

University of North Carolina at Chapel Hill  
Paragon Research International, Inc.  
Institute of Sociology of the Russian Academy of Sciences

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# QUESTIONNAIRE FOR ADULTS

## sample survey of households

1. Name of raion \_\_\_\_\_|\_\_|\_\_|
- A1H2 2. Name of population point \_\_\_\_\_|\_\_|\_\_|
- A1H3 3. Family Identification Number |\_\_|\_\_|\_\_|
- A1H4 4. Family member ID number |\_\_|\_\_|
- A1H5 5. Sex of the respondent from the card [roster] in the Household Questionnaire
- Male .....1  
Female .....2
- A1H6 6. Year of birth of respondent from the card [roster] in the Household Questionnaire |\_\_|\_\_|
- A1H7.1 7. Date of interview Day |\_\_|\_\_| month |\_\_|\_\_|  
A1H7.2
- A1H8.1 8. Duration of Interview |\_\_|\_\_| hours |\_\_|\_\_| minutes  
A1H8.2
9. Interviewer's surname \_\_\_\_\_
- A1H10 10. Interviewer's ID # |\_\_|\_\_|

My name is \_\_\_\_\_

You probably already know that we are conducting a study of families. We would like to talk with you a bit about what your living conditions are, what your health is like, how you eat, and whether you have enough to live on.

This is not really an ordinary study. Its goal is to collect information concerning all members of the family without exception. So we ask that you, as well as all other members of your family, answer the questions of our survey.

Your family, along with two thousand others in Kyrgyzstan, was selected for study by a computer, and the choice was made by chance. The information gathered in the course of the research will be used only in a general form in order to obtain an overall picture of the life of people in Kyrgyzstan.

We understand that you will spend part of your free time on the interview. In addition, answering our questions is, of course, work. So we will pay you as well as we can.

Our interview will concern where you used to live and where you live now, how you work and how you relax, and what your health and nutrition are like.

But before we begin our discussion I want to clarify the meaning of the words "family" and "household," which will often be encountered in our interview. Under the word "family," or to use another word "household," we mean all the people who live together with you and who have incomes and expenses in common, including the unmarried children of any of the members of your family who are younger than 18 years of age and who do not live with you because of studying in another population point.

# MIGRATION SECTION

A1i1 1. **Have you ever resided in a different population point than the one where you live now?**

Yes	1
No	2 ->[SKIP TO 13 ON P. 4.]
DON'T KNOW	7 ->[SKIP TO 13 ON P. 4.]
REFUSED	8 ->[SKIP TO 13 ON P. 4.]

A1i2 2. **Were you born in some other population point or where you live now?**

In some other population point	1
Where I live now	2 ->[SKIP TO 13 ON P. 4.]
DON'T KNOW	7 ->[SKIP TO 13 ON P. 4.]
REFUSED	8 ->[SKIP TO 13 ON P. 4.]

A1i3 3. **Were you born in Kirghizia?**

Yes	1
No	2 ->[SKIP TO 5.]
DON'T KNOW	7 ->[SKIP TO 5.]
REFUSED	8 ->[SKIP TO 5.]

A1i4 4. **In what oblast of Kyrgyzstan were you born?**

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DON'T KNOW	97
REFUSED	98

5. **[INTERVIEWER. THIS QUESTION APPLIES ONLY TO THOSE WHO WERE BORN OUTSIDE KYRGYZSTAN. TO THOSE WHO WERE BORN IN KYRGYZSTAN ASK Q 6.]**

A1i5 **In what republic of the former Soviet Union were you born ?**

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DON'T KNOW	97
REFUSED	98

A1i6 6. **Please tell me whether you were born in a city, in a settlement of the city type, or in a village (the country, kishlak, aul)?**

In a city	1
In a settlement of the city type	2
In village, kishlak, aul	3
DON'T KNOW	7
REFUSED	8

A1i7 7. **When did you move away from the population point where you were born?**

in 19  __ __	
DON'T KNOW	97
REFUSED	98

**8. Will you please tell me why you left the place where you were born?**

		Yes	No	REF	REF
A1i8.1	1. Because of family move	1	2	7	8
A1i8.2	2. Because of new job, was transferred, was assigned elsewhere upon graduation	1	2	7	8
A1i8.3	3. Because of studies	1	2	7	8
A1i8.4	4. Upon marriage	1	2	7	8
A1i8.5	5. Because of army service	1	2	7	8
A1i8.6	6. Because it was no longer safe to stay there	1	2	7	8
A1i8.8	8. Other reasons	1	2	7	8

**A1i9 9. In what year did you move the the place where you currently live ?**

in 19 ____ year	
DON'T KNOW	97
REFUSED	98

**A1i10 10. Did you move to the place where you now live from the place where you were born or from some other place some other place ?**

From another place	1
From the place where I was born	2 [SKIP TO 13 ON PAGE 4]
DON'T KNOW	7 [SKIP TO 13 ON PAGE 4]
REFUSED	8 [SKIP TO 13 ON PAGE 4]

**A1i11 11. Did you move to the place where you now live from a city, from a settlement of the city type, or from a village (the country, kshlak, aul)?**

In a city	1
In a settlement of the city type	2
In village, kishlak, aul	3
DON'T KNOW	7
REFUSED	8

**12. Will you please tell me why you left the place where you lived before moving here?**

		Yes	No	DK	REF
A1i12.1 1.	Because of family move	1	2	7	8
A1i12.2 2.	Because of new job, was transferred, was assigned elsewhere upon graduation	1	2	7	8
A1i12.3 3.	Because of studies	1	2	7	8
A1i12.4 4.	Upon marriage	1	2	7	8
A1i12.5 5.	Because of army service	1	2	7	8
A1i12.6 6.	Because it was no longer safe to stay there	1	2	7	8
A1i12.8 8.	Other reasons	1	2	7	8

A1i13 **13. Do you have a residential permit in the same place where you live now, or somewhere else?**

Elsewhere	1
In the place where you now live	2 [SKIP TO 15]
DON'T KNOW	7 [SKIP TO 15]
REFUSED	8 [SKIP TO 15]

A1i14 **14. Do you have a residential permit in this very oblast of Kyrgyzstan, in another oblast of Kyrgyzstan, or in other country ?**

The same oblast of Kyrgyzstan	1
Another oblast of Kyrgyzstan	2
Another country	3
DON'T KNOW	7
REFUSED	8

A1i15 **15. Of what nationality {ethnicity} do you consider yourself? I don't necessarily have in mind to the nationality specified in your passport.**

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DON'T KNOW	97
REFUSED	98

A1i16 **16. What language do you mainly use at home ?**

[INTERVIEWER! IF RESPONDENT USES SEVERAL LANGUAGES, CLARIFY WHICH LANGUAGE HE CONSIDERS TO BE THE MAIN ONE.]

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DON'T KNOW	97
REFUSED	98

A1i17 **17. When you were a child what language did your parents mainly use at home?**

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DON'T KNOW	97
REFUSED	98

**18. [INTERVIEWER! GO BACK TO CARD ON PP. 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE FATHER OF THE RESPONDENT IS A HOUSEHOLD MEMBER DO NOT ASK QUESTIONS 18-20, AND SKIP TO 21.]**

A1i18 **Now I would like to ask several questions about the education of your parents. What is your father's educational level? What grade in {ordinary} school did he complete?**

\_\_\_\_\_grade

DON'T KNOW	97
REFUSED	98

a1i19 **19. Did your father attend any educational institutions besides {ordinary} school?**

Yes	1
No	2 SKIP TO 21 ON P.5
DON'T KNOW	7 SKIP TO 21 ON P. 5
REFUSED	8 SKIP TO 21 ON P. 5

20. **He graduated from**

	YES	NO	DK	REF
a1i20.1 1. Vocational courses, e.g. courses for tractor drivers, drivers, typists, accountants	1	2	7	8
A1i20.2 2. Vocational -Technical School FZU, FZO, not granting {concurrent} secondary diploma	1	2	7	8
A1i20.3 3. Vocational-Technical school with secondary education, technical school	1	2	7	8
A1i20.4 4. Tekhnikum, medical, musical school, school of education	1	2	7	8
A1i20.5 5. Institute, university, academy	1	2	7	8
A1i20.6 6. Graduate school, residency	1	2	7	8

21. [INTERVIEWER! GO BACK TO CARD {ROSTER} ON PP. 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER OF THE RESPONDENT IS A HOUSEHOLD MEMBER DO NOT ASK QUESTIONS 21-23, BUT SKIP TO THE NEXT SECTION ON P.6.]

A1i21 **What is your mother's educational level? What grade in {ordinary} school did she complete?**

\_\_\_\_\_grade  
 DON'T KNOW 97  
 REFUSED 98

A1i22 22. **Did your mother attend any educational institutions besides {ordinary} school?**

Yes 1  
 No 2 SKIP TO 21 ON P.5  
 DON'T KNOW 7 SKIP TO 21 ON P. 5  
 REFUSED 8 SKIP TO 21 ON P. 5

23. **She graduated from**

	YES	NO	DK	REF
A1i23.1 1. Vocational courses, e.g. courses for tractor drivers, drivers, typists, accountants	1	2	7	8
A1i23.2 2. Vocational -Technical School FZU, FZO, not granting {concurrent} secondary diploma	1	2	7	8
A1i23.3 3. Vocational-Technical school with secondary education, technical school	1	2	7	8
A1i23.4 4. Tekhnikum, medical, musical school, school of education	1	2	7	8
A1i23.5 5. Institute, university, academy	1	2	7	8
A1i23.6 6. Graduate school, residency	1	2	7	8

## LABOR SECTION

- A1J1 1. **Please tell me whether you presently work for hire at any enterprise, in any organization, on any collective farm or state farm, or in any cooperative?**

[INTERVIEWER! IF RESPONDENT IS ON OFFICIAL LEAVE OR "ON LEAVE TO CARE FOR A CHILD UNDER THREE YEARS OF AGE," CIRCLE 1 AND CONTINUE TO QUESTION 2.]

Yes	1
No	2 ->[SKIP TO 34. ON P. 11]
DON'T KNOW	7 ->[SKIP TO 34. ON P. 11]
REFUSED	8 ->[SKIP TO 34. ON P. 11]

- A1J2 2. **Let's talk about your main job. If you have several jobs, please describe the one you consider to be the main one.**

**What is your job {Literally: What do you work as}? For example, someone might say about himself, "I work as a brigade leader, junior sales clerk, machinist's assistant, metal worker of the fourth rank, head accountant, manager of a farm. . ." So, what do you work as?**

INTERVIEWER! RECORD IN DETAIL EVERYTHING SAID BY RESPONDENT

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DON'T KNOW  
REFUSED

- A1J3 3. **What is your profession {occupation}? For example, someone might say of himself: "By profession I am a lathe and milling-machine operator, a pediatrician, a buyer of foodstuffs, a construction engineer." So, what is your profession?**

INTERVIEWER! RECORD IN DETAIL EVERYTHING SAID BYRESPONDENT

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DON'T KNOW  
REFUSED

- A1J4 4. **Please describe your primary duties. What do you mainly do at work?**

INTERVIEWER! RECORD IN DETAIL EVERYTHING BEING SAID BY RESPONDENT

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DON'T KNOW  
REFUSED

- A1J5 **5. In what enterprise do you work? What does this enterprise do and to whom does it belong? For example, a chemical plant belonging to the Ministry of Manufacturing of Kyrgyzstan; a poultry farm belonging to a collective farm; a children's music school belonging to a municipality; a private automobile repair shop, and so forth.**

INTERVIEWER! RECORD IN DETAIL EVERYTHING SAID BY RESPONDENT

\_\_\_\_\_  
 \_\_\_\_\_  
 DON'T KNOW  
 REFUSED

- A1J6 **6. Please tell me, do you have subordinates?**

Yes 1  
 No 2  
 DON'T KNOW 7  
 REFUSED 8

- 7. Tell me, please, is the enterprise (organization) where you hold your primary job owned by the state, a work collective, private individuals, a public association, or someone else? The enterprise is owned by . . .**

		YES	NO	DK	REF
A1J7.1	The state	1	2	7	8
A1J7.2	A work collective	1	2	7	8
A1J7.3	Private individuals	1	2	7	8
A1J7.4	A public organization	1	2	7	8
A1J7.5	Other	1	2	7	8

- A1J8 **8 Do you own the enterprise where your main work is?**

Yes 1  
 No 2  
 DON'T KNOW 7  
 REFUSED 8

- A1J9 **9. Do you have shares (stocks) or other securities of the enterprise where your main work is?**

Yes 1  
 No 2 SKIP TO 12 . ON P. 8  
 DON'T KNOW 7 SKIP TO 12. ON P. 8  
 REFUSED 8 SKIP TO 12. ON P. 8

- A1J10 **10. Did you pay to get those shares and securities?**

Yes 1  
 No 2 SKIP TO 14 . ON P. 8  
 DON'T KNOW 7 SKIP TO 14. ON P. 8  
 REFUSED 8 SKIP TO 14. ON P. 8

A1J11 **11. Did you borrow money to buy these shares?**

Yes	1
No	2 SKIP TO 14.
DON'T KNOW	7 SKIP TO 14.
REFUSED	8 SKIP TO 14.

A1J12 **12. [INTERVIEWER. GIVE THIS QUESTION ONLY TO THOSE RESPONDENTS WHO ANSWERED "NO" ON QUESTION 9 ON PAGE 7.]**

**Do you think that in future you might have shares of these enterprise ?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1J13 **13. Would you like to have stock in the enterprise which is the place of your primary job?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1J14 **14. Are you being paid dividends on the enterprise which is the place of your primary job?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1J15 **15. During the past thirty days, at your place of primary employment, did they pay you any money in the form of wages, bonuses, subsidies, or benefits, including foreign currency?**

Yes	1
No	2 [GO TO 17]
DON'T KNOW	7 [GO TO 17]
REFUSED	8 [GO TO 17]

A1J16 **16. How much did they pay you they pay you at your primary place of employment during the last 30 days after any deductions for taxes? If the payments were made not in soms, convert it into soms and give the total.**

_ _ _ _ _ _ _	soms	
DON'T KNOW		99997
REFUSED		99998

A1J17 **17. During the past 30 days, have you worked at your primary place of employment?**

Yes	1
No	2 [GO TO 19. ON P. 9.]
DON'T KNOW	7 [GO TO 19. ON P. 9.]
REFUSED	8 [GO TO 19. ON P. 9.]

A1J18 **18. How many hours, including overtime, did you actually work during the**

_____	hours	
DON'T KNOW		997
REFUSED		998

A1J19 **19. Has the management put you on mandatory unpaid leave during the past 30 days?**

Yes	1
No	2 [GO TO 21]
DON'T KNOW	7 [GO TO 21]
REFUSED	8 [GO TO 21]

A1J20 **20. How long did this leave last out of the past 30 days?**

_____days	
DON'T KNOW	97
REFUSED	98

A1J21 **21. Have you worked at your primary place of employment during the past 7 days?**

Yes	1
No	2 [GO TO 25]
DON'T KNOW	7 [GO TO 25]
REFUSED	8 [GO TO 25]

A1J22 **22. How many hours, including overtime, have you actually worked in the last 7 days at your primary job?**

_____hours	
DON'T KNOW	997
REFUSED	998

A1J23 **23. During the past 7 days, did you work at your primary place of employment as much as usual, or less or more than usual?**

Less than usual	1
As much as usual	2 [GO TO 25]
More than usual	3 [GO TO 25]
DON'T KNOW	7 [GO TO 25]
WILL NOT RESPOND	8 [GO TO 25]

A1J24 **24. Why did you work less than usual? Please select only one reason from the list.**

[ INTERVIEWER! YOU MAY MARK ONLY ONE ALTERNATIVE ]

For personal reasons	1
Due to production conditions	2
For other reasons	3
DON'T KNOW	7
REFUSED	8

A1J25 **25. To what extent are you worried that you might lose your job {work}?**

Very worried	1
Somewhat worried	2
Yes and no	3
Not very worried	4
Not at all worried	5
DON'T KNOW	7
REFUSED	8

A1J26 **26. Consider a rather unpleasant scenario: for some reason or other, your enterprise or organization goes out of business tomorrow, and all employees are laid off. How confident are you in your ability to find another job not worse than the one at which you work now?**

Completely sure	1
Somewhat sure	2
Yes and no	3
Somewhat unsure	4
Completely unsure	5
DON'T KNOW	7
REFUSED	8

A1J27 **27. To what extent are you ready, if need be, to undertake retraining to obtain a new occupation {profession} and find a new job?**

Complete ready	1
Somewhat ready	2
Yes and no	3
Not very ready	4
Completely unready	5
DON'T KNOW	7
REFUSED	8

A1J28 **28. Have you received notification that you will be laid off from this job?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1J29 **29. Please tell me whether you hold an additional paid job at any another enterprise or organization?**

Yes	1
No	2 ->[SKIP TO 34 ON P. 11]
DON'T KNOW	7 ->[SKIP TO 34 ON P. 11]
REFUSED	8 ->[SKIP TO 34 ON P. 11]

A1J30 **30. How many enterprises (organizations) do you work for in addition to your main job?**

<input type="checkbox"/>	
DON'T KNOW	97
REFUSED	88

**31. Tell me, please, is the enterprise (organization) where you hold your additional job owned by the state, a work collective, private individuals, a public association, or someone else? The enterprise is owned by . . .**

		YES	NO	DK	REF
A1J31.1	The state	1	2	7	8
A1J31.2	A work collective	1	2	7	8
A1J31.3	Private individuals	1	2	7	8
A1J31.4	A public organization	1	2	7	8
A1J31.5	Other	1	2	7	8



A1J38 **38. Does this business, enterprise, firm, cooperative, farm belong to anybody besides you?**

Yes	1
No	2 ->[SKIP TO 40]
DON'T KNOW	7 ->[SKIP TO 40.]
REFUSED	8 ->[SKIP TO 40.]

**39. Please indicate the other owners of this business, enterprise, cooperative, or farm. They are:**

A1J39.1	1. Other members of your family	1	2	7	8
A1J39.2	2. Other private individuals (not members of your family)	1	2	7	8
A1J39.3	3. Private organizations	1	2	7	8
A1J39.4	4. The government or public organizations	1	2	7	8
A1J39.5	5. Foreign partners	1	2	7	8

A1J40 **40. Did you (your business) produce any output during the past 30 days ?**

Yes	1
No	2 ->[SKIP TO 44.]
DON'T KNOW	7 ->[SKIP TO 44.]
REFUSED	8 ->[SKIP TO 44.]

A1J41 **41. What is the total amount (in soms) of the finished goods produced by you (your business) during the past 30 days?**

_ _	soms
DON'T KNOW	999997
REFUSED	999998

A1J42 **42. Did the production require any expenditure on raw materials, fuel, seeds, etc during the past 30 days ?**

Yes	1
No	2 ->[SKIP TO 44.]
DON'T KNOW	7 ->[SKIP TO 44.]
REFUSED	8 ->[SKIP TO 44.]

A1J43 **43. Estimate these expenditures in soms.**

_____	soms
DON'T KNOW	999997
REFUSED	999998

A1J44 **44. Of the past 12 months how many months were you involved in production of any goods?**

_____	months
DON'T KNOW	97
REFUSED	98

A1J45 **45. Are you involved in trade operations , i.e. buying and selling goods, including of your own production, if there is any {of your own production}?**

Yes	1
No	2 ->[SKIP TO 59 ON P. 14.]
DON'T KNOW	7 ->[SKIP TO 59 ON P. 14.]
REFUSED	8 ->[SKIP TO 59 ON P. 14.]

A1J46 **46. What specifically are you trading in? Please, give a list of the main types of goods, whether of your own production and not of your own production.**

[INTERVIEWER. RECORD IN DETAIL EVERYTHING THE RESPONDENT SAYS ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DON'T KNOW 7  
 REFUSED 8

A1J47 **47. How long ( how many months) have you been an owner or co-owner of this business?**

\_\_\_\_|\_\_\_\_|\_\_\_\_| months  
 DON'T KNOW 97  
 REFUSED 98

A1J48 **48. Does this business, enterprise, firm, store or cooperative belong to anybody besides you?**

Yes 1  
 No 2 ->[SKIP TO 50]  
 DON'T KNOW 7 ->[SKIP TO 50.]  
 REFUSED 8 ->[SKIP TO 50.]

A1J49 **49. Please indicate the other owners of that business, company, firm, cooperative, or store. They are:**

A1J49.1	1. Other members of your family	1	2	7	8
A1J49.2	2. Other private individuals (not members of your family)	1	2	7	8
A1J49.3	3. Private organizations	1	2	7	8
A1J49.4	4. The government or public organizations	1	2	7	8
A1J49.5	5. Foreign partners	1	2	7	8

A1J50 **50. Do you buy goods abroad?**

Yes 1  
 No 2 ->[SKIP TO 52 ON P. 14.]  
 DON'T KNOW 7 ->[SKIP TO 52 ON P. 14.]  
 REFUSED 8 ->[SKIP TO 52 ON P. 14.]

**51. In what countries do you buy goods for subsequent trade?**

[INTERVIEWER! RECORD IN DETAIL EVERYTHING THE RESPONDENT SAYS]]

A1J51.1 \_\_\_\_\_  
 A1J51.2 \_\_\_\_\_  
 A1J51.3 \_\_\_\_\_  
 A1J51.4 \_\_\_\_\_  
 A1J51.5 DON'T KNOW 7  
 REFUSED 8

A1J52 52. **Have you (your business) sold any goods during the past 30 days ?**

Yes	1
No	2 ->[SKIP TO 54]
DON'T KNOW	7 ->[SKIP TO 54]
REFUSED	8 ->[SKIP TO 54]

A1J53 53. **What is the total amount (in soms) of the goods sold during the past 30 days by your business ?**

_____soms	
DON'T KNOW	999997
REFUSED	999998

A1J54 54. **Have you (your business) purchased any goods during the past 30 days**

Yes	1
No	2 ->[SKIP TO 56]
DON'T KNOW	7 ->[SKIP TO 56]
REFUSED	8 ->[SKIP TO 56]

A1J55 55. **What is the total amount (in soms) of the goods (products) purchased during the past 30 days by your business ?**

_____soms	
DON'T KNOW	999997
REFUSED	999998

A1J56 56. **Did your commercial business require any expenditures related to transportation, storage etc. during the past 30 days ?**

Yes	1
No	2 ->[SKIP TO 58]
DON'T KNOW	7 ->[SKIP TO 58]
REFUSED	8 ->[SKIP TO 58]

A1J57 57. **Please estimate the amount of expenditures in soms ?**

_____soms	
DON'T KNOW	999997
REFUSED	999998

A1J58 58. **How many months of the past 12 months were you involved in trading activity?**

_____months	
DON'T KNOW	97
REFUSED	98

A1J59 59. **Please, tell me, is your entrepreneurial activity related to rendering services to the populace or to other businesses? For example, you might be involved in transportation, equipment repair, vehicle repair, etc. You might have a cafe or laundry. Or you might provide consulting, conduct courses on medical treatment, etc.**

Yes	1
No	2 ->[SKIP TO 69 ON P. 16]
DON'T KNOW	7 ->[SKIP TO 69 ON P. 16]
REFUSED	8 ->[SKIP TO 69 ON P. 16]

A1J60 **60. What are the main types of services that you provide ?**

INTERVIEWER ! RECORD IN DETAIL EVERYTHING THAT RESPONDENT STATES

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DON'T KNOW	7
REFUSED	8

A1J61 **61. How long (how many months) have you had your own business or been an owner or co-owner of an enterprise, firm, or cooperative that renders services?**

\_\_\_\_ months  
DON'T KNOW 97  
REFUSED 98

A1J62 **62. Does this business, enterprise, firm, cooperative belong to anybody else besides you?**

Yes	1
No	2 ->[SKIP TO 64]
DON'T KNOW	7 ->[SKIP TO 64.]
REFUSED	8 ->[SKIP TO 64.]

**63. Please indicate the other owners of this business, company, firm or cooperative. They are:**

		Y	N	DK	REF
A1J63.1	1. Other members of your family	1	2	7	8
A1J63.2	2. Other private individuals (not members of your family)	1	2	7	8
A1J63.3	3. Private organizations	1	2	7	8
A1J63.4	4. The government or public organizations	1	2	7	8
A1J63.5	5. Foreign partners	1	2	7	8

A1J64 **64. Have you (your business) rendered any services during the past 30 days ?**

Yes	1
No	2 ->[SKIP TO 68 ON P. 16]
DON'T KNOW	7 ->[SKIP TO 68 ON P. 16]
REFUSED	8 ->[SKIP TO 68 ON P. 16]

A1J65 **65. What was the total amount that you received for those services over the past 30 days ?**

\_\_\_\_\_ soms  
DON'T KNOW 999997  
REFUSED 999998

A1J66 **66. During the last 30 days, did providing these services require any material expenditures, i.e. on products, fuel, spare parts, rent payments for office space etc?**

Yes	1
No	2 ->[SKIP TO 68 ON P. 16]
DON'T KNOW	7 ->[SKIP TO 68 ON P. 16]
REFUSED	8 ->[SKIP TO 68 ON P. 16]



A1J75 75. How many people who are not members of your household work in your businesses?

_ _ _ _ _ _ _  PEOPLE	
DON'T KNOW	999997
REFUSED	999998

A1J76 76. During the last 30 days, have you performed any work other than that about which we have already spoken, for which you were paid. Perhaps you sewed a dress for someone, took someone somewhere in a car, helped someone repair an apartment or car, purchased and delivered goods, took care of people who were ill, or did something else for which you were paid.

Yes	1
No	2 ->[SKIP TO 79.]
DON'T KNOW	7 ->[SKIP TO 79.]
REFUSED	8 ->[SKIP TO 79.]

A1J77 77. During the last 30 days, how much money did you make for this work? If your compensation was in kind, approximately what was it worth in today's currency.

_ _ _ _ _ _ _  soms	
DON'T KNOW	999997
REFUSED	999998

A1J78 78. Tell me, please, was this chance income for you, or do you often perform such work and regularly earn money for it?

Chance income	1
Regular income	2
DON'T KNOW	7
REFUSED	8

A1J79 79. Altogether, during the past 30 days, how much have you received, counting wages, bonuses, profits, pensions, benefits, material help, chance income and other forms of monetary income (including income in hard currency, converted to soms)?

_ _ _ _ _ _ _  soms	
DON'T KNOW	999997
REFUSED	999998

A1J80 80. And now, several questions on other topics.

Do you feel that 12 months from now your family will be better off or worse off than today?

Much better	1
Somewhat better	2
Nothing will change	3
Somewhat worse	4
Much worse	5
DON'T KNOW	7
REFUSED	8

A1J81 81. Please, think of a nine-step ladder. The extremely poor would be at the foot of the ladder (step 1), and the rich would be at the top (step 9). At which step would you place yourself today?

LOWEST									HIGHEST	DK	REF
STEP									STEP		
1	2	3	4	5	6	7	8	9	97	98	

A1J82 **82. To what extent are you satisfied with your life in general at the present time?**

Fully satisfied	1
Rather satisfied	2
Neither satisfied, nor dissatisfied	3
Less than satisfied	4
Not at all satisfied	5
DON'T KNOW	7
REFUSED	8

A1J83 **83. To what extent are you concerned that you will not be able to provide yourself with the most basic necessities during the following twelve months?**

Very concerned	1
A little concerned	2
Neither worried nor not worried	3
Rather unconcerned	4
Not at all concerned	5
DON'T KNOW	7
REFUSED	8

A1J84 **84. Now I want to ask you a few questions about your education. How many years of {ordinary} school did you finish?**

_ _  years	
DON'T KNOW	97
REFUSED	98

A1J85 **85. Have you studied elsewhere?**

Yes	1
No	2 ->[SKIP TO 87]
DON'T KNOW	7 ->[SKIP TO 87]
REFUSED	8 ->[SKIP TO 87]

A1J86 **86. What did you complete?**

		YES	NO	DK	REF
a1J86.1	1. Vocational courses, e.g. courses for tractor drivers, drivers, typists, accountants	1	2	7	8
A1J86.2	2. Vocational -Technical School FZU, FZO, not granting {concurrent} secondary diploma	1	2	7	8
A1J86.3	3. Vocational-Technical school with secondary education, technical school	1	2	7	8
A1J86.4	4. Tekhnikum, medical, music school, school of education	1	2	7	8
A1J86.5	5. Institute, university, academy	1	2	7	8
A1J86.6	6. Graduate school, residency	1	2	7	8

A1J87 **87. Do you currently receive a pension?**

Yes	1
No	2 ->[SKIP TO 91 ON P. 19.]
DON'T KNOW	7 ->[SKIP TO 91 ON P. 19.]
REFUSED	8 ->[SKIP TO 91 ON P. 19.]

A1J88 **88. What kind of pension do you receive now?**

a retirement pension	1
a disability pension	2
a pension for loss of provider	3
a pension for years of service	4
DON'T KNOW	7
REFUSES TO ANSWER	8

A1J89 **89. Have you received any pension payments during the last 30 days?**

Yes	1
No	2 ->[SKIP TO 91]
DON'T KNOW	7 ->[SKIP TO 91]
REFUSED	8 ->[SKIP TO 91]

A1J90 **90. What amount did you get as a pension over the last 30 days?**

\_\_\_\_\_soms

DON'T KNOW	999997
REFUSED	999998

A1J91 **91. [INTERVIEWER! CHECK YOURSELF ! GO BACK TO Q. 1 ON P 6 AND READ WHAT THE RESPONDENT SAID ABOUT HIS CURRENT WORK. MAKE CORRESPONDING NOTE BELOW.**

Respondent is employed at an enterprise, organization	1 [SKIP TO 112 ON P. 23.]
Respondent is not employed at an enterprise, organization	2

A1J92 **92. Have you ever worked at an enterprise, organization, collective farm, state farm or cooperative?**

Yes	1
No	2->[SKIP TO 98 ON P. 20.]
DON'T KNOW	7->[SKIP TO 98 ON P. 20.]
REFUSES TO ANSWER	8->[SKIP TO 98 ON P. 20.]

A1J93 **93. What is your total years of labor force experience?**

\_\_\_\_\_years

DON'T KNOW	97
REFUSES TO ANSWER	98

A1J94 **94. Did you leave your job less than 12 months ago?**

Yes	1
No	2->[SKIP TO 98 ON P. 20.]
DON'T KNOW	7->[SKIP TO 98 ON P. 20.]
REFUSES TO ANSWER	8->[SKIP TO 98 ON P. 20.]

**95. How many months and days s ago did you leave your job?**

A1J95.1 \_\_\_\_\_months

DON'T KNOW	97
REFUSED	98

A1J95.2 \_\_\_\_\_days

DON'T KNOW	97
REFUSED	98

**96. Recall, please, how many months and days altogether over the past 12 months you worked at an enterprise, or an organization where you were on the payroll?**

A1J96.1 |\_\_|\_\_| months  
 DON'T KNOW 97  
 REFUSED 98

A1J96.2 |\_\_|\_\_| days  
 DON'T KNOW 97  
 REFUSED 98

A1J97 **97. How many times during the past 12 months did you get employed at an enterprise or organization while you had no other job?**

\_\_\_\_\_times  
 DON'T KNOW 97  
 REFUSED 98

A1J98 **98. Why don't you work in an enterprise or organization? Please choose only one of the reasons which I read you.**

For health reasons 1  
 On pension 2 ->[SKIP TO 112. ON P 23.]  
 Enrolled in school 3 ->[SKIP TO 112. ON P 23.]  
 Did not want to stay on at that job,  
     left for personal reasons 4  
 Laid off due to staff reductions 5  
 Due to shutdown (reorganization)  
     of the enterprise) 6  
 I am changing jobs 7  
 I am caring for other members of the family  
     (raising children) 8  
 I have not been placed after  
     finishing ordinary school 9  
 I have not been placed after  
     finishing regular higher education  
     specialized secondary or vocational 10  
     school  
 I have not been placed after leaving the  
     Army 11  
 I have not been placed after being  
     released from penitentiary 12  
 For other reasons 13  
 DON'T KNOW 97  
 REFUSED 98

A1J99 **99. Would you like to find a job?**

Yes 1  
 No 2 ->[SKIP TO 112 ON PAGE 23.]  
 DON'T KNOW 7 ->[SKIP TO 112 ON PAGE 23.]  
 REFUSED 8 ->[SKIP TO 112 ON PAGE 23.]

A1J100 **100. Have you attempted to find work during the last 30 days?**

Yes 1  
 No 2 ->[SKIP TO 102 ON P 21.]  
 DON'T KNOW 7 ->[SKIP TO 102 ON P 21.]  
 REFUSED 8 ->[SKIP TO 102 ON P 21.]

**101. Have you applied for a job**

	YES	NO	REF	DK
A1J101.11. At a government labor or unemployment bureau	1	2	7	8
A1J101.22. At a non-governmental employment bureau	1	2	7	8
A1J101.33. Asked friends and acquaintances	1	2	7	8
A1J101.44. Asked relatives	1	2	7	8
A1J101.55. Applied directly to enterprises	1	2	7	8
A1J101.66. Looked at advertisements	1	2	7	8

**102. What type of job would you like to find?**

A1J102.11. Any job, just to work	1	2	7	8
A1J102.22. A job requiring my type of skills	1	2	7	8
A1J103.33. A highly paid job, regardless of position	1	2	7	8
A1J103.44. A job closer to home	1	2	7	8
A1J103.55. A part-time job	1	2	7	8
A1J103.66. A job with a flexible work schedule	1	2	7	8
A1J103.77. A job allowing me to work at home	1	2	7	8
A1J103.88. At a firm providing day care	1	2	7	8
A1J103.99. Other	1	2	7	8

A1J103 **103. To what extent are you ready, if need be, to undertake retraining to obtain a new occupation and find a job?**

Complete ready	1
Somewhat ready	2
Yes and no	3
Not very ready	4
Completely unready	5
DON'T KNOW	7
REFUSED	8

A1J104 **104. Are you registered as unemployed in the government employment service?**

Yes	1
No	2 [SKIP TO 111 ON P. 23.]
DON'T KNOW	7 [SKIP TO 111 ON P. 23.]
REFUSED	8 [SKIP TO 111 ON P. 23.]

A1J105 **105. How many days ago did you register in the government labor office ?**

_____ days	
DON'T KNOW	997
REFUSED	998

**106. What did the labor office propose to you?**

	YES	NO	DK	REF
A1J106.1 1. Work in your specialty or occupation	1	2	7	8
A1J106.2 2. Work in another specialty or occupation	1	2	7	8
A1J106.3 3. Undergo training in another specialty or occupation	1	2	7	8
A1J106.4 4. Other	1	2	7	8

**A1J107 107. Do you receive an unemployment grant?**

Yes	1
No	2 ->[SKIP TO 110.]
DON'T KNOW	7 ->[SKIP TO 110.]
REFUSED	8 ->[SKIP TO 110.]

**A1J108 108. Have you received unemployment payments during the past 30 days?**

Yes	1
No	2 ->[SKIP TO 112]
DON'T KNOW	7 ->[SKIP TO 112]
REFUSED	8 ->[SKIP TO 112]

**A1J109 109. How much money in unemployment payments have you received during the past 30 days?**

_____  soms	
DON'T KNOW	999997
REFUSED	999998

**A1J110 110. [INTERVIEWER ! ASK QUESTION 110 ONLY OF THOSE WHO ANSWERED IN Q 107 THAT THEY DO NOT RECEIVE AN UNEMPLOYMENT GRANT. TO THE REST ASK QUESTION 111.]**

**Why don't you receive unemployment compensation? I'll read you a list of possible reasons, and you choose only one of them--the basic one.**

I am not eligible	1
Ten days have not passed since my registration	2
I'm receiving payments from my previous place of employment	3
I am receiving a stipend [student]	4
I left my previous place of work voluntarily or because I was fired for breaking labor discipline	5
I have declined work that was offered to me by the employment bureau	6
For other reasons	7
DK	97
REFUSED	98

A1J111 111. **[INTERVIEWER ! ASK QUESTION 111 ONLY OF THOSE WHO SAID IN Q 104 THAT THEY ARE NOT REGISTERED AS UNEMPLOYED. TO THE REST ASK QUESTION 112.]**

**Why aren't you registered as unemployed in the government employment bureau? I'll read you some possible reasons, and you choose one of them--the basic reason.**

- You don't know how to do it 01
- You don't want to 02
- You have no faith in the labor office 03
- Period when I could do it has expired 04
- You have declined offered work 05
- You have declined to change occupation  
or speciality 06
- You have declined vocational education 07
- For other reasons 08
- DK 97
- REFUSED 98

A1J112 112. **And, finally, please indicate which of the following best describes your main occupation at present. Presently you are :**

**[INTERVIEWER! SHOW THE RESPONDENT THE LIST OF POSSIBLE ANSWERS TO QUESTION 112 GIVEN BELOW. ASK THE RESPONDENT TO SELECT ONLY ONE ANSWER.]**

- Student at secondary school, vocational school 01
- Student at daytime higher educational  
institution or tekhnikum 02
- Unable to work because of health reasons, disabled 03
- Retired , and not working 04
- On official leave to care for children; job waiting 05
- Housewife, looking after other members of household,  
raising children 06
- Temporarily unemployed because of other reason and  
looking for job 07
- Temporarily unemployed because of other reasons and  
do not want to work 08
- Engaged in individual labor activity 09
- A farmer 10
- Entrepreneur 11
- Work at an enterprise, organization, collective farm, state  
farm, cooperative 12
- Other, specify 13

**INTERVIEWER! NOTE BELOW .**

- 
- DK 97
  - REF 98

## 5. MEDICAL SERVICE SECTION

- A1L1 1. **Will you please tell me whether you have had any health problems over the last 30 days?**  
 Yes 1  
 No 2->[SKIP TO 19 ON P. 26.]  
 DON'T KNOW 7->[SKIP TO 19 ON P. 26.]  
 REFUSED 8->[SKIP TO 19 ON P. 26.]

- A1L2 2. **Please recall what these problems were.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DON'T KNOW 7  
 REFUSED 8

- A1L3 3. **Have you visited any medical institution or health center for treatment of these health problems in the last 30 days?**  
 Yes 1  
 No 2-> [SKIP TO 19 ON P. 26.]  
 DON'T KNOW 7-> [SKIP TO 19 ON P. 26.]  
 REFUSED 8-> [SKIP TO 19 ON P. 26.]

- A1L4 4. **Let's talk about the last time you saw a doctor. Did you go to see a doctor or did a doctor visit you at home?**

Went to see a doctor 1  
 It was a home visit 1->[SKIP TO 8 ON P.25]  
 DON'T KNOW 7->[SKIP TO 8 ON P.25]  
 REFUSED 8->[SKIP TO 8 ON P.25]

- A1L5 5. **How much time did you spend travelling to this health care facility and back last time?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
 DON'T KNOW 99997  
 REFUSED 99998

- A1L6 6. **How much money did you spend to travel to this health care facility last time?**

\_\_\_\_\_ soms  
 DON'T KNOW 999997  
 REFUSED 999998

- A1L7 7. **How much time did you spent waiting in line to see a doctor last time ?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
 DON'T KNOW 9997  
 REFUSED 9998

A1L8 **8. Did you pay to the doctor for this visit?**

Yes	1
No	2-> [SKIP TO 10]
DON'T KNOW	7-> [SKIP TO 10]
REFUSED	8-> [SKIP TO 10]

A1L9 **9. How much did you pay to the doctor at your last visit?**

_____	soms
DON'T KNOW	999997
REFUSED	999998

A1L10 **10. Besides being seen by a doctor did you receive any additional treatments or procedures?**

Yes	1
No	2->[SKIP TO 13.]
DON'T KNOW	7->[SKIP TO 13.]
REFUSED	8->[SKIP TO 13.]

A1L11 **11. Did you have to pay extra fees for these treatments or procedures?**

Yes	1
No	2->[SKIP TO 13.]
DON'T KNOW	7->[SKIP TO 13.]
REFUSED	8->[SKIP TO 13.]

A1L12 **12. How much extra did you have to pay?**

_____	soms
DON'T KNOW	999997
REFUSED	999998

A1L13 **13. Have you been hospitalized at any time during the past 30 days?**

Yes	1
No	2->[SKIP TO 17. on p 26.]
DON'T KNOW	7->[SKIP TO 17. on p.26.]
REFUSED	8->[SKIP TO 17. om p 26.]

A1L14 **14. During the past 30 days, how many days in all did you spend in the hospital?**

_____	days
DON'T KNOW	97
REFUSED	98

A1L15 **15. Did you have to pay any money for medicine or treatment while in the hospital?**

Yes	1
No	2->[SKIP TO 17. on p 26]
DON'T KNOW	7->[SKIP TO 17. on p. 26]
REFUSED	8->[SKIP TO 17. on p.26]

A1L16 **16. How much money in all did you pay in the last 30 days for care and treatment received in the hospital? Include all charges for treatment, medicine, and care.**

_____	soms
DON'T KNOW	999997
REFUSED	999998

A1L17 **17. When you were ill , had you been prescribed any medicine which you did not buy?**  
 Yes 1  
 No 2->[SKIP TO 19.]  
 DON'T KNOW 7->[SKIP TO 19.]  
 REFUSED 8->[SKIP TO 19.]

**18. What was the reason that you did not buy a medicine?**

A1L18.1	1. I could not find it in the drug store	1	2	7	8
A1L18.2	2. I did not have enough money	1	2	7	8
A1L18.3	3. I did not want to buy it	1	2	7	8
A1L18.4	4. Other reasons	1	2	7	8

A1L19 **19 During the last 30 days have you sought medical service not because you were ill, but for preventative care?**

Yes 1  
 No 2->[SKIP TO 23.]  
 DON'T KNOW 7->[SKIP TO 23.]  
 REFUSED 8->[SKIP TO 23.]

A1L20 **20. Who performed this checkup?**

**[INTERVIEWER! IF THE MEDICAL EXAMINATION WAS DONE BY MORE THAN ONE PERSON, INDICATE THE PERSON WITH THE HIGHEST LEVEL OF SPECIALIZATION.]**

Doctor 1  
 Physician's Assistant 2  
 Nurse 3  
 Other 4  
 DON'T KNOW 7  
 REFUSED 8

A1L21 **21. Did you have to pay for this checkup or any treatments and tests associated with it?**

Yes 1  
 No 2->[SKIP TO 23]  
 DON'T KNOW 7->[SKIP TO 23]  
 REFUSED 8->[SKIP TO 23]

A1L22 **22. How much did you pay for the checkup and treatments associated with this visit?**

\_\_\_\_\_ soms, 0 if free  
 DON'T KNOW 999997  
 REFUSED 999998

A1L23 **23. Have you missed any work (school days) over the past 30 days due to illness?**

Yes 1  
 No 2->[SKIP TO THE NEXT SECTION ON P. 23]  
 DON'T KNOW 7->[SKIP TO THE NEXT SECTION ON P. 23]

A1L24 **24. How many work (school) days have you missed due to illness?**

\_\_\_\_\_ days  
 DON'T KNOW 97  
 REFUSED 98

## 4. "EVALUATION OF HEALTH" SECTION

Let's talk a bit about your health. We will later need to take several medical measurements. However, to begin with, I would like to ask:

A1M1 1. **What do you think? What is your height and weight? How many kilograms do you weigh?**

\_\_\_\_\_kg.  
DON'T KNOW 97  
REFUSED 98

A1M2 2. **What is your height in centimeters?**

\_\_\_\_\_sm  
DON'T KNOW 997  
REFUSED 998

A1M3 3. **Next I have some questions about your health. Generally speaking, how would you describe your health?**

EXCELLENT 1  
GOOD 2  
FAIR (NEITHER GOOD NOR POOR) 3  
POOR 4  
EXTREMELY POOR 5  
DON'T KNOW 7  
REFUSED 8

A1M4 4. **Please indicate how your general physical health affects your daily activities?**

Does not affect them at all.  
Everything is fine. 1  
No practical effect 2  
Affects them sometimes 3  
Affects them quite a lot 4  
I am not able to work or to carry out daily activities 5  
DON'T KNOW 7  
REFUSED 8

A1M5 5. **What can you say about your state of mind over the last 30 days? Did you feel good, or depressed? You can say that your condition was:**

EXCELLENT 1  
VERY GOOD 2  
FAIR (NEITHER GOOD NOR POOR) 3  
POOR 4  
EXTREMELY POOR 5  
DON'T KNOW 7  
REFUSED 8

**A1M6 6. In general, how do you think your state of mind affects your work and your daily activities?**

- Does not affect them at all.
- Everything is fine. 1
- No practical effect 2
- Affects them sometimes 3
- Affects them quite a lot 4
- I am not able to work or to carry out daily activities 5
- DON'T KNOW 7
- REFUSED 8

**A1M7 7. [INTERVIEWER! GO BACK TO THE CARD ON P. 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. ASK QUESTIONS 7-34 ONLY OF RESPONDENTS BORN IN 1937 OR BEFORE. FOR THE REST , SKIP TO QUESTION 35 ON P.33.]**

**Let's talk a little about how much difficulty people might have with various activities because of a health or physical problem. Please tell me if you encounter any of these problems.**

**Please tell me, how difficult is it for you to run about a kilometer?**

- Not at all difficult 1->[SKIP TO 11 ON P.29.]
- Slightly difficult 2->[SKIP TO 11 ON P.29.]
- Somewhat difficult 3
- Very difficult, but possible 4
- Cannot do it 5
- DO NOT KNOW 7
- REFUSED 8

**A1M8 8. How difficult is it for you to walk about a kilometer?**

- Not at all difficult 1->[SKIP TO 11 ON P.29.]
- Slightly difficult 2
- Somewhat difficult 3
- Very difficult, but possible 4
- Cannot do it 5
- DO NOT KNOW 7
- REFUSED 8

**A1M9 9. How difficult is it for you to walk about 200 meters?**

- Not at all difficult 1->[SKIP TO 11 ON P.29.]
- Slightly difficult 2
- Somewhat difficult 3
- Very difficult, but possible 4
- Cannot do it 5
- DO NOT KNOW 7
- REFUSED 8

**A1M10 10. How difficult is it for you to walk across a room?**

- Not at all difficult 1
- Slightly difficult 2
- Somewhat difficult 3
- Very difficult, but possible 4
- Cannot do it 5
- DO NOT KNOW 7
- REFUSED 8

**A1M11 11. How difficult is it for you to sit for about 2 hours?**

Not at all difficult	1
Slightly difficult	2
Somewhat difficult	3
Very difficult, but possible	4
Cannot do it	5
DO NOT KNOW	7
REFUSED	8

**A1M12 12. How difficult is it for you to get up from a chair after sitting for long periods?**

Not at all difficult	1
Slightly difficult	2
Somewhat difficult	3
Very difficult, but possible	4
Cannot do it	5
DO NOT KNOW	7
REFUSED	8

**A1M13 13. How difficult is it for you to get in and out of bed without help?**

Not at all difficult	1
Slightly difficult	2
Somewhat difficult	3
Very difficult, but possible	4
Cannot do it	5
DO NOT KNOW	7
REFUSED	8

**A1M14 14. How difficult is it for you to climb several flights of stairs without resting?**

Not at all difficult	1->[SKIP TO 16 ON P 30.]
Slightly difficult	2
Somewhat difficult	3
Very difficult, but possible	4
Cannot do it	5
DO NOT KNOW	7
REFUSED	8

**A1M15 15. How difficult is it for you to climb one flight of stairs without resting?**

Not at all difficult	1
Slightly difficult	2
Somewhat difficult	3
Very difficult, but possible	4
Cannot do it	5
DO NOT KNOW	7
REFUSED	8

- A1M16 **16. How difficult is it for you to lift or carry weights of about 5 kilos, for example, a bag of vegetables?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |
- A1M17 **17. How difficult is it for you to stoop, crouch or kneel?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |
- A1M18 **18. How difficult is it for you to take a shower or bath without help?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |
- A1M19 **19. How difficult is it for you to eat without help?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |
- A1M20 **20. How difficult is it for you to dress without help?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |
- A1M21 **21. How difficult is it for you to comb your hair without help?**
- |                              |   |
|------------------------------|---|
| Not at all difficult         | 1 |
| Slightly difficult           | 2 |
| Somewhat difficult           | 3 |
| Very difficult, but possible | 4 |
| Cannot do it                 | 5 |
| DO NOT KNOW                  | 7 |
| REFUSED                      | 8 |

A1M22 **22. How difficult is it for you to use the toilet without help?**

- Not at all difficult 1
- Slightly difficult 2
- Somewhat difficult 3
- Very difficult, but possible 4
- Cannot do it 5
- DO NOT KNOW 7
- REFUSED 8

A1M23 **23.** [INTERVIEWER. IF THE RESPONDENT IS OBVIOUSLY HEALTHY AND HAS NO ROUBLE GETTING AROUND, GO TO QUESTION 35 ON P. 33].

**Do you need assistance in dressing or eating?**

- Yes 1
- No 2 ->[SKIP TO 29 ON P. 32]
- DON'T KNOW 7 ->[SKIP TO 29 ON P. 32]
- REFUSED 8 ->[SKIP TO 29 ON P. 32]

**24.** [INTERVIEWER! CHECK CARD ON P 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE RESPONDENT IS LIVING ALONE, DO NOT ASK QUESTIONS 24.-25., SKIP TO QUESTION 26]

A1M24 **Does anyone in this household help you do these things?**

- Yes 1
- No 2 ->[SKIP TO 26]
- DON'T KNOW 7 ->[SKIP TO 26]
- REFUSED 8 ->[SKIP TO 26]

**25. Who precisely from your household cares for you?**

[INTERVIEWER. CHECK THE NUMBERS OF THE HOUSEHOLD MEMBERS MENTIONED BY THE RESONDENT IN THE CARD ON P.4-5 OF THE HOUSEHOLD QUESTIONNAIRE, LIST THE NUMBERS AND NAMES OF NO MORE THAN THREE HOUSHOLD MEMBERS MENTIONED BY THE RESPONDENT]

	NUMBER IN THE ORDER IN THE CARD	FIRST NAME, OTCHESTVO
1.	A1M25.1	
2.	A1M25.2	
3.	A1M25.3	

**26. In dressing and eating, are you helped by someone outside the household?**

- Yes 1
- No 2 ->[SKIP TO 29 ON P. 32]
- DON'T KNOW 7 ->[SKIP TO 29 ON P. 32]
- REFUSED 8 ->[SKIP TO 29 ON P. 32]

**27. Who are these people?**

		YES	NO	DK	REF
A1M27.1	Children, grandchildren, other relatives	1	2	7	8
A1M27.2	Neighbors, friends, and colleagues	1	2	7	8
A1M27.3	Employees of organs of social security	1	2	7	8
A1M27.4	Service workers	1	2	7	8
A1M27.5	Others	1	2	7	8

**A1M28 28. Do you pay anybody for assistance in dressing or eating?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

**A1M29 29. Do you need assistance, for example, to go shopping?**

Yes	1
No	2 ->[SKIP TO 35 ON P. 33]
DON'T KNOW	7 ->[SKIP TO 35 ON P. 33]
REFUSED	8 ->[SKIP TO 35 ON P. 33]

**30.** [INTERVIEWER! CHECK THE CARD N P.4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE RESPONDENT LIVES ALONE, DO NOT ASK QUESTIONS 30-31, SKIP TO 32 ON P.33]

**A1M30 Does anyone in this household help you do these things?**

Yes	1
No	2 ->[SKIP TO 32 ON P. 33]
DON'T KNOW	7 ->[SKIP TO 32 ON P. 33]
REFUSED	8 ->[SKIP TO 32 ON P. 33]

**31. Who precisely from your household assists you in this?**

[INTERVIEWER. CHECK THE NUMBERS OF THE HOUSEHOLD MEMBERS MENTIONED BY THE RESPONDENT ON THE CARD ON P.4-5 OF THE HOUSEHOLD QUESTIONNAIRE, LIST THE NUMBERS AND NAMES OF NO MORE THAN THREE HOUSEHOLD MEMBERS MENTIONED BY THE RESPONDENT]

	NUMBER IN THE ORDER IN THE CARD	FIRST NAME, OTCHESTVO
1.	A1M31.1	
2.	A1M31.2	
3.	A1M31.3	

A1M32 **32. Are you assisted by someone outside the household to do, for example, shopping?**

Yes	1
No	2 ->[SKIP TO 35]
DON'T KNOW	7 ->[SKIP TO 35]
REFUSED	8 ->[SKIP TO 35]

**33. Who are these people?**

	YES	NO	DK	REF
A1M33.1 Children, grandchildren, other relatives	1	2	7	8
A1M33.2 Neighbors, friends, and colleagues	1	2	7	8
A1M33.3 Employees of organs of social security	1	2	7	8
A1M33.4 Service workers	1	2	7	8
A1M33.5 Others	1	2	7	8

A1M34 **34. Do you pay anybody for assistance in, for example, shopping?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1M35 **35. Has a doctor ever told you that you are diabetic or that you have sugar in the blood?**

YES	1
NO	2->[SKIP TO 38.]
DON'T KNOW	7->[SKIP TO 38.]
REFUSED	8->[SKIP TO 38.]

A1M36 **36. In what year did the doctor tell you about this?**

In 19 _ _	
DON'T KNOW	97
REFUSED	98

**37. What do you use for treatment of diabetes?**

A1M37.1	1. Special diet	1	2	7	8
A1M37.2	2. Weight control	1	2	7	8
A1M37.3	3. Pills	1	2	7	8
A1M37.4	4. Insulin injections	1	2	7	8
A1M37.5	5. Herbs	1	2	7	8
A1M37.6	6. Homeopathic medicine	1	2	7	8

A1M38 **38. Have you been diagnosed as having had a miocardial infarction?**

YES	1
NO	2->[SKIP TO 42 ON PAGE 34.]
DON'T KNOW	7->[SKIP TO 42 ON PAGE 34.]
REFUSED	8->[SKIP TO 42 ON PAGE 34.]

A1M39 **39. In what year did you have the miocardial infarction? If you have had more than one, when was the last one?**

In 19 _ _	
DON'T KNOW	97
REFUSED	98

A1M40 **40. Do you feel a pain or an unpleasant feeling in the chest when you are physically active, as for example when you walk uphill or walk fast?**

Yes	1
No	2 ->[SKIP TO 42 ON P. 34.]
DON'T KNOW	7 ->[SKIP TO 42 ON P. 34]
REFUSED	8 ->[SKIP TO 42 ON P. 34.]

A1M41 **41. If you stop, what happens to the pain?**

The pain disappears	1
The pain does not disappear	2
The pain gets worse	3
DON'T KNOW	7
REFUSED	8

A1M42 **42. Have you been diagnosed with a stroke (cerebral hemorrhage)?**

YES	1
NO	2->[SKIP TO 45.]
DON'T KNOW	7->[SKIP TO 45.]
REFUSED	8->[SKIP TO 45.]

A1M43 **43. In what year did you have the stroke (cerebral hemorrhage)?**

In 19 _ _	
DON'T KNOW	97
REFUSED	98

A1M44 **44. Do you have any remnants of the stroke, as for example, problems with speech or muscle weakness etc.?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M45 **45. How can you describe your eyesight? Can you see without glasses or contact lenses? You can describe your eyesight as:**

Very Good	1 =>[SKIP TO 47 ON P.35]
Good	2 =>[SKIP TO 47 ON P.35]
Fair	3
Poor	4
Very Poor	5
DON'T KNOW	7
REFUSED	8

A1M46 **46. Do you wear glasses or contact lenses?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

**A1M47 47. How good is your hearing without a hearing aid?**

Very good	1[GO TO 49]
Good	2[GO TO 49]
Medium	3
Poor	4
Very poor	5
DK	7
REFUSED	8

**A1M48 48. Do you use a hearing aid?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

**A1M49 49. Do you drink tea?**

YES	1
NO	2->[SKIP TO 51.]
DON'T KNOW	7->[SKIP TO 51.]
REFUSED	8->[SKIP TO 51.]

**A1M50 50. During the past 30 days about how often did you drink tea?**

Every day	1
4-6 times a week	2
2-3 times a week	3
Once a week	4
Less than once a week	5
Not once in the last 30 days	6
DON'T KNOW	7
REFUSED	8

**A1M51 51. Do you drink coffee?**

YES	1
NO	2->[SKIP TO 53.]
DON'T KNOW	7->[SKIP TO 53.]
REFUSED	8->[SKIP TO 53.]

**A1M52 52. During the last 30 days, about how often did you drink coffee?**

Every day	1
4-6 times a week	2
2-3 times a week	3
Once a week	4
Less than once a week	5
Not once in the last 30 days	6
DON'T KNOW	7
REFUSED	8

**A1M53 53. Do you use a nasvai?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M54 **54. Do you currently smoke?**

Yes	1
No	2 ->[SKIP TO 60]
DON'T KNOW	7 ->[SKIP TO 60]
REFUSED	8 ->[SKIP TO 60]

A1M55 **55. Try to remember when you started to smoke. How old were you then?**

____ ____  years old .	
DON'T KNOW	97
REFUSED	98

A1M56 **56. Have you smoked anything over the past 7 days?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1M57 **57. What do you mainly smoke? I'll now enumerate various kinds of tobacco product and you tell me which one you smoke most often.**

Papirosy	1
Filtered cigarettes	2
Unfiltered cigarettes	3
Hand-rolled cigarettes	4
Pipe	5->[SKIP TO 59]
DON'T KNOW	7->[SKIP TO 59]
REFUSED	8->[SKIP TO 59]

A1M58 **58. How many papirosy or cigarettes of all types do you smoke a day, on the average?**

____ ____  pieces	
DON'T KNOW	997
REFUSED	998

**59. [INTERVIEWER! ASK QUESTION 59 ONLY THOSE WHO IN QUESTION 57 SAID THAT THEY MAINLY SMOKED PIPE AT THE PRESENT TIME. THOSE WHO SAID THAT THEY DID NOT SMOKE PIPE ASK QUESTIONS 63 ON P.37]]**

A1M59 **How many grams of pipe tobacco on average do you (does he/she) smoke in a day?**

____ ____  grams	
DON'T KNOW	997
REFUSED	998

**60. [INTERVIEWER. QUESTIONS 60-62 ARE FOR THOSE WHO IN QUESTION 54 ANSWERED THAT THEY DID NOT SMOKE AT PRESENT TIME . THOSE WHO ANSWERED THAT THEY SMOKED ASK QUESTION 63 ON P. 37]**

A1M60 **Have you ever smoked in the past?**

Yes	1
No	2->]SKIP TO 63 ON P.37]
DON'T KNOW	7->]SKIP TO 63 ON P.37]
REFUSED	8->]SKIP TO 63 ON P.37]

A1M61 61. [INTERVIEWER! IF RESPONDENT QUIT SMOKING LESS THAN A YEAR AGO ENTER 0]

**How many years ago did you quit smoking?**

|\_|\_| YEARS AGO  
DON'T KNOW 97  
REFUSED 98

A1M62 62. **Try to remember when you started to smoke. How old were you then?**

|\_|\_| years old .  
DON'T KNOW 97  
REFUSED 98

A1M63 63. **Have you drunk any alcoholic beverages in the last 30 days?**

YES 1  
NO 2->[SKIP TO THE NEXT SECTION ON P. 38]  
DON'T KNOW 7->[SKIP TO THE NEXT SECTION ON P. 38]  
REFUSED 8->[SKIP TO THE NEXT SECTION ON P. 38]

A1M64 64. **How often did you drink alcoholic beverages over the past 30 days?**

Every day 1  
4-6 times a week 2  
2-3 times a week 3  
Once a week 4  
2-3 times over the past 30 days 5  
Once over the past 30 days 6  
DON'T KNOW 7  
REFUSED 8

**65. Now I'll list various kinds of alcoholic beverages and you tell me which ones you have drunk during the last 30 days, and if so, how many grams you drank on those day when you drank.**

A1M65.1A	1. Beer, busa	Yes	1 -->  _____	999997
A1M65.1B		No	2	
A1M65.2A	2. Dry wine,	Yes	1 -->  _____	999997
A1M65.2B	Champagne	No	2	
A1M65.3A	3. Fortified wine	Yes	1 -->  _____	999997
A1M65.3B		No	2	
A1M65.4A	4. Home-distilled	Yes	1 -->  _____	999997
A1M65.4B	vodka	No	2	
A1M65.5A	5. vodka and	Yes	1 -->  _____	999997
A1M65.5B	other strong	No	2	
A1M65.6A	beverages			
A1M65.6B	6. other	Yes	1 -->  _____	999997
		No	2	

# QUESTIONS FOR WOMEN

**[INTERVIEWER! THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY. IF RESPONDENT IS A MALE SKIP TO THE NEXT SECTION ON P. 40]]**

A1N1 1. **Have you ever been pregnant?**

Yes	1
No	2->[SKIP TO 7.]
DON'T KNOW	7->[SKIP TO 7.]
REFUSED	8->[SKIP TO 7.]

A1N2 2. **Have you ever given birth?**

Yes	1
No	2->[SKIP TO 5.]
DON'T KNOW	7->[SKIP TO 5.]
REFUSED	8->[SKIP TO 5.]

A1N3 3. **How many of your biological children are alive today?**

_ _  children	
DON'T KNOW	97
REFUSED	98

A1N4 4. **How many times did you give birth?**

_ _  times	
DON'T KNOW	97
REFUSED	98

5. **[INTERVIEWER! PLEASE PASS THE QUESTIONNAIRE TO THE WOMAN SO THAT SHE CAN READ QUESTIONS 5.-6. HERSELF AND CIRCLE APPROPRIATE ANSWERS]**

A1N5 **Have you ever had an abortion?**

Yes	1
No	2->[SKIP TO 7.]
DON'T KNOW	7->[SKIP TO 7.]
REFUSED	8->[SKIP TO 7.]

A1N6 6. **How many abortions did you have?**

_ _  abortions	
DON'T KNOW	97
REFUSED	98

A1N7 7. **Tell me, please, do you currently use any means of birth control?**

Yes	1
No	2->[SKIP TO 9 ON PAGE 39]
DON'T KNOW	7->[SKIP TO 9 ON PAGE 39]
REFUSED	8->[SKIP TO 9 ON PAGE 39]

**8. Which birth control methods do you use? Please, look at the list of birth control methods in the questionnaire and choose the ones that you use.**

**[INTERVIEWER: GIVE RESPONDENT A CARD SO THAT THE WOMAN CAN READ THE ALTERNATIVES HERSELF AND GIVE ONLY THE NUMBER CORRESPONDING TO HER ANSWER].**

		YES	NO	DK	REF
A1N8.1	Douche with water	1	2	7	8
A1N8.2	Douche with special solutions	1	2	7	8
A1N8.3	Douche with long-term effects administered by physician	1	2	7	8
A1N8.4	Rhythm/Periodic	1	2	7	8
A1N8.5	Withdrawal	1	2	7	8
A1N8.6	Condom	1	2	7	8
A1N8.7	Pill	1	2	7	8
A1N8.8	IUD	1	2	7	8
A1N8.9	Implants	1	2	7	8
A1N8.10	Kolpatchki	1	2	7	8
A1N8.11	Foam/Jelly/Cream	1	2	7	8
A1N8.12	Male Sterilization	1	2	7	8
A1N8.13	Female Sterilization	1	2	7	8
A1N8.14	Abortion	1	2	7	8
A1N8.15	Other	1	2	7	8

**A1N9 9. Tell me, please, whether you are currently pregnant**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

## TIME BUDGET SECTION

- A1o1 1. Now let me ask you a few questions on how you spent your time during the last 7 days.

During the last 7 days did you work at an enterprise or organization, including part-time work, work at home, entrepreneurial activity, farming or individual labor activity?

Yes 1  
 No 2->[SKIP TO 4.]  
 DON'T KNOW 7->[SKIP TO 4.]  
 REFUSED 8->[SKIP TO 4.]

- A1o2 2. How much time did you spend on this work over the last 7 days (excluding commuting time and lunch breaks)?

\_\_\_\_\_hours \_\_\_\_\_minutes  
 DON'T KNOW 99997  
 REFUSED 99998

- A1o3 3. How much total time did you spend during the last 7 days to commute to work and back?

\_\_\_\_\_hours \_\_\_\_\_minutes  
 DON'T KNOW 99997  
 REFUSED 99998

- A1o4 4. During the last 7 days did you do any work on your house garden, dacha or garden plot, or personal subsidiary plot (excluding private farming)?

Yes 1  
 No 2->[SKIP TO 10.]  
 DON'T KNOW 7->[SKIP TO 10.]  
 REFUSED 8->[SKIP TO 10.]

- A1o5 5. How much time did you spend over the past 7 days working on your house garden, dacha or garden plot, or personal subsidiary plot (excluding private farming)?

\_\_\_\_\_hours \_\_\_\_\_minutes  
 DON'T KNOW 99997  
 REFUSED 99998

- A1o10 10. Have you spent any time in the last 7 days on studies, professional training, or self-education?

Yes 1  
 No 2->[SKIP TO 14.]  
 DON'T KNOW 7->[SKIP TO 14.]  
 REFUSED 8->[SKIP TO 14.]

- A1o11 11. How much time have you spent on studies, professional training, or self-education during the last 7 days?

\_\_\_\_\_hours \_\_\_\_\_minutes  
 DON'T KNOW 99997  
 REFUSED 99998

- A1o12 12. How much time in the last 7 days have you spent commuting to the place where you study?

\_\_\_\_\_hours \_\_\_\_\_minutes  
 DON'T KNOW 99997  
 REFUSED 99998

A1o14 **14. In the last 7 days, have you spent time looking for and purchasing food items?**

Yes 1  
No 2->[SKIP TO 16.]  
DON'T KNOW 7->[SKIP TO 16.]  
REFUSED 8->[SKIP TO 16.]

A1o15 **15. How much time did you spend looking for and purchasing food items in the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o16 **16. During the past 7 days have you spent time looking for and purchasing non-food items?**

Yes 1  
No 2->[SKIP TO 18.]  
DON'T KNOW 7->[SKIP TO 18.]  
REFUSED 8->[SKIP TO 18.]

A1o17 **17. How much time did you spend looking for and purchasing non-food items over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o18 **18. Did you spend any time over the past 7 days obtaining household services--e. g. laundry, tailor, repair, etc. (excluding hairdressers, saunas, polyclinics, and hospitals)?**

Yes 1  
No 2->[SKIP TO 20.]  
DON'T KNOW 7->[SKIP TO 20.]  
REFUSED 8->[SKIP TO 20.]

A1o19 **19. How much time did you spend in the last 7 days obtaining household services--e.g. laundry, tailor, repair, etc. (excluding hairdressers, saunas, clinics and hospitals)?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o20 **20. Did you cook or wash dishes over the past 7 days?**

Yes 1  
No 2->[SKIP TO 22.]  
DON'T KNOW 7->[SKIP TO 22.]  
REFUSED 8->[SKIP TO 22.]

A1o21 **21. How much time did you spend on these activities over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o22 **22. Did you spend any time during the past 7 days at home cleaning or repairing things such as furniture or appliances.**

Yes 1  
No 2->[SKIP TO 24.]  
DON'T KNOW 7->[SKIP TO 24.]  
REFUSED 8->[SKIP TO 24.]

A1o23 **23. How much time did you spend on these activities during the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o24 **24. Did you spend any time during the last 7 days doing laundry, ironing, repairing, or making clothes for your family?**

Yes 1  
No 2->[SKIP TO 26.]  
DON'T KNOW 7->[SKIP TO 26.]  
REFUSED 8->[SKIP TO 26.]

A1o25 **25. How much time did you spend on these activities during the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

**26. [INTERVIEWER! CHECK THE FAMILY ROSTER ON P.4-5 OF THE HOUSEHOLD QUESTIONNAIRE TO SEE WHETHER THERE ARE ANY CHILDREN BORN IN 1987 OR LATER. IF THERE ARE NO SUCH CHILDREN IN THE FAMILY, SKIP TO QUESTION 28]**

A1o26 **Did you spend any time caring for young children born in 1987 or later who live with you? I have in mind feeding, bathing, babysitting, etc. This time should be counted even if you were doing something else at the same time.**

Yes 1  
No 2->[SKIP TO 28.]  
DON'T KNOW 7->[SKIP TO 28.]  
REFUSED 8->[SKIP TO 28.]

A1o27 **27. How much time did you spend on this activity in the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

**28. [INTERVIEWER! CHECK THE FAMILY ROSTER ON P.4 OF THE HOUSEHOLD QUESTIONNAIRE TO SEE IF THERE ARE ANY CHILDREN BORN BETWEEN 1982 AND 1986, INCLUSIVE. IF THERE NO SUCH CHILDREN, SKIP TO QUESTION 30 ON P 43.]**

A1o28 **During the past 7 days, have you cared for children living with you who were born between 1982 and 1986. I have in mind, for example, feeding them, helping them with homework, and so on. This time should be counted even if childcare was combined with some other activity.**

Yes 1  
No 2->[SKIP TO 30 ON P. 43.]  
DON'T KNOW 7->[SKIP TO 30 ON P. 43.]  
REFUSED 8->[SKIP TO 30 ON P. 43.]

A1o29 **29. How much time did you spend on this over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes

DON'T KNOW 99997

REFUSED 99998

A1o30 **30. During the past days, have you taken care of any other children--related or not--who are 12 years of age or younger and who do not live with you. (Exclude any you care for in the course of your employment.)**

Yes 1

No 2->[SKIP TO 32.]

DON'T KNOW 7->[SKIP TO 32.]

REFUSED 8->[SKIP TO 32.]

A1o31 **31. How much time did you spend on this over the past 7 days sitting with such children?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes

DON'T KNOW 99997

REFUSED 99998

A1o32 **32. Please tell me, whether your father is more than 50 years old?**

Yes 1

No 2->[SKIP TO 36.]

He is deceased 6->[SKIP TO 36.]

DON'T KNOW 7->[SKIP TO 36.]

REFUSED 8->[SKIP TO 36.]

A1o33 **33. Does he need any help, for example, in dressing or eating?**

Yes 1

No 2

DON'T KNOW 7

REFUSED 8

A1o34 **34. During the last 7 days have you spent any time looking after him or doing things for him that he cannot do himself, for example, going to the store especially for him, tidying up, or doing laundry?**

Yes 1

No 2->[SKIP TO 36.]

DON'T KNOW 7->[SKIP TO 36.]

REFUSED 8->[SKIP TO 36.]

A1o35 **35. How much time in all have you spent helping him in the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes

DON'T KNOW 99997

REFUSED 99998

A1o36 **36. Please tell me, whether your mother is more than 50 years old?**

Yes 1

No 2->[SKIP TO 40 ON P 44.]

She is deceased 6->[SKIP TO 40 ON P 44.]

DON'T KNOW 7->[SKIP TO 40 ON P 44.]

REFUSED 8->[SKIP TO 40 ON P 44.]

A1o37 **37. Does she need any help, for example, in dressing or eating?**

Yes 1

No 2

DON'T KNOW 7

REFUSED 8

A1o38 **38. During the last 7 days have you spent any time looking after her or doing things for her that she cannot do herself, for example, going to the store especially for her, tidying up, or doing laundry?**

Yes 1  
No 2->[SKIP TO 40.]  
DON'T KNOW 7->[SKIP TO 40.]  
REFUSED 8->[SKIP TO 40.]

A1o39 **39. How much time in all have you spent helping her over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o40 **40. Do you have other relatives or friends more than 50 years old?**

Yes 1  
No 2->[SKIP TO 44.]  
DON'T KNOW 7->[SKIP TO 44.]  
REFUSED 8->[SKIP TO 44.]

A1o41 **41. Does any of them need any help, for example, in dressing or eating?**

Yes 1  
No 2  
DON'T KNOW 7  
REFUSED 8

A1o42 **42. During the last 7 days have you spent any time looking after him/her or doing things for him/her that he/she cannot do himself/herself, for example, going to the store especially for him/her, tidying up, or doing laundry?**

Yes 1  
No 2->[SKIP TO 44.]  
DON'T KNOW 7->[SKIP TO 44.]  
REFUSED 8->[SKIP TO 44.]

A1o43 **43. How much time in all have you spent helping him/her over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o44 **44. About how many hours have you spent sleeping over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o45 **45. Over the past 7 days did you have any free time for rest, going out to the theater or the movies, watching TV, reading, walking outdoors, etc?**

Yes 1  
No 2->[SKIP TO THE NEXT SECTION ON P.45.]  
DON'T KNOW 7->[SKIP TO THE NEXT SECTION ON P.45.]

A1o46 **46. How much leisure time have you had in the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

# NUTRITION SECTION

	INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE, VOLUME AND OTHER CHARACTERISTICS	IS IT HOME-MADE OR NOT	QUANTITY (GRAM, ML)	CODE
	2.	4.		5.	6.	7.
	_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME-MADE .....1  NOT HOME-MADE .....2	_____  _____	_ _ _

A1P1.1.2  
A1P1.2.2  
A1P1.3.2  
A1P1.4.2  
A1P1.5.2  
A1P1.6.2  
A1P1.7.2  
A1P1.8.2

A1P1.1.3  
A1P1.2.3  
A1P1.3.3  
A1P1.4.3  
A1P1.5.3  
A1P1.6.3  
A1P1.7.3  
A1P1.8.3

A1P1.1.5  
A1P1.2.5  
A1P1.3.5  
A1P1.4.5  
A1P1.5.5  
A1P1.6.5  
A1P1.7.5  
A1P1.8.5

A1P1.1.6  
A1P1.2.6  
A1P1.3.6  
A1P1.4.6  
A1P1.5.6  
A1P1.6.6  
A1P1.7.6  
A1P1.8.6

A1P1.1.7  
A1P1.2.7  
A1P1.3.7  
A1P1.4.7  
A1P1.5.7  
A1P1.6.7  
A1P1.7.7  
A1P1.8.7

	INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE, VOLUME AND OTHER CHARACTERISTICS	IS IT HOME-MADE OR NOT	QUANTITY (GRAM, ML)	CODE
	2.	4.		5.	6.	7.
	_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME-MADE .....1  NOT HOME-MADE .....2	_____  _____	_ _ _

A1P2.1.2  
A1P2.2.2  
A1P2.3.2  
A1P2.4.2  
A1P2.5.2  
A1P2.6.2  
A1P2.7.2  
A1P2.8.2

A1P2.1.3  
A1P2.2.3  
A1P2.3.3  
A1P2.4.3  
A1P2.5.3  
A1P2.6.3  
A1P2.7.3  
A1P2.8.3

A1P2.1.5  
A1P2.2.5  
A1P2.3.5  
A1P2.4.5  
A1P2.5.5  
A1P2.6.5  
A1P2.7.5  
A1P2.8.5

A1P2.1.6  
A1P2.2.6  
A1P2.3.6  
A1P2.4.6  
A1P2.5.6  
A1P2.6.6  
A1P2.7.6  
A1P2.8.6

A1P2.1.7  
A1P2.2.7  
A1P2.3.7  
A1P2.4.7  
A1P2.5.7  
A1P2.6.7  
A1P2.7.7  
A1P2.8.7

	INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE, VOLUME AND OTHER CHARACTERISTICS	IS IT HOME-MADE OR NOT	QUANTITY (GRAM, ML)	CODE
	2.	4.		5.	6.	7.
	_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME-MADE .....1  NOT HOME-MADE .....2	_____  _____	_ _ _

A1P3.1.2  
A1P3.2.2  
A1P3.3.2  
A1P3.4.2  
A1P3.5.2  
A1P3.6.2  
A1P3.7.2  
A1P3.8.2

A1P3.1.3  
A1P3.2.3  
A1P3.3.3  
A1P3.4.3  
A1P3.5.3  
A1P3.6.3  
A1P3.7.3  
A1P3.8.3

A1P3.1.5  
A1P3.2.5  
A1P3.3.5  
A1P3.4.5  
A1P3.5.5  
A1P3.6.5  
A1P3.7.5  
A1P3.8.5

A1P3.1.6  
A1P3.2.6  
A1P3.3.6  
A1P3.4.6  
A1P3.5.6  
A1P3.6.6  
A1P3.7.6  
A1P3.8.6

A1P3.1.7  
A1P3.2.7  
A1P3.3.7  
A1P3.4.7  
A1P3.5.7  
A1P3.6.7  
A1P3.7.7  
A1P3.8.7

	INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE, VOLUME AND OTHER CHARACTERISTICS	IS IT HOME-MADE OR NOT	QUANTITY (GRAM, ML)	CODE
	2.	4.		5.	6.	7.
	_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME-MADE .....1  NOT HOME-MADE .....2	_____  _____	_ _ _

A1P4.1.2  
A1P4.2.2  
A1P4.3.2  
A1P4.4.2  
A1P5.5.2  
A1P5.6.2  
A1P5.7.2  
A1P5.8.2

A1P4.1.3  
A1P4.2.2  
A1P4.3.2  
A1P4.4.2  
A1P5.5.3  
A1P5.6.2  
A1P5.7.2  
A1P5.8.2

A1P4.1.5  
A1P4.2.5  
A1P4.3.5  
A1P4.4.5  
A1P5.5.5  
A1P5.6.5  
A1P5.7.5  
A1P5.8.5

A1P4.1.6  
A1P4.2.6  
A1P4.3.6  
A1P4.4.6  
A1P5.5.6  
A1P5.6.6  
A1P5.7.6  
A1P5.8.6

A1P4.1.7  
A1P4.2.7  
A1P4.3.7  
A1P4.4.7  
A1P5.5.7  
A1P5.6.7  
A1P5.7.7  
A1P5.8.7

## MEDICAL EXAMINATION SECTION

**[INTERVIEWER! BE ATTENTIVE: PLEASE NOTE HERE IF THE RESPONDENT HAS ANY AMPUTATED ARMS OR LEGS.]**

		One	Both
A1Q1.1	1. All or part of arm	1	2
A1Q1.2	2. All or part of leg	1	2

A1Q2 **2. Height**

**[INTERVIEWER! MAKE SURE THAT RESPONDENT HAS TAKEN OFF HIS/HER SHOES]**  
\_\_\_\_\_ cm

A1Q3 **3. Weight**

**[INTERVIEWER! MAKE SURE THAT RESPONDENT IS WEARING ONLY LIGHT CLOTHES]**  
\_\_\_\_\_ kg

A1Q4 **4. Waist Circumference**

\_\_\_\_\_ cm

A1Q5 **6. Hip Circumference**

\_\_\_\_\_ cm

## INTERVIEWER'S REMARKS SECTION

- | <b>1. Was anybody else present during the interview?</b>                        |  | Yes | No |
|---|--|-----|----|
| A1R1.1  | Someone from the household                         | 1   | 2  |
| A1R1.2  | Someone from outside the household                 | 1   | 2  |
| <b>A1R2 2. In general, what the respondent's attitude during the interview?</b> |  |     |    |
|   | Friendly, interested                               | 1   |    |
|   | Not particularly interested                        | 2   |    |
|   | Impatient, worried                                 | 3   |    |
|   | Hostile  | 4   |    |
| <b>A1R3 3. Did the respondent understand the questions?</b>                     |  |     |    |
|   | Understood well                                    | 1   |    |
|   | Did not understand very well                       | 2   |    |
|   | Understood poorly                                  | 3   |    |
| <b>A1R4 4. Assess the respondent's behavior during the interview</b>            |  |     |    |
|   | Nervous  | 1   |    |
|   | Occasionally nervous                               | 2   |    |
|   | Felt comfortable                                   | 3   |    |
| <b>A1R5 5. Assess the respondent's resourcefulness</b>                          |  |     |    |
|   | Very slow-witted                                   |     | 1  |
|   | Slow-witted, needed additional explanations        |     | 2  |
|   | As resourceful as the majority of respondent       |     | 3  |
|   | Notably more resourceful than the majority         |     | 4  |
| <b>A1R6 6. Assess sincerity and openness of the respondent</b>                  |  |     |    |
|   | Very introverted, insincere                        |     | 1  |
|   | As sincere and open as the majority of respondents |     | 2  |
|   | Notably more sincere and open than the majority    |     | 3  |

**I confirm that I completed the survey according to the Instructions and personal interview method, and with the respondent chosen according to the Instructions.**

**Signature** \_\_\_\_\_