

Integrated Household Survey

Good (morning/afternoon/evening), I'm _____ and we are conducting a survey for GALLUP. The purpose of the study is to find out about your living conditions in order to plan future programs in Bulgaria. The information you give to us will be kept confidential. You and your household members will not be identified by name or address in any of the reports we plan to write.

	Name	Code/Number
1. County		
2. Statistical Sector		
3. Household		

County Number		Statistical Sector		Household Number	Wave

4. Attempted visits:

	4a. Date	4b. Time
Attempted Visit #1	____ / ____ / 1995 Day Month	
Attempted Visit #2	____ / ____ / 1995 Day Month	
Attempted Visit #3	____ / ____ / 1995 Day Month	

5. Household Selection

Original.....1 → Q. 7
 Replacement.....2 /___/

6. Reason for replacement

Household not found...1 Worried of consequences..4
 Not kept confidential..2 Family reasons.....5
 Too long.....3 Other reasons6 /___/

	Visit 1	Visit 2 (if necessary)
7. Name of Interviewer:		
8. Code of Interviewer:		
9. Date:	____ / ____ / 1995 Day Month	____ / ____ / 1995 Day Month
10. Time Began:		
11. Time Ended:		

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

Strictly Confidential

17. **Family Name:** _____ (Report from listing if possible)

Street Address: _____

Location: _____

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

19. **Population group of respondent (can be reported without asking ?):**

Bulgarian 1

Bulgarian Turkish.....2

Bulgarian Gypsy.....3

Other (Specify)4 /____/

.....

20. **Gender of main respondent:**

Male..... 1

Female2 /____/

21. **Language of respondent (main language spoken at home):**

Bulgarian 1

Turkish2

Gypsy3

Other.....4 /____/

Section 1: HOUSEHOLD ROSTER

- NOTE:**
- The household is defined as all the people living in this dwelling and being part of the same economic entity, who live together for more than 9 months during the last 12 months.
 - List all the people in the household first and then ask questions 2 to 11.
 - Remember to list all people living outside Bulgaria for employment reasons, renters and visitors. If they are not household members they will be not included on the flap later

N u m b e r	1. List names of all individuals in household (List household head first, use first names only) Name	2. What is "..."'s relationship to household head? (use code box) Code	3. Gender Male ... 1 Female 2	4. How old is "..."? Years Mos.	5. What is "..."'s civil Status? Married.....1 Cohabiting.....2 Divorced.....3→7 Separated.....4→7 Widow(er)5→7 Never Married 6→7	6. Is "..."'s spouse living in the household? Yes Cod e Not in household 99 Code	7. Are "..."'s mother and father living in the household? Yes.....Code Deceased.....88 Not in household99 Mother Code Father Code	8. Has "..." been absent during the last 12 months. ? Yes 1 No 2 → 11	9 How many months last 12 months ? Months	10. Reason for absence : Work in another part of the country. 1 Work outside Bulgaria2 Studies3 Vacation/ visiting friends/ relatives.....4 Institutionalized5 Other6	11. Is "... a household s member ? Yes 1 No 2 Go to next person
01											
02											
03											
04											
05											
06											

Code box for Question 2

Head 1	Grandchildren8	Cousin 15
Wife/husband 2	Grandparents9	Other relative 16
Son/daughter 3	Father-in-law/mother-in-law10	Children from another family 17
Father/mother 4	Son-in-law/daughter-in-law11	Other Non-relative 18
Sister/brother 5	Sister-in-law/brother-in-law12	Renter 19
Step-son/step-daughter 6	Nephew/niece13	
Step-father/step-mother7	Uncle/aunt14	

- Is part of the same economic identity
- Has been living there for more than 3 months out of the last 12 months
- Is not a renter

NOTE For Question 11

Remember that an individual is defined as a **Household Member** if:

Section 2: MIGRATION

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

Codes for Question 1 and Question 4				
	Regional HQ	City (ex prov.Cap)	Small town	Village
Sofia City	101			
Sofia Region	102	202	302	402
Plovdiv	103	203	303	403
Bourgas	104	204	304	404
Varna	105	205	305	405
Haskovo	106	206	306	406
Montana	107	207	307	407
Lovech	108	208	308	408
Russe	109	209	309	409
Outside Bulgaria	110			

Section 3: FORMAL AND NON FORMAL EDUCATION & CHILD CARE

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

Name	1. What is “_”s mother tongue? Bulgar ...1 (go to→3) C Turkish..2 o Gypsy....3 d Russian..4 e Other5	2. Does "..." speak Bulgarian? Yes..... 1 No..... 2 Does not speak..... 3	3. What is the highest level of child care, formal schooling/ university completed by "..."? (use code box) Code	4. Is "..." going to child care, school/ higher education? Yes 1→15 No.. 2	5. When did "..." stop going ? Never went 99 Year	6. How many years of formal school did "..." attend in total ? (Include repeating classes) Years	7. Why stopped/never went to school ? Too young ..1 →Next person Done2 Did not like..3 Need work ...4 Expelled.....5 Flunked.....6 Other.....7	8. Has "..." taken any non-formal job training courses after formal schooling/ higher education? Yes 1 No 2→Next person	9. How many weeks of training did "..." receive? Weeks	10. By whom was the last course taken by "..." offered? Gov't Cntr . 1 Employer 2 Private training center 3 Priv. person.. 4 Non-profit organization . 5 Other..... 6	11. What was the subject of the last course “....” took? Code	12. How many weeks was the last course “...” took? Weeks	13. What was the fee paid for the last course “...” took? Leva	14. What was the total amount spent in the last 12 months for non-formal job training courses taken by “...” (Go to next person) Leva

Code for Q. 3

No studies and cannot read or write00

No studies but can read or write.....01

Daycare.....10

Preschool.....2
0

Elementary

1 yr.....31

2 yr.....32

Middle School

1 yr.....41

2 yr.....42

3 yr.....33

4 yr.....34

3 yr.....43

4 yr.....44

Secondary education (general)

1 yr.....51

2 yr.....52

Secondary education (Technical)

1 yr.....61

2 yr.....62

Secondary education (vocational)

1 yr.....71

2 yr.....72

3 yr.....53

3 yr.....63

4 yr.....64

3 yr.....73

4 yr.....74

5 yr.....54

5 yr.....65

5 yr.....65

5 yr.....75

5 yr.....75

University

1 yr.....81

2 yr.....82

3 yr.....83

9. Other occupation-specific higher education

(e.g. Nurses, Police, etc.)

1 yr 1.....91

2 yr 2.....92

4 yr.....84

5 yr.....85

more than 5 yrs.....86

3 yr.....93

Code for Q.11

Languages1

Computers2

Secretarial.....3

Professional.....4

Requalification ..5

Other6

EDUCATION - Continued

Name	C o d e	15. What type of child care/ educational institution does “...” attend?	16. How many hours of child care/ school does “...” usually attend per week when school is in session?	17. When does “__” you go to day care/ school ? Morning..... 1 Afternoon .. 2 Alternate 3 All day 4	18. How many hours of child care, schooling did “...” miss during the past two weeks?	19. How far is the child care/ school ? Km.	20. How long does it take to go to childcare/ school or come back on average ? (One way) Minutes	21. What is the main mode of transportation to go to DC/ school? School bus ...1 Private car2 Public transport3 Bicycle4 Walk5 Other6	22. How much does it cost per month to go and come back from child care/ school? Leva				

EDUCATION - Continued

Name	C o d e	23. How much was spent in the past month for “...” for expenses/fees for the following: (Note if None: report 0)				24. How much was spent in the past 12 months for “...” for expenses/fees for the following expenses: (Note if None: report 0)			25. Does “...” receive any special training or tutoring in addition to school?	26. How many hours of training/ tutoring does “...” usually receive per month?	27. How much was usually paid per month for “...” special training/ tutoring during last school year?
		A. Extra- Curricular Activities	B. School meals	C. Lodging	D. Paper and Other Materials	A. School Tuition	B. Uniforms	G. Textbooks	Yes..... 1 No 2 (next person)	Hours	Leva

Section 4: Housing

2.1 Housing

1. How many households live in this dwelling?

/ _____ /

2. What is the total number of people occupying this dwelling?

/ _____ /

2b. How many people have usually been eating together in this household every day during the past month ?

/ _____ /

3. What is the approximate area of the dwelling?

/ _____ / Sqm

4. What is the area is used by your HH?

/ _____ / Sqm

5. How many rooms (excluding toilets, hallway, and kitchen) are used by your HH?

/ _____ /

6. What is the HH's rental status?

Own dwelling.....1
 Rented from state.....2 →11
 Rented from a private person..3 →11
 Rented from a private company4 →11
 Live for free.....5 →11 / ____/

7. If owned: what is the estimated value of the dwelling at the present time (e.g. if you sold it today)?

L / _____ /

8. If owned: If you wanted to rent this dwelling to someone else, how much would you be able to get per month for it?

L / _____ /

9. If owned: have you acquired this property under the Land Constitution Act?

Yes.....1

No2 →11 / ____/

10. If yes: when was it acquired? (Go to Q.18)

/ _____ / Year

11. If rented: how much money did the HH pay in rent for this dwelling last month? (if no money, enter 0)

L / _____ /

12. Does your HH also supply goods and/or services in exchange for this dwelling?

Yes.....1

No2 →14 / ____/

13. What is the approximate value of these goods or services supplied last month?

L / _____ /

14. Is part or all of your rent paid by someone who is not a member of your household (e.g. relative, employer, etc.)?

Yes.....1

No2 →17 / ____/

15. Who pays part or all of the rent?

Relative1
 State employer2
 Private employer3
 Public agency.....4
 Other5 /___/

16. Percentage paid by others

/_____ / %

17. Does the dwelling come furnished?

Yes.....1
 No2 /___/

18. What is the type of dwelling?

Mobile home.....1 →20
 Apartment2
 Individual dwelling.....3 →20 /___/

19. What is the location of the dwelling?

Basement.....1
 Half-basement2
 Ground floor3
 Above ground.....4
 Attic.....5
 Other6 /___/

20. What is the approximate age of the apartment ?

/_____ /

Years

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

Pannels1
 Concrete.....2
 Stone/bricks3
 Wood4
 Mud.....5
 Corrugated Iron.....6
 Other7 /___/

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

Flush toilet1
 Pit latrine2
 Other3 /___/

23. Is the toilet used only by your HH or do other HHs use it?

This HH only1
 Shared2 /___/

24. Is the toilet inside or outside the dwelling?

Inside dwelling.....1
 Inside building.....2
 Outside building.....3 /___/

25. Do you have a garage?

Yes1
 No2 /___/

26. Do you have a studio/workshop in/near the dwelling?

Yes1
 No2 /___/

27. Do you have a storehouse or barn in/near the dwelling?

Yes1
No.....2 /___/

28. Do you have a stable near the dwelling?

Yes1
No.....2 /___/

29. What is the main type of water supply does you dwelling have?

Piped public.....1
Own sistem / pump /well.....2
River.....3 →31
None (specify).....4 →31 /___/

30. Where is the tap located?

Inside dwelling1
Inside building.....2
Outside building.....2 /___/

31. How do you obtain hot water?

Central district system.....1
Central building system.....2
Own electric boiler.....3
Own gas boiler4
Heating it on coal/wood fire.....5
Other (specify).....6 /___/

32. What is the main source of energy you use for cooking?

Electricity.....1
Gas cylinders/natural gas.....2
Coal/kerosene/wood.....3
Other (specify).....4 /___/

33. What is your main source of energy for heating in the winter?

District heating.....1
Electric heating.....2
Wood/coal fire3
Oil.....4
Other (specify).....5 /___/

34. How many hours a day was electricity available on an average day this past week in this dwelling?

(If none report 0) /___/

Hours

35. How many hours a day was water available on an average day this past week in this dwelling?

(If none report 0) /___/

Hours

36. How much did you pay last month for:

Item Name	Item Code	Amount paid
District heating	01	
Electricity	02	
Gas	03	
Coal	04	
Oil	05	
Wood (purchased)	06	
Other energy sources	07	
Water	08	
Waste disposal	09	
Trash collection	10	
Condominium fees	11	

37. What is the waste disposal system in this dwelling?

Public sewerage.....1
Septic tank2
Other (specify).....3 /___/

38. How does your HH dispose of garbage?
 Collected by garbage truck.....1
 Dumped.....2
 Burned3
 Buried4 /____/

39. Is the dwelling exposed to noise, odour, or pollution problems?
 Yes.....1
 No.....2 →41 /____/

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

/_____/

41. How far from the dwelling is the nearest kilometer:
 (use increments of .5 Km)

Item Name	Item Code	Distance Kil.
Retail shop	01	
Post office	02	
Primary school	03	
Secondary school	04	
Public transport stop	05	
Health clinic	06	
Hospital	07	
Movie theater	08	
Park/playground	09	
Library	10	
Bank	11	

42. Is there a telephone in your dwelling?
 Yes.....1
 No2 /____/
 Go to next section

35. How much did you pay for the telephone last month

L /_____/

Section 5.1: Food Expenditure and Consumption

In this section, we look at the patterns of food consumption for all the people in the household. This should include all the food that members of the household have consumed during the past month. It should **not** include food that has been bought or produced for resale or exchanging for commercial purposes.

Interviewer :

First: Introduce this section by saying :

"I have a list of different kinds of food that people may have consumed or purchased during the past month . As I read each one, I'd like you to tell me whether or not it was consumed in this household during the past month. "

Then : Ask **Question 1** for each item on the list.

Next : For each of the items marked with a **YES** to **Question 1** : Ask **Questions 3, 4, and 5**

- Note:**
- For **Question 3**, Report the total amount that was consumed last month for that product on a monthly or weekly bases. Then record the quantity that was purchased, the quantity that was received from other sources and the quantity that was derived from their own production. These quantities should reflect the source of the commodity used this month, it is possible that they were purchased months ago or that had been receive months ago.
 - Most likely the household acquires each kind of food from only one source. Report a "0" for the quantities of the sources not used.
 - For **Question 4**, report the current know price of the commodity consumed. This price would be different from the price purchased if it the commodity had been purchased a long time ago, or if the commodity had been recieved from other sources or own priduction.
 - For **Question 5**, record the amount that was actually purchased last month on a weekly or monthly basis (choose the appropriate time period). Record value and price in the verbal form in which the respondent gives it to you. If you get only two of the three, calculate the third one to be sure that "it does make sense", but do not report it.
-

1. Was __ Consumed or purchased by this household during the past month ?			2. Unit	3. What was the total amount of __ consumed last month on a weekly or monthly basis?					4. What is the actual current price of __ ?	5. How much __ was actually purchased on a weekly or monthly bases last month ?				
					a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?		a.		b.		c.
Commodity name	Code	Yes. 1 No.. 2		Week . 1 Mon... 2	Quantity	Quantity	Quantity	Quantity	Unit Price	Week..1 Mon ... 2	Quantity	Total Value	Unit Price	

Cereals

Maize flour	101		Kg										
Wheat flour	102		Kg										
Bread	103		Kg										
Pasta	104		Kg										
Rice	105		Kg										
Other Grains	106		Kg										

Pulses, roots and tuberous

Beans	201		Kg										
Potatoes	202		Kg										
Carrots	203		Kg										
Lentils	204		Kg										
Sweet peas	205		Kg										
Other	206		Kg										

Vegetables - Fresh

Tomatoes	301		Kg										
Eggplants	302		Kg										
Onions	303		Kg										
Squash (Veg.)	304		Kg										
Leafy Veg.	305		Kg										
Peppers	306		Kg										
Cabbage	307		Kg										

1. Was ___ Consumed or purchased by this household during the past month ?			2. Unit	3. What was the total amount of ___ consumed last month on a weekly or monthly basis?					4. What is the actual current price of ___ ?	5. How much ___ was actually purchased on a weekly or monthly bases last month ?			
				a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?	a. b. c.					
Commodity name	Code	Yes. 1 No.. 2	Unit	Week . 1 Mon... 2	Quantity	Quantity	Quantity	Quantity	Unit Price	Week..1 Mon ... 2	Quantity	Total Value	Unit Price
Cucumbers	308		Kg										
Other vegetab.	309		Kg										

Fruit - Fresh

Oranges, etc.	401		Kg										
Apples	402		Kg										
Pears	403		Kg										
Bananas	404		Kg										
Nuts	405		Kg										
Grapes	406		Kg										
Watermelon	407		Kg										
Melon	408		Kg										
Strawberries	409		Kg										
Cherries	410		Kg										
Other fruits	411		Kg										

Canned Fruits and Vegetables

Can vegetables	501		Kg										
Can fruit	502		Kg										
Jams	503		Kg										
Honey	504		Kg										
Other	505		Kg										

1. Was __ Consumed or purchased by this household during the past month ?			2. Unit	3. What was the total amount of __ consumed last month on a weekly or monthly basis?					4. What is the actual current price of __ ?	5. How much __ was actually purchased on a weekly or monthly bases last month ?			
					a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?					
Commodity name	Code	Yes. 1 No.. 2		Week . 1 Mon... 2	Quantity	Quantity	Quantity	Quantity	Unit Price	Week..1 Mon ...2	a. Quantity	b. Total Value	c. Unit Price

Meat and eggs

Veal and Beef	601		Kg										
Pork	602		Kg										
Lamb	603		Kg										
Chicken /Birds	604		Kg										
Sausages / Sala	605		Kg										
Eggs	606		Kg										
Bacon	607		Unit										
Canned meat	608		Kg										
Ground meats	609		Kg										
Other meat	610		Kg										

Fish

Fresh fish	701		Kg										
Frozen fish	702		Kg										
Canned fish	703		Kg										

Milk and Dairy products

Fresh Milk	801		l										
White Cheese	802		Kg										
Yellow Cheese	803		Kg										
Yogurt	804		Kg										
Powder milk	805		Kg										
Other	806		Kg										

1. Was __ Consumed or purchased by this household during the past month ?			2.	3. What was the total amount of __ consumed last month on a weekly or monthly basis?					4. What is the price of __ per unit?	5. How much __ was actually purchased on a weekly or monthly bases last month ?			
Commodity name	Code	Yes..1 No...2		Week . 1 Mon... 2	Total amount Quantity	b. Amount purchased? Quantity	c. Amount received from other sources ? Quantity	d. Amount from own production ? Quantity	Unit Price	Week..1 Mon ... 2	a. Quantity	Total Value	Unit Price

Oils and fats

Butter	901		Kg										
Margarine	902		Kg										
Lard	903		l										
Olive oil	904		l										
Veg. oil	905		Kg										
Other	906		Kg										

Condiments and Spices

Salt	1101		Kg										
Sugar	1102		Kg										
Spices	1103		Kg										
Coffee	1104		Kg										
Tea	1105		Kg										
Other	1106		Kg										

Drinks

Soft drinks	1201		l										
Fruit juices	1202		l										
Water	1203		l										
Wine	1204		l										
Beer	1205		l										
Bulgar. Liquor	1206		l										
Hard liquors	1207		l										
Other	1208		l										

Prepared food

At home	1301		Meal										
Not at home	1302		Meal										

Section 5.2 - Purchase of Non-Food Commodities

Interviewer: For each of the items listed, ASK: “How much was spent on ____ (for each item in the list) during last thirty days?” If none report “0” in the Amount column.

Item	Code	Unit	Quantity	Amount	Price
Personal Items					
Cigarettes and Tobacco	101	Pack			
Cultural activities	102				
Toilette Soap	103	Unit			
Luxury Toilette soap	104				
Shampoo	105	Unit			
Conditioner	106	Unit			
Shampoo & Conditioner	107	Unit			
Hand Cream	108	Unit			
Hydrating lotion	109	Unit			
Face cream	110	Unit			
Cleansing Cream	111	Unit			
Deodorant	112	Unit			
Tooth paste	113	Unit			
Hair cut	114	Unit			
Hygienic services	115				
Books	116				
Newspaper	117				
Stationery	118				
Mail Service	119				

Transport

Gas and Oil	201	l			
Car service, maintenance	202				
Taxi	203	Unit			
Tram and Busses	204				
Trains - Outside city	205	Unit			

Other Monthly Expenditures

Purchased Wash. Soaps	301	Unit			
Value of made soaps	302	Unit			
Washing powder	303	Kg			
Bleach	304	l			
Dishwashing soap	305	l			
Other washers	306	Kg			
Other cleaners	307				
Membership fees	308				
Child care - Baby-sitting	309				
Pet food and expenses	310				
Other monthly expenditure	311				

Interviewer: For each of the items listed, ASK:

“How much was spent on ____ (for each item in the list) during last 12 months ?”

Report actual cost and estimated cost at today’s prices - If none report “0” in the Amount column.

Item	Code	Actual Cost	Today’s Value
------	------	-------------	---------------

Textile / Cloth

Cotton	201		
Wool	202		
Silk	203		
Synthetic	204		

Cloths

Men	301		
Woman	302		
Children	303		

Shoes

Men	401		
Woman	402		
Children	403		

Household items

Kitchen equipment	501		
Home repairs	502		
Furniture	503		
Bedding, sheets, etc.	504		
Other	505		

Health Care

Dentist	601		
Doctor	602		
Hospital / Sanitarium	603		
Medicines, medications	604		
Optical equipment	605		
Cosmetics	606		
Other Health	607		

Other yearly expenditures

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

Section 6: STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES

- NOTE:**
- Ask all household members **16 years** and older.
 - List all the household members in the correct age group first from the flap and then ask all Questions for that person..
 - Make sure that all pensioners are asked if they have a job.
 - Make sure to distinguish between women that are on maternity leave (up to 2 years) that still have a relationship to their job and that are paid through the job and those that were not working at the time of delivering that are not part of the labor force and who might receive subsidies from the government.

Name	C o d e	1. Has “_” been working for a wage or revenue during the past 7 days? Yes... 1 → 3 No 2	2. In the past 7 days has “_” not been working because he/she is: On sick leave 1 On maternity leave .2 On vacation 3 Not in season 4 Company closed 5 Other reason 6 → 5	3. What is “_”’s main current type of work ? Permanent job 1 Temporary No Contract 2 Temporary/Contract.... 3 Own Business 4 Own Farm 5 Helping friends - Relat 6	4. Is “_” currently looking for more work Yes . 1 → 8 No .. 2 → 17	5. Is “_” Currently looking for work ? Yes... 1 → 8 No 2	6. Why Not? No jobs 1 Sick 2 Disabled 3 Maternity 4 Education 5 Housekeeping .. 6 Pensioner 7 Other 8	7. Although “_” has not been working at a regular job for remuneration, has he/she been performing any activity for cash or in kind remunerations? Yes 1 → 17 No 2 → 26

STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued

Name	C o d e	8. How long has “_” been looking for a job ? Months	9. In the past 7 days how many hours has “_” spent looking for a job ? Hours	10. What is the main method “_” used to look for a job ? Labor office1 Written application2 Ads/ Paper3 Going to firms ..4 Intermediary5 Friends.....6 Other.....7	11. What is the minimum monthly salary that “_” would accept for a regular job ? (Net) Leva	12. What is the minimum daily salary that “_” would accept for an occasional job ? (Gross) Leva	13. Would “_” move to another town in order to get a job ? Yes 1 No 2	14. Is “_” registered with the labor office? Yes 1 No 2	15 Does “_” receive any form of unemploy- ment benefits ? Yes..... 1 No 2	16. Although “_” has been unemployed and has been looking for a regular job for remuneration, has he/she been performing any activity for cash or in kind remunerations at the same time ? Yes 1 → 17 No 2 → 26

STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued

Name	C o d e	17. What has been “_”’s main job during the past 7 days ? (If none “0” and go to 19) Activity Code	18. For how long has “_” been doing this job ? Years Mos	19. Did “_” spend any time on a second job during the past 7 days ? Yes ... 1 No0→ 22	20. What has been “_”’s secondary / casual job during the past 7 days ? Activity Code	21. For how long has “_” been doing this job ? Years Mos	22. Did “_” spend any time on a self- employment activity during the past 30 days ? Yes ... 1 No0→ 24	23. For how long has “_” been doing this activity ? Years Mos	24. Did “_” spend any time on any agricultural activities during the past 12 Months ? Yes... 1 No0→ 26	25. For how long has “_” been engaged in agricultural activities? Years Mos

Codes for Q. 17, Q. 20, Q.27, Q.31 and Q.35

None.....0

Other codes are on the flap
page

STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued

Name	C o d e	26. What type of job or activity was “_” doing before his current job or activity ? (if 0→30) Code	27. What type of job was “_” doing? Activity Code	28. For how long was “_” doing it ? Mos Years	29. Why did “_” stop doing it? Code	30. What type of job or activity was “_” doing in 1992? if 0→34 Code	31. What type of job was “_” doing? Activity Code	32. For how long had “_” been doing it ? Mos Years	33. Why did “_” stop doing it? Code	34. What type of job or activity was “_” doing in 1989? if 0→nxt Code	35. What type of job was “_” doing? Activity Code	36. For how long had “_” been doing it ? Mos Years	37. Why did “_” stop doing it? Code

Codes for Q. 26, Q. 30 and Q. 34

Same as before	0	Working for Friends and relatives	10
State Sector temporary	1	Own Business	11
State Sector Permanent (FT).....	2	Farm	12
State Sector Permanent (PT).....	3	Casual job	13
Private Sector Temporary	4	Student	14→28,32,36
Private Sector Permanent (FT)	5	Housekeeping.....	15→28,32,36
Private Sector Permanent (PT)	6	Military service	16→28,32,36
Coop Temporary	7	Pensioner.....	17→28,32,36
Coop Permanent (FT).....	8	Unemployed.....	18→28,32,36
Coop Permanent (PT).....	9	Other	19

Codes for Q. 29, Q. 33 and Q. 37

Laid-off	1	Went back to school.....	6
Fired	2	Stayed home with children.....	7
Found better job Public	3	Join military	8
Found better job Private ...	4	Retired	9
Started Business	5	Other	10

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

Name	C o d e	1. What is “_”’s main job ? (Codes from p.22) Activity Code	2. What is the type of employer that “_” works for ? Gov’t 1 State 2 Private 3	3. What is the sector that “_” works in? Code	4. What type of contract does “_” have: Code	5. How many hours did “_” work last week ? Hours	6. How many weeks did “_” work last month ? Weeks	7. How often does “_” get paid ? Hourly ...1 Daily.....2 Weekly ..3 Monthly..4	8. What was the gross pay receive d last pay- ment? Leva	9. Are taxes deducted from your salary ? No0 If Yes: How Much? Leva	10. Did “_” receive any child allowance last payment? No 0 If Yes: How Much? Leva	11. Were there any other deductions ? No 0 If Yes: How Much? Leva	12. What was the take home pay ? Leva

Codes for Question 3 - Job Sectors

Manufacturing/Industry	1	Science\Education	10
Construction	2	Arts and Culture	11
Agriculture	3	Health care.....	12
Forestry	4	Sport and tourism	13
Transportation.....	5	Finance and credit.....	14
Communications.....	6	Management and administration...	15
Trade.....	7	Army and Police	16
Commercial services.....	8	Other non material activities.....	17
Other production activities.....	9		

Codes for Question 4

Contract Termless.....	1
Contract Fixed term.....	2
Contract Civil	3
No contract/ Public	4
No contract/ Private	5
Commission Contract.....	6
Help without pay	7
Other.....	8

MAIN JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else) - Continued: Benefits

Name	C o d e	13. Does “_” employer provide paid leave? No.....0 If Yes: How many days a year?	14. Does “_” employer provide subsidized vacation cost? No.....0 If Yes: total value?	15. When did “_” receive it last time? Month Year	16. Does “_” employer provide gas / transport subsidy? No.....0 If Yes: How much last month?	17. Has “_” employer provided other in kind benefits? No 0 If Yes: How much last month?				

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

Name	C o d e	1. What is “_”’s second job ? (Codes from p.22) Activity Code	2. What is the type of employer that “_” works for ? Gov’nt 1 State 2 Private 3	3. What is the sector that “_” works in? Code	4. What type of contract does “_” have: Code	5. How many hours did “_” work last week ? Hours	6. How many weeks did “_” work last month ? Weeks	7. How often does “_” get paid ? Hourly ...1 Daily.....2 Weekly ..3 Monthly..4	8. What was the gross pay receive d last pay- ment? Leva	9. Are taxes deducted from your salary ? No0 If Yes: How Much? Leva	10. Did “_” receive any child allowance last payment? No 0 If Yes: How Much? Leva	11. Were there any other deductions ? No 0 If Yes: How Much? Leva	12. What was the take home pay ? Leva

Codes for Question 3 - Job Sectors

Manufacturing/Industry	1	Science / Education	10
Construction	2	Arts and Culture	11
Agriculture	3	Health care.....	12
Forestry	4	Sport and tourism	13
Transportation.....	5	Finance and credit.....	14
Communications.....	6	Management and administration...	15
Trade.....	7	Army and Police	16
Commercial services.....	8	Other non material activities.....	17
Other production activities.....	9		

Codes for Question 4

Contract Termless	1
Contract Fixed term	2
Contract Civil.....	3
No contract/ Public	4
No contract/ Private	5
Commission Contract	6
Help without pay.....	7
Other	8

SECOND JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else) - Continued: Benefits

Name	C o d e	13. Does “_” employer provide paid leave? No.....0 If Yes: How many days a year?	14. Does “_” employer provide subsidized vacation cost? No.....0 If Yes: monthly value?	15. When did “_” receive it last time? Month Year	16. Does “_” employer provide gas / transport subsidy? No..... 0 If Yes: How much last month?	17. Has “_” employer provided other in kind benefits? No0 If Yes: How much last month?					

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

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

Self Employment codes for Q.1 and Q.2

Embroidery/dessmaking/Knitt .. 1	Beautitian / Hair dresser.....9	Prof. Serv: Financial.....17
Food Processing 2	Cleaning10	Doctor 18
Financial Transactions 3	Child care Provider11	Lawyer 19
Car repair 4	Artisan.....12	Free Lancing20
Construction/ Carpentry 5	Translator.....13	
Taxi driving 6	Security/ clerical services.....14	
Selling 7	Prof. Serv: Tutoring15	
Shoe making and reparis 8	Prof. Serv: Research.....16	Other21

SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Enterprises

NOTE : • A single household member may participate in more than one business activity

For each of the enterprises ask the following questions:

	1. First Business	2. Second Business	3. Third Business
1. Name of the Business Activity			
2. Code			
EXPENSES			
1. Capital Equipment last 12 mos - Tot Cost			
2. Capital Equipment last 12 mos - Value now			
3. Labor - Number of full time workers last mo			
4. Labor - Cost for Salaries last month			
5. Labor - Number of part time workers - Average people per month			
6. Labor - Cost for part time work last month			
7. Social insurance payment last month			
8. Cost for Materials last month			
9. Other Expense last month			
10. Business Taxes - last year		Check	Time
REVENUE			
1. Total Value of the production during last 7 days			
2. Total Value sold during last 7 days			
3. Total Value used by the household during last 7 days			
4. Total Value bartered, stocked, given away during last 7 days			
5. What was the average weekly revenue the past 6 mos.			
6. Amount received last month for hiring unemployed laborers		Check time	Check order
LIST OF FAMILY MEMBERS ENGAGED IN BUSINESS			
1. First person code			
2. Second person code			
3. Third person code			

SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Business assets and durables

- Note:** • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4** if answered yes to first Question.
- **Remember to exclude** own house or any other assets that have been included in other parts of the questionnaire.

1. Do you have any of the following assets? Commodity Name Code Yes....1 No.....2			2. How many? Quantity	3. What is the current resale value? Leva	4. Where were they acquired from ? Code
Building	1				
Machinery	2				
Office equipment	3				
Furniture	4				
Computers	5				
Copy machine	6				
Fax machine	7				
Medical Equipment	8				
Other capital equipment	9				
Car	10				
Truck	11				
Bus	12				
Motorcycle	13				
Motorboat	14				
Boats	15				
Tools	16				
Push cart	17				
Other	18				

Codes for Question 4

State Enterprise.....1
Coop.....2
Private Dealer3
State Dealer4
Individual5
Inherited6
Gift7
Other.....8

Section 6.5: AGRICULTURAL LAND

Do you have access to any agricultural land that you use to produce crops or raise livestock ?

Yes 1

No..... 2 /___/ Go to Section 6.8, on page 35.

	1. Orchards and vineries	2. Pastures	3. Agricultural land for crop production	4. Total
1. Total decares available				
2. Area owned by household members (decares)				
3. Value of land owned (Leva)				
4. When was it acquired? (Year)				
5. How was it acquired Restitution..... 1 Bought 2 Given by Gov't 3 Inherited 4 Free 5 Other 6				
6. Area owned by Coop (Decares)				
7. Area rented from privates (Decares)				
8. Rent paid last month (Leva)				
9. What is main source of irrigation ? Rain..... 1 Dam..... 2 Pump..... 3 River / stream 4 Other 5				

Note: Remember to list any other agricultural land that is owned and rented out or not in use in the real estate section

Section 6.6: AGRICULTURE - Crop production

1. Crop Name	2. Code	3. What was the total area allocated Decares	4. Was it: Single cropped.. 1 Double cropped 2	5. What was the total quantity harvested last 12 months Kg.	6. When was last harvest ? Month	7. What was the total quantity Sold ? Kg.	8. Where was most of the product sold? Code	9a. Unit Price receive d last time? Leva	9b. Current unit price? Leva	10. What was the total quantity used as input ? Kg.	11. What was the total quantity consumed by household last 12 mos? Kg.	12. What was the total quantity given in form of salaries last 12 mos ? Kg.	13. What was the total quantity bartered last 12 mos. ? Kg.

NOTE: Distinguish between crops produced at different time of the year, if in the open air or in green houses

Codes for Question 1 & 2

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

Codes for Question 8

Coop	1
State Marketing Board.....	2
Wholesale Market.....	3
Retail Market	4
Side of the road	5
Individual.....	6
Other	7

AGRICULTURE - Crop production - Agricultural inputs

1. Crop Name		Fertilizer				Pesticide/Hebicides				Seeds				Other		
		2. Quan tity used last 12 mos. Kg.	3. How much did it cost? Leva	4. Last time purchase d Mo Year	5. Sour- ce of pur- chase Code	6. Quan tity used last 12 mos. Kg.	7. How muc h did it cost Leva	8. Last time purchase d Mo Year	9. Sour- ce of pur- chase Code	10. Quan tity used last 12 mos. Kg.	11. How muc h did it cost Leva	12. Last time purchased Mo Year	13. Sour- ce of purch ase Code	14. How much did it cost Leva	15. Last time purchased Mo Year	16. Source of pur- chase Code

Codes for Question 5, 9, 13, 16

Coop 1
 State Marketing Board 2
 Wholesale Market 3
 Retail Market 4
 Side of the road 5
 Individual 6
 Other 7

Section 6.7: AGRICULTURE ASSETS

Note: • **First:** Ask **Question 1** for all the assets.
 Then: Ask **Question 2 to 4**

1. Do you own any of the following assets by yourself or together with other people ?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?	5. How much do you own?
Commodity Name	Code	Yes....1 No.....2	Quantity	Leva	Code	Share in Percent
Tractor	1					
Trailer	2					
Plows	3					
Pick-up truck	4					
Hay Truck	5					
Combine	6					
Plow truck	7					
Chemical applicator	8					
Seeder	9					
Threshing	10					
Bale press	11					
Horses	12					
Cart	13					
Other	14					

Codes for Question 4

State Enterprise.....1
 Coop.....2
 Private Dealer3
 State Dealer4
 Individual5
 Inherited.....6
 Gift7
 Other.....8

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

Does the household any animals or poultry of any kind?

Yes1 → **Note: Ask every question from 2a to 2d**
 No.....2 /____/ → **Go to Next Section**

	1. Cattle	2. Sheep	3. Goats	4. Pigs	5. Poultry
2a. How many _____ (Name of animal) does the household own at the moment?					
2b. In the past year, how many, if any, _____ were born?					
2c. In the past year, how many, if any _____ did the household purchase?					
2d. Where were they acquired from? Code					
2e. What was the price paid last time for _____ ? (Leva)					
2f. When was it ? Month year					
2g. In the past year, how many _____, if any, did the household use for own consumption, died were lost or given away?					
2h. In the past year, how many, if any _____ did the household sell?					
2i. Where were they sold ? Code					
2j. What was the unit price received last time for _____ ? (Leva)					
2k. When was it ? Month year					

3. Ask all who have cattle, chicken, goats or ships:

	1. Milk	2. Eggs	3. Wool
3a. Unit of measure.	Liter	Units	Kilos
3b. How many _____ (units) of “_” (commodity) were produced last month ?			
3c. In the past month, how many _____ (units) of “_” (commodity) did the household use for own consumption?			
3d. In the past month, how many _____ (units) of “_” (commodity) did the household sell ?			
3e. Where were they sold ? Code			
3f. In the past month how much money did the household get from the sale of _____ ? (Leva)			
3g. What was the last unit price received for the sale of “_” (commodity) ?			
3h. In the past month, how many _____ (units) of “_” (commodity) did the give away ?			
3i. In the past month, how many _____ (units) of “_” (commodity) did the household bartered ?			

Note: Prorate the sale of wool if done on a yearly bases

Codes for Question 2d, 2i & 3e	
Coop.....1	Individual person.....6
State Marketing Board.....2	Inherited.....7
Wholesale Market.....3	Free / Gift.....8
Retail Market.....4	Other.....9
Side of the road.....5	

Section 6.9: Other Farming Income and Costs

Other farming Cost

.. In the last 12 months, how much, if anything, did the household pay in cash and credit for:

	Amount
Labor who helped with farming:	
1. Number of workers employed on the farm for most of the year (that is, permanent workers)? Number	N
2. Cost last month for permanent workers	L
3. Total number of seasonal workers employed on the farm during the past year (Add the number of workers employed each month)?	N
4. Cost of Seasonal Workers (How to assess ??)	L
5. Cost last month for benefits for permanent workers - Cost for social insurance	L
6. Cost for Petrol, diesel and oil for machines	L
7. Cost for Food for the poultry or farm animals	L
8. Other payments made in the last 12 months to gain access to land	L
9. Land taxes	L
10. Cost for various services, for example tractors, oxen which were used for ploughing	L
11. Cost for water	L
12. Cost for loans	L
13. Other costs ? Describe	L

Other Farming Income

2. In this section, I'd like you to indicate what other amount you received in total in the past 12 months from your farming activities.

Let's begin with ____: How much did you receive from ____
(Repeat for each category)

	Value	Last time received Month Year
1. Value of subsidies or drought relief received in the past 12 months?	L	
2. Value received for providing a service to other farmers, for example ploughing or planting?	L	
3. Value received for providing use of agricultural tools and machineries?	L	
5. Total value received for other agricultural services not listed above	L	

Section 6.10: AGRICULTURAL LABOR ALLOCATION

- NOTE:**
- Ask to all households that are engaged in agricultural or livestock activities. In other wards to all households that answered “Yes” to the first question to Section 6.5 and 6.6
 - Ask all household members **15 years** and older.

Name	Code	2. Did “_” spend any time in agricultural activities this past year? Yes1 No2→8	3. How many hours did “_” spend in agriculture last week? Hours	4. How many weeks did “_” spend in agriculture last month? Weeks	5. On average how many months did “_” spend on agriculture last year? Months	6. On average how many days does “_” spend on agriculture a month? Days	7. On average how many hours does “_” spend on agriculture a day? Hours	8. Did “_” spend any time tending livestock activities this past year? Yes ..1 No2→Next person	9. How many hours did “_” spend tending livestock last week? Hours	10. How many weeks did “_” spend tending livestock last months? Weeks	11. On average how many months did “_” spend tending livestock last year? Months	12. On average how many days does “_” spend tending livestock a month? Days	13. On average how many hours does “_” spend tending livestock a day? Hours

Section 7.1: Remittances - Income Received from Absent Members of the Household or from Any Other Person.

1. Are there any people who send money, food, or make any other kind of contribution to this household?

Yes..... 1

No2 / ____/ → **Go to Section 7.2**

Interviewer: SAY: "Please name each person who sends money or food or makes some other kind of contribution to the household (record names in the column provided under Question 2).

Next:. Ask **Questions 3 to 6.**

- Note:**
- For **Question 4a** it is possible that the individual sending money or goods has more than one type of relationship with the household. (For instance a person may be husband, father, and grandfather)
In these cases use the first applicable code from the box.
 - For **Questions 4b and 4c:** Fill in the name and the person code of the related household member from the household roster.
 - For **Questions 6 to 9** we want to know how much do you think it would have cost the household to buy all the things that ____ brought to the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia 111
Sofia Region	102	202	302	402	Ukraine 112
Plovdiv	103	203	303	403	Turkey 113
Bourgas	104	204	304	404	USA 114
Varna	105	205	305	405	Canada 115
Haskovo	106	206	306	406	Germany ... 116
Montana	107	207	307	407	Libia 117
Lovech	108	208	308	408	Greece 118
Russe	109	209	309	409	Other 119

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

2. List names of people making the contributions to household	3. Where is _____ now? (Use code box)	4. What is ____'s relationship to any member of the household ?			5. Amount received in cash during last 30 days	6. Amount received in cash during last 12 months	7. Did the household receive any food during the last 30 days ? No .. 0 Yes .Amount	8. Did the household receive any clothes during the last 12 months ? No .. 0→10 Yes . Amount	9. Total value evaluated at today's cost	10. Did the house-hold receive any other contribu-tion in kind during the last 12 months ? Leva	11. Total value evaluated at today's cost Leva
		4a. Relationship Code	4b. Person Name	4c. Person Code							
Names	Code	Relationship Code	Person Name	Person Code	Leva	Leva	Leva	Leva	Leva	Leva	Leva
1.											
2.											
3.											
4.											
5.											
6.											
7.											

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

1. Are there any people who are not member of this household as reported on the flap who have been away for more than three months, or any other person who have received money, food, or any other assistance from this household in the past 12 months?

Yes..... 1

No 2 / ____/ → **Go to Section 8**

Interviewer: SAY: "Please name each person who has been away for more than three months or any other person who received food or any other kind of assistance from the household (record names in the column provided under Question 2).

In the case of the entire family being supported (like in the case of migrant workers) WRITE "Family".

Next:. Ask **Questions 3 to 11.**

- Note:**
- For **Question 6a** : Fill in the relationship code from the code box
 - For **Questions 6b and 6c**: Fill in the name and the person code from the flap. If name and code are not on the flap, **code 88**
 - For **Questions 7 to 11** we want to know how much do you think it would have cost the household to buy all the things that _____ took from the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia 111
Sofia Region	102	202	302	402	Ukraine 112
Plovdiv	103	203	303	403	Turkey 113
Bourgas	104	204	304	404	USA 114
Varna	105	205	305	405	Canada 115
Haskovo	106	206	306	406	Germany ... 116
Montana	107	207	307	407	Libia 117
Lovech	108	208	308	408	Greece 118
Russe	109	209	309	409	Other 119

Codes for Question 4a	
Wife/Husband/Partner	1
Father/Mother	2
Son/Daughter	3
Brother/Sister	4
Other Relatives	5
Not Related	6
Family	7

2. List names of people receiving contributions from the household	3. Gender	4. Age in years	5. Where is ____ now?	6. What is ___'s relationship to any member of the household ?			7. Amount donated in cash during	8. Amount donated in cash during	9. Did the household donate any food during	10. Did the household donate any clothes	11. Total value evaluated at today's cost	12. Did the household make any donations	13. Total value evaluated at today's cost
Names	Mal . 1 Fem.. 2	Years	(Use code box) Code	6a. Relation -ship Code	6b. Person Name	6c. Per- son Code	last 30 days Leva	last 12 months Leva	last 30 days? No 0 Yes Amount Leva	during last 12 months ? No ..0→11 Yes ..Amount Leva	Leva	in kind during last 12 months? No ... 0→Next Yes ...Amount	Leva
1.													
2.													
3.													
4.													
5.													
6.													
7.													

Section 8.1 : SOCIAL ASSISTANCE / INSURANCE

	1. Was the household or any member of the household formally granted any of the following benefits/payments? Yes..... 1 No..... 2 →Next one	2. In the last month did the household or any member of the household actually receive any of these benefits? Yes1 No.....2	3. Did the household or any member of the household receive the full amount of benefits formally granted? Yes.....1 No.....2
1	Private old age pension		
2	State old age pension		
3	Survivor pension		
4	Disability Pension		
5	Social Pension		
6	Unemployment benefits		
7	Job search related programs		
8	Guaranteed monthly social assistance payment		
9	Periodic monthly social assistance payment		
10	Targetted (? Specify) social assistance payment		
11	In kind benefits - Free transportation - Medicine certificates - Food / Clothes - Other in kind benefits		

Section 8.2: PRIVATE OLD AGE PENSION

Name	C o d e	1. When did “_” retire ?		2. How old was “_” when he/she retired?	3. What was “_”’s main job at time of retirement ?	4. In which sector ?	5. What was “_”’s monthly salary at time of retirement ?	6. Did “_”receive any severance pay at time of retirement? No 0 YesAmount	7. How much did “_” receive last month ?	8. Did “_”receive any child allowance in addition? No 0 YesAmount
		Mos	Years	Years	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva	Leva

Section 8.3: STATE OLD AGE PENSION

Name	C o d e	1. When did “_” retire ?		2. How old was “_” when he/she retired?	3. What was “_”’s main job at time of retirement ?	4. In which sector ?	5. What was “_”’s monthly salary at time of retirement ?	6. Did “_”receive any severance pay at time of retirement? No ... 0 Yes .. Amount	7. How much did “_” receive last month ?	8. Did “_”receive any child allowance in addition? No 0 YesAmount
		Mos	Years	Years	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva	Leva

Section 8.4 - SURVIVERS PENSION

Report name of beneficiary	C o d e	1. When did “_” start receiving benefits?	2. What is “_”'s relationship to deceased?	3. How old was he/she when he/she died?	4. When did he/she died?	5. What was his/her main job at time of death ?	6. In which sector did he/she work?	7. What was his/her monthly salary at time of death ?	8. Did “_”receive any lump sum payment at that time? No..... 0 Yes ... Amount	9. How much did “_” receive last month ?
Name		Month Year	Code	Years	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

Code for Q. 2

Spouse..... 1
Sister/Brother 2
Son/Daughter..... 3
Other..... 4

Section 8.5: DISABILITY PENSION

	C o d e	1. What is “...”'s type of disability ? (use code box)	2. When did “_” become disabled ? Always=99	3. What was “_” main job at time of retirement?	4. In which sector did “_”work?	5. What was “_” monthly salary at time of retirement?	6. Did “_”receive any lump sum payment at that time? No..... 0 Yes....Amount	7. How much did “_” receive last month ?
Name		Code	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

Code for Q. 1

Disability 1.....1
Disability 2.....2
Disability 3.....3

Section 8.6: UNEMPLOYMENT BENEFITS - For all people above age 15

Name	C o d e	1. Has “_” ever been unemployed during the past 5 years? Yes 1 No 2	2. When did “_” become unemployed last time? Month Year	3. What was “_”’s main job when he/she became unemployed ? Code (from p.22)	4. In which sector did “_” work? Code (from p.24)	5. What was “_”’s monthly salary at that time? Leva	6. For how long has “_” been unem- ployed? Months	7. For how long did “_” receive benefits? Months	8. When was last time that “_” received benefits? Month Year	9. How much did “_” receive a month last time? Leva	10. Did “_” receive any family / child subsidy ? No 0 Yes ... Amount Leva	11. Total amount received last time? Leva

Name	C o d e	12. Did “_” receive any lump sum payment at that time? No 0 YesAmount Leva	13. What did “_” do with the lump sum ? Code	14. Did “_” receive any special training ? Yes 1 No 2	15. Has “_” been part of a special Job search program ? Yes 1 No..... 2	

Codes for Question 13

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

Section 8.7: MATERNITY AND SOCIAL PROGRAM BENEFITS

Name	C o d e	1. Has “_” received any maternity benefits during the past 12 mos.? Yes 1 No 2→6	2. When did “_” start receiving benefits? Month Year	3. When did “_” stop receiving benefits ? (if not →99) Month Year	4. How much did “_” receive per month last time ? Leva	5. Did “_”receive any child allowance in addition? No.. 0 Yes. Amount Leva	6. Has “_” received any stipend during the past 12 mos.? Yes. 1 No. 2→Next	7. When did “_” start receiving this stipend? Month Year	8. When did “_” stop receiving benefits ? (if not →99) Month Year	9. How much did “_” receive per month last time ? Leva	10. Did “_”receive any child allowance in addition? No.. 0 Yes. Amount Leva

Section 8.8: IN KIND INDIVIDUAL SOCIAL BENEFITS

Name	C o d e	1. Has “_” receivd any transportation benefits during the past 12 mos.? Yes 1 No 2→5	2. When did “_” start receiving this benefits? Month Year	3. When did “_” stop receiving this benefits? Month Year	4. How much did “_” receive a month last time? Leva	5. Has “_” receivd any medical equipment benefits during the past 12 mos.? Yes..... 1 No 2→Next	6. When did “_” start receiving this benefits? Month Year	7. When did “_” stop receiving this benefits? Month Year	8. How much did “_” receive in total this past 12 months? Leva	9. What was the total value at today’s cost of benefits that “_” received this past 12 months? Leva

Section 8.9: CASH AND IN KIND HOUSEHOLD SOCIAL BENEFITS

Note: • **First:** Ask **Question 1** for all the Benefits, **Then:** Ask **Question 2 to 4**

1. Did you of your family receive any of the following benefits during the past 12 months?			2. When did you start receiving this benefits?		3. When did you stop receiving this benefits? (if not →99)		4. How many times during the last 12 months?	5. How much did “_” receive in total this past 12 months?	6. What was the total value at today’s cost of benefits that “_” received this past 12 months?	7. Where was received it from? State..... 1 Foundation 2 Church..... 3 NGO 4 Other..... 5
Type of Benefit	Code	Yes....1 No.....2	Month	Year	Month	Year	Number	Leva	Leva	
Regular Monthly Cash	1									
Occasional Cash	2									
Food Benefits	3									
Clothing Benefits	4									
Other Benefit (Specify)	5									

Section 8.10: OTHER FORMS OF REVENUE \ DEBTS

1. Did you or your family receive any income or incurred any debts from the following sources during the past 12 months ?			2. Amount received/paid last months	3. Amount received/paid last 12 Months	4. Today’s value of total amount received/paid last 12 Months
Type of revenue/debt	Code	Yes1 No.....2	Leva	Leva	Leva
Income from financial assets	1				
Income from Partnerships	2				
Interests from investments and bank accounts	3				
Interests from loans	4				
Revenue from Lotteries	5				
Insurance Payments	6				
Debts and loans					
Debts	11				
Hire purchases	12				
Mortgage of house	13				

Section 9.1: HOUSEHOLD FURNITURE AND DURABLE GOODS

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4**

1. Do you have any of the following assets?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?
Commodity Name	Code	Yes....1 No.....2	Quantity	Leva	Code
GAS STOVE	1				
ELECTRIC STOVE	2				
REFRIGERATOR	3				
FREEZER	4				
AUTOMATIC WASHING MACHINE	5				
MANUAL WASHING MACHINE	6				
DRYER	7				
DISH WASHER	8				
SEWING MACHINE	9				
ELECTRIC SEWING MACHINE	10				
COLOR TV	11				
VIDEO RECORDER	12				
PARABOLIC ANTENNA	13				
STEREO	14				
RADIO	15				
PERSONAL COMPUTER	16				
CAR	17				
MOTORCYCLE	18				
OTHER	19				

Codes for Question 4

State Shop 1
Private Shop 2
Private person 3
Inherited 4
Gift 5
Other 6

Section 9.2: REAL ESTATE ASSETS

.. Does any member of this household own other property or share of other property (such as a second home, a building or agricultural land) -

Do not count properties in current use by the household already listed.

Yes1

No2 / ____/

→ Go to Question 12

Note: First list all properties in Question 2. Then answer Questions 2 to 11

2. Real estate property	3. Type of property ? House.....1 Flat.....2 Building3 Coop Land4 Non use Ag La.5	Non Ag L 6 Garage.....7 Store Hou 8 Plant9	4. How many ? Quantity	5. Unit of measure Number.....1 Square Meters..2 Decares3	6. When was it acquired? Mon. Year	7. How was it acquired? Code	8. What is the current resale value? Leva	9. Share owned by your houshold Percent	10. Is it rented ? Yes .1 No...2 → next	11. Total value at today's price of interests and rents received in cash and kind last 12 months Leva	12. Total value at today's price of rents received in kind for your own consumption last 12 months Leva
1.											
2.											
3.											
4.											

.. Does any member of this household expect to receive any other land or real estate property under the Land Restitution Act?

Yes 1

No 2 / ____/ → Go to Section 10

2. Property	3. Type of property ? House 1 Flat 2 Building 3 Coop Land 4 Non use Ag La 5	Non Ag L 6 Garage 7 Store Hou 8 Plant..... 9	4. Time of expected acquisition Month Year	5. Expected value of property Leva
1.				
2.				
3.				
4.				
5.				

Codes for Question 7

Restitution 1

Bought..... 2

Given by Gov't..... 3

Inherited 4

Free..... 5

Other..... 6

Section 10: HEALTH STATUS

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

Code for Question 2

Neurological problems.....1	Male problems11
Eye problems2	Skin / rash problems12
Hearing problems3	Mental problems13
Heart problems.....4	Physical disability.....14
Respiratory problems / Asthma.....5	Arthritis.....15
High blood pressure / Anemia.....6	Trauma.....16
Stomach problems.....7	Infections17
Kidneys / Urine retention8	Lasting cold18
Diabetes.....9	Other problems19
Female problems.....10	

Code for Question 7

Fever / Flu / Cold running nose 1	Injury: Burn13
Blood pressure 2	Head ache14
Dizziness..... 3	Arms and legs pain15
Vomiting..... 4	Eye problem16
Diarrhea 5	Ear problem17
Constipation..... 6	Heart problem / Chest Pain.....18
Respiratory / Bronchitis 7	Stomach pain19
Rush / Skin problems..... 8	Kidneys20
Severe bolding 9	Gold bladder21
Bleeding..... 10	Dental problems22
Urinary problems 11	Other health problems23
Injury: Trauma 12	

HEALTH STATUS (continued)

Name	C o d e	13. How many counsel- tation did “ _ ” have during the past 4 weeks? Number	14. What was the main reason for the consultation? Illness..... 1 Injury 2 Check up 3 Vaccination 4 Prenatal 5 Other 6	15. Who was consulted first? Pharmacist 1 Dentist 2 Doctor..... 3 Quasi-Doctor .. 4 Nurse 5 Midwife 6 Other..... 7	16. Was it public or private? Private .. 1 Public ... 2	17. Where did the consultation take place? Home 1 PHCU 2 Polyclinic 3 Hospital 4 Office 5 Other 6	18. How long was the wait? Minutes	19. What was the cost of counsel- tation? Leva	20. What was the cost of tests? Leva	21. What was the cost of treatment? Leva	22. What was the cost of drugs? Leva	23. What was the travel time to seek medical attention? Minutes	24. What type of transport was used? Walk.... 1 Car 2 Taxi 3 Bus 4 Other ... 5	25. How much did the transport cost ? Leva

Section 11: FERTILITY

Interviewer: Ask for all women aged **15 to 49 years**. Record person names and codes from the flap and write them under **Question 1** and **Question 2**.

Next: Repeat all the questions for the first person on the list before going on to the next person.

Note: • In **Question 4**, if answer is "0" (zero) then go to next page to **Question 14**

1. Name	C o d e	2. At what age did “_” have her first period? Years	3. Has “_” ever been pregnant? Yes. Num No.. 0→17 Number	4. Has “_” ever had a miscar- riage? Yes .Num No.. 0 Number	5. Has “_” ever had an abortion? Yes .Num No... 0→9	6. When did “_” have last one ? Mon. Year	7. Where did “_” have last one ? Hospital 1 Private Office 2 Other3	8. How much did it cost? Leva	9. How many times has “_” given birth? (if 0 go to 17) Number	10. When did “_” have the first delivery ? Year	11. When did “_” have the last delivery ? Year	12. How many babies were not born alive? Number	13. How many children are alive now? Number

FERTILITY (continued)

Name	C o d e	14. How many died before age 1? Number	15. How many died between ages 1 and 5? Number	16. Would “_” like to have any (more) children? Yes ...1 No..... 2	17. How many children would “_” like to have or would have (had)? Number	18. What is “_” method of contra- ception if any ? (if none or 1 go to 22) Code	19. Who prescribed / recommened it? Nobody 1 Pharmacist ... 2 Doctor 3 Quasi-doctor 4 Midwife 5 Nurse 6 Other 7	20. Where was it obtained? Pharmacy 1 PHCU 2 Polyclinic 3 Hospital 4 Office 5 Other 6	21. How much did it cost? Leva	22. Is “_” pregnan t now? Yes ...1 No 2	23. Is “_” breast- feedingt now? Yes... 1 No.... 2

Code for Q. 18

None 0
 Rithm 1
 Condom/diaphragm 2
 Spiral 3
 Pill 4
 Male sterilization 5
 Femal steril 6
 Other 7

JOB CODES	
None	0
Managers and high government officials, and local authorities.....	1
Managers and high party officials, officials of public and other organizations.....	2
Managers of state organizations and enterprises.....	3
Engineering and technical experts.....	4
Agronomists, veterinary, zoological, and forestry experts.....	5
Research and Development Experts.....	6
Managers, lecturers, teachers, etc.....	7
Cultural, arts, and mass communications staff.....	8
Health care, physical education, and sports staff.....	9
Legal Staff.....	10
Security and defense staff.....	11
Financial accounting experts, economists.....	12
Religion	13
Other intellectual professions.....	14
Programmers and operators of automatic lines and systems.....	15
Miners and related staff.....	16
Metallurgists, foundry workers, coke production.....	17
Wires, electric, and electronic industry	18
Chemical, petrochemical and rubber industry.....	19
Production of construction materials.....	20
Wood yielding	21
Wood processing.....	22
Pulp and paper industry	23
Glass and china industry.....	24
Textile industry.....	25
Tailoring.....	26
Fur and Leather	27
Shoe-making.....	28
Poligraphic industry.....	29
Food processing, soap production, and fodder production.....	30
Energy production	31
Construction and operation of forklifts, etc.....	32
Agriculture	33
Forestry : preservation and replanting.....	34
Railways.....	35
Automobile and electric transport	36
Water transport.....	37
Air transport	38
Other transport related professions.....	39
Communications personnel.....	40
Trade personnel (salespeople).....	41
Public utilities and services personnel.....	42
Janitors, sick-nurses, etc.	43
Other physical labor related professions.....	44
Unspecified profession (vague job definition).....	45

Household Roster Flap

Interviewer: Copy name, code, age and gender of all household members reported in the household roster section on page 5.
Use it as, a reference for the other section where reference is made to a household member.

Name	Person Code	Age	Gender M/F

Name	Person Code	Age	Gender M/F