

## 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 reasons ..... 6 /\_\_/

	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**

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

**Street Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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

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

Bulgarian ..... 1  
Bulgarian Turkish..... 2  
Bulgarian Gypsy ..... 3  
Other (Specify) ..... 4     /\_\_\_\_/

.....

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20. **Gender of main respondent:**

Male..... 1  
Female ..... 2     /\_\_\_\_/

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

Bulgarian ..... 1  
Turkish ..... 2  
Gypsy ..... 3  
Other..... 4     /\_\_\_\_/

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**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)	2. What is "..."'s relation- ship to household head? (use code box)	3. Gender	4. How old is “_” ?	5. What is “_”'s civil Status?	6. Is “_”'s spouse living in the household?	7. Are “_”'s mother and father living in the household?	8. Has “_” been absent during the last 12 months. ?	9 How many months last 12 months ?	10. Reason for absence : Work in another part of the country. 1 Work outside Bulgaria .....2 Studies .....3 Vacation/ visiting friends/ relatives.....4 Institutionalized .....5 Other .....6	11. Is “_” a household s member ?  Yes .....1 No .....2  Go to next person
	Name	Code	Male .... 1 Female 2	Years Mos.	Married .....1 Cohabiting .....2 Divorced .....3→7 Separated .....4→7 Widow(er) .....5→7 Never Married 6→7	Yes ..... Cod e  Not in household 99  Code	Yes.....Code Deceased.....88 Not in household .....99  Mother Code  Father Code	Yes .... 1 No .....2 → 11	Months		
01											
02											
03											
04											
05											
06											

**Code box for Question 2**

Head ..... 1	Grandchildren .....8	Cousin ..... 15
Wife/husband ..... 2	Grandparents .....9	Other relative ..... 16
Son/daughter ..... 3	Father-in-law/mother-in-law ....10	Children from another family ..... 17
Father/mother ..... 4	Son-in-law/daughter-in-law .....11	Other Non-relative ..... 18
Sister/brother ..... 5	Sister-in-law/brother-in-law .....12	Renter ..... 19
Step-son/step-daughter 6	Nephew/niece ..... 13	
Step-father/step-mother ..... 7	Uncle/aunt ..... 14	

- 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 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

No .....2 →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

No .....2 →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

No .....2 →17 /\_\_\_/

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**15. Who pays part or all of the rent?**

Relative .....1  
 State employer .....2  
 Private employer .....3  
 Public agency .....4  
 Other .....5 /\_\_\_/

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**16. Percentage paid by others**

/\_\_\_\_\_ / %

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**17. Does the dwelling come furnished?**

Yes.....1  
 No .....2 /\_\_\_/

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**18. What is the type of dwelling?**

Mobile home.....1 →20  
 Apartment .....2  
 Individual dwelling.....3 →20 /\_\_\_/

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**19. What is the location of the dwelling?**

Basement.....1  
 Half-basement .....2  
 Ground floor .....3  
 Above ground.....4  
 Attic.....5  
 Other .....6 /\_\_\_/

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**20. What is the approximate age of the apartment ?**

/\_\_\_\_\_ /

Years

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

Pannels.....1  
 Concrete.....2  
 Stone/bricks .....3  
 Wood .....4  
 Mud.....5  
 Corrugated Iron.....6  
 Other .....7 /\_\_\_/

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

Flush toilet .....1  
 Pit latrine .....2  
 Other .....3 /\_\_\_/

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

This HH only .....1  
 Shared .....2 /\_\_\_/

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**24. Is the toilet inside or outside the dwelling?**

Inside dwelling.....1  
 Inside building.....2  
 Outside building.....3 /\_\_\_/

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**25. Do you have a garage?**

Yes .....1  
 No .....2 /\_\_\_/

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

Yes.....1  
 No.....2 /\_\_\_/

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

Yes .....1  
No.....2 /\_\_\_/

28. Do you have a stable near the dwelling?

Yes .....1  
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 dwelling .....1  
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 boiler .....4  
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 fire .....3  
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 tank .....2  
Other (specify).....3 /\_\_\_/

38. How does your HH dispose of garbage?

Collected by garbage truck.....1

Dumped.....2

Burned .....3

Buried .....4 /\_\_\_/

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

No .....2 /\_\_\_/

Go to next section

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

L /\_\_\_\_\_/

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## Section 5.1: Food Expenditure and Consumption

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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.
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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 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	Unit	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 ?			
Commodity name	Code	Yes. 1		a. Total amount	b. Amount purchased?	c. Amount received from other sources ?	d. Amount from own production ?		Unit Price	Week..1	a.	b.
		No.. 2	Week . 1	Quantity	Quantity	Quantity	Quantity	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 ?			
				Week . 1 Mon... 2	a. 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	b. Total Value
Commodity name	Code	Yes. 1 No.. 2										

### 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. Unit	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	a. 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

**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
<b>Personal Items</b>					
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
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#### 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	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







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

Name	Code	1. What is “_”’s main 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 received last payment?  Leva	9. Are taxes deducted from your salary ?  No.....0 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

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	

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	Code	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 received last payment?  Leva	9. Are taxes deducted from your salary ?  No.....0 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?  No.....0 If Yes: How much last month?					

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


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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	Cleaning .....10	Doctor ..... 18
Financial Transactions ..... 3	Child care Provider .....11	Lawyer ..... 19
Car repair ..... 4	Artisan.....12	Free Lancing .....20
Construction/ Carpentry ..... 5	Translator.....13	
Taxi driving ..... 6	Security/ clerical services.....14	
Selling ..... 7	Prof. Serv: Tutoring .....15	
Shoe making and reparis ..... 8	Prof. Serv: Research.....16	Other .....21

**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			
<b>EXPENSES</b>			
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
<b>REVENUE</b>			
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
<b>LIST OF FAMILY MEMBERS ENGAGED IN BUSINESS</b>			
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?		2. How many?	3. What is the current resale value?	4. Where were they acquired from ?
Commodity Name	Code	Yes....1 No.....2	Leva	Code
		Quantity		
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 Dealer.....	3
State Dealer.....	4
Individual.....	5
Inherited.....	6
Gift.....	7
Other.....	8

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**Section 6.5: AGRICULTURAL LAND**


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





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**Section 6.7: AGRICULTURE ASSETS**


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- 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 Dealer .....3  
 State Dealer .....4  
 Individual .....5  
 Inherited.....6  
 Gift .....7  
 Other.....8

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

Does the household any animals or poultry of any kind?

Yes .....1 → **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
<b>Labor who helped with farming:</b>	
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	



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

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

Yes..... 1

No .....2 / \_\_\_\_/ → **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 contribution 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	
1.											
2.											
3.											
4.											
5.											
6.											
7.											

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

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

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**Section 8.1 : SOCIAL ASSISTANCE / INSURANCE**


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	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?  Yes .....1 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 Yes ....Amount	7. How much did “_” receive last month ?	8. Did “_” receive any child allowance in addition? No ..... 0 Yes ....Amount
		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 Yes ....Amount
		Mos	Years	Years	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva	Leva

**Section 8.4 - SURVIVERS PENSION**

Report name of beneficiary	Code	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**

	Code	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 Yes ....Amount 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

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**Section 8.7: MATERNITY AND SOCIAL PROGRAM BENEFITS**


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

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**Section 8.8: IN KIND INDIVIDUAL SOCIAL BENEFITS**


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Name	Code	1. Has “_” received any transportation benefits during the past 12 mos.?	2. When did “_” start receiving this benefits?	3. When did “_” stop receiving this benefits?	4. How much did “_” receive a month last time? Leva	5. Has “_” received any medical equipment benefits during the past 12 mos.? Yes..... 1 No ..... 2→Next	6. When did “_” start receiving this benefits?	7. When did “_” stop receiving this benefits?	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
		Yes ..... 1 No ..... 2→5	Month Year	Month Year	Leva	Yes..... 1 No ..... 2→Next	Month Year	Month Year	Leva	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	Yes .....1 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				
<b>Debts and loans</b>					
Debts	11				
Hire purchases	12				
Mortgage of house	13				

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**Section 9.1: HOUSEHOLD FURNITURE AND DURABLE GOODS**


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- 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
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.

Yes ..... 1  
No ..... 2 / \_\_\_\_/ → **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 Building.....3 Coop Land.....4 Non use Ag La.5	Non Ag L 6 Garage.....7 Store Hou 8 Plant.....9	4. How many ?  Quantity	5. Unit of measure  Number.....1 Square Meters..2 Decares .....3	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**

<b>Codes for Question 7</b>	
Restitution .....	1
Bought.....	2
Given by Gov't.....	3
Inherited .....	4
Free.....	5
Other.....	6

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.				









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