



OPEN SOCIETY INSTITUTE of SOFIA



WORLD BANK

HOUSEHOLD CODE						
	OBLAST		CLUSTER		HOUSEHOLD	

Date of the Interview (DD MM 2010):

		2010
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Beginning of Interview Time:

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End of Interview Time:

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Name of Interviewer:

--

Signature

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Name of Coordinator:

--

Signature

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Commentary of Interviewer

*To fill at the end of the Interview*

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## MODULE 1A: ROSTER

[illegible]

## MODULE 1B - EDUCATION

[illegible]

ASK QUESTIONS 22 AND 23 AFTER FINISHING ROSTER

20		21	
PERSON CODE	How many weeks did the training last (or will the training last ) ?	In which month in the past 12 months did you finish training, or will you finish training if presently in training?	
		<p>WRITE MONTH IN NUMBER (1-12)</p> <p>► NEXT PERSON</p>	
	WEEKS	MONTH	YEAR

01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

22		23	
PERSON CODE	What is your/ [NAME'S] ethnic group?	What is your/ [NAME'S] RELIGION?	
	1= BULGARIAN	1= CHRISTIAN ORTHODOX	
	2= TURKISH	2= MUSLIM SUNNI (MOSQUE)	
	3= ROMA	3= SHIA MUSLIM (TEKKE)	
	4= OTHER (Specify_____)	4= CATHOLIC	
		5= PROTESTANT (SPECIFY_____)	
		6= JEWISH	
		7= OTHER (Specify_____)	
		8= NO RELIGION	

01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

**MODULE 2A - LABOR, FOR EVERYONE IN HOUSEHOLD 15 YEARS AND OVER**[illegible]

[illegible]



[illegible]



[illegible]

### 1. Type of dwelling

4= APARTMENT IN A BUILDING WITH 10 OR MORE DWELLINGS	
5= DWELLING IN STUDENT OR WORKER DORM	
6= PRIMITIVE/MOBILE DWELLING	

1= PANELS
2= CONCRETE
3= BRICKS

4= STONE

5= SUN-DRIED BRICKS

6= WOOD

7= OTHER (SPECIFY \_\_\_\_\_ )

## NUMBER OF ROOMS

## SQUARE METERS

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1= YES	2= NO
1= YES	2= NO
1= YES	2= NO
1= YES	2= NO

Water supply system
Hot running water
Electricity
Gas (piped in)
Sewerage
Flush toilet
Bathroom
Central heating
Cable TV connection
Internet connection

[illegible]

1= OWNER  
2= RENTED FROM THE STATE OR MUNICIPALITY  
3= RENTED FROM A PRIVATE PERSON OR COMPANY  
4= PROVIDED RENT-FREE

11/11/2019

UTILITY	7	8	9
	Does your household have any unpaid bills for?	How old are these arrears?	Is this utility presently cut for non-payment?
		1= LESS THAN 2 MONTHS	
	1= YES	2= 2-5 MONTHS	1= YES
	2= NO ► NEXT UTILITY	3= 6-12 MONTHS	2= NO
	4= OVER 12 MONTHS		
1. CENTRAL HEATING			
2. ELECTRICITY			
3. WATER			
4. TELEPHONE (Fixed or Mobile)			

## MODULE 4 - HOUSEHOLD ASSETS

1		2	3	4
For each item listed below, please indicate whether or not your household owns it?		Does the household own [ITEM] (in working condition)?	How many of [ITEM] does the household own (in working condition)?	How many years ago did you acquire this item? IF THERE IS MORE THAN ONE [ ITEM], ASK FOR THE ONE MOST RECENTLY ACQUIRED.
FIRST GO THROUGH THE ENTIRE LIST OF ITEMS WITH QUESTION 2, THEN GO TO Q3-Q4 FOR ANY ITEMS OWNED				1= LESS THAN ONE YEAR
				2= 1- 2 YEARS
		1 = YES		3= 3- 5 YEARS
		2 = NO ► NEXT ITEM		4= 6- 10 YEARS
				5= MORE THAN 10 YEARS
ITEM	CODE		NUMBER	

TV	101			
Video player, DVD	102			
Video camera, camera	103			
Satellite antenna	104			
Audio system	105			
Electric or gas stove	106			
Microwave oven	107			
Refrigerator	108			
Freezer	109			
Washing machine	110			
Dishwasher	111			
Computer	112			
Telephone	113			
Mobile phone	114			
Motorcycle/scooter	115			
Car, minibus, jeep	116			
Truck	117			
Boat	118			
Caravan	119			
Second dwelling, or holiday or vacation home	120			

**MODULE 5A - SOCIAL ASSISTANCE**

RESPONDENT: HEAD OF HOUSEHOLD OR MOST INFORMED MEMBER

**1. Has this household any children under 20 years old?**

1= YES ► LINE 1 OF TYPE OF ASSISTANCE

2= NO ► LINE 3 OF TYPE OF ASSISTANCE

LINE NUMBER		2	3	4	5	6	7
		Are you aware of the [TYPE] assistance program?	Are you or anyone in the household presently receiving [TYPE] assistance?	Have you or another member of your household ever received this [TYPE] assistance?	Why are you not still receiving this [TYPE] assistance?	Have you or another member of your household applied (or reapplied) for this [TYPE] assistance in the past 12 months?	Why have you not applied for this [TYPE] assistance?
		1= YES			1= CHILD(REN) ABOVE AGE REQUIREMENT 2= INCOME TOO HIGH 3= WAS TOLD THAT THERE WAS NO BUDGET NOW 4= WE HAVE TOO MUCH PROPERTY (HOUSE, LAND, CAR(S)) 5= CHILD/REN NOT IN SCHOOL OR MISSED SOME SCHOOL 6= THE OFFICE FELT THAT WE HAD SUBMITTED WRONG INFORMATION 7= DO NOT KNOW WHY STOPPED		1= NO NEED 2= INCOME TOO HIGH 3=CHILD(REN) ABOVE AGE REQUIREMENT 4=TOLD NO BUDGET FOR NEW BENEFICIARIES 5= WE HAVE TOO MUCH PROPERTY (HOUSE, LAND, CAR(S)) 6= PAYMENTS ARE TOO LOW 7= WE HAVE TO FILL IN/ PROVIDE TOO MANY DOCUMENTS 8= OUR RELATIVES ARE HELPING US 9= WE WERE ASHAMED 10= DID NOT KNOW HOW TO APPLY
		2= NO ► NEXT TYPE	1= YES ► 11 2= NO	1= YES 2= NO ► 6	8= OTHER (SPECIFY _____)	1= YES ► 8 2= NO	11= WE RENT DWELLING FROM A PRIVATE OWNER 12= OTHER (SPECIFY _____)
	TYPE OF ASSISTANCE						► NEXT TYPE
1	Monthly child benefits (for children under 18 years, or 20 if in school)						
2	Infant benefits (for children under 1 year, or 2 years if disabled)						
3	MONTHLY SOCIAL ASSISTANCE FOR LOW INCOME HOUSEHOLDS						
4	HEATING ALLOWANCE						

MODULE 5A - SOCIAL ASSISTANCE (Continued)

LINE NUMBER		8		9	10	11	12	13
		When was your most recent application?		What was the result of the application?	Why was your application rejected? 1= TOTAL FAMILY INCOME APPEARED HIGHER THAN PROGRAM MAXIMUM 2= WE COULD NOT SUBMIT THE REQUIRED DOCUMENTS 3= WE SUBMITTED WRONG INFORMATION AND THE OFFICE REALIZED IT 4= HAVE TOO MUCH PROPERTY 5= THEY REFUSED TO ACCEPT OUR APPLICATION 6 = OTHER REASON (Specify_) 7= I DO NOT UNDERSTAND WHY I WAS TURNED DOWN 8= I DO NOT KNOW	What is the <u>monthly</u> value of this allowance for all household members OR for the heating allowance, how much did you receive for the most recent heating season?	Are you owed any back payments on this assistance?  1= YES 2= NO ► NEXT TYPE	How many months of back payment are you owed on this [TYPE] assistance?  1= 1 MONTH 2= 2 MONTHS 3= 3 OR MORE MONTHS  ► NEXT TYPE
		IF DON'T KNOW MONTH, WRITE '55' FOR MONTH AND RECORD YEAR						
		1= APPLICATION REJECTED 2= APPLICATION BEING PROCESSED ► NEXT TYPE 3= APPLICATION ACCEPTED TO GIVE US THE ASSISTANCE AND WE ARE WAITING FOR PAYMENTS ► 11						
	TYPE OF ASSISTANCE	MO	YR		► NEXT TYPE	LEVA		
1	Monthly child benefits (for children under 18 years, or 20 if in school)							
2	Infant benefits (for children under 1 year, or 2 years if disabled)							
3	MONTHLY SOCIAL ASSISTANCE FOR LOW INCOME HOUSEHOLDS							
4	HEATING ALLOWANCE							



## MODULE 5C- OTHER SOCIAL PROTECTION

[illegible]





# Section 7: OTHER INCOME (For the whole household in the last 12 months)

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE MEMBER]

		1.	2.
		During the past 12 months did anyone in this household receive income from the following sources?	How much income did your household receive in total from [SOURCE] during the past 12 months? PLEASE REPORT NET AMOUNTS AFTER DEDUCTING PRODUCTION COSTS, AND DEDUCTING TAXES
		1= YES	
		2= NO ► NEXT LINE	
	INCOME SOURCE		LEVA
	<b>RENTAL INCOME</b>		
7.01	Land other than agricultural land		
7.02	Apartment, house		
7.03	Shops, store, etc.		
7.04	Car, truck, other vehicles		
	<b>AGRICULTURE INCOME</b>		
7.05	Sold crops		
7.06	Sold agricultural products (rakia, honey, processed food...		
7.07	Sold livestock		
7.08	Sold livestock by-products (eggs, milk, cheese, wool, hides, etc.)		
7.09	Income in cash or in kind from agriculture cooperatives or associations		
7.10	Income in kind from renting agricultural land (share-cropping)		
	<b>REVENUE FROM SALE OF ASSETS</b>		
7.11	Sale of real estate (house, land, etc.)		
7.12	Sale of durable goods of the household		
7.13	Other sale of assets		
	<b>OTHER INCOME</b>		
7.14	Dividends and company profits		
7.15	Interest income		
7.16	Inheritance		
7.17	Lottery or gambling winnings		
7.18	Loans repaid to your household		
7.19	Gift/ aid from municipalities, churches, NGO's.		
7.20	Other income (specify)		
7.21	Other income (specify)		

## MODULE 8 : CREDIT

1	Does your household or a member of your household own your primary residence?	1= YES 2= NO ► 10	<input type="text"/>
2	Does your household have a mortgage?	1= YES 2= NO ► 10	<input type="text"/>
3	What year did you take out that mortgage?	YEAR	<input type="text"/>
4	Is it a fixed or variable interest rate?	1= FIXED 2= VARIABLE	<input type="text"/>
5	Are your monthly mortgage payments in Leva more or less than they were twelve months ago?	1= MORE 2= LESS 3= THE SAME 4= MORTGAGE LESS THAN 12 MONTHS OLD	<input type="text"/>
6	What is your current monthly payment? (WRITE AMOUNT BESIDE ONE CURRENCY)	LEVA EUROS OTHER	<input type="text"/> <input type="text"/> <input type="text"/>
7	Have you delayed any mortgage payments in the past year?	1= YES 2= NO ► 10	<input type="text"/>
8	Are you currently more than 2 months in arrears?	1= YES 2= NO	<input type="text"/>
9	Did you have to default on a mortgage in the past 12 months?	1= YES 2= NO	<input type="text"/>
10	Do you or any household member have any loans? (not including mortgages)	1= YES 2= NO ► 14	<input type="text"/>
11	From what source are these loans? WRITE UP TO TWO SOURCES WITH THE FIRST THE HIGHEST LOAN	1= BANK 2= CREDIT BUREAU (Easy Credit, Jet Credit, etc.) 3= MUTUAL BENEFIT SOCIETY (employee group)  4= STATE/ MUNICIPAL MICRO-CREDIT 5= PRIVATE MICRO-CREDIT INSTITUTION 6= MONEY LENDER 7=FRIEND/ ACQUAINTANCE 8= OTHER (Specify_____)	<input type="text"/> 1ST  <input type="text"/> 2ND
12	What are the primary purposes of those loans? WRITE UP TO THREE PURPOSES	1= SCHOOL EXPENSES 2= SMALL BUSINESS 3= CONSUMER DURABLE(S) (furniture, TV, etc.) 4=CAR 5= BASIC PERSONAL EXPENSES 6= EMERGENCY EXPENSES 7= HOUSE PURCHASE 8= HOUSE REPAIRS 9= HEALTH EXPENSES 10= FUNERAL OR CEREMONY EXPENSES 11= OTHER (Specify_____)	<input type="text"/> 1ST  <input type="text"/> 2ND  <input type="text"/> 3RD

13	Around how much are your total loan payments (on all loans) per month? (WRITE AMOUNT BESIDE ONE CURRENCY)	LEVA EUROS OTHER	<div></div> <div></div> <div></div>
14	In the past 12 months, have you made an application for a loan to a bank or credit bureau and it was refused?	1= YES 2= NO ► 16	<div></div>
15	Was this loan that was refused for business or personal reasons?	1= BUSINESS 2= PERSONAL	<div></div>
16	Do you have any credit card(s)? (Not debit cards)	1= YES 2= NO ► 18	<div></div>
17	How much was your total remaining credit card balance after you made your last payment(s)?	LEVA	<div></div>
18	INTERVIEWER: DID RESPONDENT ANSWER YES TO Q10 OR Q16?	1= YES 2= NO ► 22	<div></div>
19	Have you delayed any consumer loan or credit cards payment in the last six months?	1= YES 2= NO ► 22	<div></div>
20	Are you currently more than 2 months in arrears on any of those loans or credit cards?	1= YES 2= NO	<div></div>
21	Have you defaulted on a loan or credit card in the past year?	1= YES 2= NO	<div></div>
22	Does your household have any savings?	1= YES 2= NO ► <b>MODULE 9</b>	<div></div>
23	How does the amount your household has saved today compare to the amount your household had as savings 6 months ago?	1= MUCH LESS 2= LESS 3=ROUGHLY THE SAME 4= MORE 5= MUCH MORE	<div></div>
24	For around how many months could you live on your savings as your sole source of income?	1= LESS THAN A MONTH 2= 1-2 MONTHS 3= 3-4 MONTHS 4= 5-12 MONTHS 5= MORE THAN A YEAR	<div></div>

## MODULE 9 - AFFECTED BY CRISIS AND COPING MECHANISMS

1		2	
	In the past 12 months, have you or anyone else in your household sought or taken on additional work in any of the following ways?	What was the MAIN reason for searching for this additional work ?	
	1= YES	1= COPE WITH ECONOMIC DIFFICULTY	
	2= NO ► NEXT LINE	2= PERSONAL OR OTHER REASONS	
		► NEXT LINE	

1.01	SOMEONE WHO WAS WORKING TOOK A SECOND JOB OR ADDITIONAL WORK		
1.02	SOMEONE WHO WAS WORKING LOOKED FOR A SECOND JOB OR ADDITIONAL WORK BUT COULD NOT FIND ONE		
1.03	SOMEONE WHO WAS NOT WORKING BEFORE FOUND A FULL-TIME JOB		
1.04	SOMEONE WHO WAS NOT WORKING BEFORE FOUND PART-TIME, SEASONAL, OR OCCASIONAL WORK		
1.05	SOMEONE WHO WAS NOT WORKING BEFORE LOOKED FOR WORK BUT COULD NOT FIND WORK OR COULD NOT WORK AS MANY HOURS AS THEY WANTED		
1.06	MEMBER OF THE FAMILY WHO WAS NOT WORKING IN FAMILY BUSINESS OR FARM BEGAN WORKING ON IT .		

3		4	
	In the past 12 months, have you or anyone in your household experienced any of the following changes?	When did this happen (to the first person affected) in the last 12 months?	
	1= YES	1= JAN-JUNE 2009	
	2= NO ► NEXT LINE	2= JULY-DEC 2009	
		3= JAN - MAR 2010	
	CHANGE	► NEXT LINE	

3.01	LOST A JOB		
3.02	SALARY OR WAGE PAYMENTS WERE LATE OR SUSPENDED		
3.03	SALARY OR WAGES WERE REDUCED		
3.04	HAD A TEMPORARY CONTRACT THAT WAS NOT RENEWED OR HONORED		
3.05	SWITCHED FROM FULL-TIME TO PART-TIME WORK		
3.06	FORCED TO TAKE UNPAID LEAVE AT JOB		
3.07	HAD TO WORK O/T WITHOUT COMPENSATION		
3.08	SOCIAL BENEFITS OR PENSION DISCONTINUED		
3.09	LESS DEMAND FOR OUR PRODUCTS OR SERVICES IN FAMILY BUSINESS OR		
3.10	LATE PAYMENTS OR NON-PAYMENTS TO FAMILY BUSINESS OR SELF-EMPLOYMENT		
3.11	HAD A FAMILY BUSINESS THAT CLOSED/ WAS BANKRUPTED		
3.12	LESS MONEY FROM RENTAL INCOME/INVESTMENTS		
3.13	OTHER (Specify)		

**MODULE 9 - AFFECTED BY CRISIS AND COPING MECHANISMS: these questions refer to you or anyone in your household over the past 12 months**

<b>5</b>		
	<b>Have you had to take any of the following measures as the result of a decline in income or other economic difficulty?</b>	MARK WITH A "1" ALL THAT APPLY
5.01	REDUCED CONSUMPTION OF STAPLE FOODS SUCH AS MILK/ FRUITS/ VEGETABLES/ BREAD	
5.02	NEEDED TO SKIP MEALS AS THE RESULT OF REDUCING FOOD CONSUMPTION	
5.03	REDUCED CONSUMPTION OF LIGHTING, HEAT AND WATER	
5.04	REDUCED OR POSTPONED BUYING REGULAR MEDICINES	
5.05	STOPPED/POSTPONED BUYING NECESSARY CLOTHING	
5.06	POSTPONED/ WITHDREW A CHILD FROM PRESCHOOL OR KINDERGARTEN	
5.07	WITHDREW FROM PRIMARY OR SECONDARY SCHOOL	
5.08	POSTPONED/ WITHDREW FROM UNIVERSITY	
5.09	POSTPONED/ WITHDREW FROM TRAINING COURSE (i.e. language, computer, vocational, etc)	
5.10	REDUCED OTHER TYPES OF EDUCATIONAL EXPENDITURES ( SUPPLIES/ TRANSPORTATION)	
5.11	POSTPONED OR SKIPPED VISITING THE DOCTOR FOR PREVENTATIVE CARE	
5.12	POSTPONED OR SKIPPED VISITS TO THE DOCTOR AFTER FALLING ILL	
5.13	CANCELLED HEALTH INSURANCE (FOR SELF-EMPLOYMENT ACTIVITY)	
5.14	STOPPED PAYING INTO PENSION OR SOCIAL SECURITY CONTRIBUTIONS	
5.15	POSTPONED INVESTMENTS IN HOUSEHOLD'S BUSINESS OR FARM	
5.16	STOPPED/REDUCED HELP TO FRIENDS OR RELATIVES WHO YOU HELPED BEFORE	

<b>6</b>		
	<b>Have you coped with a decline in income or other economic difficulty through any of the following means?</b>	MARK WITH A "1" ALL THAT APPLY
6.01	SOLD A HOUSE	
6.02	SOLD A CAR	
6.03	TOOK LOAN OR USED CREDIT CARD TO COVER BASIC NEEDS	
6.04	BOUGHT FOOD AND BASIC SUPPLIES ON CREDIT	
6.05	PUT ITEMS IN PAWNSHOP	
6.06	INCREASED AGRICULTURAL PRODUCTION FOR HOUSEHOLD'S OWN CONSUMPTION	
6.07	INCREASED AGRICULTURAL PRODUCTION FOR SALE	
6.08	MOVED IN WITH RELATIVES OR FRIENDS TO SAVE MONEY	
6.09	OTHER (SPECIFY: _____)	

**MODULE 10: SUBJECTIVE**

Respondent: household head or spouse or most informed member

**PERSON NUMBER OF RESPONDENT:**

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**1. How would you describe the situation in the country at the moment? (single answer)**

- 1= NORMALLY, GOOD
- 2= TOLERABLE
- 3= INTOLERABLE
- 4= I CAN'T ESTIMATE (I DON'T KNOW)

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**2. How do you think the economic situation for the common person in Bulgaria has changed during the last 12 months? (ONE ANSWER)**

- 1= VERY MUCH IMPROVED
- 2= IMPROVED A BIT
- 3= NO CHANGE
- 4= WORSENEA A BIT
- 5= VERY MUCH WORSE
- 6= I CAN'T ESTIMATE (I DON'T KNOW)

--

**3. How do you think the economic situation for the common person in Bulgaria will change during the next 12 months? (ONE ANSWER)**

- 1= MUCH BETTER
- 2= A LITTLE BETTER
- 3= THE SAME
- 4= A LITTLE WORSE
- 5= MUCH WORSE
- 6= I CAN'T ESTIMATE (I DON'T KNOW)

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**4. How do you think the level of unemployment will change during the next 12 months? (ONE ANSWER)**

- 1= SHARPLY INCREASE
- 2= A LITTLE INCREASE
- 3= THE SAME
- 4= A LITTLE DECREASE
- 5= SHARPLY DECREASE
- 6= I CAN'T ESTIMATE (I DON'T KNOW)

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**5. Which of the following statements best describes the financial state of your household? (ONE ANSWER)**

- 1= WE SAVE UP A LOT
- 2= WE SAVE UP A LITTLE
- 3= WE ARE DOING OK
- 4= "WE MAKE ENDS MEET"
- 5= WE HAVE TO DRAW ON OUR SAVINGS
- 6= WE RUN INTO DEBTS
- 7= I CAN'T ESTIMATE (I DON'T KNOW)

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**6. If you compare your household's present monthly income to your household's income one year ago, has your income increased, decreased or stayed the same?**

- 1= INCREASED
- 2= DECREASED
- 3= STAYED THE SAME

--

**7. Can you afford the following more, less or the same TODAY compared to 1 year ago? (ONE ANSWER PER ROW)**

- 1= MORE
- 2= THE SAME
- 3= LESS

MATERIAL COMFORTS		(7.1)
SPARE TIME		(7.2)
FOOD		(7.3)
GOOD QUALITY HEALTH SERVICES		(7.4)
TRAVELS IN THE COUNTRY		(7.5)
TRAVELS ABROAD		(7.6)
ENTERTAINMENT		(7.7)
TIME SPENT WITH FAMILY		(7.8)

8. What are your expectations for the next 12 months? (one answer per row)

1= YES  
2= NO

MY INCOME WILL INCREASE (8.1)  
I DON'T EXPECT ANYTHING GOOD (8.2)  
BULGARIA WILL BECOME A BETTER PLACE FOR LIVING (8.3)

9. Can you afford if you wish, paying for a week's annual holiday away from home?

YES= 1 NO= 2

10. Can you afford eating meat, chicken or fish every second day (or their vegetarian equivalent)?

YES= 1 NO= 2

11. In your opinion what is the minimum monthly income necessary for your household to make ends meet?

 LEVA

12. In your opinion, what is the monthly income a household in Bulgaria like yours would have to have in order to live...?

VERY WELL ( ) LEVA  
ADEQUATELY ( ) LEVA

13. Imagine a 9-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the NINTH, stand the rich. On which step is your household today? SHOW THE SCALE BELOW

1	2	3	4	5	6	7	8	9
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POOREST → RICHEST

14. Compared to 12 months ago, do you feel the chance of you or a member of your household becoming a victim of crime is lower, the same, or higher?

1= LOWER, 2= THE SAME, 3= HIGHER

15. Do you believe that your economic circumstances will require you or another household member to apply for any of the following in the next 12 months?

1=YES  
2= NO

MONTHLY SOCIAL ASSISTANCE (15.1)  
CHILD ALLOWANCE (15.2)  
HEATING ALLOWANCE (15.3)  
UNEMPLOYMENT INSURANCE (15.4)

16. Does any person in the household work in a company that employs at least 10 persons?

1=YES  
2= NO ► 19

17. In the past 12 months has the company laid off employees, made them take unpaid leave, or significantly reduced working hours? IF HOUSEHOLD MEMBERS WORK IN MORE THAN ONE COMPANY SPEAK OF THE ONE WITH THE MOST EMPLOYEES

1=YES  
2= NO

LAI D OFF EMPLOYEES (17.1)  
MADE EMPLOYEES TAKE UNPAID LEAVE (17.2)  
SIGNIFICANTLY REDUCED WORKING HOURS (17.3)

18. Do you expect people in the company to be laid off in the next 12 months?

1=YES  
2= NO

19. WHAT IS THE TOTAL NET MONTHLY HOUSEHOLD INCOME AT THE MOMENT (total sum of the household members income from salaries/wages, pensions, social and family assistance, regular transfers from persons outside the household, and from other sources)?

 LEVA