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MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

1. Type of dwelling	1. Detached house	10. Which of the following sources of heating does your household use and how much do you pay monthly <b>during the heating season?</b>	Does household use [.....]?		Expenditures per month for [.....]leva		
	2. Semi-detached house		1. Yes	2. No			
	3. Apartment		1. Yes	2. No			
	4. Dwelling in student's/worker's hostel		1. Yes	2. No			
	5. Primitive/mobile dwelling		1. Yes	2. No			
	6. Other (Specify?).....		1. Yes	2. No			
	2. Major construction material of external building walls		10.1. Central heating	1. Yes		2. No	
			10.2. Electricity	1. Yes		2. No	
		10.3. Liquid fuel	1. Yes	2. No			
		10.4. Gas	1. Yes	2. No			
		10.5. Coal	1. Yes	2. No			
		10.6. Firewood	1. Yes	2. No			
		10.7. Other (specify)....	1. Yes	2. No			
3. Year of building construction		11. Does your household restrict dwelling heating during the heating season?		1. Yes	2. No		
4. Is there yard, small garden around your building?		12. Do you have any of the following problems with your accommodation?					
5. Type of tenure		12.1. Leaking roof, damp walls/floors/foundation		1. Yes	2. No		
		12.2. Broken window frames or floor		1. Yes	2. No		
		12.3. Too dark, not enough light		1. Yes	2. No		
		12.4. Noise (traffic, business, neighbours etc.)		1. Yes	2. No		
		12.5. Too small for household		1. Yes	2. No		
		12.6. Other (Specify?).....		1. Yes	2. No		
6. Number of rooms used by your household (excl. kitchens, bathrooms and toilets)		13. Do you have any of the following problems with location of your dwelling?					
7. Total area of rooms		13.1. Lack of shops		1. Yes	2. No		
		13.2. Bad transport		1. Yes	2. No		
		13.3. Pollution, grime or other		1. Yes	2. No		
		13.4. Irregular water supply		1. Yes	2. No		
		13.5. Irregular electricity supply		1. Yes	2. No		
		13.6. Dark streets		1. Yes	2. No		
		13.7. Risk of crimes, violence		1. Yes	2. No		
		13.8. Other (Specify?).....		1. Yes	2. No		
8. Availability (in the dwelling) of:							
8.1. Water supply system		1. Yes 2. No					
8.2. Hot water		1. Yes 2. No					
8.3. Electricity		1. Yes 2. No					
8.4. Sewerage		1. Yes, connected to the public sewerage system					
		2. Yes, with cesspit					
		3. No					
8.5. Toilet		1. Yes 2. No					
8.6. Bathroom		1. Yes 2. No					
9. Does the dwelling have a central heating ?		1. Yes 2. No					

MODULE 2: DWELLING, UTILITIES AND DURABLE GOODS

14. Does your household own the dwelling or do you rent it?	1. Owner >> Q16 2. Rented from the state or municipality >> Q15 3. Rented from a private person >> Q15 4. Provided rent-free >>Q18	20. Does your household have any unpaid bills for: 20.1 Central heating 20.2. Electricity 20.3. Water 20.4.Telephone				1. Yes 2. No				
15. How much is your household paying in monthly rent?	..... leva >> Q.19.	<b>Check answers to Q20! Any "Yes" &gt;&gt;Q21 All "No" &gt;&gt; Q22</b>								
16. Do you have to repay money from outstanding loan or mortgage for this dwelling?	1. Yes 2. No >>Q.18	21. How old are these arrears?	1 month	2 - 5 months	6 - 12 months	Over 1 year				
17. What is the monthly repayment (approximately) on the dwelling loan?	..... leva/monthly	20.1 Central heating								
18. If you had to rent this dwelling how much, do you think, would you have to pay?	1. .... leva/monthly >> Q. 18 A 2. Don't know >> Q.19	20.2. Electricity								
<b>Interviewer!</b>		20.3. Water								
18 A. In your opinion, does this reported rent reflect the true market value if this dwelling were to be rented?	1. Approximately accurate 2. Estimate too high 3. Estimate too low 4. Don't know	20.4.Telephone								
19.What are the currently costs your household has to pay for :		22. Does the household have another dwelling (or parts of a dwelling)? <i>(excluding country houses &amp; holiday homes)</i>	1. Yes, in the same town/village 2. Yes, in another town/village 3. No >> Q.24							
19.1. Electricity (excl. for heating)	..... leva/monthly	23. How is the second dwelling used:	1. Rented 2. For own business 3. For seasonal living 4. Provided rent free to friends, relatives 5. For others purposes (specify)... 6. Not in use							
19.2. Water	..... leva/monthly	24. Does the household have:								
19.3. Telephone	..... leva/monthly	24.1 Garage	1. Yes 2. No							
19.4. Cellar phone	..... leva/monthly	24.2. Country house, cottage	1. Yes 2. No							
			24.3. Office, shop	1. Yes 2. No						
			24.3. Restaurant, .....	1. Yes 2. No						

For each item listed below, please indicate whether or not your household possess it? If you don't have any item, please indicate why?		Q.25.		Q.26	Q.27				Q.28.	Q.29	Q.30.	Q.31.	Q.32.
		Item	Code	Does household possess [item] ?	Number of items	If you don't possess, why ?				For all items identified in Q.25-26 ask questions Q.30, Q.31 and Q.32		How many years ago did you acquire the [item]?	How did you obtain[ item] 1. Purchase 2. Gift 3. As a payment
		Yes	No	>>Q.28	Cannot afford	Don't want	Rents	Other reasons	Description	Code			leva
Colour TV	101	1	2		1	2	3		4				
Black & white TV	102	1	2		1	2	3		4				
Video player, DVD	103	1	2		1	2	3		4				
Video camera, camera	104	1	2		1	2	3		4				
Cable TV	105	1	2		1	2	3		4				
Satellite antenna	106	1	2		1	2	3		4				
Audio system	107	1	2		1	2	3		4				
Electric or gas stove	108	1	2		1	2	3		4				
Microwave oven	109	1	2		1	2	3		4				
Refrigerator	110	1	2		1	2	3		4				
Freezer	111	1	2		1	2	3		4				
Washing machine	112	1	2		1	2	3		4				
Dishwasher	113	1	2		1	2	3		4				
Sewing/kniting machine	114	1	2		1	2	3		4				
Computer	115	1	2		1	2	3		4				
Telephone	116	1	2		1	2	3		4				
Mobile phone	117	1	2		1	2	3		4				
Bicycle	118	1	2		1	2	3		4				
Motorcycle/scooter	119	1	2		1	2	3		4				
Car, minibus, jeep	120	1	2		1	2	3		4				
Truck	121	1	2		1	2	3		4				
Yacht, boat	122	1	2		1	2	3		4				
Caravan	123	1	2		1	2	3		4				









job

No.	Q.9. Where did you carry out most of your work during the last 7 days?  1. Farm owned or rented by household 2. Other person farm 3. At home 4. Other person's home 5. In the street, no fixed place 6. In the street, fixed place  7. Office/factory/enterprise/firm 8. Other place (Specify?)	Q.10 Usual duration of the weekly working time  .....hours	Q.11 How many hours did you actually work last 7 days?  .....hours	12 <b>INTERVIEWER</b> <b>CHECK ANSWERS OF THE QUESTIONS 10 AND 11</b>  <i>If Q10&gt;Q11 write 1 and &gt;&gt; Q.13</i>  <i>If Q10&lt;Q11 write 2 and &gt;&gt;Q.14</i>  <i>If Q10=Q11 write 1 and &gt;&gt; Q.15</i>	Q.13 What was the main reason to work less hours than usual?  1. Training 2. Illness 3. Can not find another job 4. Does not want to work more  5. In this profession full-time means 30 hours 6. Family reasons 7. Annual leave 8. Other reasons  >> Q.15	Q.14 What was the main reason to work more hours than usual? usually did ?  1. Overtime 2. Flexible work time 3. Other (Specify?).....
1						
2						
3						
4						
5						
6						

No.	Q.15	Q.16	Q.17	Q.18	Q.19	Q.20	Q.21
I D C O D E	Are you entitled to the benefits of social security scheme in this job?	Do you know what amount of your income is used as a basis for calculating social security?	What amount of your income is used as a basis for calculating social security?	Do you receive wages, salary or other cash payment ?	Are you paid your salary on time?	Did you receive bonuses (New year, Easter etc.)	Did you receive any other payment (in-kind, meals, transport, tips, clothes etc.)
	1. Yes 2. No 3. Don't know	1. Yes 2. No >> Q. 18		1. Yes 2. No >> Q 20	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
			<i>leva</i>				
1							
2							
3							
4							
5							
6							











	Q.10 What was the main reason to leave (terminate) your last job (previous job)?	Q.11 What was your occupation at your last job (previous job)?	Q.12 What was the main economic activity of enterprise, firm etc. you have worked at?	Q.13 Was your employer for this work:  1. A private company 2. A public works program (EO) 3. The government, public sector or army 4. A private individual 5. You or your household member	Q.14 Where did you carry out most of your work?  1. Farm owned or rented by household 2. Other person's farm 3. At home 4. Other person home 5. In the street, no fixed place 6. In the street, fixed place 7. Office/factory/ enterprise/firm 8. Other place (Specify?)
No					
		Description	Code	Description	Code
1					
2					
3					
4					
5					
6					



Code	Courses
145	How to evaluate high school applicants
222	Foreign languages (English, German, Portuguese, Spanish, etc.)
342	Business courses (marketing, accounting, microeconomics, macroeconomics, HR management, strategic management, export management)
481	IT courses (programming, user courses)
482	IT Application
720	Cooking courses (for hotels and restaurants), cosmetics, hairdressing, massage, sewing etc.
810	Meat processing
840	Driving lessons for different vehicles (tractors, fork-lift trucks, vessels)
210	Drawing courses, composition for engineering design, piano lessons, violin lessons, other instruments
222	Basic literacy programs, spelling etc.
310	EU and NATO structures and organizations
346	How to start one's own business, business correspondence, typing and shorthand courses
340	Management skills, Orientation of New Employees, New experts and managers, drafting of projects and legislation, administrative norms, information in the administration: presentation and defense, designing and managing local development projects for experts
540	Courses in weaving, sewing, embroidery, wine making etc.
620	Courses in crop growing, horticulture, wine growing, apiculture, stockbreeding
890	Other



Module 3: Employment, unemployment and monthly earnings

(Ask all persons aged 15 and more years! )

Section 6: Training during the last 12 months

Data about training form put on the FIRST PLACE							
No	Q.6	Q.7	Q.8	Q.9	Q.10	Q.11.	Q.12.
	What was the purpose of this training?  1.Acquisition of initial qualification for starting the FIRST job 2.Re-qualification 3.Current vocational training 4. Foreign language 5.Other (what?)....	Do you hold a certificate for this training?  1. Yes 2. No	How long did this training last?  Hours	Who organized the training?  1. The enterprise 2. Employment office 3. Other	Who paid for this training ?  1.The employer 2.The Employment Office 3. The employer and the respondent 4.Respondent 5. International organization 6. Relatives 7. Other	Which of the following training forms do you want to attend in the future?  1.Acquisition of initial qualification for starting the FIRST job 2.Re-qualification 3.Current vocational training 4. Foreign language 5.Other (what?)....	Besides courses, seminars and other organized form of training do you improve your qualification reading professional literature, checking the information on internet, talking with other professionals  1. Permanently 2. Sporadically 3. No
1							
2							
3							
4							
5							
6							





**Crop codes table**

1 Wheat	13 Other vegetables
2 Maize	14 Apples
3 Rye, theker	15 Pears
4 Other cereals	16 Plums
5 Potatos	17 Grape
6 Beans	18 Watermelon, melon
7 Soyabeans	19 Other fruits
8 Tomatoes	20 Sunflower
9 Pepper	21 Tobacco
10 Cucumber	22 Forage (fodder)
11 Cabbages	23 Nursery
12 Onion, garlic	24 Other crops

**Module 4 : Agriculture**  
**Section 1: Land owned, rented & used by the household**

Ask the head of the household  
or most knowledgeable member

1.Does any member of your household own farm land? 1. Yes 2. No

2.Did any member of your household rent farm land from someone else during the cropping season? 1. Yes 2. No

**CHECK THE ANSWERS TO QUESTIONS 1 AND 2 !**

ANY  
ALL NO to both questions >> Section 2

Q3.	Q.4	Q.5.	Q.6.	Q.7.	Q.8.	Q.9.	Q 10	Q 11	Q. 12
Plot code	Location of plot 1. In the place of residence 2. In another place	Area of the plot (dka)	Ownership of the plot 1. Owned 2. Rented	What kind of land is this? 1. Annual crop land 2. Tree crop land 3. Forest 4. Pasture 5. Vineyard 6. Other	Who cultivate the plot ....? 1. Household members 2. Household plus seasonal workers 3. The plot is rented >>Q10 4. Private co-operation >>Q10 5. Other farmers not from household >>Q10 5. Nobody >>Q12	What crops have you grown on this plot (See Crop codes table on the right)	Under what terms have you given your land? 1. for a fee 2. for part of the produce 3. for free 4. for another land lot 5. other (specify)	What amount of money were you paid by the cooperative for the rented land? (if paid in kind, give equivalent in le	How are you going to use your land next season? 1. Cultivate 2. Rent 3. Will give it to the cooperative 4. Will give for free to other farmers 5. Will not use it in any way
Yard									
01									
02									
03									
04									
05									
06									

**CHECK THE ANSWERS TO Q. 9**

**ANY 1 or 2 >> Q.10**  
**NO 1 or 2 >> Q.23**





**Module 4 : Agriculture**  
**Section 3: Machinery**

1. Does your household has any 1. Yes  
for agricultural activities? 2. No >> Section 4

Q.2	Q.3		Q.4.	
Equip ment code	Does your household own any of following equipments?	1. Yes	2. No	Does household own the [equipment] jointly with another household? 1. Yes 2. No
1	Tractor up to 15H	1	2	1 2
2	Tractor more than	1	2	1 2
3	Autocombine	1	2	1 2
4	Planting machine	1	2	1 2
5	Thresher	1	2	1 2
6	Truck	1	2	1 2
7	Trailer	1	2	1 2
8	Mill	1	2	1 2
9	Milking machine	1	2	1 2
10	Mechanical plow	1	2	1 2
11	Incubators	1	2	1 2
12	Other machinery	1	2	1 2

Ask head or most knowledgeable member of household

**Section 4: Expenditures for agriculture activities**

1. Did your household spend some money  
for any agriculture activities?

1. Yes  
2. No >> Next module

Q.2.	Q.3.		Q.4.		
Expenditure code	During the last 12 months did your household spend some money for:	1. Yes	2. No	How much did your household spend in total for [.....] leva	
1	Hiring labour	1	2		
2	Rental of equipment	1	2		
3	Rental of land	1	2		
4	Seeds & Seedings	1	2		
5	Seeding, ploughing, digging	1	2		
6	Fertilizers	1	2		
7	Manure	1	2		
8	Herbicides	1	2		
9	Fuel for agriculture use	1	2		
11	Transportation	1	2		
12	Feed	1	2		
13	Veterinary services	1	2		
14	Other expenditures	1	2		
5. How many of your household members are engaged in farming? 1. All the time 2. From time to time				Total number	Person ID's (see module 1)
6. How do you estimate the financial results of your household activities in agriculture?				1. Household gain some money	
				2. Barely covered the expenditures	
				3. Household lost some money	













## Module 5: Household income

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### 5.3. Non-regular incomes and social transfers

Income source	During the last 12 months did your household or any of its member receive any payment in cash or in kind from following sources?		How much (in total) did your household received in previous month? <i>leva</i>	During the previous month did your household or any of its member receive any payment in cash or in kind from following sources?		How much (in total) did your household received in the last 12 months? <i>leva</i>
	1. Yes	2. No		1. Yes	2. No	
<i>Rental income</i>						
1 Land other than agricultural land	1	2		1	2	
2 Apartment, house	1	2		1	2	
3 Shops, stores	1	2		1	2	
4 Car, trucks etc.	1	2		1	2	
5 Other movable assets and real estate						
<i>Revenue from sale or assets</i>						
6 Sale of house, land	1	2		1	2	
7 Sale of car	1	2		1	2	
8 Other property sales	1	2		1	2	
<i>Other income</i>						
9 Inheritance	1	2		1	2	
10 Lottery, toto	1	2		1	2	
11 Repaid loans	1	2		2	2	
12 Other source	1	2		1	2	
<i>Social transfers</i>						
13 Assistance for heating	1	2		1	2	
14 Child support	1	2		1	2	
15 For treatment	1	2		1	2	
16 For rent of dwelling	1	2		1	2	
17 For low income	1	2		1	2	
18 Other (Specify?).....	1	2		1	2	

## Module 6: Loans, credits, savings, taxes and transfers

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1. Do you or anyone in your household have to repay debts, loans or credit to some financial institution or private person?      1. Yes      >> Q.2  
 2. No      >> Q.10

2. How many loans, credits, other debts do you have?      ..... (figure)

Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Q10
No	In what year was the initial loan taken out? year	How much was the initial amount leva	Over how many years was the loan to be repaid (term of the loan) months	Who granted loan, credit? 1. Bank 2. Person 3. Other	What is the annual interest rate? %	Monthly repayment leva	Purpose of the loan? 1. Agricultural activities (equipment, animals, seeds etc.) 2. Purchase of a house 3. Building a house, villa, etc. 4. Starting own business 5. Education 6. Current bills 7. Other purposes (Specify?)
1							
2							
3							
4							

11. Do you or anyone in your household have some money deposits?	1. Yes 2. No >> Q.13	16. What taxes, charges and social security have you paid in 2002 and what was the respective amount?	
12. Approximately how much savings does your household have?	1. Under 500 BGL 2. 501 - 1000 3. 1001 - 3000 4. 3001 - 5000 5. 5001 - 10000 6. More than 10000	16.1. Buildings tax	..... leva
		16.2. Road tax	..... leva
		16.3. Income tax	..... leva
		16.4. Other taxes	..... leva
13. Do you or anyone in your household have some investments in			
13.1. Share, bonds	1. Yes    2. No		
13.2. Compensatory bonds	1. Yes    2. No	17. Has your household received any grants (money or in kind) from:	Yes    No
13.3. Other type	1. Yes    2. No	17.1. Member of household, who is living elsewhere	1    2
CHECK THE ANSWERS TO Q.13.      ANY YES >> Q.14 ALL NO >> Q.15		17.2. Relatives, non-members of household (parents, children)	1    2
14. Approximately how much savings in shares, bonds etc. does your household have?	1. Under 500 BGL 2. 501 - 1000 3. 1001 - 3000 4. 3001 - 5000 5. 5001 - 10000 6. More than 10000	17.3. Other non-relative persons	1    2
		17.4. Institutions, NGO etc.	1    2
		18. What was the total amount you received?	.....leva
15. What type of insurance did you pay ?		19. Has your household transferred some money or goods to:	Yes    No
15.1. Life insurance	1. Yes    2. No	19.1. Member of household, who is living elsewhere	1    2
15.2. House, dwelling connected	1. Yes    2. No	19.2. Relatives, non-members of household (parents, children)	1    2
15.3. Health insurance	1. Yes    2. No	19.3. Other non-relative persons	1    2
15.4. Comprehensive Car coverage etc.	1. Yes    2. No	20. What was the total amount you transferred?	.....leva
15.5. Other insurance	1. Yes    2. No		

**Module 7: Consumption**

**Daily expenses**

1. During the past 7 days have you or another member of the household purchased:	1. <i>Yes</i>	2. <i>No</i>	2. What is the total amount of last week's expenses for [.....]?
<i>Cigarettes and tobacco products</i>	1	2	
<i>Newspapers and magazines</i>	1	2	
<i>Lottery tickets, pool coupons</i>	1	2	
<i>Transportation expenses (tickets, charges, etc.)</i>	1	2	
<i>Other daily expenses (specify?).....</i>	1	2	
	1	2	

3. How many members of the family have catered outside the household during the past 7 days?	<u>Total number</u> <u>per household</u>	4. How much money are spent for:
<i>Breakfasts</i>		
<i>Lunches</i>		
<i>Dinners</i>		
<i>Drinks (incl. soda, tea, coffee)</i>		
<i>Alcohol drinks</i>		





















Bakery products	buns, croissants, doughnuts, sandwiches and other products made of dough, filled with cheese, vegetables, fruit, meat, fish etc.
Cereals	fillo, pizza dough, rusks, bread-crumbs, chesse crackers maize, wheat, millet, oats, oat flakes, cornflakes, popcorn, nominy etc.
Confectionery	cakes, cookies, waffles, etc.; pastries, shortbread, baklava, pancakes
Sweets, candy	caramel. turkish delight. sesame cake. chewing gums. etc. food and deserts containing cocoa

## Module 7: Household consumption

### Section 2: Non-food expenditures

Product /service	Product code	Last 30 days		Last 12 months		
		Q.1 During the last 30 days did you purchase [item]? <i>1. Yes 2. No</i>	Q.2 How much did your household spend on [item]? <i>leva</i>	Q.3 How much did your household spend on [item] during the past 12 months ? <i>leva</i>	Q.4 During the last 12 m did you receive gift, donation etc. from persons who are not members of household, from organizations etc. <i>1. Yes 2. No</i>	
Women's clothes	201	1 2			1 2	
Men's clothes	202	1 2			1 2	
Children's and baby's clothes	203	1 2			1 2	
Women's footwear	204	1 2			1 2	
Men's footwear	205	1 2			1 2	
Children's and baby's footwear	206	1 2			1 2	
Tailoring, sewing/knitting supplies	207	1 2			1 2	
Central heating	208	1 2			1 2	
Water, water supply and other services	209	1 2			1 2	
Electricity	210	1 2			1 2	
Gas	211	1 2			1 2	
Liquid fuel	212	1 2			1 2	
Wood	213	1 2			1 2	
Coal	214	1 2			1 2	
Current repair and maintenance of the housing	215	1 2			1 2	

## Module 7: Household consumption

### Section 2: Non-food expenditures

Product /service	Product code	Last 30 days		Last 12 months		
		Q.1 During the last 30 days did you purchase [item]? <i>1. Yes 2. No</i>	Q.2 How much did your household spend on [item]? <i>leva</i>	Q.3 How much did your household spend on [item] during the past 12 months ? <i>leva</i>	Q.4 During the last 12 m did you receive gift, donation etc. from persons who are not members of household, from organizations etc. <i>1. Yes 2. No</i>	Q.5 What is the money value of the donation you have received? <i>leva</i>
Furniture, carpets and products for furnishing and decoration	216	1 2			1 2	
Large electrical household appliances	217	1 2			1 2	
Small-size electrical household appliances	218	1 2			1 2	
Cooking & household pottery, glassware, utensils, etc	219	1 2			1 2	
Household products for short-term use	220	1 2			1 2	
Medications, medical tools	221	1 2			1 2	
Medical services	222	1 2			1 2	
Vehicles – cars, motorcycles, cycles etc.	223	1 2			1 2	
Fuel, spare parts, repair for vehicles	224	1 2			1 2	
Transportation services	225	1 2			1 2	
Post services	226	1 2			1 2	
Telephone and telefax services	227	1 2			1 2	
Audio-visual and photographic equipment, computers, consumables	228	1 2			1 2	
Toys, music instruments, sports equipment	229	1 2			1 2	
Products for the free time, entertainment and leisure	230	1 2			1 2	

## Module 7: Household consumption

### Section 2: Non-food expenditures

Product /service	Product code	Last 30 days		Last 12 months		
		Q.1 During the last 30 days did you purchase [item]? <i>1. Yes 2. No</i>	Q.2 How much did your household spend on [item]? <i>leva</i>	Q.3 How much did your household spend on [item] during the past 12 months ? <i>leva</i>	Q.4 During the last 12 m did you receive gift, donation etc. from persons who are not members of household, from organizations etc. <i>1. Yes 2. No</i>	Q.5 What is the money value of the donation you have received? <i>leva</i>
Purchase of books and stationery	231	1 2			1 2	
Recreational and tourist services	232	1 2			1 2	
Products for personal hygiene and cosmetics	233	1 2			1 2	
Jewelry, watches, travel and other personal belongings	234	1 2			1 2	
Dry cleaning	235	1 2			1 2	
Clothes and footwear repairs	236	1 2			1 2	
Social services	237	1 2			1 2	
Costs of ceremonies (marriage, birth, funeral etc.)	238	1 2			1 2	
Administrative, legal and other services	239	1 2			1 2	

<b>Codes for acquired speciality Q5</b>	
Code	Speciality
	<b>Education</b>
140	Teacher training
	<b>Humanitary and arts</b>
210	Arts
220	Humanitary (without languages)
222	Foreign languages
	<b>Social sciences, economic management, law</b>
310	Social sciences, human behaviour
320	Journalism, scientific information
340	Economic management, administration
380	Law
	<b>Science, mathematics and information science</b>
420	Natural sciences
440	Physical sciences
460	Mathematical sciences
481	Information science
482	How to use computers
	<b>Technical sciences, production and construction</b>
520	Technical sciences
540	Production and processing sciences
580	Architecture and civil works
	<b>Agriculture and veterinary medicine</b>
620	Agriculture
640	Veterinary medicine
	<b>Health care and social services</b>
720	Health care
760	Social services
	<b>Services</b>
810	Personal services
840	Transport
850	Environment protection
860	Safety and Security Sciences

<b>Table to Q 4</b>	
1	Never been to school
2	Initial 1-4 grade
3	Primary 5-8 grade
4	Secondary 9-13 grade
5	Vocational secondary school -1-6 years
6	Vocational college after secondary education -1-2 years
7	College 1-3-years
8	University - 1-7 years
9	Doctoral studies

890 **Other specialities not defined**  
990 **No speciality**

## Module 8. Education

For all persons over the age of 7 ask the following questions\*

No.	ID Code	1 What is your mother tongue?	2 Can you read and write in Bulgarian?	3 What is the highest educational level you have completed?	4 Which grade/year have you completed?	5 What speciality did you acquire when completing your highest level of education?	6 According to you, how important is education for the success in life ?	7 Do you study at the moment?	8 What did mostly got in your way to continue education or go to school  (only one answer)	9 Do you wish to return to the educational establishment or to start school?	10 Under what conditions would you go back to the educational establishment or start going to school?  (only one answer)
		1. Bulgarian 2. Turkish 3. Romani 4. Other	1. Reads and writes 2. Reads only 3. Cannot read and write	(see code for level of education)	1. Never been to school 2. grade of Initial 3. grade of Primary 4. grade of Secondary 5. year of vocational school 6. year of vocational college 7. year of college 8. year of university 9. Doctoral studies	(see code for acquired speciality)	1. Crucial 2. Not so important 3. Not important  4. I can't say	1. Yes >> Q11 2. I haven't started to study 3. No, I have interrupted my education 4. No, I have already graduated  (If the person answers 4 and has children who: a. study >>Q21 b. of pre-school age >>Q22 If no children >>Module 9)	1. I do not want to study 2. My parents are not interested 3. Insufficient finances 4. Work outside home or help in the household 5. The school is far away 6. Health problems 7. Other personal problems	1. Yes 2. I do not know 3. No >> Module 9	1. Support from the family 2. Better quality of the training and vocational training 3. Better school environment 4. Fellowships sponsors and loans 5. More dormitories and pensions 6. Better transportation 7. Other  <b>&gt;&gt; Module 9</b>
1	1										
2	2										
3	3										
4	4										
5	5										
6	6										

\*If the person is under the age of 7 but is going to school he/she is to be interviewed

### Codes for level of education

1. Higher - PhD	8. Vocational-technical
2. Higher - Master	9. Primary
3. Higher - Bachelor	10. Initial
4. Higher - Specialist (semi-higher)	11. Not completed initial
5. Secondary specialized	
6. Secondary vocational-technical	
7. Secondary	





No.	ID Code	22	23	24
		<p>Does your child visit any child pre-school establishment ?</p> <p>(write the answers against the code of each child)</p> <p>1. A nursery 2. A kindergarten 3. Preparatory class at school 4. No (&gt; q. 24)</p>	<p>What amount did you pay for the stay of your child at a child pre-school establishment during the past month ? (including additional payments and donations)</p> <p>(write the amount against the code of each child)</p> <p>leva</p>	<p>Why don't your children visit any child pre-school establishment ?</p> <p>(write the answers against the code of each child)</p> <p>1. There is not one in the town/village 2. It's too expensive 3. We are not satisfied by the quality of the care provided 4. We prefer to look after the child at home 5. The child is young 6. Other.....</p>
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			

## Module 9. Health status and health care

Ask every member of the household, for the children ask the parents

No.	ID CODE	1	2	3	4	5	6	7
		How in general do you estimate at the moment your health?  1. Excellent 2. Very good 3. Good 4. Satisfactory 5. Poor	Do you have health insurance?  1. Yes 2. No 3. I do not know	During the last 12 months did you go for any prophylactic tests and examinations to check your health?  1. Yes (>> q. 5) 2. No	Why haven't you gone to prophylactic tests and examinations?  (only one answer) 1. I do not have the habit to go 2. Insufficient finances 3. Too far away 4. Other	When was the last time your blood pressure was measured?  1. Less than a month ago 2. 1-3 months ago 3. 4-6 months ago 4. More than 6 months ago 5. Never measured	Were you vaccinated against the flu and hepatitis during the last 12 months?  1. Yes 2. No	Have all the obligatory till that moment vaccines been made to your children who are under the age of 18? (ask the Q for each child aged under 18 and fill in the answer to the corresponding code)  1. Yes 2. No 3. A do not know 4. I do not have children
1	1							
2	2							
3	3							
4	4							
5	5							
6	6							



## Module 9. Health status and health care

Ask every member of the household, for the children ask the parents

No.	Code of the person	17 How long did it take you to go to the place of the medical consultation <b>(time in one direction)</b>  1. Up to half an hour 2. From 0.5 to 1 hour 3. From 1 to 2 hours 4. More than 2 hours 5. I was consulted at home	18 How long did you wait to get medical help? <b>(including when at home or more)</b>  1. Up to half an hour 2. From 0.5 to 1 hour 3. From 1 to 2 hours 4. More than 2 hours	19 During the last 12 months have you been to a hospital for treatment for 24 hours or more  1. Yes 2. No	20 Do you have any problems with your teeth?  1. Yes 2. No (> q. 22) 3. I do not know (> q. 22)	21 If you have problems with the teeth why don't you treat them? <b>(mark one answer)</b>  1. Insufficient finances 2. Too far away 3. Low quality services 4. Other reasons (lack of time, fear, negligence or others) 5. I undergo treatment at the moment	22 Are you satisfied with the health service you received during the last 12 months?  1. Yes, completely 2. Mostly satisfied 3. Mostly unsatisfied 4. Completely unsatisfied 5. I haven't sought medical help	23 Do you buy all the medications which you need? <b>(Excl. the free ones)</b>  1. I do not need medications 2. Yes, all of them 3. only the most important 4. No
1	1							
2	2							
3	3							
4	4							
5	5							
6	6							

## Module 9. Health status and health care

Ask every member of the household, for the children ask the parents

No.	ID CODE	24. What expenses did your household made for your treatment during the last month for: (fill in the amounts against the ID code of the person)						
		24A	24B	24C	24D	24E	24F	24G
		stay and treatment at a hospital (incl. stay, operation, examination, medications, consumables and others)	medical tests (of laboratories for medical analyses and X-ray laboratories)	consultations, examinations and treatment (with physicians and dentists)	presents for medical personnel	drugs and medications	medical equipment and consumables (wheel chairs, hearing aids, blood pressure meters, eye glasses and lenses, prostheses (incl. dental), crutches, walking sticks and others excluding the technical aids received under Order No. 2 of Departments "Social Aid")	transportation for medical treatment
		leva	leva	leva	leva	leva	leva	leva
1	1							
2	2							
3	3							
4	4							
5	5							
6	6							

## Module 9. Health status and health care

Ask every member of the household, for the children ask the parents

No.	ID CODE	25. What expenses did your household made for your treatment during the last month for: (show the figures against the code of the person)						
		25A	25B	25C	25D	25E	25F	25G
		stay and treatment at a hospital (incl. stay, operation, examination, medications, consumables and others)	medical tests (of laboratories for medical analyses and X-ray laboratories)	consultations, examinations and treatment (with physicians and dentists)	presents for medical personnel	drugs and medications	medical equipment and consumables (wheel chairs, hearing aids, blood pressure meters, eye glasses and lenses, prostheses (incl. dental), crutches, walking sticks and others excluding the technical aids received under Order No. 2 of Departments "Social Aid")	transportation for medical treatment
		leva	leva	leva	leva	leva	leva	leva
1	1							
2	2							
3	3							
4	4							
5	5							
6	6							

**MODULE 10: SUBJECTIVE INDICATORS Head of household!**

1. What is the financial situation of your household?	1. Miserable 2. Poor 3. Good 4. Very good 5. Rich			
2. How would you rate the material situation of your household on a scale from 1 to 10? (1 - for poorest, 10 - for richest)	1 6	2 7	3 8	4 9
3. During the last 12 months did you have any difficulties to cover expences for:	Don't have expences on [ ]	Yes, allways	Yes, sometimes	No
3.1. Food	1	2	3	4
3.2. New cloths and footwear	1	2	3	4
3.3. Electricity	1	2	3	4
3.4. Water	1	2	3	4
3.5. Heating	1	2	3	4
3.6. Telephone	1	2	3	4
3.7. Health	1	2	3	4
3.8. Education	1	2	3	4
3.9. Housing costs (repair, furnishing etc.)	1	2	3	4
3.10. Repayment of loans, credits	1	2	3	4
3.11. Taxes, fees	1	2	3	4
3.12. Dwelling rent	1	2	3	4
4. Did your household has any bill arrears during the last 12 months	Don't have expences on [ ]	Yes	No	
3.1. Dwelling rent	1	2	3	
3.2. Electricity	1	2	3	
3.3. Heating	1	2	3	
3.4. Telephone	1	2	3	
3.5. Repayment of loans, credit	1	2	3	
3.6. Other (Specify?)	1	2	3	
5. How did you consider the current level of food consumptior in your household?	1. Penurious 2. Often with privation 3. Adequate 4. Fully satisfied			
6. Which of the following reasons plunge your household into difficulties if somebody of the family needs (or will need) medical treatment '	1. Yes		2. No	
6.1. High prices of medical services	1		2	
6.2. High prices of medical goods (medicine, drugs, supplies)	1		2	
6.3. Remoteness of hospitals, pharmacies	1		2	
6.4. Bad quality of medical services	1		2	
6.5. Bad hospital medical equipment	1		2	
6.6. No referral to a specialist	1		2	
6.7. Corruption	1		2	
6.8. Other reason (Specify?).....	1		2	

5  
10