

TOTAL NUMBER OF HOUSEHOLD MEMBERS

DATE OF INTERVIEW

TIME: BEGINNING OF INTERVIEW

END OF INTERVIEW

  
  

LOCATION: URBAN 1

RURAL 2

*(To be completed by supervisors)*

# 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.

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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
<b>Душанбе</b>	<b>Dushanbe (city)</b>		<b>Хатлонская область</b>	<b>Khatlon</b>				
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
<b>РРП</b>	<b>RRS</b>		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	Джиликкульский район	Jilikul	45			
Джиргатальский район	Jirgatal	09	Кабодиенский район	Kabodiyon	46			
Кофарнихонский район	Kofarnihon	10	Колхозабодский 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			
<b>Согдийская область</b>	<b>Sugd</b>		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	Ajini	22	Яванский район	Yovon	61			
Аштский район	Asht	23						
Ганчинский район	Gonchi	24	<b>Горно-Бадахшанская АО</b>	<b>GBAO</b>				
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			
Магчинский 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**

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

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:

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

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.

FORM 1

**LIST OF HOUSEHOLD MEMBERS**

PLEASE COMPLETE THIS FORM USING INSTRUCTIONS TO MODULE 1

I D  C O D E	AGE		GENDER (in words)	RELATIONSHIP TO THE HOUSEHOLD HEAD	COMMENTS
	YEARS AND MONTHS, IF LESS THAN 16				
	NAME	YEARS	MONTHS		
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MODULE 3: EDUCATION

CHILDREN 3-5 YEARS

PART A: PRE-SCHOOL

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

	(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

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?  IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR	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?
	YES 1 NO 2 (>> 32)		YES 1 NO 2 >>next person	OWN TEACHER 1 OTHER TEACHER IN SCHOOL 2 OTHER TUTOR 3 FRIEND/RELATIVE 4	YES 1 NO 2 >>next person	IF MORE THAN ONE PRICE, TAKE AVERAGE	
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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?  IF MORE THAN ONE ILLNESS REFER TO THE MOST SERIOUS ONE  FOR LESS THAN 1 YEAR WRITE THE MONTHS, FOR ONE YEAR OR MORE WRITE ONLY YEARS		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)
	YES 1			YES 1	HEART/VASCULAR SYSTEM 1		
	NO 2 (>>7)			NO 2 (>>6)	LUNGS/RESPIRATORY SYSTEM 2		
		MONTHS	YEARS		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			
				MENTAL 11	YES 1		
				OTHER DISABILITY 12	NO 2	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> <td></td> <td>MUCH BETTER NOW</td> <td>1</td> </tr> <tr> <td>STOMACH</td> <td>2</td> <td>HEPATITIS</td> <td>10</td> <td></td> <td>SOMEWHAT BETTER</td> <td>2</td> </tr> <tr> <td>DIARRHEA</td> <td>3</td> <td>STD</td> <td>11</td> <td>VERY GOOD</td> <td>1 ABOUT THE SAME</td> <td>3</td> </tr> <tr> <td>HEADACHE</td> <td>4</td> <td>BROKEN BONE</td> <td>12</td> <td>GOOD</td> <td>2 SOMEWHAT WORSE</td> <td>4</td> </tr> <tr> <td>HEART</td> <td>5</td> <td>OTHER TRAUMA</td> <td>13</td> <td>AVERAGE</td> <td>3 MUCH WORSE</td> <td>5</td> </tr> <tr> <td>LUNG</td> <td>6</td> <td>PREGNANCY/ DELIVERY</td> <td></td> <td>POOR</td> <td>4 NOT APPLICABLE BECAUSE CHILD</td> <td></td> </tr> <tr> <td>YES 1</td> <td>KIDNEY PROBLEMS 7</td> <td>COMPLICATIONS 14</td> <td>IF NONE, WRITE "0"</td> <td>VERY POOR</td> <td>5 LESS THAN 1 YEAR OLD</td> <td>6</td> </tr> <tr> <td>NO 2 (&gt;&gt;10)</td> <td>TYPHOID FEVER 8</td> <td>OTHER ILLNESS 15</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	COLD/FLU	1	MALARIA	9		MUCH BETTER NOW	1	STOMACH	2	HEPATITIS	10		SOMEWHAT BETTER	2	DIARRHEA	3	STD	11	VERY GOOD	1 ABOUT THE SAME	3	HEADACHE	4	BROKEN BONE	12	GOOD	2 SOMEWHAT WORSE	4	HEART	5	OTHER TRAUMA	13	AVERAGE	3 MUCH WORSE	5	LUNG	6	PREGNANCY/ DELIVERY		POOR	4 NOT APPLICABLE BECAUSE CHILD		YES 1	KIDNEY PROBLEMS 7	COMPLICATIONS 14	IF NONE, WRITE "0"	VERY POOR	5 LESS THAN 1 YEAR OLD	6	NO 2 (>>10)	TYPHOID FEVER 8	OTHER ILLNESS 15							
COLD/FLU	1	MALARIA	9		MUCH BETTER NOW	1																																																							
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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**

**PART A: LABOUR FORCE PARTICIPATION**

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

	(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)	
	HOUSEWIFE 2 (>>PART D)			
	IN RETIREMENT 3 (>>PART D)			
	HANDICAPPED 4 (>>PART D)			
	IN MILITARY SERVICE 5 (>>PART D)	THROUGH LABOUR OFFICE 1		
	HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6	THROUGH FRIENDS/RELATIVE 2		
	AWAITING RECALL BY EMPLOYER 7	RESPONDED TO MEDIA AD 3		
	WAITING FOR BUSY SEASON 8	PUT AD IN PAPER 4		
	DO NOT WANT TO WORK 9 (>>PART D)	EMPLOYER CONTACTED YOU 5		
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10	CONTACTED EMPLOYER 6		
	NO JOBS	TRIED TO START OWN BUSINESS 7		
OTHER (SPECIFY) 11	TOOK PART IN TEST FOR JOB 8			
	OTHER (SPECIFY) _____ 9		YES 1	
			NO 2	
		MONTHS	(>>GO TO PART D)	

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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

I D  C O D E	(1)	(2)	(3)
		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	

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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

I D C O D E	(12)	(13)	(14)	(15)	(16)	(17)
	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?	<b>SECOND JOB:</b> 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 NO 2 (>>15)		YES 1 NO 2 (>>next person)	OCCUPATION CODE TO BE FILLED IN OFFICE.	SEASONAL 1 OCCASIONAL 2 TEMPORARY 3 PERMANENT/ LONG-TERM 4
			SOMONI		OCCUPATION	CODE
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						



**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?        IF NEVER, WRITE "0" >> NEXT PERSON	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	
	YES 1 (>>5) NO 2	YES 1 (>>5) 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	SEPARATE KITCHEN	
NO 2	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)

	min		
PRIMARY SCHOOL			
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

PART B: UTILITIES

(1) What is the main source of water used by this household ?

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) How far is this source of water? (in minutes, walking, each way)

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) Do you have water continuously ?

YES	1 (>> 5)
NO	2

(4) How many hours in a day, on average, did dwelling receive water during the last week? HOURS

(5) In your opinion, what was the quality of water from this source in the last month?

GOOD FOR DRINKING	1 (>>8)
NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES	2

(6) Which water source does your household use for drinking?

WATER TRUCK	1
PUBLIC TAP	2
SPRING OR WELL	3
RIVER, LAKE, POND OR SIMILAR	4
BOTTLED WATER	5 (>>8)
OTHER (SPECIFY)	6

(7) Do you regularly boil the water used for drinking?

YES	1
NO	2

(8) During the last 12 months did you pay for water consumption ?

YES	1
NO	2 (>> 10)

(9) How much are your average monthly water expenses ? SOMONI

DON'T KNOW	-8
REFUSED TO ANSWER	-9

(10) Does your household have any water arrears ?

YES	1
NO	2 (>>12)

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

DON'T KNOW	-8
REFUSED TO ANSWER	-9

(12) Does dwelling have central heating ?

YES	1
NO	2 (>> 15)

(13) How many months was dwelling heated in last 12 months? MONTHS

(14) What was your average monthly payment for central heating? SOMONI

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	<input type="text"/>
OTHER (SPECIFY)	7	<input type="text"/>

---

(16) For what purposes does your household use electricity? (CHECK ALL THAT APPLY)  
YES 1 NO 2

LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>
HEATING/COOLING/AIR CONDITIONING	<input type="checkbox"/>	<input type="checkbox"/>
COOKING	<input type="checkbox"/>	<input type="checkbox"/>
WATER HEATING	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ELECTRIC APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>
NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM (>>27)	<input type="checkbox"/>	<input type="checkbox"/>

---

(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	<input type="text"/>
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	<input type="text"/>
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)	<input type="text"/>

---

(22) How much was your last electric bill?

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

---

(23) How many months did this payment cover?

\_\_\_\_\_ # OF MONTHS \_\_\_\_\_

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(24) Does your household have any electricity arrears ?

YES	1	<input type="checkbox"/>
NO	2 (>> 28)	

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

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

(26) How old are these arrears?

FROM LAST 3 MONTHS	1 (>> 28)	<input type="checkbox"/>
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="checkbox"/>
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="checkbox"/>
KEROSENE LAMPS	2	
CANDLES OR FLASHLIGHTS	3	
OTHER (SPECIFY)	4	

(29) Does your household use gas?

YES	1	<input type="checkbox"/>
NO	2 (>>34)	

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

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

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

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

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

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

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

LESS THAN A MONTH	1	WINTER	<input type="checkbox"/>
1-2 MONTHS	2	SUMMER	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
COAL		<input type="checkbox"/>	<input type="checkbox"/>
OIL/KEROSENE		<input type="checkbox"/>	<input type="checkbox"/>
DIESEL FUEL		<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY) _____		<input type="checkbox"/>	<input type="checkbox"/>
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 ?		SOMONI
	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?		SOMONI
	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)		
How many of the following items does your household own?		
(PUT "0" IF OWN NONE)		
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 8: SUBJECTIVE POVERTY & FOOD SECURITY**

(6)	<p>How satisfied are you with your current financial situation?</p> <table border="1"> <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> </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)	<p>Do you feel that your financial situation in the past 3 years has ...</p> <table border="1"> <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> </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															
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REMAINED THE SAME	3															
SOMEWHAT DETERIORATED	4															
DETERIORATED A LOT	5															
DON'T KNOW	-8															
REFUSE TO ANSWER	-9															
(8)	<p>Do you think that in the next 12 months your financial situation will be ...</p> <table border="1"> <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> </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)	<p>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?</p>	SOMONI <input type="text"/>														
(10)	<p>What is your current (take home) monthly household income?</p>	SOMONI <input type="text"/>														
(11)	<p>Would you consider the current level of food consumption of your family as:</p> <table border="1"> <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> </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)	<p>Would you consider the current level of expenditures of your family for food and other basic necessities like clothing and housing as:</p> <table border="1"> <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> </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						

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

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 <b>6 months</b> ? 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 <b>6 months</b> ?
		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) In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(2) Have the members of your household bought any [ITEM] in the last <b>12 months</b> ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	(3) How much did your household spend in the last <b>12 months</b> ?
<b>CODE</b>		<b>YES..1</b>	
		<b>NO..2&gt;&gt;NEXT ITEM</b>	<b>SOMONI</b>

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 __)		







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?  DO NOT COUNT EQUIPMENT JOINTLY OWNED WITH OTHER HOUSEHOLDS	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 SHARE DIFFERS OVER ITEMS, PUT IN AVERAGE SHARE	If you sold one of those [...] today, how much money could you get for it?  IF MORE THAN ONE ITEM, ASK FOR AVERAGE VALUE. AVERAGE SHOULD INCLUDE FULL VALUE OF ITEMS SHARED WITH OTHER HOUSEHOLDS		
							YES 1	YES 1
							NO 2 (->NEXT ITEM)	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)							

JLE 11: AGRICULTURE

PART C: CROPS

(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?	What price did you get for the [...] that you sold?
C R O P  C O D E	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4			
	YES	1		
	NO	2		
	(->NEXT CROP)		IF "0" (->NEXT CROP)	IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.
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			

(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?	What price did you get for the [...] that you sold?
C R O P  C O D E	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4			
	YES	1		
	NO	2		
	(->NEXT CROP)		IF "0" (->NEXT CROP)	IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.
CROP NAME	(->NEXT CROP)	solka	N. OF TREES	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			

MODULE 11: AGRICULTURE

PART D: INPUTS

I N P U T  C O D E	(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	IF MORE THAN ONE SOURCE, RECORD MAIN SOURCE	
		GRAM	1	>> GO TO NEXT INPUT	PRIVATE INDIVIDUAL
		KG	2		PRIVATE FIRM
		LITRE	3		GOVERNMENT
		TON	4		OTHER (SPECIFY)
	YES	1 PIECE	5		
	NO	2 DAYS	6		
					DONT KNOW
	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 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			

(DO NOT INCLUDE AGROCULTURAL FARMS)

<p>(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?</p>	<p>(2) What kind of enterprise does your household operate?</p> <p style="text-align: center;">CODE ENTERED BY OPERATOR IN THE OFFICE</p>	<p>(3) Who is most informed about and/or in charge of day-to-day operations of the enterprise?</p> <p style="text-align: right;">IF MORE THAN ONE ENTERPRISE, USE ADDITIONAL LINES</p>			
<p>YES            1</p> <p>NO             2        (&gt;&gt;NEXT MODULE)</p>					
	ENTERPRISE ID	FULL WRITTEN DESCRIPTION	CODE	NAME	ID CODE

	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 NO 2 (>>next business)	YES 1 NO 2		

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

C O D E	BUSINESS ASSET	code	(1)	(2)	(3)	(4)	5	6	7
			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)
					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 (_____)		