ILLNESS 9 FAMILY ILLNESS/ DEATH 10 MOVED 11 HH FINANCIAL DIFFICULTIES 12 OTHER (SPECIFY) 13 | | | | |
| | (if in-kind, please estimate value of work or gift - examples of in-kind contributions are flowers, chocolates, fuel, | | | | | | | | | |
| | Q27a | | Q27b | | | | Q27c | | Q27d | |
| | CASH OR IN-KIND | | SERVICE | | | | YES 1 | | NO 2 >>30 | |
| | YES 1 | | SOMONI | | | | YES 1 | | NUMBER OF HOURS | |
| | NO 2 | | | | | | NO 2 | | | |
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MODULE 3: EDUCATION

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

| I D C O D E | (30) | (31) | (32) | (33) | (34) | (35) | (36) |
|----------------------------|---|--|---|---|-------------------------------|--------------------------------|--|
| | Did you receive a scholarship or subsidy to support your education? | What is the value of the scholarship or subsidy received for the past academic year? | Did you receive any private tutoring during last academic year? | Who is tutoring you? | Did you pay for the tutoring? | How much did you pay per hour? | How much did you spend per month on average for this tutoring in the past academic year? |
| | | | | IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR | | | |
| | | | | OWN TEACHER 1 | | | |
| | | | | OTHER TEACHER IN SCHOOL 2 | | | |
| YES 1 | | YES 1 | SCHOOL 2 | YES 1 | | | |
| NO 2 (>> 32) | | NO 2 >>next person | OTHER TUTOR 3 | NO 2 >>next person | | | |
| | | | FRIEND/RELATIVE 4 | | | | |
| | SOMONI | | | | SOMONI | SOMONI | |

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MODULE 4: HEALTH

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: GENERAL HEALTH STATUS

| | | CHRONIC ILLNESS / DISABILITY | | | | | |
|----------------------------|--|--|-------|--|--|--|--|
| I D C O D E | (1) | (2) | | (3) | (4) | (5) | (6) |
| | Does [NAME] suffer from a chronic illness or disability that has lasted more than 3 months ? | How long has [NAME] had this illness or disability? | | Has this chronic illness or disability been diagnosed by a professional? | Which organ or body part is most affected? | Does [NAME] currently take medication for this chronic illness/disability? | How many days during the last month has [NAME] been unable to carry out [NAME's] usual activities because of this illness or disability? (14+ YEARS OLD) |
| | | IF MORE THAN ONE ILLNESS REFER TO THE MOST SERIOUS ONE | | | HEART/VASCULAR SYSTEM | 1 | |
| | | | | | LUNGS/RESPIRATORY SYSTEM | 2 | |
| | | | | | STOMACH/DIGESTIVE SYSTEM | 3 | |
| | | | | | KIDNEYS/URINOGENITAL | 4 | |
| | | | | | HEAD | 5 | |
| | | | | | ARMS OR LEGS | 6 | |
| | | | | | BACK/SPINE | 7 | |
| | | | | | REPRODUCTIVE ORGANS | 8 | |
| | | | | OTHER INTERNAL ORGANS | 9 | | |
| | | | | BLIND/DEAF/MUTE | 10 | | |
| YES | 1 | | | YES | 1 | YES | 1 |
| NO | 2 (>>7) | | | NO | 2 (>>6) | NO | 2 |
| | | MONTHS | YEARS | | MENTAL | | |
| | | | | | OTHER DISABILITY | | |
| | | | | | | | IF NONE, WRITE "0" |
| | | | | | | | DAYS |
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MODULE 4: HEALTH

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: GENERAL HEALTH STATUS

| I D C O D E | SUDDEN ILLNESS | | | | HEALTH CONDITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|---|--|---|---|---------|---|-----------|----|----------|---|-----|----|----------|---|-------------|----|-------|---|--------------|----|------|---|---------------------|--|-------|-------------------|---------------|----|-------------|-----------------|---------------|----|--------------------|--|-----------|---|------|---|---------|---|------|---|-----------|---|--|-----------------|---|-----------------|---|----------------|---|----------------|---|------------|---|------------------------------|--|----------------------|---|
| | (7) | (8) | (9) | (10) | (11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..) | What type of illness or injury did [NAME] have? IF MORE THAN ONE, REFER TO THE MOST SERIOUS | How many days during the last 4 weeks has [NAME] been unable to carry out [NAME's] usual activities (including housekeeping) because of this (sudden) illness or injury? (14 + YEARS OLD) | How would you rate [NAME]'s health condition at this present time? | Compared with [NAME] health one year ago, would you say that his/her health now is: FOR MEMBERS 1+ YEARS OLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td>COLD/FLU</td> <td>1</td> <td>MALARIA</td> <td>9</td> </tr> <tr> <td>STOMACH</td> <td>2</td> <td>HEPATITIS</td> <td>10</td> </tr> <tr> <td>DIARRHEA</td> <td>3</td> <td>STD</td> <td>11</td> </tr> <tr> <td>HEADACHE</td> <td>4</td> <td>BROKEN BONE</td> <td>12</td> </tr> <tr> <td>HEART</td> <td>5</td> <td>OTHER TRAUMA</td> <td>13</td> </tr> <tr> <td>LUNG</td> <td>6</td> <td>PREGNANCY/ DELIVERY</td> <td></td> </tr> <tr> <td>YES 1</td> <td>KIDNEY PROBLEMS 7</td> <td>COMPLICATIONS</td> <td>14</td> </tr> <tr> <td>NO 2 (>>10)</td> <td>TYPHOID FEVER 8</td> <td>OTHER ILLNESS</td> <td>15</td> </tr> </table> | COLD/FLU | 1 | MALARIA | 9 | STOMACH | 2 | HEPATITIS | 10 | DIARRHEA | 3 | STD | 11 | HEADACHE | 4 | BROKEN BONE | 12 | HEART | 5 | OTHER TRAUMA | 13 | LUNG | 6 | PREGNANCY/ DELIVERY | | YES 1 | KIDNEY PROBLEMS 7 | COMPLICATIONS | 14 | NO 2 (>>10) | TYPHOID FEVER 8 | OTHER ILLNESS | 15 | IF NONE, WRITE "0" | <table border="0"> <tr> <td>VERY GOOD</td> <td>1</td> </tr> <tr> <td>GOOD</td> <td>2</td> </tr> <tr> <td>AVERAGE</td> <td>3</td> </tr> <tr> <td>POOR</td> <td>4</td> </tr> <tr> <td>VERY POOR</td> <td>5</td> </tr> </table> | VERY GOOD | 1 | GOOD | 2 | AVERAGE | 3 | POOR | 4 | VERY POOR | 5 | <table border="0"> <tr> <td>MUCH BETTER NOW</td> <td>1</td> </tr> <tr> <td>SOMEWHAT BETTER</td> <td>2</td> </tr> <tr> <td>ABOUT THE SAME</td> <td>3</td> </tr> <tr> <td>SOMEWHAT WORSE</td> <td>4</td> </tr> <tr> <td>MUCH WORSE</td> <td>5</td> </tr> <tr> <td>NOT APPLICABLE BECAUSE CHILD</td> <td></td> </tr> <tr> <td>LESS THAN 1 YEAR OLD</td> <td>6</td> </tr> </table> | MUCH BETTER NOW | 1 | SOMEWHAT BETTER | 2 | ABOUT THE SAME | 3 | SOMEWHAT WORSE | 4 | MUCH WORSE | 5 | NOT APPLICABLE BECAUSE CHILD | | LESS THAN 1 YEAR OLD | 6 |
| COLD/FLU | 1 | MALARIA | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOMACH | 2 | HEPATITIS | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIARRHEA | 3 | STD | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEADACHE | 4 | BROKEN BONE | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEART | 5 | OTHER TRAUMA | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LUNG | 6 | PREGNANCY/ DELIVERY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 | KIDNEY PROBLEMS 7 | COMPLICATIONS | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 (>>10) | TYPHOID FEVER 8 | OTHER ILLNESS | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERY GOOD | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOOD | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVERAGE | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POOR | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERY POOR | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUCH BETTER NOW | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOMEWHAT BETTER | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABOUT THE SAME | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOMEWHAT WORSE | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUCH WORSE | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT APPLICABLE BECAUSE CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS THAN 1 YEAR OLD | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

[illegible]

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

[illegible]

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

C: HOSPITALISATION

[illegible]

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

| | | | | | | | | | | | | | | |
|--|--------------|------------|-------------------|--------------------|--------------|---------------------------|--------------------|--------------|------------------|--|-----|---|----|---|
| HOSPITAL | | | | | | | | | | | | | | |
| (1) | | (9) | | | | | | | | | | | | |
| During Were any of the following services provided by family members? | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | |
| reason | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table> | | | | | | | | | | | Yes | 1 | No | 2 |
| Yes | 1 | | | | | | | | | | | | | |
| No | 2 | | | | | | | | | | | | | |
| a. Bathing | b. Toileting | c. Feeding | d. providing food | e. providing linen | f. providing | g. administering medicine | h. providing other | i. Injecting | j. other medical | | | | | |

| | | | | |
|-----|--|--|--|--|
| YES | | | | |
| NO | | | | |

[illegible]

[illegible]

MODULE 4: HEALTH

PART D: ACCESS TO HEALTH CARE

| | | |
|------|---|---|
| (1) | During the last 12 months, finding the money to pay for health care for the members of your family has been ... | |
| | IMPOSSIBLE 1 | <input type="text"/> |
| | DIFFICULT 2 | |
| | NOT DIFFICULT 3 (>>3) | |
| | NO-ONE HAS NEEDED ANY HEALTH CARE 4 (>>7) | |
| (2) | Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your family? (CHECK ALL THAT APPLY) | |
| | YES 1 | BORROW MONEY <input type="checkbox"/> |
| | NO 2 | SELL FARM ANIMAL <input type="checkbox"/> |
| | | SELL PRODUCE <input type="checkbox"/> |
| | | SELL VALUABLES <input type="checkbox"/> |
| | OTHER _____ | <input type="checkbox"/> |
| (3) | In the past 12 months, how many times has someone in your household been ill but you delayed seeking help (or did not seek help at all)? | |
| | NONE 1 >>5 | <input type="text"/> |
| | ONCE 2 | |
| | TWICE 3 | |
| | THREE TIMES 4 | |
| | FOUR TIMES OR MORE 5 | |
| (4) | What was the reason for delaying/not seeking help? | |
| | THOUGHT THEY WOULD GET BETTER WITHOUT DOING ANYTHING 1 | <input type="text"/> |
| | THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS 2 | |
| | THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD 3 | |
| | PUT OFF GETTING HELP AS COULD NOT AFFORD TO PAY 4 | |
| | IT WAS TOO FAR 5 | |
| | OTHER 6 | |
| (5) | In the past 12 months, how many times has someone in your household been referred to the hospital but not gone? | |
| | NONE 1 >>7 | <input type="text"/> |
| | ONCE 2 | |
| | TWICE 3 | |
| | THREE TIMES 4 | |
| | FOUR TIMES OR MORE 5 | |
| (6) | What was the reason for not going to the hospital? | |
| | POOR CONDITIONS IN THE HOSPITAL 1 | <input type="text"/> |
| | THOUGHT THAT THINGS WOULD GET BETTER 2 | |
| | UNABLE TO AFFORD TREATMENT 3 | |
| | UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE 4 | |
| | REFERRED TO ANOTHER HOSPITAL 5 | |
| | DISTRUST OF THE HEALTH PERSONNEL 6 | |
| | IT WAS TOO FAR 7 | |
| | OTHER (SPECIFY) _____ 8 | |
| (7) | Has anyone in your household ever been refused health services? | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>>9) | |
| (8) | What was the reason for this refusal? | |
| | COULD NOT AFFORD TO PAY 1 | <input type="text"/> |
| | SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS 2 | |
| | UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES 3 | |
| | OTHER (SPECIFY) _____ 4 | |
| (9) | Are any members of your family entitled to purchase medicines at a discount? | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>>NEXT MODULE) | |
| (10) | Have they always been able to exercise this right when medicines are needed? And if not, why not? | |
| | YES, ALWAYS ABLE TO EXERCISE THIS RIGHT 1 | <input type="text"/> |
| | NO, BECAUSE THEY CANNOT GET THE DOCUMENTS NEEDED TO EXERCISE THIS RIGHT DUE TO THE BUREAUCRATIC PROBLEMS 2 | |
| | NO, BECAUSE OF A SHORTAGE OF THESE MEDICINES 3 | |
| | NO, BECAUSE DOCTORS ARE RELUCTANT TO PRESCRIBE THESE MEDICINES 4 | |
| | NO, BECAUSE EVEN WITH A DISCOUNT IT IS STILL DIFFICULT TO AFFORD THEM 5 | |
| | OTHER (SPECIFY) _____ 6 | |

MODULE 5: LABOUR

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: LABOUR FORCE PARTICIPATION

| | (9) | (10) | (11) | (12) | | |
|----------------------------|---|--|-------------------------------------|---|--------|-----------------|
| I D C O D E | What is the main reason you did not look for a job in the past month? (MOST IMPORTANT REASON) | What kind of efforts did you put to find a job? (MOST IMPORTANT WAY) | How long have you looked for a job? | Are you currently registered with the Labor Office? | | |
| | STUDENT/PUPIL 1 (>>PART D) | | (IF LESS THAN 1 MONTH, WRITE 0) | YES 1 | | |
| | HOUSEWIFE 2 (>>PART D) | | | | | |
| | IN RETIREMENT 3 (>>PART D) | | | | | |
| | HANDICAPPED 4 (>>PART D) | | | | | |
| | IN MILITARY SERVICE 5 (>>PART D) | | | | | |
| | HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6 | THROUGH LABOUR OFFICE 1 | | | MONTHS | >>GO TO PART D) |
| | AWAITING RECALL BY EMPLOYER 7 | THROUGH FRIENDS/RELATIVE 2 | | | | |
| | WAITING FOR BUSY SEASON 8 | RESPONDED TO MEDIA AD 3 | | | | |
| | DO NOT WANT TO WORK 9 (>>PART D) | PUT AD IN PAPER 4 | | | | |
| | BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10 | EMPLOYER CONTACTED YOU 5 | | | | |
| | NO JOBS | CONTACTED EMPLOYER 6 | | | | |
| OTHER (SPECIFY) 11 | TRIED TO START OWN BUSINESS 7 | | | | | |
| | TOOK PART IN TEST FOR JOB 8 | | | | | |
| | OTHER (SPECIFY) 9 | | | | | |
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I would like to ask you some questions about all jobs you did during the last 14 days whether work on a farm, on your own account, in a household business enterprise, or for someone else.

I would like to ask you some questions about all jobs you did during the last 14 days whether work on a farm, on your own account, in a household business enterprise, or for someone else.

[illegible]

MODULE 5: LABOUR

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART C: MAIN AND SECONDARY JOB IN THE LAST 14 DAYS

| I D C O D E | (1) | (2) | (3) |
|--|---|---|---|
| | OCCUPATION CODE TO BE FILLED IN BY OPERATOR | FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 8 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION (MAIN OCCUPATION IN THE LAST 7 DAYS) | Now I would like to ask you about your job as [READ OUT OCCUPATION FROM QUESTION 1]. Where did you carry out most of this work? |
| | | | THROUGH LABOUR OFFICE 1 |
| | | | THROUGH FRIENDS/RELATIVE 2 |
| FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 | | | RESPONDED TO MEDIA AD 3 |
| OTHER FARM 2 | | | PUT AD IN PAPER 4 |
| YOUR HOME 3 | | | EMPLOYER CONTACTED YOU 5 |
| OTHER HOME 4 | | | CONTACTED EMPLOYER 6 |
| VEHICLE 5 | | | TRIED TO START OWN BUSINESS 7 |
| FROM DOOR TO DOOR 6 | | | TOOK PART IN TEST FOR JOB 8 |
| IN THE STREET, FIXED PLACE 7 | | | GOVERNMENT APPOINTMENT 9 |
| IN THE STREET, NO FIXED PLACE 8 | | | SENT AFTER COLLEGE 10 |
| FIXED BUILDING (OFFICE/ FACTORY/ SHOP/SCHOOL, ETC. 9 | | | SUBMITTED JOB APPLICATION 11 |
| IN A MARKET 10 | | | OTHER (SPECIFY) 12 |
| OTHER (SPECIFY) 11 | | | |
| OCCUPATION | | | CODE |
| 01 | | | |
| 02 | | | |
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MODULE 5: LABOUR

PART C: MAIN AND SECONDARY JOB IN THE LAST 14 DAYS

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

| | (12) | (13) | (14) | (15) | (16) | (17) |
|--------------------------------|---|--|--|--|---|---------------------------|
| I D C O D E | How many times in a year do you receive bonuses payments in this job? | Did you receive any payment for this work in any other form during the last 12 months?(meals, tips, transport, clothes?) | What is the value of those in-kind payments in the last 12 months? | CHECK QUESTION 8 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 7 DAYS? | SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 8 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 14 DAYS). | Is this job ... |
| | | | | | | |
| | | YES 1 | | YES 1 | | SEASONAL 1 |
| | | NO 2 (>>15) | | NO 2 (>>next person) | | OCCASIONAL 2 |
| | | | SOMONI | OCCUPATION | CODE | TEMPORARY 3 |
| | | | | | | PERMANENT/ LONG-TERM 4 |
| 01 | | | | | | |
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MODULE 5: LABOUR

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART C: MAIN AND SECONDARY JOB IN THE LAST 14 DAYS

| | (18) | (19) | (20) | (21) | (22) | (23) |
|--------------------------------|---|---|---|---|--|--|
| I D C O D E | In this work were you... (READ ALL RESPONSES) | Is your employer for this work... (READ ALL RESPONSES) | Do you receive wages, salary or other cash payments from this employer for this work? | How much was your payment in the last month? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect? What period of time did this payment cover? | Did you receive any payment for this work in any other form (meals, tips, transport, clothes) during the last 12 months? | What is the value of those in-kind payments in the last 12 months? |
| | AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1 | STATE ADMINISTRATION 1 STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ 2 | | | | |
| | A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 AN EMPLOYER 3 | PRIVATE FIRMS, INCLUDING AGRICULTURAL 3 INDIVIDUAL 4 COLLECTIVE FIRMS (JOINT STOCK, ASSOCIATION, KOLKHOZ) 5 | | | | |
| | A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 4 | NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG 6 JOINT VENTURES AND FOREIGN FIRMS 7 PAID PUBLIC WORKS 8 | YES 1 NO 2 (>>22) | | YES 1 NO 2 (»NEXT PERSON, PART A) | |
| | | | | SOMONI | IF LAST PERSON (>> MODULE 7) | SOMONI |
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MODULE 5: LABOUR

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART D: MAIN JOB IN THE LAST 12 MONTHS

I would like to ask you some questions about the job you did during the last 12 months, or the last job, whether work on a farm, on your own account, in a household business enterprise, or for someone else.

| I D C O D E | (1) | (2) | (3) | (4) | (5) | |
|----------------------------|--|--|------------------------------------|------------------------------------|--|------|
| | During the past 12 months, did you work, even if for only one day? | Although you reported no work in the past 12 months, have you done any occasional job such as sold goods in the street, helped someone for their business, sold some homemade products, repaired cars etc. during this period? | When did you work last time? | Why did you stop working? | What was your occupation at your last job? | |
| | | | | YOU WERE FIRED 1 | | |
| | | | | ENTERPRISE CLOSED 2 | | |
| | | | | RETIRED 3 | | |
| | | | | MOVED 4 | | |
| | | | | END CONTRACT 5 | | |
| | | | | FAMILY, HEALTH, PERSONAL REASONS 6 | | |
| | | | | REDUCED WORKLOAD 7 | | |
| | | | | CONTINUE EDUCATION 8 | | |
| | | | | OTHER (SPECIFY) 9 | | |
| | | | IF NEVER, WRITE "0" >> NEXT PERSON | | CODE TO BE FILLED IN OFFICE | |
| | YES 1 (>>5) | YES 1 (>>5) | | | | |
| | NO 2 | NO 2 | | | | |
| | | | YEAR | | WRITTEN DESCRIPTION | CODE |
| 01 | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| 05 | | | | | | |
| 06 | | | | | | |
| 07 | | | | | | |
| 08 | | | | | | |
| 09 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(1)

Dwelling type:

| | |
|-------------------------------|---|
| SINGLE FAMILY HOUSE | 1 |
| SHARED HOUSE | 2 |
| SEPARATE APARTMENT | 3 |
| SHARED APARTMENT (COMMUNALKA) | 4 |
| BARRACK | 5 |
| DORMITORY | 6 |
| OTHER | 7 |

(2)

What is the major construction material of the external walls of building ?

| | |
|-----------------|---|
| BAKED BRICKS | 1 |
| ABODE | 2 |
| STONE | 3 |
| BRICK EARTH | 4 |
| CONCRETE | 5 |
| MUD | 6 |
| WOOD, LOGS | 7 |
| TIN | 8 |
| OTHER (SPECIFY) | 9 |

(3)

What is the major construction material of the roof ?

| | |
|-------------------------|---|
| SLATE | 1 |
| METAL SHEETING | 2 |
| THATCH | 3 |
| TILES | 4 |
| MUD | 5 |
| BITUMISED CONCRETE SLAB | 6 |
| OTHER (SPECIFY) | 7 |

(4)

What is the major construction material of the floor ?

| | |
|-------------------|---|
| PARQUET | 1 |
| PAINTED WOOD | 2 |
| LINOLEUM | 3 |
| CONCRETE | 4 |
| ALABASTER SURFACE | 5 |
| CLAY/EATERN FLOOR | 6 |
| OTHER (SPECIFY) | 7 |

(5)

Time of construction of the dwelling?

| | |
|-------------|---|
| BEFORE 1945 | 1 |
| 1945-1960 | 2 |
| 1961-1980 | 3 |
| 1981-1990 | 4 |
| AFTER 1990 | 5 |

CODE

(6)

How long has your household lived in this dwelling?

IF LESS THAN ONE YEAR, WRITE "0"

YEARS

(7)

What is the area of your dwelling ? (including living room and accessory rooms)

| | |
|---|---|
| LESS THAN 40 SQ. METRES | 1 |
| 40-69 SQ. METRES | 2 |
| 70-99 SQ. METRES | 3 |
| 100-130 SQ. METRES | 4 |
| OVER 130 SQ. METRES | 5 |
| INTERVIEWER'S OPINION IF RESPONDENT DOES NOT KNOW | 6 |

(8)

Number of rooms that your family occupy : (excluding the kitchen, balconies, corridors)

(9)

Rooms used for business : (Write zero if no rooms are used for business)

(10)

What type of toilet does your dwelling have?

| | |
|----------------------------|---|
| WC INSIDE THE HOUSE | 1 |
| TWO OR MORE WC INSIDE | 2 |
| WC OUTSIDE, WITH PIPING | 3 |
| WC OUTSIDE, WITHOUT PIPING | 4 |
| NO TOILET IN THE HOUSE | 5 |
| OTHER (SPECIFY) | 6 |

(11)

Does dwelling have the following ?

YES 1

NO 2

SEPARATE KITCHEN

SEPARATE BATH/SHOWER

BALCONY OR TERRACE

PANTRY

ATTIC

GARAGE

ELEVATOR

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(12)

How far is the dwelling from the nearest..... ?
(Walking , one way)

PRIMARY SCHOOL

min

AMBULATORY/DOCTOR

BUS/ MINIBUS STOP

(13)

What is the ownership of this building?

OWNER

1

OWNER WITH A MORTGAGE ON DWELLING

2

RENTED FROM A PRIVATE INDIVIDUAL

3 (>> 17)

RENTED FROM THE STATE

4 (>> 17)

LIVE FOR FREE

5 (>> PART B)

OTHER (SPECIFY _____)

6 (>> 17)

(14)

How did you become/are becoming the owner?

PURCHASED

1

CONSTRUCTION

2

INHERITED

3

PRIVATISED ACCORDING TO THE LAW

4

OTHER (SPECIFY _____)

5

DON'T KNOW

-8

REFUSED TO ANSWER

-9

(15)

If you wanted to rent this dwelling (to locals) how much would you be able to rent it for?

SOMONI PER MONTH

DON'T KNOW

-8 (>> 18)

REFUSED TO ANSWER

-9 (>> 18)

(16)

IN THE ENUMERATOR'S OPINION, IS THIS RENT APPROXIMATELY THE TRUE MARKET RENT THAT COULD BE ASKED IF THIS HOUSE WERE RENTED?

APPROXIMATELY ACCURATE

1

ESTIMATE IS TOO HIGH

2

ESTIMATE IS TOO LOW

3

DON'T KNOW

-8

(17)

How much is your monthly rent ?

SOMONI PER MONTH

DON'T KNOW

-8

REFUSED TO ANSWER

-9

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

| | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|----------|---|----------|----------------------|----------|------------------------------|----------|------------------|----------|------------------------------|---|----------------------|---|----------------------|
| (1) | <p>What is the main source of water used by this household ?</p> <table border="0"> <tr> <td>PIPED WATER INSIDE THE DWELLING</td> <td>1 (>> 3)</td> </tr> <tr> <td>PIPED WATER OUTSIDE THE DWELLING</td> <td>2 (>> 3)</td> </tr> <tr> <td>WATER TRUCK</td> <td>3 (>> 5)</td> </tr> <tr> <td>PUBLIC TAP</td> <td>4</td> </tr> <tr> <td>SPRING OR WELL</td> <td>5</td> </tr> <tr> <td>RIVER, LAKE, POND OR SIMILAR</td> <td>6</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>7</td> </tr> </table> | PIPED WATER INSIDE THE DWELLING | 1 (>> 3) | PIPED WATER OUTSIDE THE DWELLING | 2 (>> 3) | WATER TRUCK | 3 (>> 5) | PUBLIC TAP | 4 | SPRING OR WELL | 5 | RIVER, LAKE, POND OR SIMILAR | 6 | OTHER (SPECIFY) | 7 | <input type="text"/> |
| PIPED WATER INSIDE THE DWELLING | 1 (>> 3) | | | | | | | | | | | | | | | |
| PIPED WATER OUTSIDE THE DWELLING | 2 (>> 3) | | | | | | | | | | | | | | | |
| WATER TRUCK | 3 (>> 5) | | | | | | | | | | | | | | | |
| PUBLIC TAP | 4 | | | | | | | | | | | | | | | |
| SPRING OR WELL | 5 | | | | | | | | | | | | | | | |
| RIVER, LAKE, POND OR SIMILAR | 6 | | | | | | | | | | | | | | | |
| OTHER (SPECIFY) | 7 | | | | | | | | | | | | | | | |
| (2) | <p>How far is this source of water? (in minutes, walking, each way)</p> <table border="0"> <tr> <td>LESS THAN 5 MIN</td> <td>1 (>> 5)</td> </tr> <tr> <td>6-15 MIN</td> <td>2 (>> 5)</td> </tr> <tr> <td>16-30 MIN</td> <td>3 (>> 5)</td> </tr> <tr> <td>31-60 MIN</td> <td>4 (>> 5)</td> </tr> <tr> <td>MORE THAN 1 HOUR</td> <td>5 (>> 5)</td> </tr> </table> | LESS THAN 5 MIN | 1 (>> 5) | 6-15 MIN | 2 (>> 5) | 16-30 MIN | 3 (>> 5) | 31-60 MIN | 4 (>> 5) | MORE THAN 1 HOUR | 5 (>> 5) | <input type="text"/> | | | | |
| LESS THAN 5 MIN | 1 (>> 5) | | | | | | | | | | | | | | | |
| 6-15 MIN | 2 (>> 5) | | | | | | | | | | | | | | | |
| 16-30 MIN | 3 (>> 5) | | | | | | | | | | | | | | | |
| 31-60 MIN | 4 (>> 5) | | | | | | | | | | | | | | | |
| MORE THAN 1 HOUR | 5 (>> 5) | | | | | | | | | | | | | | | |
| (3) | <p>Do you have water continuously ?</p> <table border="0"> <tr> <td>YES</td> <td>1 (>> 5)</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table> | YES | 1 (>> 5) | NO | 2 | <input type="text"/> | | | | | | | | | | |
| YES | 1 (>> 5) | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | |
| (4) | <p>How many hours in a day, on average, did dwelling receive water during the last week?</p> <p style="text-align: right;">HOURS</p> | <input type="text"/> | | | | | | | | | | | | | | |
| (5) | <p>In your opinion, what was the quality of water from this source in the last month?</p> <table border="0"> <tr> <td>GOOD FOR DRINKING</td> <td>1 (>>8)</td> </tr> <tr> <td>NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES</td> <td>2</td> </tr> </table> | GOOD FOR DRINKING | 1 (>>8) | NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES | 2 | <input type="text"/> | | | | | | | | | | |
| GOOD FOR DRINKING | 1 (>>8) | | | | | | | | | | | | | | | |
| NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES | 2 | | | | | | | | | | | | | | | |
| (6) | <p>Which water source does your household use for drinking?</p> <table border="0"> <tr> <td>WATER TRUCK</td> <td>1</td> </tr> <tr> <td>PUBLIC TAP</td> <td>2</td> </tr> <tr> <td>SPRING OR WELL</td> <td>3</td> </tr> <tr> <td>RIVER, LAKE, POND OR SIMILAR</td> <td>4</td> </tr> <tr> <td>BOTTLED WATER</td> <td>5 (>>8)</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td>6</td> </tr> </table> | WATER TRUCK | 1 | PUBLIC TAP | 2 | SPRING OR WELL | 3 | RIVER, LAKE, POND OR SIMILAR | 4 | BOTTLED WATER | 5 (>>8) | OTHER (SPECIFY) | 6 | <input type="text"/> | | |
| WATER TRUCK | 1 | | | | | | | | | | | | | | | |
| PUBLIC TAP | 2 | | | | | | | | | | | | | | | |
| SPRING OR WELL | 3 | | | | | | | | | | | | | | | |
| RIVER, LAKE, POND OR SIMILAR | 4 | | | | | | | | | | | | | | | |
| BOTTLED WATER | 5 (>>8) | | | | | | | | | | | | | | | |
| OTHER (SPECIFY) | 6 | | | | | | | | | | | | | | | |

PART B: UTILITIES

| | | | | | | |
|-------------------|---|----------------------|----|-------------------|-----------|----------------------|
| (7) | <p>Do you regularly boil the water used for drinking?</p> <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table> | YES | 1 | NO | 2 | <input type="text"/> |
| YES | 1 | | | | | |
| NO | 2 | | | | | |
| (8) | <p>During the last 12 months did you pay for water consumption ?</p> <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>> 10)</td> </tr> </table> | YES | 1 | NO | 2 (>> 10) | <input type="text"/> |
| YES | 1 | | | | | |
| NO | 2 (>> 10) | | | | | |
| (9) | <p>How much are your average monthly water expenses ?</p> <p style="text-align: right;">SOMONI</p> <table border="0"> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>-9</td> </tr> </table> | DON'T KNOW | -8 | REFUSED TO ANSWER | -9 | <input type="text"/> |
| DON'T KNOW | -8 | | | | | |
| REFUSED TO ANSWER | -9 | | | | | |
| (10) | <p>Does your household have any water arrears ?</p> <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>12)</td> </tr> </table> | YES | 1 | NO | 2 (>>12) | <input type="text"/> |
| YES | 1 | | | | | |
| NO | 2 (>>12) | | | | | |
| (11) | <p>What is the total amount of arrears your household owes?</p> <p style="text-align: right;">SOMONI</p> <table border="0"> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>-9</td> </tr> </table> | DON'T KNOW | -8 | REFUSED TO ANSWER | -9 | <input type="text"/> |
| DON'T KNOW | -8 | | | | | |
| REFUSED TO ANSWER | -9 | | | | | |
| (12) | <p>Does dwelling have central heating ?</p> <table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>> 15)</td> </tr> </table> | YES | 1 | NO | 2 (>> 15) | <input type="text"/> |
| YES | 1 | | | | | |
| NO | 2 (>> 15) | | | | | |
| (13) | <p>How many months was dwelling heated in last 12 months?</p> <p style="text-align: right;">MONTHS</p> | <input type="text"/> | | | | |
| (14) | <p>What was your average monthly payment for central heating?</p> <p style="text-align: right;">SOMONI</p> <table border="0"> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>-9</td> </tr> </table> | DON'T KNOW | -8 | REFUSED TO ANSWER | -9 | <input type="text"/> |
| DON'T KNOW | -8 | | | | | |
| REFUSED TO ANSWER | -9 | | | | | |

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(15)

What other source of heating does your household mainly use?

ELECTRICITY

1

WOOD

2

GAS

3

OIL, PETROL

4

COAL

5

NONE/NO HEATING

6

OTHER (SPECIFY)

7

(16)

For what purposes does your household use electricity? (CHECK ALL THAT APPLY)

YES 1 NO 2

LIGHTING

HEATING/COOLING/AIR CONDITIONING

COOKING

WATER HEATING

OTHER ELECTRIC APPLIANCES

NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM (>>27)

(17)

Does this dwelling have its own electricity meter?

SHARED

1

INDIVIDUAL

2

NO METER

3

(18)

How frequently is energy supply interrupted in your area?

NEVER

1

(>> 20)

SEVERAL TIMES A MONTH

2

SEVERAL TIMES A WEEK

3

EVERY DAY

4

(19)

How many hours per day on average has electricity been cut in the last month?

(20)

Approximately how much electricity did your household consume last month?

UP TO 100 KWH

1

101-200 KWH

2

201-300 KWH

3

301-400 KWH

4

401-500 KWH

5

MORE THAN 500 KWH

6

DON'T KNOW

-8

REFUSED TO ANSWER

-9

(21)

During the past 12 months, have you ever paid an electricity bill?

YES

1

NO

2

(>> 24)

(22)

How much was your last electric bill?

DON'T KNOW

-9

REFUSED TO ANSWER

-8

SOMONI

(23)

How many months did this payment cover?

OF MONTHS

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

(24) Does your household have any electricity arrears ?

| | | |
|-----|-----------|----------------------|
| YES | 1 | <input type="text"/> |
| NO | 2 (>> 28) | |

(25) What is the total amount of arrears your household owes?

| | | |
|-------------------|----|----------------------|
| DON'T KNOW | -9 | <input type="text"/> |
| REFUSED TO ANSWER | -8 | |

(26) How old are these arrears?

| | | |
|----------------------------|------------|----------------------|
| FROM LAST 3 MONTHS | 1 (>> 28) | <input type="text"/> |
| 4-6 MONTHS | 2 (>> 28) | |
| 7-12 MONTHS | 3 (>> 28) | |
| MORE THAN A YEAR | 4 (>> 28) | |
| DON'T KNOW/ CAN'T REMEMBER | -8 (>> 28) | |

(27) Why is your dwelling not connected to the electricity supply system?

| | | |
|--|---|----------------------|
| AREA NEVER ELECTRIFIED | 1 | <input type="text"/> |
| NETWORK NOT WORKING | 2 | |
| DWELLING NEVER CONNECTED TO THE SYSTEM | 3 | |
| DISCONNECTED BECAUSE DID NOT PAY BILLS | 4 | |
| OTHER (SPECIFY) | 5 | |

(28) Which is the main alternative energy source you use for lighting?

| | | |
|------------------------|---|----------------------|
| GENERATOR | 1 | <input type="text"/> |
| KEROSENE LAMPS | 2 | |
| CANDLES OR FLASHLIGHTS | 3 | |
| OTHER (SPECIFY) | 4 | |

(29) Does your household use gas?

| | | |
|-----|----------|----------------------|
| YES | 1 | <input type="text"/> |
| NO | 2 (>>34) | |

PART B: UTILITIES

(30) What does your household use gas for?
(CHECK ALL THAT APPLY)

| | | |
|-------|------------------|----------------------|
| YES 1 | LIGHTING | <input type="text"/> |
| NO 2 | HEATING | <input type="text"/> |
| | COOKING | <input type="text"/> |
| | OTHER APPLIANCES | <input type="text"/> |

(31) How do you get gas? If gas cylinders, what capacity does your household use?

| | | |
|-----------------|--------|----------------------|
| GASPIPE | 1 >>34 | <input type="text"/> |
| 10 KG | 2 | |
| 15 KG | 3 | |
| 20 KG | 4 | |
| OTHER (SPECIFY) | 5 | |

(32) How much does each refill cost in average?

| | | |
|-------------------|----|----------------------|
| DON'T KNOW | -9 | <input type="text"/> |
| REFUSED TO ANSWER | -8 | |

(33) On average, how long does a cylinder last?

| | | | |
|--------------------|---|--------|----------------------|
| LESS THAN A MONTH | 1 | WINTER | <input type="text"/> |
| 1-2 MONTHS | 2 | SUMMER | <input type="text"/> |
| 2-3 MONTHS | 3 | | |
| MORE THAN 3 MONTHS | 4 | | |

(34) Has your household used any of the following for heating or lighting in the past 12 months. If so, how much have you spent on average per month?
WRITE "0" FOR ANY SOURCE THE HOUSEHOLD DOES NOT USE.

| | | SOMONI | |
|-----------------------|----|----------------------|----------------------|
| | | WINTER | SUMMER |
| FIREWOOD | | <input type="text"/> | <input type="text"/> |
| COAL | | <input type="text"/> | <input type="text"/> |
| OIL/KEROSENE | | <input type="text"/> | <input type="text"/> |
| DIESEL FUEL | | <input type="text"/> | <input type="text"/> |
| OTHER (SPECIFY) _____ | | <input type="text"/> | <input type="text"/> |
| DON'T KNOW | -8 | | |
| REFUSED TO ANSWER | -9 | | |

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

| | | |
|------|--|-----------------------------|
| (35) | Does your household have a telephone line inside your dwelling? | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>>39) | |
| (36) | During the last 12 months did your household pay for telephone? | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>>39) | |
| (37) | How much was your last payment ? | |
| | DON'T KNOW -8 | <input type="text"/> |
| | REFUSED TO ANSWER -9 | |
| (38) | How many months did payment cover? | |
| | | MONTHS <input type="text"/> |
| (39) | Does anyone in your household have a mobile phone? | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>> 45) | |
| (40) | How much did household pay in total last month in mobile phone charges | |
| | | SOMONI <input type="text"/> |
| (41) | Do you use public phone/phone cards? (Include payments made to the neighbors for the use of their phone.) | |
| | YES 1 | <input type="text"/> |
| | NO 2 (>>PART C) | |
| (42) | How much did household spend in total last month on public phones, phone cards and payments to neighbors? | |
| | DON'T KNOW -8 | <input type="text"/> |
| | REFUSED TO ANSWER -9 | |

SECTION 1: CONTROL SHEET

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART C: HOUSEHOLD DURABLES

| (1) | | |
|--|------|-----------------|
| <p>How many of the following items does your household own?</p> <p>(PUT "0" IF OWN NONE)</p> | | |
| DESCRIPTION | CODE | NUMBER OF ITEMS |
| Colour TV | 101 | |
| TV black& white | 102 | |
| Video player | 103 | |
| Tape player/CD player | 104 | |
| Camera, video camera | 105 | |
| Refrigerator | 106 | |
| Freezer | 107 | |
| Washing machine | 108 | |
| Microwave oven | 109 | |
| Electric or gas stove | 110 | |
| Kerosene stove | 111 | |
| Wood stove | 112 | |
| Radiator electric | 113 | |
| Generator | 114 | |
| Sewing/knitting machine | 115 | |
| Air Conditioner | 116 | |
| Water Boiler | 117 | |
| Computer | 118 | |
| Satellite dish | 119 | |
| Bicycle | 120 | |
| Motorcycle/scooter | 121 | |
| Car | 122 | |
| Truck | 123 | |
| Tractor | 124 | |

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

(1) During the past 12 months has your household or any of its members **received** any money or goods from persons who does not live in this household (for example from relatives living elsewhere, child support or alimony, or from friends or neighbors) or institutions such as NGOs, churches, mosques, ...?

(DONORS)

| | |
|----------------|---|
| YES | 1 |
| NO >>NEXT PART | 2 |

[illegible]

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

PART B: TRANSFERS TO ANOTHER HOUSEHOLD

(1) During the past 12 months has your household or any of its members made any gift, whether in cash or in-kind, to persons who do not live in this household or to any institutions (for example, relatives living elsewhere, child support or alimony, or to friends, neighbors, churches, mosques, ...)? DO NOT INCLUDE DONATIONS UNDER 20 SOMONI - THESE SHOULD BE RECORDED IN MODULE 10C -NON-FOOD EXPENDITURES

| | | |
|-----|---|--|
| YES | 1 | |
| NO | 2 | |

[illegible]

MODULI 7: TRANSFERS AND SOCIAL ASSISTANCE

PART C: SOCIAL ASSISTANCE

| | | (1) | (2) | (4) | (6) | (5) | (6) | (7) | (8) |
|--|--------|---|---|---|---|---|---|---|---|
| | | Are any of your household eligible to receive payment from the following sources? | How much are members of the household eligible to receive from [SOURCE] each month? | How much [SOURCE] was actually received last month? | How many months did this payment refer to ? | Is anyone currently owed any payment (arrears)? | What is the total amount of arrears owed? | How old are these arrears? | What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it? |
| | | YES 1 NO 2 (->NEXT SOURCE) | | | | YES 1 NO 2 (>> next source) | | 1-3 MONTHS 1 4-6 MONTHS 2 7-12 MONTHS 3 > 1 YEAR 4 | Documents are not prepared 1 Govt. does not pay 2 Impossible to go to the place where money is dispensed 3 The amount is too small that it is not worth preparing documents 4 Other 5 |
| | SOURCE | | SOMONI | | MONTHS | | SOMONI | | |

| Employment pensions | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1 | Old age pension | | | | | | | |
| 2 | Disability pension | | | | | | | |
| 3 | Survivors pension (loss of breadwinner) | | | | | | | |
| 4 | Specail merit pension | | | | | | | |
| 5 | Social pension | | | | | | | |
| 6 Pension based on years of experience | | | | | | | | |
| Family allowances | | | | | | | | |
| 7 | One time childbirth allowance | | | | | | | |
| 8 | Benefit for children 0 to 18 months | | | | | | | |
| 9 | Cmpensations to needy families whose children study in secondary schools | | | | | | | |

MODULI 7: TRANSFERS AND SOCIAL ASSISTANCE

PART C: SOCIAL ASSISTANCE

| | | (1) | (2) | (4) | (6) | (5) | (6) | (7) | (8) |
|--|--------|---|---|---|---|---|---|----------------------------|---|
| | | Are any of your household eligible to receive payment from the following sources? | How much are members of the household eligible to receive from [SOURCE] each month? | How much [SOURCE] was actually received last month? | How many months did this payment refer to ? | Is anyone currently owed any payment (arrears)? | What is the total amount of arrears owed? | How old are these arrears? | What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it? |
| | | YES 1 | | | | YES 1 | | 1-3 MONTHS 1 | Documents are not prepared 1 |
| | | NO 2 | | | | NO 2 (>> next source) | | 4-6 MONTHS 2 | Govt. does not pay 2 |
| | | (>>NEXT SOURCE) | | | | | | 7-12 MONTHS 3 | Impossible to go to the place where money is dispensed 3 |
| | | | | | | | | > 1 YEAR 4 | The amount is too small that it is not worth preparing documents 4 |
| | SOURCE | | SOMONI | | MONTHS | | SOMONI | | Other 5 |

| Other allowances | | | | | | | | |
|------------------|--------------------------------------|--|--|--|--|--|--|--|
| 10 | Unemployment benefit | | | | | | | |
| 11 | Illness Benefits (1-6 months) | | | | | | | |
| 12 | Maternity leave | | | | | | | |
| 13 | Funeral allowance | | | | | | | |
| 14 | Compensation to victims of chernobyl | | | | | | | |
| 15 | Afghan veterans | | | | | | | |
| 16 | Any other allowances not mentioned | | | | | | | |

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(1)

Over the last week, how many meals has your household eaten per day, on average?

7

(2)

How much do you currently have in stock of:

GIVE QUANTITY IN KILOGRAMS

- [illegible]

(3)

In the next 6 months do you think your situation with regard to food will:

- | | |
|--|--|
| | |
| | |
| | |

(4)

In the LAST 6 months have you needed to do any of the following?

- 1
2

- [illegible]

(5)

In the NEXT 6 months will you need to do any of the following?

YES

NO

a. Shift to cheaper foods

b. reduced the number of meals a day

c. Eat smaller portions

d. find other work

e. sell household assets

f. borrow

g. beg

h. send children to live with better off relatives

i. move within Tajikistan

j. move outside Tajikistan

NO

2

- | |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

| | | | | | | | | | | | | | | | | | |
|-----------------------|---|--|-----------------------------|---|-------------------|---|---------------------|---|-----------------------|----|--------------------|----|----------------------|----|----------------------|----|----------------------|
| (6) | How satisfied are you with your current financial situation? | <table border="1"> <tbody> <tr> <td>FULLY SATISFIED</td> <td>1</td> </tr> <tr> <td>RATHER SATISFIED</td> <td>2</td> </tr> <tr> <td>LESS THAN SATISFIED</td> <td>3</td> </tr> <tr> <td>NOT AT ALL SATISFIED</td> <td>4</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSE TO ANSWER</td> <td>-9</td> </tr> </tbody> </table> | FULLY SATISFIED | 1 | RATHER SATISFIED | 2 | LESS THAN SATISFIED | 3 | NOT AT ALL SATISFIED | 4 | DON'T KNOW | -8 | REFUSE TO ANSWER | -9 | <input type="text"/> | | |
| FULLY SATISFIED | 1 | | | | | | | | | | | | | | | | |
| RATHER SATISFIED | 2 | | | | | | | | | | | | | | | | |
| LESS THAN SATISFIED | 3 | | | | | | | | | | | | | | | | |
| NOT AT ALL SATISFIED | 4 | | | | | | | | | | | | | | | | |
| DON'T KNOW | -8 | | | | | | | | | | | | | | | | |
| REFUSE TO ANSWER | -9 | | | | | | | | | | | | | | | | |
| (7) | Do you feel that your financial situation in the past 3 years has ... | <table border="1"> <tbody> <tr> <td>IMPROVED A LOT</td> <td>1</td> </tr> <tr> <td>SOMEWHAT IMPROVED</td> <td>2</td> </tr> <tr> <td>REMAINED THE SAME</td> <td>3</td> </tr> <tr> <td>SOMEWHAT DETERIORATED</td> <td>4</td> </tr> <tr> <td>DETERIORATED A LOT</td> <td>5</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSE TO ANSWER</td> <td>-9</td> </tr> </tbody> </table> | IMPROVED A LOT | 1 | SOMEWHAT IMPROVED | 2 | REMAINED THE SAME | 3 | SOMEWHAT DETERIORATED | 4 | DETERIORATED A LOT | 5 | DON'T KNOW | -8 | REFUSE TO ANSWER | -9 | <input type="text"/> |
| IMPROVED A LOT | 1 | | | | | | | | | | | | | | | | |
| SOMEWHAT IMPROVED | 2 | | | | | | | | | | | | | | | | |
| REMAINED THE SAME | 3 | | | | | | | | | | | | | | | | |
| SOMEWHAT DETERIORATED | 4 | | | | | | | | | | | | | | | | |
| DETERIORATED A LOT | 5 | | | | | | | | | | | | | | | | |
| DON'T KNOW | -8 | | | | | | | | | | | | | | | | |
| REFUSE TO ANSWER | -9 | | | | | | | | | | | | | | | | |
| (8) | Do you think that in the next 12 months your financial situation will be ... | <table border="1"> <tbody> <tr> <td>IMPROVED A LOT</td> <td>1</td> </tr> <tr> <td>SOMEWHAT IMPROVED</td> <td>2</td> </tr> <tr> <td>REMAINING THE SAME</td> <td>3</td> </tr> <tr> <td>SOMEWHAT DETERIORATED</td> <td>4</td> </tr> <tr> <td>DETERIORATED A LOT</td> <td>5</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSE TO ANSWER</td> <td>-9</td> </tr> </tbody> </table> | IMPROVED A LOT | 1 | SOMEWHAT IMPROVED | 2 | REMAINING THE SAME | 3 | SOMEWHAT DETERIORATED | 4 | DETERIORATED A LOT | 5 | DON'T KNOW | -8 | REFUSE TO ANSWER | -9 | <input type="text"/> |
| IMPROVED A LOT | 1 | | | | | | | | | | | | | | | | |
| SOMEWHAT IMPROVED | 2 | | | | | | | | | | | | | | | | |
| REMAINING THE SAME | 3 | | | | | | | | | | | | | | | | |
| SOMEWHAT DETERIORATED | 4 | | | | | | | | | | | | | | | | |
| DETERIORATED A LOT | 5 | | | | | | | | | | | | | | | | |
| DON'T KNOW | -8 | | | | | | | | | | | | | | | | |
| REFUSE TO ANSWER | -9 | | | | | | | | | | | | | | | | |
| (9) | What is the minimum monthly household income do you, in your circumstances, consider to be absolutely minimal? That is to say the absolute minimum to provide adequate food, housing and other basic necessities? | | SOMONI <input type="text"/> | | | | | | | | | | | | | | |
| (10) | What is your current (take home) monthly household income? | | SOMONI <input type="text"/> | | | | | | | | | | | | | | |
| (11) | Would you consider the current level of food consumption of your family as: | <table border="1"> <tbody> <tr> <td>MORE THAN ADEQUATE</td> <td>1</td> </tr> <tr> <td>JUST ADEQUATE</td> <td>2</td> </tr> <tr> <td>LESS THAN ADEQUATE</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSE TO ANSWER</td> <td>-9</td> </tr> </tbody> </table> | MORE THAN ADEQUATE | 1 | JUST ADEQUATE | 2 | LESS THAN ADEQUATE | 3 | DON'T KNOW | -8 | REFUSE TO ANSWER | -9 | <input type="text"/> | | | | |
| MORE THAN ADEQUATE | 1 | | | | | | | | | | | | | | | | |
| JUST ADEQUATE | 2 | | | | | | | | | | | | | | | | |
| LESS THAN ADEQUATE | 3 | | | | | | | | | | | | | | | | |
| DON'T KNOW | -8 | | | | | | | | | | | | | | | | |
| REFUSE TO ANSWER | -9 | | | | | | | | | | | | | | | | |
| (12) | Would you consider the current level of expenditures of your family for food and other basic necessities like clothing and housing as: | <table border="1"> <tbody> <tr> <td>MORE THAN ADEQUATE</td> <td>1</td> </tr> <tr> <td>JUST ADEQUATE</td> <td>2</td> </tr> <tr> <td>LESS THAN ADEQUATE</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSE TO ANSWER</td> <td>-9</td> </tr> </tbody> </table> | MORE THAN ADEQUATE | 1 | JUST ADEQUATE | 2 | LESS THAN ADEQUATE | 3 | DON'T KNOW | -8 | REFUSE TO ANSWER | -9 | <input type="text"/> | | | | |
| MORE THAN ADEQUATE | 1 | | | | | | | | | | | | | | | | |
| JUST ADEQUATE | 2 | | | | | | | | | | | | | | | | |
| LESS THAN ADEQUATE | 3 | | | | | | | | | | | | | | | | |
| DON'T KNOW | -8 | | | | | | | | | | | | | | | | |
| REFUSE TO ANSWER | -9 | | | | | | | | | | | | | | | | |

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(13)

How concerned are you about being able to provide yourself and your family with food and basic necessities in the next 12 months?

| | |
|----------------------|----|
| VERY CONCERNED | 1 |
| A LITTLE CONCERNED | 2 |
| NOT TOO CONCERNED | 3 |
| NOT CONCERNED AT ALL | 4 |
| DON'T KNOW | -8 |
| REFUSE TO ANSWER | -9 |

(14)

Imagine a 10-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the TENTH, stand the rich. On which step are you today?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

(15)

What is currently the aspect of your life that concerns you the most?

| | |
|------------------|----|
| MONEY | 1 |
| JOB SECURITY | 2 |
| HEALTH | 3 |
| SAFETY | 4 |
| OTHER (SPECIFY) | 5 |
| | |
| DON'T KNOW | -8 |
| REFUSE TO ANSWER | -9 |

(16)

In the next 12 months, the largest share of your income will come from:

| | |
|-----------------------------|---|
| WORK IN THE CIVIL SERVICE | 1 |
| WORK IN THE PRIVATE SECTOR | 2 |
| OWN BUSINESS | 3 |
| OWN FARM | 4 |
| STATE/LOCAL BENEFIT PAYMENT | 5 |
| CHARITABLE SOURCES | 6 |
| OTHER (SPECIFY) | 7 |
| | |

MODULE 9: FOOD EXPENDITURE FOR THE LAST 7 DAYS

| | | (1) | (2) | (3) | | (4) | (5) | (6) |
|---|--------------|--|--|---|--|--|---|--|
| FOOD PRODUCTS | PRODUCT code | In the last 7 days how many days has your household eaten [PRODUCT]? | In the last 7 days how many KG of [PRODUCT] has your household eaten ? | What was the <u>main source</u> of the [PRODUCT] eaten? | | 4. How much did your household <u>spend</u> in total on [PRODUCT] for the last 7 days? | 5. What is the value of the [PRODUCT] <u>received as a gift/ humanitarian assistance</u> from people outside of the household during the last 7 days? | 6. What is the value of the [PRODUCT] <u>grown</u> in your household and <u>consumed</u> in the last 7 days? |
| | | IF NONE, WRITE ZERO AND < NEXT PRODUCT | | Household production Cash purchase Barter Humanitarian assistance Gift from relatives and friends | 1>>Q 5 2 3>>Q5 4>>Q5 5>>Q5 | | | |
| | | DAYS | KG | | | SOMONI | SOMONI | SOMONI |
| Bread | 851 | | | | | | | |
| Non (bread) | 852 | | | | | | | |
| Flour | 853 | | | | | | | |
| Grain | 854 | | | | | | | |
| Rice | 855 | | | | | | | |
| Macaroni products | 856 | | | | | | | |
| Other grain products (e.g. bulgar wheat) | 857 | | | | | | | |
| Onions, garlic | 858 | | | | | | | |
| Potatoes | 859 | | | | | | | |
| Tomatoes | 860 | | | | | | | |
| Carrots | 861 | | | | | | | |
| Beans & peas | 862 | | | | | | | |
| Other Vegetables | 863 | | | | | | | |
| Apples | 864 | | | | | | | |
| Citrus fruits | 865 | | | | | | | |
| Grapes | 866 | | | | | | | |
| Other fresh fruit | 867 | | | | | | | |
| Dried fruits and nuts | 868 | | | | | | | |
| Preserved fruits, vegetables | 869 | | | | | | | |
| Beef | 870 | | | | | | | |
| Chicken | 871 | | | | | | | |
| Lamb | 872 | | | | | | | |
| Other meat products | 873 | | | | | | | |
| Fish | 874 | | | | | | | |
| Eggs | 875 | | | | | | | |
| Fresh milk | 876 | | | | | | | |
| Other dairy products | 877 | | | | | | | |
| Vegetable oil, animal fat | 878 | | | | | | | |
| Tea, coffee | 879 | | | | | | | |
| Salt | 880 | | | | | | | |
| Sugar | 881 | | | | | | | |
| Confectionary, caramel and biscuits, cakes etc. | 882 | | | | | | | |

| CODE | (1) | (2) | (3) |
|------|--|--|--|
| | In the following questions, I want to ask about all purchases made for your household, regardless of which person made them. | Have the members of your household bought any [ITEM] in the last 30 days ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. | How much did your household spend in the last 30 days ? |
| | | YES..1 | |
| | | NO..2 >>NEXT ITEM | SOMONI |

| | | | |
|----|--|--|--|
| 1 | Food products consumed in cafeterias, canteens and restaurants | | |
| 2 | Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.) | | |
| 3 | Personal care services (hairdressing salons, barbers, beauty shops, etc.) | | |
| 4 | Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.) | | |
| 5 | Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.) | | |
| 6 | Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc) | | |
| 7 | Laundry and dry cleaning | | |
| 8 | Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc) | | |
| 9 | Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities) | | |
| 10 | Internet (connection costs or paid to internet cafes) and postal service expenses | | |
| 11 | Pet food, pet supplies and services | | |
| 12 | Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.) | | |
| 13 | Cigarettes, tobacco, cigars | | |
| 14 | Alcohol, beer, wine, etc. | | |
| 15 | Newspapers and magazines | | |
| 16 | Other (specify) | | |

| | (1) | (2) | (3) |
|------|--|---|---|
| | In the following questions, I want to ask about all purchases made for your household, regardless of which person made them. | Have the members of your household bought any [ITEM] in the last 6 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. | How much did your household spend in the last 6 months ? |
| | | YES..1 | |
| CODE | | NO..2>>NEXT ITEM | SOMONI |

| CLOTHING, FOOTWEAR | | | |
|--------------------------------|--|--|--|
| 18 | Women's clothing | | |
| 19 | Men's clothing | | |
| 20 | Children's clothing | | |
| 21 | Women's footwear | | |
| 22 | Men's footwear | | |
| 23 | Children's footwear | | |
| 24 | Tailoring expenses | | |
| 25 | Cloth and sewing/knitting supplies | | |
| HOUSEHOLD ARTICLES | | | |
| 26 | Dishes (crocery, cutlery, glassware) | | |
| 27 | Household linens (sheets, towels, blankets, tablecloths, etc.) | | |
| 28 | Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.) | | |
| 29 | Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails, etc) | | |
| 30 | Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric batteries for general use,etc.) | | |
| BOOKS, FILM, HOBBIES, SERVICES | | | |
| 31 | Books and stationary including dictionaries, encyclopedias,etc (EXCLUDE text books and all school supplies) | | |
| 32 | Films, cameras and film developing | | |
| 33 | Sports and hobby equipment, toys of all kinds, and their repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for ornamental gardens and balconies, etc.) | | |
| 34 | Services (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.) | | |
| 35 | Charges for bank services or money transfer (money orders, etc.) | | |

| | (1) | (2) | (3) |
|------|--|--|--|
| | In the following questions, I want to ask about all purchases made for your household, regardless of which person made them. | Have the members of your household bought any [ITEM] in the last 12 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise. | How much did your household spend in the last 12 months ? |
| | | YES..1 | |
| CODE | | NO..2>>NEXT ITEM | SOMONI |

| | | | |
|----|--|--|--|
| 36 | Services for maintenance and repair of personal vehicles, and accessories and spare parts. | | |
| 37 | Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc) | | |
| 38 | Home improvements (additions, renovations, to home) | | |
| 39 | Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.) | | |
| 40 | Other personal effects (jewelry, glasses, watches, umbrellas, etc.) | | |
| 41 | Personal effects for travel (suitcases, travel bags, hand-bags,etc) | | |
| 42 | Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions. | | |
| 43 | Air or sea travel (excluding for holiday/excursion above) | | |
| 44 | Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module. | | |
| 45 | Insurance (for dwelling, vehicle or personal) | | |
| 46 | Other taxes (vehicle tax, radio and TV, etc.) | | |
| 47 | Marriage gifts (traditional) | | |
| 48 | Costs for ceremonies (marriage, birth, funeral, etc.) | | |
| 49 | Gambling losses | | |
| 50 | Other (specify __) | | |

PART A1: PLOTS, YOURS

| | | |
|-----|-----------------|--|
| YES | 1 | |
| NO | 2 (>>MODULE 12) | |

| | |
|-----|---------------|
| YES | 1 |
| NO | 2 (>>PART A2) |

[illegible]

MODULE 11: AGRICULTURE

PART A2: PLOTS RENTED TO YOU

(1) During the last YEAR, has your household rented or borrowed agricultural land belonging to someone else?

| | |
|-----|---------------|
| YES | 1 |
| NO | 2 (>>PART A3) |

[illegible]

MODULE 11: AGRICULTURE

PART A3: PLOTS, YOU RENT OUT

(1) During the last YEAR, has your household rented or lent out any of its land to another household?

YES

NO (>>PART B)

[illegible]

MODULE 11: AGRICULTURE

PART B: MACHINERY

| | | | | | | |
|---|---|--|---|--|---|---|
| E Q U I P M E N T C O D E | (1) | (2) | (3) | (4) | (5) | (6) |
| | Does your household own any [...] ? FIRST ASK QUESTION 1 FOR ALL ITEMS. THEN ASK QUESTIONS 2-6 FOR EACH ITEM BEFORE GOING TO THE NEXT ITEM. | How many [...] does your household own? | Does your household own any [...] jointly with any other household? | How many [...] are owned with another household? | What share of these [...] belong to your household? | If you sold one of those [...] today, how much money could you get for it? |
| | | DO NOT COUNT EQUIPMENT JOINTLY OWNED WITH OTHER HOUSEHOLDS | | | IF SHARE DIFFERS OVER ITEMS, PUT IN AVERAGE SHARE | IF MORE THAN ONE ITEM, ASK FOR AVERAGE VALUE. AVERAGE SHOULD INCLUDE FULL VALUE OF ITEMS SHARED WITH OTHER HOUSEHOLDS |
| | YES 1 NO 2 (->NEXT ITEM) | | YES 1 NO 2 (->6) | | | |
| | TYPE OF FARM EQUIPMENT | UNITS | | | UNITS | SOMONI |

| | | | | | | |
|----|--|--|--|--|--|--|
| 1 | Tractor | | | | | |
| 2 | Animal drawn plough | | | | | |
| 3 | Mechanical plough | | | | | |
| 4 | Aggregator, disk, etc | | | | | |
| 5 | Planting Machine | | | | | |
| 6 | Trailer | | | | | |
| 7 | Motorized thresher | | | | | |
| 8 | Hand thresher | | | | | |
| 9 | Mechanical water pump | | | | | |
| 10 | Mill | | | | | |
| 11 | Milking machine | | | | | |
| 12 | Machine to process livestock feed | | | | | |
| 13 | Motorized insecticide pump | | | | | |
| 14 | Water pump | | | | | |
| 15 | Electric churn | | | | | |
| 16 | Greenhouses (not including the land they are on) | | | | | |
| 17 | Sheds (not including the land they are on) | | | | | |
| | | | | | | |

| | | | | | |
|--|---|-------|------------------------------------|---|---|
| C R O P C O D E | (1) | (2) | (3) | (4) | (5) |
| | Have you harvested any [...] during the past 12 months? | | What area did you plant with [...] | How much [...] did you harvest in the past 12 months? | How much of the [...] you harvested during the last 12 months was sold? |
| | ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4 | | | | IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE. |
| | YES 1 NO 2 | | | IF "O" (>>NEXT CROP) | |
| | (>>NEXT CROP) | | | | |
| CROP NAME | | SOTKA | KG | KG | SOMONI PER KG |

| | | | | | |
|----|------------------------|--|--|--|--|
| 1 | Wheat | | | | |
| 2 | Barley | | | | |
| 3 | Corn | | | | |
| 4 | Rye | | | | |
| 5 | Rice | | | | |
| 6 | Other grain | | | | |
| 7 | Potatoes | | | | |
| 8 | Cotton | | | | |
| 9 | Mulberry | | | | |
| 10 | Tobacco | | | | |
| 11 | Sugar beet | | | | |
| 12 | Sunflowers seed | | | | |
| 13 | Beans | | | | |
| 14 | Oil and aromatic crops | | | | |
| 15 | Tomatoes | | | | |
| 16 | Pepper | | | | |
| 17 | Cucumber | | | | |
| 18 | Cabbages | | | | |
| 19 | Watermelon | | | | |
| 20 | Melons | | | | |

| | | | | | |
|--|---|---------------|---|---|---|
| C R O P C O D E | (1) | (2) | (3) | (4) | (5) |
| | Have you harvested any [...] during the past 12 months? | | What area did you plant with [...] or how many trees did you harvest? | How much [...] did you harvest in the past 12 months? | How much of the [...] you harvested during the last 12 months was sold? |
| | ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4 | | | | IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE. |
| | YES 1 NO 2 | | | IF "O" (>>NEXT CROP) | |
| | (>>NEXT CROP) | | | | |
| CROP NAME | | (>>NEXT CROP) | solka | N. OF TREES | KG |
| | | | | | KG |
| | | | | | SOMONI PER KG |

| | | | | | |
|----|------------------|--|--|--|--|
| 21 | Onion | | | | |
| 22 | Carrot | | | | |
| 23 | Apples | | | | |
| 24 | Pears | | | | |
| 25 | Quince | | | | |
| 26 | Apricots | | | | |
| 27 | Cherries (large) | | | | |
| 28 | Plums | | | | |
| 29 | Cherries | | | | |
| 30 | Figs | | | | |
| 31 | Pomegranate | | | | |
| 32 | Walnut | | | | |
| 33 | Pistachios | | | | |
| 34 | Almond | | | | |
| 35 | Oranges | | | | |
| 36 | Lemons | | | | |
| 37 | Tangerine | | | | |
| 38 | Grape | | | | |
| 39 | Berries | | | | |
| 40 | Khurmo | | | | |

| | | | | | | | |
|------------|---|-----|---|-----|--|---|--------|
| INPUT CODE | (1) | (2) | | (3) | (4) | (5) | |
| | Did your household use any [...] during the past year? | | How much [...] did you use during the past cropping season? | | How much did you spend in total for [...] during the last cropping season? | Where did you purchase this [...] ? | |
| | ASK QUESTION 1 FOR ALL INPUTS BEFORE GOING ON TO QUESTIONS 2 TO 5 | | UNITS: | | IF SELF PRODUCED, WRITE ZERO, THEN >> GO TO NEXT INPUT | IF MORE THAN ONE SOURCE, RECORD MAIN SOURCE | |
| | | | GRAM | | | PRIVATE INDIVIDUAL 1 | |
| | | | KG | | | PRIVATE FIRM 2 | |
| | | | LITRE | | | GOVERNMENT 3 | |
| | | | TON | | | OTHER (SPECIFY) 4 | |
| | YES 1 | | PIECE 5 | | | DON'T KNOW -8 | |
| | NO 2 | | DAYS 6 | | | | |
| | INPUT TYPE | | (>>NEXT INPUT) | | QUANTITY | UNIT CODE | SOMONI |

| | | | | | | | |
|----|----------------------------------|--|--|--|--|--|--|
| 1 | Hired Labour | | | | | | |
| 2 | Rental of agricultural equipment | | | | | | |
| 3 | Seeds | | | | | | |
| 4 | Seedlings | | | | | | |
| 5 | Nitrate | | | | | | |
| 6 | Superfosfate | | | | | | |
| 7 | Manure | | | | | | |
| 8 | Pesticides | | | | | | |
| 9 | Herbicides | | | | | | |
| 10 | Fuel for agricultural use | | | | | | |
| 11 | Other (_____) | | | | | | |

MODULE 11: AGRICULTURE

(1) During the last 12 months, has any member of your household raised or owned any livestock, poultry, other domestic animals, or raised fish in aquaculture?

PART E: LIVESTOCK

| | |
|-----|----------------|
| YES | 1 |
| NO | 2 >> MODULE 12 |

| | | | | | | | | | | | | |
|---|---|-----------------|---|-------|--|-------|--|---|---|--|--|--|
| L I V E S T O R Y C O D E | (2) | | (3) | | (4) | | (5) | (6) | (7) | (8) | (9) | (10) |
| | During the last 12 months, has any member of your household raised any [...]? | | How many [...] does your household currently own? | | If you sold one of those [...] today, how much money could you get for it? | | How many of your [...] did you sell during the last 12 months? | How much did your household receive for the sale of all these [...] during the last 12 months ? | Did your household buy any feed for your [...] during the last 12 months? | How much did you spend on feed for your [...] during the last 12 months? | How much did you spend on veterinary services and medicine for your [...] during the last 12 months? | How much did you spend on other expenses for your [...] during the last 12 months? |
| | FIRST ASK QUESTION 2 FOR ALL ANIMALS, THEN ASK QUESTIONS 3-10 FOR EACH ANIMAL BEFORE GOING TO THE NEXT ONE. | | IF ZERO, GO TO QUESTION 5 | | | | IF ZERO, GO TO QUESTION 7 | INCLUDE VALUE OF IN KIND PAYMENTS | | INCLUDE VALUE OF IN KIND PAYMENTS | INCLUDE VALUE OF IN KIND PAYMENTS | INCLUDE VALUE OF IN KIND PAYMENTS |
| | YES 1 | | | | | | | | YES 1 | | | |
| | NO 2 | | | | | | | | NO 2 (>>9) | | | |
| | ANIMAL | (>>NEXT ANIMAL) | ADULT | YOUNG | ADULT | YOUNG | NUMBER OF ANIMALS | SOMONI | | SOMONI | SOMONI | SOMONI |

[illegible]

MODULE 12: AGRICULTURE

PART F: LIVESTOCK BYPRODUCTS

| | | | |
|---|--|--|--|
| | (1) | (2) | (3) |
| P R O D U C T C O D E | Did your household produce any of the following agricultural products during the last 12 months. | Did you sell any of the [PRODUCT] that you produced? | How much did you obtain in total from the sale of [...] during the last 12 months? |
| | | | |
| | YES 1 | | |
| | NO 2 | YES 1 | |
| | (>>NEXT PRODUCT) | NO 2 (>>NEXT PRODUCT) | |
| | PRODUCT | | SOMONI |

| | | | | |
|----|--------|--|--|--|
| 1 | Meat | | | |
| 2 | Eggs | | | |
| 3 | Milk | | | |
| 4 | Wool | | | |
| 5 | Skins | | | |
| 6 | Kaymak | | | |
| 7 | Cheese | | | |
| 8 | Curds | | | |
| 9 | Honey | | | |
| 10 | Yogurt | | | |
| | | | | |

PART A: LIST OF NONFARM ENTERPRISES

| | | | | | |
|--|--|---|--|--|---------|
| (1) Over the past 12 months, has anyone in your household operated any non-agricultural enterprise which produces goods or services (for example, artisan, metalworking, tailoring, repair work; also include processing and selling your outputs from your own crops if done regularly, such as producing raki or cheese for sale) or has anyone in your household owned a shop or operated a trading business? | | (2) What kind of enterprise does your household operate? | | (3) Who is most informed about and/or in charge of day-to-day operations of the enterprise? | |
| YES 1 NO 2 (>>NEXT MODULE) | | CODE ENTERED BY OPERATOR IN THE OFFICE | | IF MORE THAN ONE ENTERPRISE, USE ADDITIONAL LINES | |
| | | | | | |
| ENTERPRISE ID | | FULL WRITTEN DESCRIPTION | | CODE | ID CODE |

| | | | | | |
|--|---|--|--|--|--|
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |

| | | | | | | | | | |
|--|--|-----|--------------------------------------|---|---|---|--|--|---|
| E N T E R P R I S E I D | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | For how long has the business been in operation? | | Where do you operate the enterprise? | How many rooms of your residence do you use for your business during normal business hours? | Do you or the members of your household own all of this enterprise? | Do you own it together with other households? | What share of the profits is kept by YOUR household? | Is this enterprise registered in the tax office? | Does this enterprise keep books/accounting? |
| | LESS THAN 1 YR 1 | | | | | | | | |
| | 1 TO 3 YRS 2 | | HOME, INSIDE THE RESIDENCE 1 | | | | | | |
| | 3 TO 5 YRS 3 | | HOME, OUTSIDE THE RESIDENCE 2 (>>5) | | | | | | |
| | MORE THAN 5 YRS 4 | | INDUSTRIAL SITE 3 (>>5) | | | | | | |
| | | | TRADITIONAL MARKET 4 (>>5) | | | | | | |
| | | | COMMERCIAL DISTRICT SHOP 5 (>>5) | | | | | | YES, REGISTER 1 |
| | | | ROADSIDE 6 (>>5) | | | | | | YES, NOTEBOOK 2 |
| | | | OTHER FIXED PLACE 7 (>>5) | | YES 1 (>>8) | YES 1 | | YES 1 | YES, OTHER 3 |
| | | | NOT FIXED PLACE 8 (>>5) | | NO 2 | NO 2 >>8 | | NO 2 | NO 4 |
| | MONTHS YEARS | | | UNITS | | | PERCENT | | |

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

MODULE 12: FAMILY BUSINESS AND INDIVIDUAL INCOME GENERATING ACTIVITY

| | | | | |
|--|--|--|--|--|
| E N T E R P R I S E I D | (10) | (11) | (12) | (13) |
| | Has this business been in operation during the past 14 days? | Have you yourself spent time working in this enterprise at any time during the past 14 days? | How many other household members have worked in this enterprise during the past 14 days? | During the past 14 days, how many people did this enterprise employ who are not members of this household? |
| | YES 1 | YES 1 | | |
| | NO 2 (>>next business) | NO 2 | | |

| | | | | |
|---|--|--|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| | | | | | | | | |
|--|---|--|---|--|---|--|---|---|
| E N T E R P R I S E I D | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| | During the past 14 days, for how many days was the business in operation? | During the past 14 days, how much money has the business received from the sales of its products, goods or services? | During the past 14 days, has the business made any transactions using something other than money? For example, has the business received payments in the form of goods and services, or have you paid for the purchase of any items with your own products? | What was the value of these transactions (the value of goods and services received as payment and the value of your own products that you used for payment) over the past 14 days? | During the past 14 days, has your household consumed any goods or services produced by this business? | What was the value of the goods and services consumed by your household over the past 14 days? | During the past 12 months, for how many months was the business in operation? | What was the reason that the business was not in operation all year long? |
| | IF 0 DAYS (>>GO TO 7) | | YES 1 | | YES 1 | | IF LESS THAN 12 MONTHS (>>GO TO 9) | NEW BUSINESS, STARTED IN THE PAST 12 MONTHS 1 |
| | | | NO 2 (>>5) | | NO 2 (>>7) | | | LACK OF ESSENTIAL MATERIALS OR SPARE PARTS 2 |
| | | | | | | | | ENERGY DISRUPTION 3 |
| | DAYS | SOMONI | | SOMONI | | SOMONI | | SEASONAL WORK 4 |
| | | | | | | | WEATHER WAS BAD 5 | |
| | | | | | | | EARNED TOO LITTLE INCOME 6 | |
| | | | | | | | | ILLNESS 7 |
| | | | | | | | | OTHER 8 |

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

END OF MODULE 12: FAMILY BUSINESS AND INDIVIDUAL INCOME GENERATING ACTIVITY

| | (9) | (10) | (11) | (12) | (13) | | | | | | | | |
|------------------------|---------------|--|--|--------|--------|---------|---|-----|---|------------------------|---|---|---|
| | ENTERPRISE ID | During the months that the business was in operation, how many days per month did this business usually operate? | In a typical year, are your sales high, average, low, or none (when the business is not in operation) in the month of [MONTH]? <div style="text-align: center; border: 1px solid black; padding: 10px;">READ EACH MONTH IN TURN.</div> <table border="1"><tr><td>HIGH</td><td>1</td></tr><tr><td>AVERAGE</td><td>2</td></tr><tr><td>LOW</td><td>3</td></tr><tr><td>NONE: NOT IN OPERATION</td><td>4</td></tr></table> | HIGH | 1 | AVERAGE | 2 | LOW | 3 | NONE: NOT IN OPERATION | 4 | In a 'high sales' month, what is your level of sales per month? | In an 'average sales' month, what is your level of sales per month? |
| HIGH | 1 | | | | | | | | | | | | |
| AVERAGE | 2 | | | | | | | | | | | | |
| LOW | 3 | | | | | | | | | | | | |
| NONE: NOT IN OPERATION | 4 | | | | | | | | | | | | |
| | DAYS | JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER | SOMONI | SOMONI | SOMONI | | | | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |

| (1) | | (2) | |
|------------------|---------------------------|------|---|
| C O D E | INPUTS FOR THE ENTERPRISE | code | How much did the household spend for this [INPUT] in average month? |
| | | | SOMONI |
| 1 | Rent | 1 | |
| | Raw materials | 2 | |
| | Freight, transport | 3 | |
| | Hired labour | 4 | |
| | Fuel, oil | 5 | |
| | Electricity | 6 | |
| | Water | 7 | |
| | Insurance | 8 | |
| | Equipment rental | 9 | |
| | Maintenance and repair | 10 | |
| | Other items (tax fees ..) | 11 | |
| 2 | Rent | 1 | |
| | Raw materials | 2 | |
| | Freight, transport | 3 | |
| | Hired labour | 4 | |
| | Fuel, oil | 5 | |
| | Electricity | 6 | |
| | Water | 7 | |
| | Insurance | 8 | |
| | Equipment rental | 9 | |
| | Maintenance and repair | 10 | |
| | Other items (tax fees ..) | 11 | |
| 3 | Rent | 1 | |
| | Raw materials | 2 | |
| | Freight, transport | 3 | |
| | Hired labour | 4 | |
| | Fuel, oil | 5 | |
| | Electricity | 6 | |
| | Water | 7 | |
| | Insurance | 8 | |
| | Equipment rental | 9 | |
| | Maintenance and repair | 10 | |
| | Other items (tax fees ..) | 11 | |

MODULE 12: NONFARM ENTERPRISES

PART E: ASSETS

| | | (1) | (2) | (3) | (4) | 5 | 6 | 7 |
|------------------|----------------|--|--|--|---|------------------------------|--|---------------------------------|
| C O D E | | I would now like to ask you questions about the assets (that is, equipment, buildings, vehicles, tools, etc.) that you use in your business. At present, does this enterprise own this [ASSET]? | Is this enterprise the sole owner of this [ASSET], or is ownership shared with another enterprise? | If you wanted to sell the [ASSET], how much could you sell it for today? | During the past 12 months, did this business acquire any business assets (like those we just talked about)? | How much did you pay for it? | During the past 12 months, did this business sell any business [ASSET] of this type? | How much did you sell them for? |
| | | YES _____ 1 NO _____ 2 >>4 | SOLE OWNER 1 SHARED 2 | | YES _____ 1 NO _____ 2>>6 | | YES _____ 1 NO _____ 2 (>>NEXT ASSET) | (>>NEXT ASSET) |
| | BUSINESS ASSET | code | | SOMONI | | SOMONI | | SOMONI |
| | | | | | | | | |

| | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| 1 | Land | 1 | | | | | | |
| | Buildings | 2 | | | | | | |
| | Equipment and machinery | 3 | | | | | | |
| | Furniture | 4 | | | | | | |
| | Small or large tools | 5 | | | | | | |
| | Large vehicles (trucks, cars, boats, etc.) | 6 | | | | | | |
| | Small vehicles (bicycles, carts, etc.) | 7 | | | | | | |
| | Cars | 8 | | | | | | |
| | Other durable goods | 9 | | | | | | |
| 1 | Land | 1 | | | | | | |
| | Buildings | 2 | | | | | | |
| | Equipment and machinery | 3 | | | | | | |
| | Furniture | 4 | | | | | | |
| | Small or large tools | 5 | | | | | | |
| | Large vehicles (trucks, cars, boats, etc.) | 6 | | | | | | |
| | Small vehicles (bicycles, carts, etc.) | 7 | | | | | | |
| | Cars | 8 | | | | | | |
| | Other durable goods | 9 | | | | | | |
| | Land | 1 | | | | | | |
| | Buildings | 2 | | | | | | |
| | Equipment and machinery | 3 | | | | | | |
| | Furniture | 4 | | | | | | |
| | Small or large tools | 5 | | | | | | |
| | Large vehicles (trucks, cars, boats, etc.) | 6 | | | | | | |
| | Small vehicles (bicycles, carts, etc.) | 7 | | | | | | |
| | Cars | 8 | | | | | | |
| | Other durable goods | 9 | | | | | | |

MODULE 13: OTHER INCOME

| | | |
|---------------|---|---|
| (1) | (2) | (3) |
| INCOME SOURCE | In the last 12 months, did your household, or any or its members, receive any payment, in cash or in other forms, from the following sources? | How much did your household receive in total in the last 12 months from [SOURCE], including the value of any payment in the form of goods?? |
| | YES 1 | |
| | NO 2 (>>NEXT SOURCE) | |
| | | SOMONI |

| | | | |
|------------------------------------|--|--|--|
| Rental Income | | | |
| 1 | Land other than agricultural land | | |
| 2 | Apartment, house | | |
| 3 | Shops, stores, etc | | |
| 4 | Car, truck, other vehicles | | |
| Revenue from sale of assets | | | |
| 5 | Sale of real estate (house, land...) | | |
| 6 | Sale of durable goods of the household | | |
| 7 | Other sale of assets | | |
| Other income | | | |
| 8 | Inheritance | | |
| 9 | Lottery or gambling winnings | | |
| 10 | Interest rate gains on loans | | |
| 11 | Other income (_____) | | |