

Household number 1 to 18

TOTAL NUMBER OF HOUSEHOLD MEMBERS

DATE OF INTERVIEW

LOCATION: URBAN 1      RURAL 2

TIME: BEGINNING OF INTERVIEW

END OF INTERVIEW

*(To be completed by supervisors)*

## TAJIKISTAN LIVING STANDARDS SURVEY, 2007 SUGHD QUESTIONNAIRE

Name of enumerator	Code
Name of field supervisor	Code
Name of data entry operator	Code
Altitude	
_____	
Longitude	Latitude
●	●

Oblast	
Hukumat (Raion)	
Djamoat	
Village Name	
Personal Account No.	Name of Household Head

LSS PSU	HH No.

Main list 1  
Replacement 2

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

QUESTIONNAIRE \_\_\_ OF \_\_\_

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**INSTRUCTION FOR MODULE 1: HOUSEHOLD ROSTER**

**THE HEAD OF THE HOUSEHOLD SHOULD BE THE PRIME FOR RESPONDING THE QUESTIONS OF MODULE 1. IF HE/SHE IS NOT AVAILABLE, THEN THE MOST**

NAME OF RESPOND

RESPONDENT'S ID CODE

**INSTRUCTIONS FOR COMPLETING "HOUSEHOLD ROSTER":**  
**List in question 1 at page 6 names of all the people who were living and having their meals in the selected household during the last 12 months. Write down in the FOLLOWING ORDER:**

HOUSEHOLD MEMBERS SHOULD BE ARRANGED INTO FAMILIES, I.E. A HUSBAND, A WIFE, THEIR CHILDREN. WRITE DOWN FULL NAME OF EACH FAMILY MEMBER ID CODE, SEX AND AGE.

Ask household members who is the head of HH and record under number 1.

Next, record spouse of the HH head, if available, under number 2.

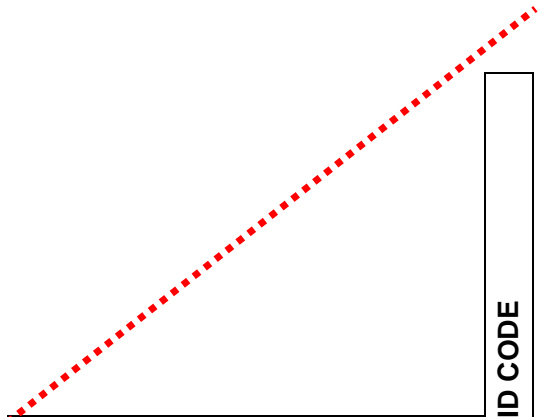
Next, ONLY HH head's children who have own families, starting with the eldest

If HH head has several children with their families, list them in the same order.

If HH head has no more children with their families, list the remaining children starting with the eldest and down.

Next, HH head's relative with spouse and children residing in this HH.  
 Next relative of HH head with spouse and children.  
 Then relatives with no families.  
 Then non-relatives

SAMPLE OF COMPLETING QUESTION 1 OF MODULE 1 "HH ROSTER"		ID code in Q. 5
01	Name of HH head (man or woman)	1
02	Name of his/her spouse	2
03	Name of HH head's eldest son (daughter) with own family	3
04	Name of his/her spouse	4
05	Name of his/her son (daughter)	8
06	Name of his/her son (daughter)	8
07	Name of next elder son (daughter) of HH head	3
08	Name of his/her spouse	4
09	Name of his/her son (daughter)	8
10	Name of his/her son (daughter)	8
11	Name of HH head's son/daughter without spouse, but w/children	3
12	Name of his/her son (daughter)	8
13	Name of HH head's son (daughter) (not married with no children)	3
14	Name of HH head's son/daughter (not married with no children)	3
15	Name of father or mother of HH head	5
16	Name of HH head's spouse's mother (mother-in-law)	6
17	Name of HH head's nephew	10
18	Other relative of HH head	11
19	Other non-relative of HH head	13
20		



AGE	SEX	NAME	ID CODE
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### HEAD OF HOUSEHOLD

**MODULE 1: HOUSEHOLD ROSTER**

	(11) <i>COPY THE ID CODE OF THE MOTHER</i>	(12) Where is the mother of [NAME]?	(13) In what year did [NAME'S] mother die?	(14) What is the highest diploma [NAME'S] mother obtained? (do not include incomplete degrees)	(15) Does the father of [NAME] live in this household now?	(16) <i>COPY THE ID CODE OF THE FATHER</i>	(17) Where is the father of [NAME]?		
I D  C O D E	>> 15	IN TAJIKISTAN	1	>>14		>>20	IN TAJIKISTAN	1	>>19
		LIVING IN ANOTHER COUNTRY PERMANENTLY	2	>>14			LIVING IN ANOTHER COUNTRY PERMANENTLY	2	>>19
		LIVING IN ANOTHER COUNTRY TEMPORARILY	3	>>14			LIVING IN ANOTHER COUNTRY TEMPORARILY	3	>>19
		DEAD	4				DEAD	4	

	ID CODE	YEAR	YEAR	YEAR	YES 1 NO >> 17 2	ID CODE	YEAR
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HEAD OF HOUSEHOLD

MODULE 1: HOUSEHOLD ROSTER

I D C O D E	(18)	(19)	(20)	(21)
	In what year did [NAME'S] father die?	What is the highest diploma [NAME'S] father obtained? ( do not include incomplete degrees)	How many months during the last 12 months has [NAME] been away?  If none, record 0 and go to Module 2.	What was the reason for the latest absence?
		NONE 0		Working in another part of the country 1
		PRIMARY (Grades 1-4) 1		Working in another country in the CIS 2
		BASIC (Grades 1-8(9)) 2		Working in another country outside the CIS 3
		SECONDARY GENERAL (Grades 9-10(11)) 3		Studying 4
		SECONDARY SPECIAL 4		On leave/vacation 5
		SECONDARY TECHNICAL 5		visiting relatives 6
		HIGHER EDUCATION 6		in hospital 7
		GRADUATE SCHOOL/ASPIRANTURA 7		in prison 8
	DON'T KNOW 8		in the army 9	
		CUMULATED MONTHS	on business trip 10	
YEAR			other 11	

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FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART A: INTERNAL MIGRATION

I D C O D E	(1)	(2)		(3)	(4)	(5)	(6)		(7)	(8)		(9)	
	Prior to the current residence, has [NAME] ever lived in a different rayon in Tajikistan or did [NAME] move to Tajikistan from another country?	Which rayon or country did [NAME] move from?		Why did you move from [RAYON OR COUNTRY COL 2] to here?	In what year did [NAME] move to the current residence?	Prior to this residence in [RAYON COL 2] did [NAME] live in a different rayon in Tajikistan?	In which rayon did [NAME] live before [RAYON COL. 2]?		Why did you move from [RAYON COL 6] to [RAYON COL 2]?	In which rayon did [NAME] live in 1992?		In which rayon or country was [NAME] born?	
	YES 1			TO WORK/LOOK FOR WORK 1					TO WORK/LOOK FOR WORK 1				
	NO 2 >> 9			TO JOIN FAMILY/MARRY 2					TO JOIN FAMILY/MARRY 2				
				MOVING WITH FAMILY 3					MOVING WITH FAMILY 3				
				HEALTH 4					HEALTH 4				
				STUDY 5					STUDY 5				
				SECURITY 6					SECURITY 6				
				NATURAL DISASTERS 7					OTHER 7				
				GOV'T MOVED HOUSEHOLD 8									
				OTHER 9									
		RAYON	CODE		YEAR		RAYON	CODE		RAYON	CODE	RAYON	CODE
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INTERVIEWER: If the head of household has been absent for 12 months or more, after completing Part A, go to Part C for the head of household.



FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION

I D C O D E	(1)	(2)		(3)	(4)	(5)			(6)	(7)	
	Now we will talk about migration to another country.  Did you ever migrate abroad for a total time of at least one month since January 1, 2004?  (EXCLUDE FAMILY VISITS, BUSINESS TRIPS, VACATION, HEALTH)  YES 1 NO 2 >>17	YEAR	MONTH	How long did you remain away during this most recent migration episode?  NUMBER OF MONTHS	What was the most important reason you migrated abroad during this most recent migration episode?  TO WORK/LOOK FOR WORK 1 TO JOIN FAMILY/MARRY 2 MOVING WITH FAMILY 3 STUDY 4 SECURITY 5 HEALTH 6 FAMILY VISIT 7 VACATION 8 OTHER 9  IF CODES 6, 7 OR 8, ASK QUESTION 1 AGAIN	What country and city did you go to during this most recent migration episode?  RUSSIA 1 KAZAKHSTAN 2 OTHER CENTRAL ASIA 3 OTHER CIS 4 GERMANY 5 TURKEY 6 USA 7 OTHER NON-CIS 8	COUNTRY CODE	CITY	CODE	What was the main reason you chose to migrate to [COUNTRY COL 5]?  HAVE BEEN TO THE COUNTRY BEFORE 1 HAD CONTACTS - RELATIVES 2 HAD CONTACTS - FRIENDS 3 CONTACTS, ACQUAINTANCES 4 CLOSE DISTANCE, EASY TO REACH 5 EASIER TO GET VISA 6 STUDIES 7 TO JOIN HOUSEHOLD MEMBER 8 UNABLE TO PROCEED TO INTENDED DESTINATION 9 GRABBED OPPORTUNITY 10 HAD WORK/JOB ARRANGED 11 I DID NOT DECIDE: I MOVED WITH FAMILY 12 OTHER (specify) _____ 13	Did you enter the country legally?  YES 1 NO 2
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FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION

I D C O D E	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	Did you obtain legal resident during this migration episode?	Did you find work or start work during this most recent migration episode?	Was this job pre-arranged before leaving?	What was your main occupation, i.e. the occupation in which you spent the most hours, at the end of the time period during this most recent migration episode?	What were your average monthly (net) income in this job?  PLEASE TELL ME IN US DOLLARS	Were you working legally during this most recent migration episode?	Who provided information on where to go and/or how to find work during this most recent migration episode?  MAIN SOURCE	What was the main source of funding of this migration episode?
							FAMILY/RELATIVES IN TAJIKISTAN 1	SALE OF HOME 1
							FAMILY/RELATIVES ABROAD 2	SALE OF LAND 2
							FRIENDS IN TAJIKISTAN 3	SALE OF OTHER ASSETS 3
							FRIENDS ABROAD 4	SAVINGS 4
							PREVIOUS PERSONAL EXPERIENCE 5	ASSISTANCE FROM FAMILY MEMBERS ABROAD 5
							NEIGHBOURS 6	ASSISTANCE FROM FAMILY MEMBERS IN TAJIKISTAN 6
							TV, RADIO, NEWSPAPER OR BOOK 7	LOAN FROM RELATIVE 7
							INTERNET 8	LOAN FROM FRIEND 8
						OTHER 9	LOAN FROM OTHER 9	
YES 1	YES 1	YES 1	CODE TO BE FILLED IN BY SUPERVISOR	OCCUPATION	CODE	YES 1	OTHER (specify) 10	
NO 2	NO 2 >>14	NO 2				NO 2		

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FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION

(16)		(17)	(18)	
I D  C O U N T R Y	What is the main reason you returned to Tajikistan?	Are you planning to migrate within the 12 months?	To which country?	
	COULD NOT GET RESIDENCE PERMIT 1			
	COULD NOT GET WORK PERMIT 2			
	PERMIT EXPIRED 3		RUSSIA 1	
	NO INTENTION TO STAY 4		KAZAKHSTAN 2	
	ACCUMULATED ENOUGH MONEY 5		OTHER CENTRAL ASIA 3	
	SEASONAL WORK 6		OTHER CIS 4	
	WAS EXPELLED 7		GERMANY 5	
	FAMILY REASONS 8		TURKEY 6	
	HOMESICK 9		USA 7	
	TO ATTEMPT LEGALIZATION OF HOUSE OR LAND 10	YES 1 NO 2 >> NEXT SECTION	OTHER NON-CIS 8	
OTHER (specify) _____ 11	DON'T KNOW 3 >> NEXT SECTION		COUNTRY CODE	

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HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD

I D C O D E	R E S P O N D E N T I D	(1)	(1A)	(2)	(3)	(4)	(5)	(6)			(7)		
		Please list all individuals who are currently not residing in the household because they are working abroad.	What is [NAME'S] relationship to the household head?  HEAD 1 SPOUSE/PARTNER 2 SON/DAUGHTER 3 SON/DAUGHTER-IN-LAW 4 FATHER/MOTHER 5 FATHER/MOTHER-IN-LAW 6 SISTER/BROTHER 7 GRANDCHILD 8 GRANDPARENT 9 NIECE/NEPHEW 10 OTHER RELATIVE 11 NOT RELATED 12	How old is [NAME]?	Gender  MALE 1 FEMALE 2	What is the highest grade [NAME] has completed in education? In which level?  PRIMARY (Grades 1-4) 1 >> 6 1 TO 4 BASIC (Grades 1-8(9)) 2 >> 6 5 TO 9 SECONDARY GENERAL (Grades 9-10(11)) 3 >> 6 10 TO 11 SECONDARY SPECIAL 4 >> 6 1 TO 2 SECONDARY TECHNICAL 5 >>6 1 TO 4 HIGHER EDUCATION 6 1 TO 5 GRADUATE SCHOOL/ASPIRANTURA 7 DON'T KNOW 8	If [NAME] obtained university or post graduate degree, in which country was it obtained?  TAJIKISTAN 1 RUSSIA 2 CENTRAL ASIA 3 OTHER CIS 4 WEST EUROPE 5 EAST EUROPE 6 TURKEY 7 USA 8 OTHER 9 DON'T KNOW 10	What language(s) does [NAME] speak?  LIST UP TO THREE TAJK 1 RUSSIAN 2 UZBEK 3 ENGLISH 4 GERMAN 5 FRENCH 6 OTHER 7			In what month and year did [NAME] leave the household?		
								LANG 1	LANG 2	LANG 3	YEAR	MONTH	
		YEARS	LEVEL			GRADE							
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HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

MODULE 2: MIGRATION

	(8)	(9)		(10)		(11)	(12)		(13)	(14)		
	What was [NAME] doing when he or she left the household	What was the main occupation of [NAME] at the time of leaving the household?		What country and city does he or she currently live in?		In what year did [NAME] move to [COUNTRY]?	Did [NAME] enter [COUNTRY] legally?	Does [NAME] have legal residence in [COUNTRY]?	What is the current main occupation of [NAME]?			
I D  C O D E	WORKING	1		RUSSIA	1	CITY CODE TO BE FILLED IN BY SUPERVISOR						
	UNEMPLOYED	2 >>10		CENTRAL ASIA	2							
	STUDENT/PUPIL	3 >>10		OTHER CIS	3							
	HOUSEWIFE	4 >>10		WEST EUROPE	4							
	RETIRED	5 >>10		EAST EUROPE	5							
	HANDICAPPED	6 >>10		TURKEY	6							
	MILITARY	7 >>10		USA	7							
	OTHER	8 >>10		OTHER	8							
				DON'T KNOW	9							
									YES 1	YES 1		
							NO 2	NO 2				
							DK 3	DK 3				
		OCCUPATION	CODE	COUNTRY CODE	CITY	CODE	YEAR			OCCUPATION	CODE	
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HEAD OF HOUSEHOLD

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD

I D C O D E	(15) What is [NAME's] average monthly (net) income in this job?  PLEASE TELL ME IN US DOLLARS	(16) Did [NAME] remit to this household, in cash, at any point during the last 12 months?  YES 1 NO 2 >>18	(17) What is the value of all remittances in cash sent during the last 12 months?  SOMONI	(18) Did [NAME] remit to this household, in kind, at any point during the last 12 months?  YES 1 NO 2 >>20	(19) What is the value of all remittances in kind sent during the last 12 months?  SOMONI	(20) Did [NAME] have a household plot or presidential land?  YES 1 NO 2 >>22	(21) Who uses that household plot or presidential land in [NAME'S] absence?  RECORD ID NUMBER OF PERSON IN CHARGE OF THE PLOT. IF NOT HOUSEHOLD MEMBER, RECORD 99	(22) Please tell me if [NAME] was at home, elsewhere in Tajikistan, or abroad in each of the last 12 months  1 At home 2 In Tajikistan, but not in the household 3 Abroad																		
							2006						2007													
	DOLLARS						SOMONI						JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
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If the household head has been away from the household for 12 months or more, do not ask any more questions about him/her

CHILDREN 3 TO 5 YEARS OLD

MODULE 3: EDUCATION

PART A: PRE-SCHOOL

	(1)	(2)	(3)	(4)
I D C O D E	Did [NAME] attend preschool in the 2006-07 year?	What is the main reason [NAME] did not attend preschool in 2006-07?	What type of preschool was this?	How much did you pay per month? (Official and unofficial payments)
		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		
		CHILD DISABLED 7		
		NO PLACES IN SCHOOL 8		
		ATTENDING BAS GRD 1 >>B 9		
YES 1 (>>3)		PUBLIC 1		
NO 2		PRIVATE, SECULAR 2		
	(>>NEXT MODULE)	PRIVATE, RELIGIOUS 3		
			SOMONI	

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AGES 6 AND OLDER

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Can you read?	Can you write?	Have you ever attended any educational institution (school, medrasa, PTU, college, etc)?	What is the main reason you have never attended any educational institution?	What is the highest diploma you have obtained? ( do not include incomplete degrees)	How many years of preschool did you attend?	Did you enroll in an educational institution last academic year (2006-2007)?
				TOO EXPENSIVE 1				COMPLETED STUDIES 1
				NO INTEREST 2				TOO EXPENSIVE 2
				AGRICULTURAL WORK 3				NO INTEREST 3
				OTHER WORK 4				AGRICULTURAL WORK 4
				SCHOOL TOO FAR 5				OTHER WORK 5
				POOR TEACHING 6	NONE 0			SCHOOL TOO FAR 6
				POOR FACILITIES 7	PRIMARY (Grades 1-4) 1			POOR TEACHING 7
				OWN ILLNESS 8	BASIC (Grades 1-8(9)) 2	IF NONE		POOR FACILITIES 8
				FAMILY ILLNESS/ DEATH 9	SECONDARY GENERAL (Grades 9-10(11)) 3	PUT "0"		OWN ILLNESS 9
	YES, EASILY 1	YES, EASILY 1		HH FINANCIAL DIFFICULTIES 10	SECONDARY SPECIAL 4			FAMILY ILLNESS/ DEATH 10
	YES, WITH DIFFICULTY 2	YES, WITH DIFFICULTY 2	YES 1 >> 5	TOO YOUNG 11	SECONDARY TECHNICAL 5			MOVED 11
	NO 3	NO 3	NO 2	OTHER (SPECIFY) >> NEXT MODULE	HIGHER EDUCATION 6		YES 1 >>9	GOT MARRIED 12
					GRADUATE SCHOOL/ASPIRANTURA 7		NO 2	HH FINANCIAL DIFFICULTIES 13
						YEARS		OTHER (SPECIFY) 14
								>> MODULE 4
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AGES 6 AND OLDER

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	In what grade were you enrolled in during the last academic year (2006-2007)? In which level?	Did you receive hot meals at your educational institution during the last academic year (2006-07)?	Do you plan to attend an educational institution in this academic year (2007-08)?	Was the educational institution where you were enrolled in the last academic year (2006-07) public or private?	How far away from this dwelling was the ed. inst. that you attended last acad year?	Did you usually stay in another location closer to your educational institution during the school term?	How long did it take you to travel to your educational institution in the last academic year (2006-07)?	How did you generally go to your educational institution during the last academic year (2006-07)?	How much did you spend on average each month in the last academic year (2006-07) on transportation?
	PRIMARY (Grades 1-4) 1 1 to 4				IF LESS THAN 1 KM WRITE 0			WALK 1 (>18)	
	BASIC (Grades 1-8(9)) 2 5 to 9								
	SECONDARY GENERAL (Grades 9-10(11)) 3 10 to 11 >>11				IF LESS THAN 5KM (>17)		DON'T KNOW -8	HORSE/DONKEY 3 (>18)	
	SECONDARY SPECIAL 4 1 to 2 >>11								
	SECONDARY TECHNICAL 5 1 to 4 >>11							BUS 5	
	HIGHER EDUCATION 6 1 to 5 >>11							OTHER(SPECIFY) _____ 6	
	GRADUATE SCHOOL/ASPIRANTURA 7 >>11								
		YES 1	YES 1	PUBLIC 1		YES 1			
		NO 2	NO 2	PRIVATE 2		NO 2			
				RELIGIOUS 3					
	LEVEL	FORM/GRADE			KM		TIME ONE WAY MINUTES		SOMONI
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AGES 6 AND OLDER

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER) MODULE 3: EDUCATION

I D C O D E	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)		
	How much did your household spend on your education in the past academic YEAR (2006-2007) for: (IF HOUSEHOLD CANNOT SEPARATE COSTS, PUT THE TOTAL IN COLUMN 25)								In addition to formal fees and charges you already mentioned, in the last academic school year (2006-07) did your household provide assistance, either in cash and in-kind, for your education expenditures:  (if in-kind, please estimate value of work or gift - examples of in-kind contributions are	How many weeks of classes did you miss in the last academic year (2006-2007)?  IF NONE, WRITE 0 AND SKIP TO 29	What is the main reason you missed school?  <i>choose one</i>		
	School fees and tuition?	School uniforms (just for pupils)	Textbooks and other instruction materials	Educational supplies (pens, notebooks, etc.)	Meals and/or lodging?	Building repair, purchase of educational equipment and other similar expenses	Other expenses (do not include tutoring expenses)	Total Amount of costs for colums 18-24					
	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	YES 1 NO 2	SOMONI	YES 1 NO 2	NUMBER OF HOURS	WEEKS
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02													
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AGES 6 AND OLDER

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	Did you receive a scholarship or subsidy to support your education for the 2006-2007 school year?	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 (2006-2007)?  Include even if was free of charge.	Who was 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 (2006-2007)?
	YES 1		YES 1	OWN TEACHER 1	YES 1	IF MORE THAN ONE PRICE, TAKE AVERAGE	
	NO 2 (>> 31)		NO 2 >>next module	OTHER TEACHER IN ED. INSTITUTION 2	NO 2 >>next module		
			OTHER TUTOR 3				
			FRIEND/RELATIVE 4				
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ALL HOUSEHOLD MEMBERS

MODULE 4: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	CHRONIC ILLNESS / DISABILITY								
	(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)
	IF RESPONDENT IS NOT RESPONDING FOR HIM/HERSELF, RECORD THE ID CODE OF THE PERSON WHO IS RESPONDING	How tall is [NAME]?  ONLY FOR 15 YEARS AND OLDER	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? HEART/VASCULAR SYSTEM LUNGS/RESPIRATORY SYSTEM STOMACH/DIGESTIVE SYSTEM KIDNEYS/URINOGENITAL HEAD ARMS OR LEGS BACK/SPINE REPRODUCTIVE ORGANS OTHER INTERNAL ORGANS BLIND/DEAF/MUTE MENTAL DISEASES OF ENDOCRINAL/METABOLIC SYSTEM DIABETES OTHER DISABILITY	Does [NAME] currently take medication for this chronic illness/disability?	How many days during the 4 weeks has [NAME] been unable to carry out [NAME's] usual activities because of this illness or disability?  IF NONE, WRITE "0"	
ID CODE	CM	YES 1 NO 2 (>9)	MONTHS      YEARS	YES 1 NO 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14	YES 1 NO 2	DAYS		
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ALL HOUSEHOLD MEMBERS

MODUMODULE 4: HEALTH

PART A: GENERAL HEALTH STATUS

I D C O D E	SUDDEN ILLNESS				HEALTH CONDITION		
	(9) During the last 4 weeks has [NAME] had any (sudden) illness or injury? (such as flu, diarrhea, a fracture, etc..)	(10) What type of illness or injury did [NAME] have?  IF MORE THAN ONE, REFER TO THE MOST SERIOUS			(11) 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?  IF NONE, WRITE "0"	(12) How would you rate [NAME]'s health condition at this present time?	(13) Compared with [NAME] health one year ago, would you say that his/her health now is:  <i>FOR MEMBERS 1+ YEARS OLD</i>
	YES 1 NO 2 (>>12)	HEART PROBLEM 1 VASCULAR PROBLEM 2 COLD/FLU 3 ASTHMA 4 PERSISTENT COUGH WITH FEVER 5 OTHER RESPIRATORY 6 ULCER 7	OTHER STOMACH/DIGESTIVE 8 DIARRHOEA 9 TYPHOID/PARATYPHOID FEVER 10 OTHER INTESTINAL DISEASE 11 KIDNEY/URINOGENITAL REPRODUCTIVE TRACT DISORDER 12 CANCER 14	DIABETES 15 HYPER/HYPOTHYROIDISM 16 RHEUMATISM 17 TB 18 MALARIA 19 STD 20 FRACTURE 21 OTHER TRAUMA 22 OTHER 23		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 4 LESS THAN 1 YEAR OLD 6
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ALL HOUSEHOLD MEMBERS

MODULE 4: HEALTH

PART C: HOSPITALIZATION

I D C O D E	(1)	(2)	(3)	(4)																																																																																					
		During the past 12 months, has [NAME] been hospitalised overnight for any reason?	How many times was [NAME] hospitalised overnight during the past 12 months?	What diagnosis was [NAME] hospitalized for the last time?	What type of hospital did [NAME] receive treatment in the last time?																																																																																				
				<table border="0"> <tr> <td>CENTRAL RAION HOSPITAL</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>CITY HOSPITAL</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>HEART PROBLEM</td> <td>1</td> <td>OTHER STOMACH/DIGESTIVE</td> <td>8</td> </tr> <tr> <td>VASCULAR PROBLEM</td> <td>2</td> <td>DIARRHOEA</td> <td>9</td> </tr> <tr> <td>COLD/FLU</td> <td>3</td> <td>TYPHOID/PARATYPHOID FEVER</td> <td>10</td> </tr> <tr> <td>ASTHMA</td> <td>4</td> <td>OTHER INTESTINAL DISEASE</td> <td>11</td> </tr> <tr> <td>PERSISTENT COUGH WITH FEVER</td> <td>5</td> <td>KIDNEY/URINOGENITAL</td> <td>12</td> </tr> <tr> <td>OTHER RESPIRATORY</td> <td>6</td> <td>REPRODUCTIVE TRACT DISORDER</td> <td>13</td> </tr> <tr> <td>ULCER</td> <td>7</td> <td>CANCER</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td>DIABETES</td> <td>15</td> </tr> <tr> <td></td> <td></td> <td>HYPER/HYPOTHYROIDISM</td> <td>16</td> </tr> <tr> <td></td> <td></td> <td>RHEUMATISM</td> <td>17</td> </tr> <tr> <td></td> <td></td> <td>TB</td> <td>18</td> </tr> <tr> <td></td> <td></td> <td>MALARIA</td> <td>19</td> </tr> <tr> <td></td> <td></td> <td>STD</td> <td>20</td> </tr> <tr> <td></td> <td></td> <td>FRACTURE</td> <td>21</td> </tr> <tr> <td></td> <td></td> <td>OTHER TRAUMA</td> <td>22</td> </tr> <tr> <td></td> <td></td> <td>OTHER</td> <td>23</td> </tr> </table>	CENTRAL RAION HOSPITAL	1			CITY HOSPITAL	2			HEART PROBLEM	1	OTHER STOMACH/DIGESTIVE	8	VASCULAR PROBLEM	2	DIARRHOEA	9	COLD/FLU	3	TYPHOID/PARATYPHOID FEVER	10	ASTHMA	4	OTHER INTESTINAL DISEASE	11	PERSISTENT COUGH WITH FEVER	5	KIDNEY/URINOGENITAL	12	OTHER RESPIRATORY	6	REPRODUCTIVE TRACT DISORDER	13	ULCER	7	CANCER	14			DIABETES	15			HYPER/HYPOTHYROIDISM	16			RHEUMATISM	17			TB	18			MALARIA	19			STD	20			FRACTURE	21			OTHER TRAUMA	22			OTHER	23	<table border="0"> <tr> <td>MEDICAL-SANITARY UNIT</td> <td>3</td> </tr> <tr> <td>MATERNITY HOSPITAL</td> <td>4</td> </tr> <tr> <td>CENTER (DISPENSARY)</td> <td>5</td> </tr> <tr> <td>OBLAST HOSPITAL</td> <td>6</td> </tr> <tr> <td>NATIONAL CENTER (REPUBLIC HOSI</td> <td>7</td> </tr> <tr> <td>ENTITY HOSPITAL</td> <td>8</td> </tr> </table>	MEDICAL-SANITARY UNIT	3	MATERNITY HOSPITAL	4	CENTER (DISPENSARY)	5	OBLAST HOSPITAL	6	NATIONAL CENTER (REPUBLIC HOSI	7	ENTITY HOSPITAL	8
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ALL HOUSEHOLD MEMBERS

MODULE 4: HEALTH

C: HOSPITALISATION

I D C O D E	(5) How much did you or your family pay for each of the following during the last hospital stay?							
	a. official co-payment or Government-approved price	b. food	c. medicine	d. other supplies	e. laboratory charges	f. physician charges	g. ancillary staff (charges.g. nurses, lab technicians)	h. Total
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## HEAD OF HOUSEHOLD

### 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 household has been:

IMPOSSIBLE	1	<input style="width: 30px; height: 20px;" type="text"/>
DIFFICULT	2	
NOT DIFFICULT	3 (>>3)	
NO ONE HAS NEEDED 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 household? (CHECK ALL THAT APPLY)

YES	1			
NO	2	BORROW MONEY	<input style="width: 30px; height: 15px;" type="text"/>	
		SELL FARM ANIMALS	<input style="width: 30px; height: 15px;" type="text"/>	
		SELL PRODUCE	<input style="width: 30px; height: 15px;" type="text"/>	
		SELL VALUABLES	<input style="width: 30px; height: 15px;" type="text"/>	
		OTHER (Specify _____)	<input style="width: 30px; height: 15px;" type="text"/>	

(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?

ONCE	1	<input style="width: 30px; height: 20px;" type="text"/>
TWICE	2	
THREE TIMES	3	
FOUR OR MORE TIMES	4	
NONE	5 (>> 7)	

(4) What was the reason for delaying or not seeking help

THOUGHT THEY WOULD GET BETTER WITHOUT DOING ANYTHING	1	<input style="width: 30px; height: 20px;" type="text"/>
THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS	2	
THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD	3	
COULD NOT AFFORD TO PAY	4	
IT WAS TOO FAR AWAY	5	
OTHER (Specify _____)	6	

(5) In the past 12 months how many times has someone in your household been referred to the hospital but not gone?

ONCE	1	<input style="width: 30px; height: 20px;" type="text"/>
TWICE	2	
THREE TIMES	3	
FOUR OR MORE TIMES	4	
NONE	5 (>> 7)	

(6) What was the main reason for not going to the hospital?

POOR CONDITIONS IN THE HOSPITAL	1	<input style="width: 30px; height: 20px;" 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 HEALTH PERSONNEL	6	
IT WAS TOO FAR	7	
OTHER (Specify _____)	8	

(7) Has anyone in your household ever been refused health care

YES	1	<input style="width: 30px; height: 20px;" type="text"/>
NO	2 (>> 9)	

(8) Was the main reason for this refusal?

COULD NOT AFFORD SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS	1	<input style="width: 30px; height: 20px;" type="text"/>
UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES	2	
OTHER (Specify _____)	3	
	4	

(9) Are any members of your household entitled to purchase medicines at a discount

YES	1	<input style="width: 30px; height: 20px;" type="text"/>
NO	2 >>12	

(10) Have they always been able to exercise this right when medicines are needed

YES	1 (>> 12)	<input style="width: 30px; height: 20px;" type="text"/>
NO	2	

(11) What is the main reason they have not been able to purchase medicines at a discount?

DO NOT HAVE THE DOCUMENTS	1	<input style="width: 30px; height: 20px;" type="text"/>
SHORTAGE OF MEDICINES	2	
DOCTORS RELUCTANT TO PRESCRIBE THESE MEDICINES	3	
EVEN WITH DISCOUNT, DIFFICULT TO AFFORD	4	
OTHER (Specify _____)	5	

(12) Is any household member entitled to free health care on the basis of social status or a disease?

YES	1	<input style="width: 30px; height: 20px;" type="text"/>
NO	2	
DON'T KNOW	-8	

AGE 15 TO 49 ONLY

MODULE 4: HEALTH

E: HIV/AIDS

I D C O D E	(1)	(2)	(3)	(4)					(5)			
	Have you ever heard of the virus HIV or an illness called AIDS	In the past 30 days, have you heard or seen any information about the HIV/AIDS virus?	What was the main source you received information about the HIV/AIDS virus?	Would you say you agree or disagree with the following statements?					What are 3 ways AIDS can be transmitted?			
				READ ALL					READ ALL			
				TELEVISION 1	Once infected with HIV/AIDS, a person remains infected for life?	HIV/AIDS leads to the death of the infected person	Once infected there is no cure for HIV/AIDS	A health person can NOT get infected with HIV/AIDS	If you take good care of yourself, you can live a long life even if infected with HIV	Medical instruments 1		
				RADIO 2						Kissing 2		
				FRIEND OR RELATIVE 3						Sexual contact with a casual partner (opposite sex) 3		
				NEWSPAPERS 4						Sexual contact with a regular partner/ spouse 4		
				LEAFLETS 5						Sexual contact with a virgin partner 5		
				DOCTOR/NURSE 6						First sexual contact 6		
				INSCHOOL 7						Public bathrooms 7		
WORKPLACE 8				Getting injections with an unsterilized needle 8								
OTHER (SPECIFY) 9	Homosexual contact 9											
YES 1	YES 1	AGREE 1	AGREE 1	AGREE 1						AGREE 1	Dental treatment 14	
NO 2 >>NEXT	NO 2 >>4	DISAGREE 2	DISAGREE 2	DISAGREE 2	DISAGREE 2	Blood transfusion 15						
MODULE			DON'T KNOW 3	DON'T KNOW 3	DON'T KNOW 3	DON'T KNOW 3	DON'T KNOW 3	METHOD 1	METHOD 2	METHOD 3		
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MODULE 4: HEALTH

E: HIV/AIDS

I D C O D E	(6)						
	What ways can people protect themselves from getting infected with the HIV/AIDS virus?						
	READ ALL						
	Use condoms	Have fewer partners	Both partners have no other partners	No casual sex	No sex at all	Avoid injections with contaminated needles	Other
	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1
	NO 2	NO 2	NO 2	NO 2	NO 2	NO 2	NO 2
	DONT KNOW 3	DONT KNOW 3	DONT KNOW 3	DONT KNOW 3	DONT KNOW 3	DONT KNOW 3	DONT KNOW 3
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART A: LABOUR FORCE PARTICIPATION IN LABOUR MARKET

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	During the past 14 days, have you worked for someone who is <u>not a member of your household</u> , for example, a public or private enterprise or company, an NGO or any other individual?	During the past 14 days, have you worked on a <u>farm owned or rented by you</u> or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	During the past 14 days, have you worked <u>on your own account</u> or in a business enterprise belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	CHECK THE ANSWERS TO QUESTIONS 1, 2 AND 3. (WORKED IN LAST 14 DAYS)	Although you reported no work in the past 14 days, have you done <u>any occasional job</u> as sold goods in the street, helped someone for their business, sold some homemade products, washed cars, repaired cars etc. during this period?	Do you have a permanent/long term job <u>even though you did not work in the last 14 days</u> from which you were temporarily absent?	What is the main reason that you did not work in the last 14 days although having a job?	During the past month, have you tried in any way to find a job or start your own business?
	YES	1 YES	1 YES	1 ANY YES 1 (->PART B)	YES 1 (->PART B)	YES 1	OWN ILLNESS 1 MATERNITY LEAVE 2 HOUSEHOLD MEMBER SICK 3 HOLIDAYS 4 WORK SUSPENSION 5 TEMPORARY WORK LOAD REDUCTION 6 ENTERPRISE CLOSURE 7 BAD WEATHER 8 SCHOOL EDUC/TRAINING 9 ANNUAL LEAVE 10 UNREIMBURSABLE LEAVE 11 VERY LITTLE SALARY 12	YES 1 (->10)
	NO	2 NO	2 NO	ALL NO 2	NO 2	NO 2 (->8)	WORK IN OTHER COUNTRY 13 OTHER (SPECIFY) 14 (->PART B)	NO 2
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART A

I D C O D E	(15)	(16)
	Are you currently registered with the Labor Office?	In the last 30 days, what benefits have you received from the Labor Office?
		CASH BENEFIT 1
	YES 1	TRAINING OR COURSES 2
	NO 2 >> GO TO PART D	OTHER 3
	(>> GO TO PART D)	

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AGES 14 AND OLDER

MODULE 5: LABOUR

PART B: OVERVIEW LAST 14 DAYS

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.

LINE ID NUMBER	(1)		(2)		(3)	(4)	(5)	(6)	(7)
	What is your occupation? (list each different job if you have worked in more than one job in past 14 days)		Where do you work, i.e., what is the main economic activity of the enterprise you're working on or of your own business?		In this work were you working for:	For how many days a week in the last 14 days did you do this work?	For how many hours a week in the last 14 days did you do this work?	How many weeks in the last 12 months did you do this activity?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.5 (HOURS WORKED PER WEEK) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)
	LIST ALL JOBS BEFORE GOING ON TO QUESTIONS 2 THROUGH 7  USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON  <i>CODE WILL BE ENTERED BY SUPERVISOR</i>		<i>CODE WILL BE ENTERED BY SUPERVISOR</i>		FARM OWNED OR RENTED BY HOUSEHOLD MEMBER  1  OWN ACCOUNT/ HOUSEHOLD ENTERPRISE  2  WORK FOR NON-HOUSEHOLD MEMBER  3	DAYS PER WEEK	HOURS PER WEEK	WEEKS	ACTIVITY FOR WHICH ANSWER TO Q5 IS HIGHEST. 1  ACTIVITY FOR WHICH Q5 IS SECOND HIGHEST. 2  ACTIVITY FOR WHICH Q5 IS NEITHER FIRST NOR SECOND HIGHEST. 3
	WRITTEN DESCRIPTION	CODE	WRITTEN DESCRIPTION	CODE					
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

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

I D C O D E	(1)	(2)	(3)	(4)							
	FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 7 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION (MAIN OCCUPATION IN THE LAST 14 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?	How did you find this job?	How long have you been doing this occupation?							
					THROUGH LABOUR OFFICE	1	CUMULATIVE TIME DOING THIS OCCUPATION				
					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	LESS THAN 7 MONTHS	1
					IN THE STREET, NO FIXED PLACE	8		SENT AFTER COLLEGE	10	7-12 MONTHS	2
					FIXED BUILDING (OFFICE/ FACTORY/ SHOP/SCHOOL, ETC	9		SUBMITTED JOB APPLICATION	11	1-2 YEARS	3
					IN A MARKET	10		YOURSELF	12	3-5 YEARS	4
					OTHER (SPECIFY)			OTHER (SPECIFY)	13	6-10 YEARS	5
				MORE THAN 10 YEARS	6						
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

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

I D C O D E	(24)	(25)	(26)	(27)	(28)					(29)	
	INTERVIEWER: IS THIS A DIRECT OR INDIRECT RESPONDENT?	If you had a choice between the following three options, which would you pick? Look at a card and choose one option. Would you prefer:	If you were to have an official job that would guarantee social benefits (pension, sick leaves, social allowances, etc.), contributions to social security would have to be made. Would you be willing to have your pay be reduced by one percent in order to have an official job that guarantees that you receive social benefits (register job in labor book)?	If you were to have an official job that would guarantee social benefits (pension, sick leaves, social allowances, etc.), contributions to social security would have to be made. Would you be willing to have your pay be reduced by 26 percent in order to have an official job that guarantees that you receive social benefits (register job in labor book)?	How satisfied are you with respect to the following characteristics of your job?					Overall how satisfied are you with your job?	
D I R E C T I N D I R E C T >> 34	1	To have a higher pension at retirement (old age) even if your earnings will be lower because of higher contributions into social tax?	1	1	Working hours per day	Social security affiliation status	Earnings (including fringe benefits) or income of business	Flexibility (hours, work load)	Work environment	Very satisfied	1
	2	To receive lower pension at retirement age (old age) but have higher earnings because of lower contributions into social tax?	2	2						Satisfied	2
	3	I don't want to pay any social taxes at all, I want to receive all the money	3	3						Neither satisfied nor dissatisfied	3
	4	None of the above	4	4						Dissatisfied	4
										Very dissatisfied	5
					CODE	CODE	CODE	CODE	CODE		
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

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

I D C O D E	(30)	(31)	(32)					(33)	(34)	(35)	
	How secure do you think your job or business is? In other words, how sure are you (from 0 to 100 percent) that you will NOT lose your job or have to close your business within the next 12 months?	When you started this job, did you have a preference for dependent employment or self-employment or were you indifferent?	Please think about the time when you started working in this job. How important were the following considerations for your choice between dependent employment and self-employment?  1 Very important 2 Important 3 Not important					How do you expect your income to change over the next 5 years?	CHECK QUESTION 7 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 14 DAYS?	SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 7 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 14 DAYS).  <i>OCCUPATION CODE TO BE FILLED IN BY SUPERVISOR.</i>	
	%		Job stability	Flexibility (hours, work load)	Earnings	Low responsibility	No better alternative	DECREASE 1 REMAIN UNCHANGED 2 INCREASE IN LINE WITH INCREASES IN PRICES 3 INCREASE A LITTLE MORE THAN INCREASES IN PRICES 4 INCREASE SUBSTANTIALLY MORE THAN INCREASES IN PRICES 5 DEPENDS ON EMPLOYER 6	YES 1 NO 2 (>-next person )		
			CODE	CODE	CODE	CODE	CODE			OCCUPATION	CODE
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

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

I D C O D E	(36)	(37)	(38)	(39)	(40)	(41)	(42)
	Is this job ...	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)	Do you personally receive wages, salary or other cash payments from this employer or earnings from this business for this work?	How much was your net payment in the last month? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?	Did you receive any payment for this work in any other form (meals, transport, clothes) during the last 12 months?	What is the value of those in-kind payments in the last 12 months?
	READ ALOUD		STATE ADMINISTRATION 1				
		EMPLOYEE, PAID WITH REGULAR INSTALLMENTS 1	STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ 2				
		EMPLOYEE, PAID ON A PIECEWORK BASIS 2	PRIVATE FIRMS, INCLUDING AGRICULTURAL LABOR 3				
		LABOR 3	INDIVIDUAL 4				
		SELF-EMPLOYED, OWNER WITH HIRED LABOR 4	COLLECTIVE FIRMS (JOINT STOCK, ASSOCIATION, KOLKHOZ) 5				
		UNPAID WORKER IN FAMILY BUSINESS 5	NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG 6				
		OTHER (SPECIFY _____) 6					
		SEASONAL 1				YES 1	
	OCCASIONAL 2				NO 2	(x PART E)	
	TEMPORARY 3						
	PERMANENT/ LONG-TERM 4			YES 1			
				NO 2 (>>41)			
					SOMONI		
						SOMONI	
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART D: ACTIVITIES OVER THE LAST 12 MONTHS

ASK ALL HH MEMBERS FROM 14 AND ABOVE

INTERVIEWER! IF HH MEMBER HAD 2 JOBS IN THE LAST 12 MONTHS, RECORD IN BOXES "1,2".  
IF EMPLOYMENT OF HH MEMBERS CHANGED DURING THE MONTH, RECORD ALL NECESSARY CODES FOR EACH MONTH

		SEPTEMBER 2006 - AUGUST 2007												
		Please describe the occupation of...NAME for each month starting from August 2006 through August 2007, even if ..NAME was unemployed some months, but												
I D C O D E		1 Working in main job in Tajikistan												
		2 Working in main job abroad												
		3 Working in secondary job												
		4 Not working and looking for job												
		5 Not working and not looking for job												
		SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUAR	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	
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AGES 16 AND OLDER

MODULE 6: FINANCIAL SERVICES

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
	IF PERSON DOES NOT RESPOND FOR HIM OR HERSELF, RECORD ID OF RESPONDENT	Do you currently have a bank checking or savings account?	What is the name of principal bank where you have an account?	What are the three main reasons you have a bank account? Please list them in order of importance.	Have you used a formal institution such as a bank, credit union, savings association or micro-credit institution to borrow money in the last 12 months?	What is the main type of institution that you have used to borrow money in the last 12 months?	What was the main purpose for your most recent loan?	What guarantees were required by the formal institution for this loan?	What was the term period for the loan?		
I D C O D E	ID	YES 1 NO 2 >>5	National Bank		YES 1 NO 2 >>12	BANK	CONSUMPTION EXPENDITURE, SUCH AS PERSONAL ITEMS, TRAVEL, CELEBRATIONS, ETC.	CO-SIGNER LAND CERTIFICATE LAND TITLE LIVESTOCK OTHER FIXED ASSETS OTHER ASSETS MINIMUM BALANCE IN BANK ACCOUNT OTHER	ONE WEEK ONE MONTH THREE MONTHS SIX MONTHS ONE YEAR OTHER		
			Orian Bank			1	CREDIT UNION, SAVINGS ASSOCIATION			INVESTMENT EXPENDITURE, SUCH AS BUILDING OR RENOVATING A HOUSE, BUYING A CAR	1
			Agro-Invest Bank			2	MICRO-CREDIT INSTITUTION			BUSINESS EXPENDITURE, SUCH AS ENHANCING A BUSINESS OR PRODUCTIVE ACTIVITY	2
			Eshata Bank			3					3
			Tajik Sodirot Bank			4					4
			Taj Prom Bank			5					5
			Tjorat Bank			6					6
			Savings Bank			7					7
			Other			8					8
			Other			9					9
			ONE	TWO	THREE						

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CODES FOR QUESTION 4

- |   |   |
|---|---|
| 1 SECURITY REASONS. KEEP MONEY SAFE   | 7 FOR EMERGENCY NEEDS (DEATH, ACCIDENT)           |
| 2 GAIN ACCESS TO OTHER FINANCIAL SERVICES (E.G. WRITING CHECKS, SENDING OR RECEIVING PAYMENT) | 8 PAY BILLS OR DEBTS USING CHECKBOOK OR CARD      |
| 3 EARN INTEREST/RETURN ON SAVINGS   | 9 TRANSFER MONEY                                  |
| 4 SAVE MONEY FOR A SPECIFIC PURCHASE  | 10 PREVENT SPOUSE FROM SPENDING MONEY             |
| 5 TO BE ABLE TO BORROW MONEY  | 11 PREVENT FRIENDS/RELATIVE FROM ASKING FOR MONEY |
| 6 FOR PREDICTED FUTURE NEEDS (EDUCATION FOR CHILDREN, RETIREMENT)                             | 12 OTHER (SPECIFY)                                |



AGES 16 AND OLDER

MODULE 6: FINANCIAL SERVICES

I D C O D E	(10)	(11)		(12)	(13)	(14)	(15)	(16)	(17)	(18)
	What was the currency of the loan?	What was the interest rate charged for the loan and what was the time period?		In the past 12 months, have you applied for a loan with a formal financial institution that was rejected?	What is the main reason it was rejected?	Have you used a village or community level welfare scheme, neighborhood community, cotton investors/futurists, Employment Placement Service or family or friends to borrow money in the last 12 months?	What was the main reason you wanted to borrow the money?	What or who was the source of the loan?	What was the main purpose for your most recent loan?	What guarantees were required for this loan?
					THERE WAS NO TRUST 1			HOUSEHOLD MEMBER 1	CONSUMPTION EXPENDITURE, SUCH AS PERSONAL ITEMS, TRAVEL, CELEBRATIONS, ETC. 1	
					TOO MANY DEBTS 2			FRIEND 2	INVESTMENT EXPENDITURE, SUCH AS BUILDING OR RENOVATING A HOUSE, BUYING A CAR 2	
					NO EXPERIENCE WITH CREDITS 3			VILLAGE SCHEME 3		CO-SIGNER 1
					INSUFFICIENT INCOME 4			COMMUNITY SCHEME 4		LAND CERTIFICATE 2
					NO COLLATERAL 5			COTTON INVESTORS 5		LAND TITLE 3
					NO ACCOUNT AT BANK 6			EMPLOYMENT PLACEMENT SERVICE 6		LIVESTOCK 4
					LACK OF FORMAL PAPERWORK 7					OTHER FIXED ASSETS 5
					NO CO-SIGNER 8					OTHER ASSETS 6
					NO REASON GIVEN 9					MINIMUM BALANCE IN BANK ACCOUNT 7
					PROCESS TOO COMPLICATED 10					OTHER 8
					YES 1	YES 1				
					NO >>14 2	NO 2 >> NEXT MODULE				
					TOOFAR AWAY 11					
					THINK WILL NOT QUALIFY 12					
					OTHER 13					
		PERCENT	PERIOD							
TAJIK SOM	1									
USD	2									
RUSSIAN RUBLE	3									
EURO	4									
OTHER	5									

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AGES 16 AND OLDER

I D  C O D E	(19) What was the term period for the loan?	(20) What was the currency of the loan?	(21) What was the interest rate charged for the loan?	(22) In the past 12 months, have you applied for a loan from this source that was rejected?	(23) What is the main reason it was rejected?
	ONE WEEK 1		IF DON'T KNOW, RECORD 999		THERE WAS NO TRUST 1
	ONE MONTH 2	TAJK SOM 1			TOO MANY DEBTS 2
	THREE MONTHS 3	USD 2			NO EXPERIENCE WITH CREDITS 3
	SIX MONTHS 4	RUSSIAN RUBLE 3			INSUFFICIENT INCOME 4
	ONE YEAR 5	EURO 4			NO COLLATERAL 5
	OTHER 6	OTHER 5			NO ACCOUNT AT BANK 6
				YES 1	LACK OF FORMAL PAPERWORK 7
				NO >>NEXT MODULE 2	NO CO-SIGNER 8
					NO REASON GIVEN 9
				OTHER 10	
		PERCENT			

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## HEAD OF HOUSEHOLD

### MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

### PART A: DESCRIPTION OF DWELLING

(1) Dwelling type:

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

(2) What floor is the apartment on?

GROUND 1

WRITE IN THE NUMBER OF THE FLOOR THAT THE APARTMENT IS LOCATE ON STARTING WITH 1 FOR THE GROUND FLOOR

(3) 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

(4) 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

(5) 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

(6) Time of construction of the dwelling?

BEFORE 1945	1
1945-1960	2
1961-1980	3
1981-1990	4
AFTER 1990 (get actual year)	5

CODE

YEAR

(7) How long has your household lived in this dwelling?

IF LESS THAN ONE YEAR, WRITE "0"

YEARS

(8) 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
DOES NOT KNOW	6

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

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

(11) Does dwelling have the following ?

YES 1	SEPARATE KITCHEN	<input style="width: 30px; height: 20px;" type="text"/>
NO 2	SEPARATE BATH/SHOWER	<input style="width: 30px; height: 20px;" type="text"/>
	BALCONY OR TERRACE	<input style="width: 30px; height: 20px;" type="text"/>
	PANTRY	<input style="width: 30px; height: 20px;" type="text"/>
	ATTIC	<input style="width: 30px; height: 20px;" type="text"/>
	GARAGE	<input style="width: 30px; height: 20px;" type="text"/>
	ELEVATOR	<input style="width: 30px; height: 20px;" type="text"/>

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

	min
PRIMARY SCHOOL	<input style="width: 30px; height: 20px;" type="text"/>
AMBULATORY	<input style="width: 30px; height: 20px;" type="text"/>
DOCTOR	<input style="width: 30px; height: 20px;" type="text"/>
BUS STOP	<input style="width: 30px; height: 20px;" type="text"/>
MINIBUS STOP	<input style="width: 30px; height: 20px;" type="text"/>
MARKET	<input style="width: 30px; height: 20px;" type="text"/>
FOOD SHOP	<input style="width: 30px; height: 20px;" type="text"/>

HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART A: DESCRIPTION OF DWELLING

(13) What is the ownership of this building?

OWNER	1
OWNER WITH A MORTGAGE ON DWELLING	2
RENTED FROM A PRIVATE INDIVIDUAL	3 (>> 18)
RENTED FROM THE STATE	4 (>> 18)
LIVE FOR FREE	5 (>> PART B)
OTHER (SPECIFY _____)	6 (>> 18)

(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) How much did you pay, or how much is the value of your mortgage?

US DOLLAR EQUIVALENT

(16) 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)

(17) 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

(18) How much is your monthly rent ?

SOMONI PER MONTH

DON'T KNOW	-8
REFUSED TO ANSWER	-9

(19) Have you spent any money on home improvements since 2002?

YES	1
NO	2 >>PART B

(20) What was the primary source of funding for those home improvements?

REMITTANCES/GIFTS FROM ABROAD	1
SAVINGS FROM WORK ABROAD	2
REMITTANCES/GIFTS FROM TAJIKISTAN	3
SALE OF ASSETS	4
LOAN	5
OWN FUNDS	6
OTHER (Specify _____)	7

HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(1) Does dwelling have central heating ?

YES	1	<input type="text"/>
NO	2 (>> 4)	

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

MONTHS

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

SOMONI

DON'T KNOW	-8
REFUSED TO ANSWER	-9

(4) What other source of heating does your household mainly use?

ELECTRICITY	1	<input type="text"/>
WOOD	2	
GAS	3	
OIL, PETROL	4	
COAL	5	
DUNG	6	
COTTON STALKS	7	
NONE/NO HEATING	8	
OTHER (SPECIFY)	9	

(5) Does this dwelling have an electricity meter?

SHARED	1	<input type="text"/>
INDIVIDUAL	2	
NO METER	3	

(6) How frequently is energy supply interrupted in your area?

SUMMER

NEVER	1 (>> 8)
SEVERAL TIMES A MONTH	2
SEVERAL TIMES A WEEK	3
EVERY DAY	4

WINTER

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

(8) Approximately how much electricity did your household consume last month?

UP TO 100 KWH	1	<input type="text"/>
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	

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

YES	1	<input type="text"/>
NO	2 (>> 12)	

(10) How much was your last electric bill?

SOMONI

DON'T KNOW	8
REFUSED TO ANSWER	9

(11) How many months did this payment cover?

# OF MONTHS

## HEAD OF HOUSEHOLD

### MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

### PART B: UTILITIES

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

DON'T KNOW	8	IF NONE WRITE "0"	<input style="width: 40px; height: 20px;" type="text"/>
REFUSED TO ANSWER	9		

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

GENERATOR	1	<input style="width: 40px; height: 20px;" type="text"/>
KEROSENE LAMPS	2	
CANDLES OR FLASHLIGHTS	3	
OTHER (SPECIFY) _____	4	

(14) Does your household use gas?

YES	1	<input style="width: 40px; height: 20px;" type="text"/>
NO	2 (>>19)	

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

YES 1			
NO 2			

LIGHTING			
HEATING			
COOKING			
OTHER APPLIANCES			

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

GASPIPE	1	>>20	<input style="width: 40px; height: 20px;" type="text"/>
10 KG	2		
15 KG	3		
20 KG	4		
OTHER (SPECIFY) _____	5		

(17) How much does each refill cost in average? SOMONI

DON'T KNOW	8	<input style="width: 40px; height: 20px;" type="text"/>
REFUSED TO ANSWER	9	

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

LESS THAN A MONTH	1		
1-2 MONTHS	2	WINTER	<input style="width: 40px; height: 20px;" type="text"/>
2-3 MONTHS	3	SUMMER	<input style="width: 40px; height: 20px;" type="text"/>
MORE THAN 3 MONTHS	4		

(19) 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			
COAL			
OIL/KEROSENE			
DIESEL FUEL			
OTHER (SPECIFY) _____			
DON'T KNOW	-8		
REFUSED TO ANSWER	-9		

HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(20)	Does your household have a telephone line inside your dwelling?		
	YES	1	<input type="text"/>
	NO	2 (>>24)	
(21)	During the last 12 months did your household pay for the telephone line inside the dwelling?		
	YES	1	<input type="text"/>
	NO	2 (>>24)	
(22)	How much was your last payment ?		SOMONI
	DON'T KNOW	-8	<input type="text"/>
	REFUSED TO ANSWER	-9	
(23)	How many months did this last payment cover?		MONTHS <input type="text"/>
(24)	Does anyone in your household have a mobile phone?		
	YES	1	<input type="text"/>
	NO	2 (>> 26)	
(25)	How much did household pay in total last month in mobile phone charges		SOMONI <input type="text"/>
(26)	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)	
(27)	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	

HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART C : WATER AND SANITATION

(1) What is the main source of drinking water for your dwelling?

URBAN PLUMBING	1
RURAL (LOCAL) PLUMBING	2
PUBLIC TAP/ STANDPIPE	3
HAND PUMP	4
PROTECTED, DUG WELL OR SPRING	5
UNPROTECTED DUG WELL OR SPRING	6
TANKER TRUCK	7
LAKE, RIVER, STREAM	8
BOTTLED WATER	9
OTHER (SPECIFY _____)	10

(2) What is the main source of water used by your household for other purposes such as cooking or bathing?

URBAN PLUMBING	1
RURAL (LOCAL) PLUMBING	2
PUBLIC TAP/ STANDPIPE	3
HAND PUMP	4
PROTECTED, DUG WELL OR SPRING	5
UNPROTECTED DUG WELL OR SPRING	6
TANKER TRUCK	7
LAKE, RIVER, STREAM	8
RAINWATER	9
OTHER (SPECIFY _____)	10

(3) In the last two weeks, has drinking water been unavailable for at least one whole day?

YES	1
NO	2

(4) Do you use your main drinking water source all year?

YES	1 >>7
NO	2

(5) What other sources of drinking water do you use? CHECK ALL THAT APPLY

	YES 1	NO 2
URBAN PLUMBING	1	
RURAL (LOCAL) PLUMBING	2	
PUBLIC TAP/ STANDPIPE	3	
HAND PUMP	4	
PROTECTED, DUG WELL OR SPRING	5	
UNPROTECTED DUG WELL OR SPRING	6	
TANKER TRUCK	7	
LAKE, RIVER, STREAM	8	
BOTTLED WATER	9	
RAINWATER	10	
NONE	11	
OTHER (SPECIFY _____)	12	

(6) How do you get drinking water when your principal source is not available? CHECK ALL THAT APPLY

	YES 1	NO 2
USE PREVIOUSLY SAVED/STORED DRINKING WATER	1	
ASK NEIGHBOURS FOR HELP	2	
USE ALTERNATIVE DRINKING WATER SOURCE	3	



HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART C : WATER AND SANITATION

(7) Do you treat your water in any way to make it safer to drink?

YES \_\_\_\_\_ 1  
NO \_\_\_\_\_ 2 (>>10)

(8) Which of these methods do you use to treat the water to make it safe for drinking? CHECK ALL THAT APPLY

YES 1 NO 2

BOIL \_\_\_\_\_ 1  
ADD BLEACH/CHLORINE \_\_\_\_\_ 2  
STRAIN IT THROUGH A CLOTH \_\_\_\_\_ 3  
USE WATER FILTER (CERAMIC, SAND, ETC) \_\_\_\_\_ 4  
SOLAR DISINFECTION \_\_\_\_\_ 5  
LET IT STAND AND SETTLE \_\_\_\_\_ 6  
OTHER (SPECIFY \_\_\_\_\_) \_\_\_\_\_ 7  
DON'T KNOW \_\_\_\_\_ 9

(9) When did you treat your drinking water the last time to make it safer to drink?

TODAY \_\_\_\_\_ 1  
YESTERDAY \_\_\_\_\_ 2  
THIS WEEK \_\_\_\_\_ 3  
THIS MONTH \_\_\_\_\_ 4  
SEVERAL MONTHS AGO \_\_\_\_\_ 5  
OTHER (Specify \_\_\_\_\_) \_\_\_\_\_ 6

**Q10-Q16 ONLY FOR HOUSEHOLDS CONNECTED TO URBAN/RURAL (LOCAL) PLUMBING**  
QUESTIONS 1, 2 or 3, RESPONSES 1 OR 2

(10) Do you pay for water?

YES \_\_\_\_\_ 1 (>>12)  
NO \_\_\_\_\_ 2

(11) What is the main reason you do not pay for water? >>16

HOUSEHOLD CANNOT AFFORD TO PAY \_\_\_\_\_ 1  
HOUSEHOLD DOES NOT WANT TO PAY \_\_\_\_\_ 2  
SERVICE IS FREE \_\_\_\_\_ 3  
OTHER (Specify \_\_\_\_\_) \_\_\_\_\_ 4

(12) Do you pay water according to a meter reading?

YES \_\_\_\_\_ 1  
NO \_\_\_\_\_ 2

(13) On average how much is your bill for water supply and what is the time interval for your water payment?

WEEKLY \_\_\_\_\_ 1  
MONTHLY \_\_\_\_\_ 2  
EVERY THREE MONTHS \_\_\_\_\_ 3  
EVERY SIX MONTHS \_\_\_\_\_ 4  
ONCE A YEAR \_\_\_\_\_ 5  
OTHER (Specify \_\_\_\_\_) \_\_\_\_\_ 6  
DON'T KNOW \_\_\_\_\_ 7

(14) Does the household have any water payment arrears?

YES \_\_\_\_\_ 1  
NO \_\_\_\_\_ 2 (>>16)

(15) How much is the arrears? SOMONI \_\_\_\_\_

(16) What are the two most important improvements needed for your existing water supply? >> 20

INCREASED PRESSURE \_\_\_\_\_ 1  
IMPROVED TASTE \_\_\_\_\_ 2  
PROVIDED 24 HOUR SERVICE \_\_\_\_\_ 3  
IMPROVED SAFETY \_\_\_\_\_ 4  
NO NEED FOR IMPROVEMENT \_\_\_\_\_ 5  
OTHER (Specify \_\_\_\_\_) \_\_\_\_\_ 6

**Q17-Q19 ONLY FOR HOUSEHOLDS FETCHING WATER OUTSIDE DWELLING OR YARD**  
QUESTIONS 1, 2 or 3, RESPONSES 3 TO 12

(17) How long does it take to go to your main water source, get water and return to the dwelling? MINUTES \_\_\_\_\_

(18) Who spends most time fetching water for your household?

WOMAN \_\_\_\_\_ 1 (>>20)  
MAN \_\_\_\_\_ 2 (>>20)  
FEMALE CHILD (UNDER 15 YEARS) \_\_\_\_\_ 3 (>>20)  
MALE CHILD (UNDER 15 YEARS) \_\_\_\_\_ 4 (>>20)  
EVERYONE SHARES THE BURDEN \_\_\_\_\_ 5 (>>20)  
WE PAY OTHERS TO CARRY IT \_\_\_\_\_ 6  
OTHER (Specify \_\_\_\_\_) \_\_\_\_\_ 7 (>>20)

(19) How much do you pay in a month to others for carrying water? SOMONI \_\_\_\_\_

HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART C : WATER AND SANITATION

(20) Is your dwelling connected to a central piped sewerage system?

YES	1	<input type="checkbox"/>
NO	2 (->23)	

(21) Do you pay for sewerage services separate from water?

YES	1	<input type="checkbox"/>
NO	2 (->23)	

(22) How much did you pay for sewerage in the last 30 days?

SOMONI

(23) How is the water used in your dwelling discharged?

PIPED SEWER SYSTEM	1	<input type="checkbox"/>
LATRINE/TOILET INSIDE THE DWELLING	2	
CESSPOOL/SEPTIC TANK USED ONLY FOR THIS DWELLING	3	
SEPTIC TANK USED BY SEVERAL DWELLINGS	4	
GOES INTO THE STREET	5	
GOES INTO YOUR YARD	6	
DONT KNOW	7	

(24) What kind of toilet facilities are in your dwelling?

FLUSH/POUR-FLASH CONNECTED TO A PIPED SEWER SYSTEM	1	<input type="checkbox"/>
FLUSH/POUR-FLASH CONNECTED TO A SEPTIC TANK	2	
LATRINE CONNECTED TO A SEPTIC TANK	3	
PIT LATRINE	4	
NO FACILITIES	5 (->26)	
OTHER (Specify _____)	6	

(25) Do you share this facility with other households?

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

**Q33 ONLY FOR HOUSEHOLDS WITH CHILDREN LESS THAN 5 YEARS**

(26) The last time your youngest child passed stools, what was done to dispose the stools?

CHILD USED TOILET/LATRINE	1	<input type="checkbox"/>
PUT/RINSED INTO TOILET OR LATRINE	2	
PUT/RINSED INTO DRAIN OR DITCH	3	
THROWN INTO GARBAGE	4	
BURIED	5	
LEFT IN OPEN	6	
OTHER (Specify _____)	7	
DONT KNOW	8	

(27) What methods do you use to dispose of solid waste in your household? **MULTIPLE ANSWERS ALLOWED**

BURN	1	<input type="checkbox"/>
BURY IN YARD	2	
COMPOST	3	
SCAVENGERS COLLECT	4	
NEIGHBOURHOOD WASTE COLLECTION & LOCAL DISPOSAL	5	
OTHER (Specify _____)	6	

## HEAD OF HOUSEHOLD

MODULE 7: DWELLING, UTILITIES AND DURABLE GOODS

PART D: HOUSEHOLD DURABLES

(1) How many of the following items does your household own and use?

(PUT "0" IF NOT OWNED OR NOT USED)

		2	3) In what year was it purchased?	If you could sell this item today, how much could you sell it for?
		NUMBER	YEAR	SOMONI
Gas oven	101			
Electric oven	102			
Gas Hobb	103			
Electric Hobb	104			
Electric stove	105			
Electric water heater	106			
Outdoor metal stove/broshooka (heating & cooking)	107			
Kerosene stove	108			
Wood stove	109			
Tandor/Earthen stove (bricks, grass, dung, sand)	110			
Sandalee	111			
Generator	112			
Radiator electric	113			
Refrigerator	114			
Freezer	115			
Washing machine	116			
Electric iron	117			
Vacuum cleaner	118			
Air Conditioner	119			
Electric fan	120			
Electric room heater	121			
Electric lamp	122			
Kerosene lamp	123			
Electric Water Boiler	124			
Gas Water Boiler	125			
Microwave oven	126			
Electrical Sewing/knitting machine	127			
Colour television	128			
TV black & white	129			
Radio	130			
Stereo	131			
Video player	132			
Computer	133			

## HEAD OF HOUSEHOLD

		2	3) In what year was it purchased? If more than one, the newest one.	If you could sell this item today, how much could you sell it for?
		NUMBER	YEAR	SOMONI
Satellite dish	134			
Tape player/CD player	135			
Video camera	136			
Motorcycle/scooter	137			
Car	138			
Truck	139			
Bicycle	140			





## HEAD OF HOUSEHOLD

MODULE 8: TRANSFERS AND SOCIAL ASSISTANCE

PART C: SOCIAL ASSISTANCE

		(1)	(2)	(3)	(4)	(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)		IF NO ONE IN THE HOUSEHOLD RECEIVED THE ASSISTANCE, WRITE 0		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		
<b>Employment pensions</b>									
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								
<b>Family allowances</b>									
7	One time childbirth allowance								
8	Benefit for children 0 to 18 months								
9	Compensations to needy families whose children study in secondary schools								

HEAD OF HOUSEHOLD

MODULE 8: TRANSFERS AND SOCIAL ASSISTANCE

PART C: SOCIAL ASSISTANCE

	(1)	(2)	(3)	(4)	(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?  IF NO ONE IN THE HOUSEHOLD RECEIVED THE ASSISTANCE, WRITE 0	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?  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
	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	
	SOURCE	SOMONI		MONTHS		SOMONI		

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	Gas and electricity compensations							
17	Any other allowances not mentioned							



MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: SUBJECTIVE POVERTY & FOOD SECURITY

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

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

(2) How satisfied are you with your current financial situation?

FULLY SATISFIED	1
RATHER SATISFIED	2
LESS THAN SATISFIED	3
NOT AT ALL SATISFIED	4
DON'T KNOW	8
REFUSE TO ANSWER	9

(3) Do you feel that your financial situation in the past 3 years has ...

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

(4) Do you think that in the next 12 months your financial situation will be ...

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

(5) 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

(6) Would you consider the current level of food consumption of your family as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	8
REFUSE TO ANSWER	9

(7) Would you consider the current level of expenditures of your family for food as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	8
REFUSE TO ANSWER	9

(8) 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

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: SUBJECTIVE POVERTY & FOOD SECURITY

(9) Imagine a 6-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the SIXTH, stand the rich. On which step are you today?

1	2	3	4	5	6	
---	---	---	---	---	---	--

On which step are most of your neighbors?

(10) Overall how satisfied are you with your life?

Very unsatisfied	1	
Unsatisfied	2	
Neither unsatisfied nor satisfied	3	
Satisfied	4	
Very satisfied	5	

(11) 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	

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(12) PLEASE DESCRIBE THE FOODS, (MEALS AND SNACKS) YOU OR ANY MEMBER OF THE HOUSEHOLD ATE YESTERDAY.

(EXCLUDE FOODS PURCHASED AND EATEN OUTSIDE OF THE HOME)

	YES	1
Food Group	NO	2
CEREALS <small>bread, noodles, biscuits, cookies or any other foods made from millet, sorghum, maize, rice, wheat</small>	<input type="checkbox"/>	<input type="checkbox"/>
VITAMIN A RICH VEGETABLES AND TUBERS <small>pumpkin, carrots, squash</small>	<input type="checkbox"/>	<input type="checkbox"/>
WHITE TUBERS AND ROOTS <small>white potatoes, white yams, cassava, or foods made from roots</small>	<input type="checkbox"/>	<input type="checkbox"/>
DARK GREEN LEAFY VEGETABLES <small>grape leaves, red beet leaves</small>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER VEGETABLES <small>tomatoes, cucumber, lettuce, onion, cabbage, green herbs, eggplant, red beet, and other vegetables including wild ones</small>	<input type="checkbox"/>	<input type="checkbox"/>
VITAMIN A RICH FRUITS <small>apricots (dried or fresh), cantalope, and other fruits with orange flesh</small>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER FRUITS <small>Raisins, apples, pears, grapes, berries, and other fruits including wild ones</small>	<input type="checkbox"/>	<input type="checkbox"/>
FLESH MEATS <small>beef, pork, lamb, goat, rabbit, wild game, chicken, duck, or other birds</small>	<input type="checkbox"/>	<input type="checkbox"/>
ORGAN MEAT (IRON RICH) <small>liver, kidney, heart or other organ meats or blood-based foods</small>	<input type="checkbox"/>	<input type="checkbox"/>
EGGS	<input type="checkbox"/>	<input type="checkbox"/>
FISH <small>fresh or dried fish or shellfish, caviar</small>	<input type="checkbox"/>	<input type="checkbox"/>
LEGUMES, NUTS, SEEDS <small>beans, peas, lentils, chickpeas, nuts, seeds, or foods made from these</small>	<input type="checkbox"/>	<input type="checkbox"/>
MILK, MILK PRODUCTS <small>milk, cheese, yogurt, or other milk products</small>	<input type="checkbox"/>	<input type="checkbox"/>
OILS AND FATS <small>oils, fats, or butter added to food or used for cooking</small>	<input type="checkbox"/>	<input type="checkbox"/>
SWEETS <small>sugar, honey, sweetened soda or sugary foods such as chocolates, sweets or candies, ice cream</small>	<input type="checkbox"/>	<input type="checkbox"/>
SPICES, CONDIMENTS, BEVERAGES <small>spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, soft drinks, alcoholic beverages</small>	<input type="checkbox"/>	<input type="checkbox"/>

(13) DID ANYONE IN THE HOUSEHOLD ANYTHING (MEAL OR SNACK) OUTSIDE OF THE HOUSEHOLD YESTERDAY?

	YES	1	
	NO	2	

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: SUBJECTIVE POVERTY & FOOD SECURITY

(14)	In the past 2 weeks, did you worry that your household would not have enough food?		
	YES	1	<input type="checkbox"/>
	NO >>17	2	
(15)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(16)	When you worried that your household did not have enough food, what did you do to cope with the situation?		
	RECORD UP TO 3 RESPONSES		
	TOOK ADDITIONAL WORK LOCALLY TO GET MONEY	1	<input type="checkbox"/>
	BORROWED MONEY TO BUY FOOD	2	<input type="checkbox"/>
	BORROWED FOOD	3	<input type="checkbox"/>
	SOLD OR MORTGAGED AN ASSET TO BUY FOOD	4	
	ASKED FOR HELP FROM FRIENDS AND RELATIVES	5	
	EARNING MEMBER(S) MIGRATED WITHIN TAJIKISTAN FOR WORK	6	
	EARNING MEMBER(S) MIGRATED ABROAD FOR WORK	7	
	SENT CHILDREN TO LIVE WITH RELATIVE	8	
	WHOLE HOUSEHOLD MIGRATED	9	
	ONE OR MORE MEMBERS OF HOUSEHOLD BEGGED	10	
	DID NOTHING AND WAITED FOR SITUATION TO IMPROVE	11	
	OTHER	12	
(17)	In the past 2 weeks, were you or any household member not able to eat the kinds of foods you would have preferred to eat because of lack of resources?		
	YES	1	<input type="checkbox"/>
	NO >>19	2	
(18)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(19)	In the past 2 weeks did you or any household member have to eat a limited variety of foods because of lack of resources?		
	YES	1	<input type="checkbox"/>
	NO >>21	2	
(20)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(21)	In the past 2 weeks, did you or any household member have to eat some foods that you really did not want to eat because of lack of resources?		
	YES	1	<input type="checkbox"/>
	NO >> 23	2	
(22)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(23)	In the past 2 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?		
	YES	1	<input type="checkbox"/>
	NO >> 25	2	
(24)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(25)	In the past 2 weeks did you or any household member have to eat fewer meals in a day because there was not enough food?		
	YES	1	<input type="checkbox"/>
	NO >>27	2	
(26)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(27)	In the past 2 weeks, was there any time when there was no food to eat in your house because of lack of resources to get food?		
	YES	1	<input type="checkbox"/>
	NO >>29	2	
(28)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	
(29)	In the past 2 weeks did you or any household member go to sleep at night hungry because there was not enough food?		
	YES	1	<input type="checkbox"/>
	NO >>31	2	
(30)	How often did this happen?		
	RARELY (1-2 TIMES)	1	<input type="checkbox"/>
	SOMETIMES (3-10 TIMES)	2	
	OFTEN (MORE THAN 10 TIMES)	3	

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: SUBJECTIVE POVERTY & FOOD SECURITY

(31) In the past 2 weeks, did you or any household member go a whole day and night without eating anything at all because there was not enough food?

YES	1	<input type="text"/>
NO >> 33	2	

(32) How often did this happen?

RARELY (1-2 TIMES)	1	<input type="text"/>
SOMETIMES (3-10 TIMES)	2	
OFTEN (MORE THAN 10 TIMES)	3	

(33) How was food availability in your household during each of the last 12 months? Was it sufficient, in some shortage, or in extreme shortage?

2006 AUGUST	<input type="text"/>	1 Sufficient
SEPTEMBER	<input type="text"/>	2 In some shortage
OCTOBER	<input type="text"/>	3 In extreme shortage
NOVEMBER	<input type="text"/>	
DECEMBER	<input type="text"/>	
2007 JANUARY	<input type="text"/>	
FEBRUARY	<input type="text"/>	
MARCH	<input type="text"/>	
APRIL	<input type="text"/>	
MAY	<input type="text"/>	
JUNE	<input type="text"/>	
JULY	<input type="text"/>	
AUGUST	<input type="text"/>	

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(34) We would like to check whether the salt used in your household is iodized. May I use a sample of the salt used to cook the main meal eaten by the members of your household last night?

Not iodized (0 PPM)	1	<input type="text"/>
Less than 15 PPM	2	
15 PPM or more	3	
No salt in home	4	
Salt not tested	5	

**User instruction**

*(for identification of potassium iodate only)*

1. Fill small cup with salt, then spread the salt surface flat
2. Pierce the white ampoule with pin.
3. Add one drop of the test solution on the surface of the salt by gently squeezing the ampoule.
4. If iodised, the colour of the salt changes from light blue to violet, depending on the level of iodine
5. Compare the colour of the examined salt with the colour scale.
6. **The salt is not iodised, if the colour does not change after application of test solution**
7. Mark the result of the test based on the colour scale in the questionnaire.

## HOUSEHOLD HEAD

### MODULE 9: SUBJECTIVE POVERTY & FOOD SECURITY

### PART B: HOUSEHOLD DECISION MAKING

(1) Which member(s) of the household are responsible for the following non-farming chores?

ADULT MALES	1	
ADULT FEMALES	2	
MALE CHILDREN UNDER 16 YEARS OLD	3	LIST UP TO TWO
FEMALE CHILDREN UNDER 16 YEARS OLD	4	
NOT APPLICABLE	5	

	MAIN	SECOND
SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>
FETCHING WATER	<input type="checkbox"/>	<input type="checkbox"/>
COOKING	<input type="checkbox"/>	<input type="checkbox"/>
WASHING AND CLEANING	<input type="checkbox"/>	<input type="checkbox"/>
KEEPING AND ACCOUNTING MONEY	<input type="checkbox"/>	<input type="checkbox"/>
NEGOTIATING TO GET WATER	<input type="checkbox"/>	<input type="checkbox"/>
NEGOTIATING ON OTHER COMMUNITY ISSUES	<input type="checkbox"/>	<input type="checkbox"/>

(2) Which member of the household has the main decision making authority for the following activities?

HEAD OF HOUSEHOLD	1	
INDIVIDUAL MALE HOUSEHOLD MEMBER	2	
INDIVIDUAL FEMALE HOUSEHOLD MEMBER	3	
COLLECTIVE MALE HOUSEHOLD MEMBERS	4	
COLLECTIVE FEMALE HOUSEHOLD MEMBERS	5	
ALL MEMBERS OF HOUSEHOLD	6	
NOT APPLICABLE	7	
DECIDES FOR HIM/HERSELF	9	

WHAT TO GROW IN HOUSE GARDEN		a <input type="checkbox"/>
WHAT TO GROW ON PRESIDENTIAL LAND		b <input type="checkbox"/>
WHERE TO SHOP		c <input type="checkbox"/>
BUYING MAJOR ITEMS		d <input type="checkbox"/>
WHETHER OR NOT TO BORROW MONEY		e <input type="checkbox"/>
LENDING MONTH TO OTHERS		f <input type="checkbox"/>
CHILDREN'S WELL BEING		g <input type="checkbox"/>
CHILDREN'S SCHOOL ATTENDANCE		h <input type="checkbox"/>
MARRIAGE OF MALE HOUSEHOLD MEMBER		i <input type="checkbox"/>
MARRIAGE OF FEMALE HOUSEHOLD MEMBER		j <input type="checkbox"/>
WHERE MALE MEMBER SHOULD WORK		k <input type="checkbox"/>
WHERE FEMALE MEMBER SHOULD WORK		l <input type="checkbox"/>
HOW MUCH TO SPEND OF HOUSEHOLD INCOME		m <input type="checkbox"/>
HOW MUCH TO SAVE OF HOUSEHOLD INCOME		n <input type="checkbox"/>
WHERE TO INVEST HOUSEHOLD MONEY		o <input type="checkbox"/>
A HOUSEHOLD MEMBER MIGRATING TO SEEK WORK		p <input type="checkbox"/>
HOW TO USE RESOURCES REMITTED FROM ABROAD		q <input type="checkbox"/>
WHETHER AND WHERE TO SELL AGR. PRODUCE		r <input type="checkbox"/>
HOW TO USE THE MONEY FROM AGR. PRODUCE		s <input type="checkbox"/>

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m  C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days?  READ EACH ITEM  RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6  Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days.  If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days?  If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ?  RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE					AMOUNT	AMOUNT	SOMONI	AMOUNT	
851	Bread	KG										
852	Non (bread)	KG										
853	Flour *	KG										
854	Wheat *	KG										
855	Cereals	KG										
856	Rice	KG										
857	Macaroni products	KG										
858	Dried Beans, pulses (beans, peas, lentils, etc.)	KG										
859	Other grain products (e.g. maize, oats, barley)	KG										
860	Onions	KG										
861	Garlic	KG										
862	Potatoes	KG										
863	Tomatoes	KG										
864	Carrots	KG										
865	CABBAGE	KG										
866	CAULIFLOWER	KG										
867	CUCUMBER	KG										
868	MUSHROOMS (fresh, salted, dried, etc.)	KG										
869	Preserved vegetables	KG										
870	Other Vegetables	KG										
871	Apples	KG										

\*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m  C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days?  READ EACH ITEM  RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6  Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days.  If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days?  If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ?  RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE	AMOUNT	AMOUNT	SOMONI	AMOUNT	1. Produced in the household	2. Received as a gift or humanitarian aid	3. Received as part of salary/business	4. Taken from Stocks	SOMONI
872	ORANGES	KG										
873	Grapes	KG										
874	Watermelon, melon	KG										
875	Pumpkin	KG										
876	Other fresh fruit	KG										
877	Dried fruits	KG										
878	Preserved fruits	KG										
879	Dried nuts	KG										
880	Beef	KG										
881	Chicken	KG										
882	Lamb	KG										
883	Pork	KG										
884	SAUSAGES	KG										
885	CANNED MEAT	KG										
886	Other meat products	KG										
887	Fish FRESH	KG										
888	FISH CANNED	KG										
889	FISH SALTED	KG										
890	Eggs	P										
891	Fresh milk	L										
892	CHEESE	KG										
893	POWDERED MILK	KG										
894	Other dairy products	L										
895	BUTTER	KG										
896	Vegetable oil	L										
897	GHEE	KG										

\*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m  C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days?  READ EACH ITEM  RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6  Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days.  If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days?  If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ?  RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE	AMOUNT	AMOUNT	SOMONI	AMOUNT	1. Produced in the household	2. Received as a gift or humanitarian aid	3. Received as part of salary/business	4. Taken from Stocks	SOMONI
898	Animal fat	KG										
899	SOFT DRINKS (COKE, ETC)	L										
900	Mineral water	L										
901	FRUIT JUICE	L										
902	Coffee	KG										
903	Tea	KG										
904	Salt	KG										
905	Sugar	KG										
906	Sweets, Eastern sweets	KG										
907	JAM	KG										
908	ICE CREAM	KG										
909	CHOCOLATE	KG										
910	Pastries	KG										
911	BEER	L										
912	WINE	L										
913	ALCOHOLIC DRINKS	L										
914	MEALS CONSUMED OUTSIDE HOME											
915	NON ALCOHOLIC DRINKS CONSUMED OUTSIDE HOME											
916	ALCOHOLIC DRINKS CONSUMED OUTSIDE HOME											

\*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.



MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 11: NON-FOOD EXPENDITURES

PURCHASES PAST 30 DAYS

		(1)	(2)
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>30 days</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>30 days</b> ?
		YES..1	
CODE		NO..2 >>NEXT ITEM	SOMONI

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

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 11: NON-FOOD EXPENDITURES

PURCHASES PAST 6 MONTHS

	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(1)	(2)
		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> ?
CODE		YES..1 NO..2->NEXT ITEM	SOMONI

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

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 11: NON-FOOD EXPENDITURES

PURCHASES PAST 12 MONTHS

		(1)	(2)
	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>12 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>12 months</b> ?
		YES..1	
CODE		NO..2->NEXT ITEM	SOMONI

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





MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 12: AGRICULTURE

PART A3: PLOTS, YOU RENT OUT

(1) During the last 12 MONTHS, has your household rented or lent out any of its land to another household?  
 YES \_\_\_\_\_  
 NO (>>PART B) \_\_\_\_\_

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
P L O T  C O D E	Please tell me about each plot of land belonging to your household that was rented or lent out to another household? Please describe or give me the name of each plot	What is the area of the plot?	What kind of land is this? Is it currently being used to grow annual crops or tree crops, or is it forest land, pasture land or water surface?	Is this plot irrigated?	How did your household acquire this land?	What legal title or ownership rights do you have for this plot of land?	If you were to sell this plot of land today, how much could you sell it for?	To whom is this plot rented or lent out?	During the last cropping season what kind of rental or use arrangement was made with the renter using the land?	What share of the output is given to your household by the tenants?	Which member of the household controls the rental income for this land?
	HH PLOT / GARDEN 1				STATE ALLOCATED 1						
	REMOTE PLOT/ PRESIDENTIAL LAND 2				PRESIDENTIAL (ALSO STATE ALLOCATED) 2	CERTIFICATE 1		RELATIVE 1	RENTAL FEE 1 (>>12)		
	DACHA 3		ANNUAL CROP LAND 1		ALLOCATED) 3	ACT (SEALED DOCUMENT) 2		FRIEND 2	SHARECROP 2		
	IND. DEKHAN 4		TREE CROP LAND 2		INHERITED 3	SALES RECEIPT 3		OTHER HOUSEHOLD 3	NO PAYMENT 3 (>>NEXT PLOT)		
	OTHER 5		FOREST 3 (>>9)		PLOT FROM BIG DEKHAN FARM 4	NO DOCUMENTS		LOCAL AUTHORITY 4	EXCHANGE OF THIS PLOT FOR ANOTHER 4 (>>NEXT PLOT)		
			PASTURE 4 (>>9)		KHOJAGII DIHQONII OILAGI 5	OTHER (SPECIFY) 5		PRIVATE ORGANISATION 5			
			OTHER (SPECIFY) _____ 6	YES 1 NO 2	KHOJAGII DIHQONII INFIROD 6		SOMONI	GOVERNMENT 6			
					OTHER (SPECIFY) _____ 7			OTHER (SPECIFY) _____ 7	OTHER (SPECIFY) _____ 5 (>>12)		
		NAME OF PLOT	SOTKAS							%	CODE
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(13)  
How much money was received for the use of this land during the last cropping season?  
  
IF PAYMENT WAS IN-KIND, ESTIMATE THE VALUE OF THE PAYMENT.  
IF NO PAYMENT WAS MADE, WRITE "0"

SOMONI


MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 12: AGRICULTURE

PART B: MACHINERY

E O U I P M E N T  C O D E	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	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?	What year did you purchase this [...]?	If you sold one of those [...] today, how much money could you get for it?	Are you currently considering whether or not to increase the number of [ITEM] you have?	What is the main reason you are not considering increasing the number of [ITEM] you have?
	YES 1 NO 2 (->NEXT ITEM)		YES 1 NO 2 (->6)		IF SHARE DIFFERS OVER ITEMS, PUT IN AVERAGE SHARE	IF MORE THAN ONE ITEM, ASK FOR YEAR OF MOST RECENT ACQUISITION, INCLUDING ITEMS SHARED WITH OTHER HOUSEHOLDS	IF MORE THAN ONE ITEM, ASK FOR AVERAGE VALUE. AVERAGE SHOULD INCLUDE FULL VALUE OF ITEMS SHARED WITH OTHER HOUSEHOLDS	YES 1 ->NEXT ITEM NO 2	NO NEED 1 NOT AVAILABLE 2 TOO EXPENSIVE 3 DONT HAVE ENOUGH MONEY 4 CANT GET CREDIT 5 SHORTAGE OF SPARE PARTS 6 OTHER 7
	TYPE OF FARM EQUIPMENT	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	Electric water pump								
15	Electric churn								
16	Greenhouses (not including the land they are on)								
17	Sheds (not including the land they are on)								



MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 12: AGRICULTURE

PART C: CROPS

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?	What price did you get for the [...] that you sold?
	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4	RECORD SQ. SOTKA IN TENTHS		IF "0" (>NEXT CROP)	IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.
	YES _____ 1 NO _____ 2 (->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?	What price did you get for the [...] that you sold?
	ASK QUESTION 1 FOR ALL CROPS BEFORE GOING ON TO QUESTIONS 2-4	RECORD SQ. SOTKA IN TENTHS		IF "0" (>NEXT CROP)	IF MORE THEN ONE PRICE, GET THE AVERAGE PRICE.
	YES _____ 1 NO _____ 2 (->NEXT CROP)				
	CROP NAME	(->NEXT CROP)	solka N. OF TREES	KG	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				

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 12: 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?  ASK QUESTION 1 FOR ALL INPUTS BEFORE GOING ON TO QUESTIONS 2 TO 5	How much [...] did you use during the past cropping season?  UNITS: GRAM 1 KG 2 LITRE 3 TON 4 PIECE 5 MAN/DAYS 6	How much did you spend in total for [...] during the last cropping season?  IF SELF PRODUCED, WRITE ZERO, THEN >> GO TO NEXT INPUT	Where did you purchase this [...] ?  IF MORE THAN ONE SOURCE, RECORD MAIN SOURCE PRIVATE INDIVIDUAL 1 PRIVATE FIRM 2 GOVERNMENT 3 OTHER (SPECIFY) _____ 4 DONT KNOW -8
	INPUT TYPE	(>>NEXT INPUT)	QUANTITY	UNIT CODE	SOMONI
1	Hired Labour				
2	Rental of agricultural equipment				
3	Seeds				
4	Seedlings				
5	Nitrogen fertilizer (urea, silitra, nitrate)				
6	Other fertilizer (Superfosfate, DAP, etc)				
7	Manure, organic fertilizer				
8	Pesticides				
9	Herbicides				
10	Fuel for agricultural use				
11	Other (_____)				



MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 12: AGRICULTURE

PART E: LIVESTOCK

	(13)	(14)	(15)	(16)
L I V E S T O C K  C O D E	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?
		INCLUDE VALUE OF IN KIND PAYMENTS	INCLUDE VALUE OF IN KIND PAYMENTS	INCLUDE VALUE OF IN KIND PAYMENTS
	YES 1			
	NO 2 (>>15)			
		SOMONI	SOMONI	SOMONI

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

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	Butter			
10	Honey			
11	Yogurt			
12	Chakka			

HOUSEHOLD HEAD

MODULE 13: OTHER INCOME

	(1)	(2)	(3)
		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)	
INCOME SOURCE			SOMONI

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

## HEAD OF HOUSEHOLD

### MODULE 14: SUBJECTIVE BELIEFS

### PART A: SUBJECTIVE BELIEFS

INTERVIEWER- READ: I am now going to ask you some very different types of questions, questions that need you to give me your opinion or guesses. Some of these refer to the future, obviously no one knows for sure what will happen in the future, but we ask you to simply give us your thoughts

	(1)	(2)	(3)	(4)	(5)	(6)	(7)		
I D C O D E	Suppose you are given the opportunity of participating in a game. You have to choose between two closed boxes. If you are lucky and you choose the right one, you will win 1,000 SOMONIs, otherwise you will get nothing. Another person wants to give you money in order to take your place and participate in the game. What is the minimum amount that you would ask for to give away your chance?	Consider the insurance programs provided by the public social security administration. Suppose that you can only increase the benefits provided by one program but, for budgetary reasons, this increase must be compensated by a decrease in all other benefits. Which of the following benefits would you like to increase, knowing that one or some of the others would decrease?  1. Old age pension 2. Survivors pension 3. Disability pension 4. Sickness and maternity benefits 5. Work injury benefits 6. Unemployment benefits 7. None	In order to be eligible for the public old age pension, what do you think is the minimum age for a person of your same gender?  1. Less than 50 years 2. 51 to 55 years 3. 56 to 60 years 4. 61 to 65 years 5. Over 65 years	What percentage of your current (after tax) labor earnings do you expect your post-retirement pension to represent?  1. Less than 50% 2. Between 50% and 60% 3. Between 60% and 70% 4. Between 70% and 80% 5. Between 80% and 90% 6. More than 90%	In your opinion, over the next 10 years the public social security system will be more generous, less generous or unchanged?  1. More generous 2. Unchanged 3. Less generous	INTERVIEWER IS RESPONDENT OVER 35 YEARS OF AGE?  YES....1 NO.....2	What do you think the chances are (any number from 0 to 100) that you will live to be ... ?		
							A.	B.	C.
							Age 60	Age 70	Age 80
	SOMONI	CODE	CODE	CODE	CODE		NUMBER	NUMBER	NUMBER
1									

HOUSEHOLD HEAD

MODULE 14: SUBJECTIVE BELIEFS

PART B: VIGNETTES

Does this household receive remittances from a household member working abroad?

Yes 1

No 2

>> If no, skip to overall poverty vignette question

On a scale of 1-6, with 1 being those households that are completely dependent on remittances to survive, and 6 being those household that are the least dependent on remittances, where would you place your household?

MIGRATION. Please consider the following cases and rank the families' quality of life available on a 1-6 scale.

SHOW SCALE TO RESPONDENT

<p>Family A pays for their basic needs using money from remittances. Remittances are the only source of subsistence. Without them, the household would be forced to beg, borrow, or sell assets to survive.</p>	<p>Family B has enough money from their work to meet basic needs, but uses remittances to pay for other household expenses, such as school fees or to buy additional clothing.</p>	<p>Family C uses remittances to supplement the family income. The money allows them to make improvements to their home and buy more expensive food and clothing.</p>	<p>Family D has sufficient income to support itself even without remittances. The money they receive is generally used to purchase luxury goods, such as electronics and Western clothes.</p>	<p>Now please indicate on which step you and your family would be found.</p>
ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓



HOUSEHOLD HEAD

MODULE 14: SUBJECTIVE BELIEFS

PART B: VIGNETTES

OVERALL POVERTY. Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich. On which step would you place this family?.					
SHOW SCALE TO RESPONDENT					
<p>Family A can only afford to eat meat on very special occasions. During the winter months, they are able to partially heat only one room of their home. They cannot afford for children to complete their secondary education because the children must work to help support the family. When the children are able to attend school, they must go in old clothing and worn shoes. There is not enough warm clothing for the family during cold months. The family does not own any farmland, only their household vegetable plot.</p>	<p>Family B can afford to eat meat only once or twice a week. During winter months, they can heat several rooms, but not the entire house. They cannot afford for all their children to complete secondary education. Their clothing is sufficiently warm, but they own only simple garments. In addition to their household vegetable plot, they own a small plot of poor quality farmland that is distant from their home.</p>	<p>Family C can afford to eat meat everyday. During the winter months, generally they are able to keep their home warm. They can afford for all their children to complete secondary education. They have sufficient clothing to keep warm in the winter. Their everyday clothing is simple, but they also have some fancy items for special occasions. In addition to their household vegetable plot, they have a larger plot of good quality farmland, not too distant from their home.</p>	<p>Family D can afford to eat whichever foods they would like, including sweets and imported food. During the winter months, they have no problems with heating and are able to keep their entire house warm. They can afford for all of their children to complete their education, and then to continue at a local university. They are able to afford a variety of fancy traditional clothes and also imported brand clothing. The family owns property, including a good car. The family also has a large farm and acts as landlord to others in their area.</p>	<p>Now please indicate on which step you and your family would be found.</p>	<p>Please also indicate the step at which you consider the family's quality of life to be just adequate.</p>
ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓	ESTIMATE ↓

CHILDREN 0 TO 6 YEARS OLD

MODULE 15: ANTHROPOMETRICS & IMMUNIZATIONS

I D C O D E	(1) RECORD THE ID NUMBER OF THE PERSON WHO PROVIDES INFORMATION	(2) REGISTER THE HEIGHT OR LENGTH IN CENTIMETERS	(3) REGISTER THE WEIGHT IN KILOGRAMS	(4) Did you measure the height of the child laying down or standing?  ONLY FOR CHILDREN LESS THAN 2 YEARS OLD  LAYING DOWN 1 STANDING 2	(5) DATE OF MEASUREMENT			(6) RESULT OF MEASUREMENT	(7) WAS EDEMA PRESENT IN BOTH FEET AND LEGS?	(8) Do you have a card that shows which vaccinations [NAME] has received?  IF YES, ASK TO PLEASE SEE THE CARD	(9) Is this card up to date, or has [NAME] received vaccinations that are not on this card?  IF UP TO DATE, ASK TO SEE THE CARD AND USE IT TO FILL OUT THE REMAINING QUESTIONS  UP TO DATE 1 NOT UP TO DATE 2
					DAY	MONTH	YEAR	CHILD MEASURED 1 CHILD ILL 2 CHILD NOT PRESENT 3 CHILD DID NOT WANT 4 MOTHER DID NOT WANT 5 INFO PROVIDED WITHOUT MEASUREMENT 6 OTHER 7	YES 1 NO 2	YES 1 NO 2 >>11	
		CENTIMETERS	KILOGRAMS								
01		_____	_____								
02		_____	_____								
03		_____	_____								
04		_____	_____								
05		_____	_____								
06		_____	_____								
07		_____	_____								
08		_____	_____								
09		_____	_____								
10		_____	_____								
11		_____	_____								
12		_____	_____								
13		_____	_____								
14		_____	_____								
15		_____	_____								

CHILDREN 0 TO 6 YEARS OLD

MODULE 15: ANTHROPOMETRICS & IMMUNIZATIONS

I D  C O D E	(10) FROM THE CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN  IF THERE IS NO CARD, RECORD 99	(11) Has [NAME] received a BCG vaccination against tuberculosis, that is an injection in the upper arm that left a scar?	(12) In what month and year did he/she receive this vaccination?		(13) Has [NAME] been given polio vaccine, that is white or pink drops in the mouth? How many times did he or she get this?  IF ZERO TIMES WRITE 0 >> 15	(14) In what month and year did he/she get the polio vaccine?								(15) Has [NAME] been given a DPT vaccination, that is an injection usually given at the same time as polio drops? How many times did he or she get this?  IF ZERO TIMES WRITE 0 >> 17	(16) In what month and year did he/she get DPT vaccination?					
		YES 1 NO 2 >>13				1ST TIME		2ND TIME		3RD TIME		4TH TIME		1ST TIME		2ND TIME		3RD		
	TIMES		MONTH	YEAR	TIMES	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH		
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				
13																				
14																				
15																				

CHILDREN 0 TO 6 YEARS OLD

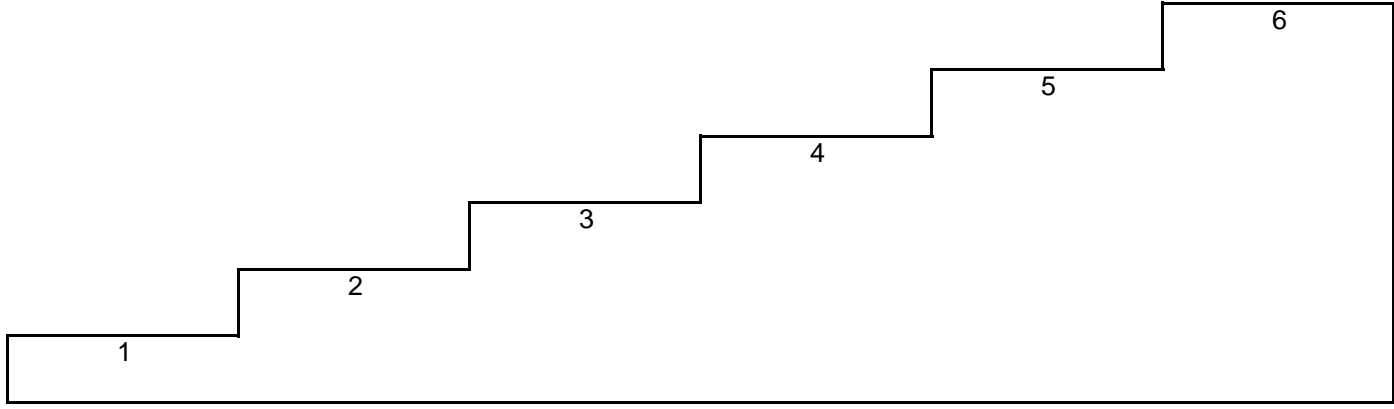
I D  C O D E	
TIME	
YEAR	

01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	

CHILDREN 0 TO 6 YEARS OLD

MODULE 15: ANTHROPOMETRICS & IMMUNIZATIONS

I D  C O D E	(17)	(18)	
	Has [NAME] been given an injection against measles?	In what month and year did he/she receive this injection?	
	YES 1		
	NO 2 >> NEXT CHILD		
		MONTH	YEAR
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			



## SECTION 1: CONTROL SHEET

## Country and District Codes

РЕГИОН	REGION	КОД / CODE	РЕГИОН	REGION	КОД / CODE	область	OBLAST	КОД / CODE
Душанбе	Dushanbe (city)		Хатлонская область	Khatlon		Душанбе	Dushanbe (city)	01
Шохмансур	Shohmansur	01	г.Курган-Тюбе	Kurgon-Teppa (city)	36	РРП	RRS	02
Исмоили Сомони район	Ismoil Somoni	02	Кулябский район	Kulob	37	Согдийская область	Sugd	03
Абу али ибн Сино	Abu ali ibn Sino	03	Бальджуванский район	Baljuvon	38	Хатлонская область	Khatlon	04
Фирдавси	Firdavsi	04	Носири Хусрав (Бешкентский район)	Nosiri Husrav (Beshkent)	39	Горно-Бадахшанская АО	GBAO	05
			Бохтарский район	Bokhtar	40			
<b>РРП</b>	<b>RRS</b>		Вахшский район	Vakhsh	41			
Варзобский район	Varzob	05	Восейский район	Vose	42			
Раштский район (Гармский район)	Rasht (Garm)	06	Хуросонский район (Гозималикский район)	Hurasson (Gozimalik)	43			
Гиссарский район	Hissor	07	Дангаринский район	Dangara	44	<b>СТРАНА</b>	<b>COUNTRY</b>	<b>КОД / CODE</b>
Нуробадский район (Дарбандский р-н)	Nurobad (Darband)	08	Джилкикульский район	Jilikul	45			
Джиргатальский район	Jirgatal	09	Кубодиенский район (Кабодиенский район)	Kubodiyon (Kabodyen)	46	РОССИЯ	RUSSIA	81
Вахдатский район (Кофарнихонский район)	Vahdat (Kofarnihon)	10	Колхозабадский район	Kolkhozobod	47	КАЗАХСТАН	KAZAKHSTAN	82
Рудаки (Ленинский район)	Rudaki (Leninskiy rayon)	11	Кумсангирский район	Kumsangir	48	КЫРГЫЗСТАН	KYRGYZSTAN	83
Рогунский район	Rogun	12	Хамадони (Московский район)	Hamadoni (Moskovskiy)	49	УЗБЕКИСТАН	UZBEKISTAN	84
Тавилдаринский район	Tavildara	13	Муминободский район	Muminobod	50	ПРОЧИЕ СТРАНЫ СНГ	OTHER CIS	85
Тоджикободский район	Tojikobod	14	Нурекский район	Norak	51	ЕВРОПЕЙСКИЕ СТРАНЫ	EUROPE	86
Турсунзадевский район	Tursunzoda	15	Пархарский район	Farkhor	52	ПРОЧИЕ	OTHER	87
Файзабадский район	Fajzobod	16	Пянджский район	Pandj	53			
Шахринавский район	Shahrinav	17	Сарбандский район	Sarband	54			
			Темурмаликский район (Советский район)	Temurmalik (Sovetskiy)	55			
<b>Согдийская область</b>	<b>Sugd</b>		Ховалингский район	Khovaling	56			
гор.Худжанд	Khujand (city)	18	Район им. А. Джами (Ходжамастонский район)	A.Jami (Hojamaston)	57			
гор.Табашары	Taboshar (city)	19	Шаартузский район	Shahrtuz	58			
Кайраккумский хукумат	Kayrakkum (hukumat)	20	Шуруободский район	Shuroobod	59			
Чкаловск хукумат	Chkalovsk (hukumat)	21	Яванский район	Yovon	60			
Айнинский район	Ajni	22						
Аштский район	Ash	23	<b>Горно-Бадахшанская АО</b>	<b>GBAO</b>				
Ганчинский район	Gonchi	24	город Хорог	Khorog (city)	61			
Зафарободский район	Zafarobod	25	Ванчский район	Vandj	62			
Исфаринский район	Isfara	26	Дарвазский район	Darvoz	63			
Канибадамский район	Konibodom	27	Ишкашимский район	Ishkoshim	64			
Кухистони-Масчоховский	Kuhistoni Mastchov	28	Мургабский район	Murgob	65			
Матчинский район	Mastchov	29	Рошкалинский район	Poshkalin	66			
Спитаменский район (Науский район)	Spitamen (Nau)	30	Рушанский район	Rushon	67			
Пенджикентский р-он	Pangakent	31	Шугнанский район	Shugnon	68			
Дж.Расулова р-он	Djabor Rasulov	32						
Ура-Тюбинский район	Ura-Tyube	33						
Б.Гафурова район	Bobojon Gafurov	34						
Шахристанский р-он	Shahrison	35						

**Crop Codes**

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 Hectare: 10,000 m3

1 Hectare: 100 Sotka

1 Sotka: 100 m3

1 Centner: 100 KG

1 Ton: 1,000 KG