

Survey, sponsored by the World Bank

SOCIAL STUDIES CENTER "SORGU"

BAKU, Lermontova Street, 74
Telephone: 92-07-75

QUESTIONNAIRE FOR HOUSEHOLD FOR DETERMINING THE STANDARD OF LIVING IN AZERBAIJAN

1995

My name is _____

I represent the SORGU Social Studies Center. We are conducting a survey on the conditions of people's lives in all regions of Azerbaijan for the World Bank.

You know that many people speak about the economic situation in Azerbaijan, on the hardships that many people experience. To make an exact picture on what the real conditions are, there is not any other way besides the detailed questioning of thousands of people from various families. Only after summarizing all those responses can we receive a real picture of how the people in Azerbaijan live.

For that purpose 2000 addresses have been chosen at random as in a lottery. One of those addresses proved to be yours. The authenticity of the results of the whole survey will depend on your sincerity and exactness while answering the questions of this questionnaire concerning the material conditions of your life.

We assure you that your personal responses will not be disclosed and after all these questionnaires are processed by the computer, they will be used only in a summary way.

All questions that you have in connection with our survey may be resolved by telephoning the number indicated on the visit card of our organization that I leave for you here.

Thank you in advance for your participation in this survey.

POPULATION POINT

HEAD OF HOUSEHOLD: _____

ADDRESS OR DESCRIPTION OF THE PLACE: _____

MOINT YRINT

RUSSIAN.2 KURDISH.4 LEZGIN.6

[LANGINT]

[INTER 1]

REMARKS

SIGNATURE OF INTERVIEWER _____

OBSERVATIONS AND COMMENTARIES--INTERVIEWER

CHECKING OF THE QUESTIONNAIRE : SUPERVISOR _____

SUPERVISOR CODE: [SUPID] DATE: [DAYSUP MOSUP] YRSUP

REMARKS

REPEATED INTERVIEW BY THE SUPERVISOR YES...1 NO...2 [REPEAT]

OBSERVATIONS AND COMMENTARIES--SUPERVISOR	
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DATA ENTRY : OPERATOR CODE_____ : [OPID] DATE:[DAYOP MOOP] YROP

REMARKS

SECTION 1. PART 1A. DEMOGRAPHIC INFORMATION

1 ROSTER OF THE MEMBERS OF THE HOUSEHOLD I want to make a list of all the people who usually reside here, eat together, share expenditures in this dwelling. Include all people who were in this house on the night before the interview. WRITE FIRST THE NAME OF THE HEAD OF THE HOUSEHOLD IN THE ROSTER DO NOT WRITE THE FAMILY NAME NAME	I D E N T I F I C A T I O N C O D E	2 SEX MALE1 FEMALE2	3 RELATION TO THE HEAD OF THE FAMILY HEAD1 SPOUSE2 SON/DAUGHTER3 FATHER/MOTHER4 BROTHER/SISTER5 NEPHEW/ NIECE6 AUNT/UNCLE7 GRANDCHILD8 GRANDFATHER/GRANDMOTHER9 COUSIN10 OTHER RELATION11 NOT RELATED12 LODGER13 OTHER14	4 How old is [NAME]? NUMBER OF YEARS	5 Family status of [NAME]? READ TO THE RESPONDENT Married1 Cohabiting2 Divorced3 >7 Separated4 >7 Widow/widower5 >7 Never married6 >7	6 IDENTIFICATION CODE OF THE SPOUSE IF SPOUSE NOT IN HOUSEHOLD THEN DO NOT WRITE ANYTHING ID CODE	7 IDENTIFICATION CODE OF THE MOTHER IF MOTHER NOT IN HOUSEHOLD DO NOT WRITE ANYTHING ID CODE	8 IDENTIFICATION CODE OF THE FATHER IF THE FATHER IS NOT IN THE HOUSEHOLD DO NOT WRITE ANYTHING ID CODE
VARIABLE NAME:	PID	SEX	REL	AGEY	MAR	SID	MID	FID
MIN/MAX VALUES USED IN THE ENTRY PROGRAM	1-15	1-2	1-14	0-90	1-7	1-15	1-15	1-15
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							

PART 1B. DEMOGRAPHIC INFORMATION, continued

I D E N T I F I C A T I O N C O D E	1 Does [NAME] have common expenses with this dwelling?	2 Was [NAME] absent during the last 12 months?	3 How many months was [NAME] absent during the last 12 months?	4 What was the reason of the latest absence? WORKS SOMEWHERE IN THIS COUNTRY1 WORKS OUTSIDE OF THIS COUNTRY2 STUDIES3 ON LEAVE/VACATION4 VISITING RELATIVES5 STAYING IN A HOSPITAL/PRISON6 BORN DURING THE LAST YEAR7 ENTERED INTO MARRIAGE IN THE LAST YEAR8 DISPLACED PERSON ARRIVED DURING THE LAST YEAR9 SERVICEMAN RETURNED DURING THE LAST YEAR10 OTHER11 >> NEXT PERSON
	YES1 NO2	YES1 NO2 > NEXT PERSON	NUMBER OF MONTHS	
1	SHAREXP	ABSENT	MOABSENT	REABSENT
2	1-2	1-2	1-12	1-11
3				
4				
5				
6				
7				
8				
9				
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12				
13				
14				
15				

SECTION 2. DWELLING

Now I would like to ask you about your dwelling. When saying dwelling I mean all rooms and all separate buildings used by the members of your household. What buildings and rooms do the members of your household occupy?

PART 2A. CHARACTERISTICS OF THE DWELLING

1. MAIN TYPE OF DWELLING

- ONE FAMILY HOUSE.....1 [DOM 1-8]
SEPARATE APARTMENT.....2
COMMUNAL APARTMENT.....3
SEVERAL BUILDINGS CONNECTED.....4
SEVERAL SEPARATE BUILDINGS.....5
ROOM IN A HOSTEL.....6 > QUESTION 4
PLACE IN A HOSTEL.....7 > QUESTION 4
OTHER (SPECIFY.....).....8 > QUESTION 4

2. How many rooms does your household occupy, including bedrooms, living rooms and rooms used for family enterprises?

DO NOT COUNT TOILETS, KITCHENS, BALCONIES AND CORRIDORS [ROOMS 0-8]

3. How many (if any) of these rooms are used for family enterprise or trade?

WRITE ZERO IF ROOMS ARE NOT USED FOR BUSINESS OR TRADE. [ROOMSW 0-8]

4. How long has your household resided in this dwelling?

YEARS [YRSRES 0-90]

5. What is the total area of your dwelling taking into account living and additional premises?

SQ. M. [AREA 9-200]

PART 2B. EXPENDITURES ON DWELLING

1. Is this dwelling...

- the private property of your household?1 [OWNHH 1-3]
not the private property of your household,
but could be privatized?2
not the private property of your household,
and could not be privatized?3

2. Do you pay money, goods or services to rent this dwelling?

- YES1 [RENT 1-2]
NO2 > QUESTION 6

3. If you pay money, how much money does your household pay for the rent of this dwelling?

AMOUNT (IN MANAT) [RENTV 5000-4000000]

IF THEY DO NOT PAY, WRITE ZERO

TIME UNIT [RENTVU 3-8]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

4. Does your household provide goods or services as pay for the dwelling?

- YES1 [RENTK 1-2]
NO2 > QUESTION 6

5. What is the approximate value of the goods and services delivered by your household?

AMOUNT (IN MANAT) [RENTKV 5000-4000000]

TIME UNIT [RENTKVU 3-8]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

6. Does any person who is not a member of your household pay all or part of the rent, or provide this dwelling free of charge? For example, a relative, private employer, governmental or other social organization, private person or private organization?

- YES, PAYS RENT1 [RENTP 1-3]
YES, PROVIDES DWELLING FREE OF CHARGE2
NO3 > QUESTION 11

7. Who pays all or part of the rent or provides the dwelling free of charge?

- RELATIVE1 [RENTPW 1-5]
PRIVATE EMPLOYER.....2 >> QUESTION 11
THE STATE3
PRIVATE PERSON/AGENCY.....4
DOES NOT KNOW5

8. How did you receive this dwelling?

- HAS PAID THE WHOLE VALUE1 > Q10 [HOWACQ 1-5]
PAID INSTALLMENTS.....2
INHERITED.....3 > QUESTION 10
BUILT BY THE RESPONDENT.....4 > QUESTION 10
RECEIVED FROM THE STATE.....5 > QUESTION 10

9. What is the amount of the installment?

AMOUNT (IN MANAT) [INSTV 5000-4000000]

TIME UNIT [INSTVU 3-8]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

10. Assess, please, the amount of money for which you would rent out this dwelling to another person.

AMOUNT (IN MANAT) [RENTVAL 5000-4000000]

TIME UNIT [RENTVALU]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

11. What is the main source of water for your household?

CENTRALIZED WATER PIPE1 [WATER]
OWN SYSTEM OF WATER SUPPLY2
WELL.....3
RIVER, LAKE, SPRING, POND.....4 > QUESTION 14
RAINWATER5 > QUESTION 14
OTHER (SPECIFY.....).....6 > QUESTION 14

12. Does the water come to your household 24 hours a day?

YES1 [WATER24]
NO2

13. Where is this standing pipe or well situated?

INSIDE THE HOUSE1 [WATERW]
INSIDE THE YARD.....2
IN THE STREET3

14. What is the main source of lighting in your dwelling?

ELECTRICITY1 [LIGHT]
KEROSENE, OIL OR GAS LAMPS2 > QUESTION 16
CANDLES OR BATTERY FLASHLIGHTS3 > QUESTION 16
NO LIGHTING.....4 > QUESTION 16

15. Does the electricity come to your dwelling constantly?

YES1 [ELEC]
NO2

16. What fuel do you use most often for cooking?

GAS1 [COOK]
ELECTRICITY2
WOOD3
COAL4
KEROSENE5
OTHER (SPECIFY.....).....6
DO NOT COOK AT HOME7

17. How does your household heat the dwelling?

WATER RADIATORS
CENTRALIZED HEATING1 [HEAT]
WATER RADIATORS IN ROOMS FROM
A GAS OR COAL BOILER IN THE HOME2
ELECTRIC HEATERS3
COAL STOVE4
WOOD STOVE5
STOVES BURNING STRAW,
WEEDS, MANURE6
OTHER (SPECIFY.....).....7

18. Where is the nearest telephone used by the members of your household?

INSIDE THE DWELLING1 [PHONE]
IN A NEIGHBOR'S HOUSE2
IN THE NEAREST PUBLIC PLACE3
IN A REMOTE PUBLIC PLACE4
OTHER (SPECIFY.....).....5
TELEPHONE NOT ACCESSIBLE.....6

19. How much does your household pay for electricity?

AMOUNT (IN MANAT) [ELECV 0-10000]

IF THEY DIDN'T PAY, WRITE ZERO

TIME UNIT [ELECVU 3-8]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

20. How much does your household usually pay for heating?

AMOUNT (IN MANAT) [HEATV 0-10000]

IF THEY DIDN'T PAY, WRITE ZERO

TIME UNIT [HEATVU 3-8]
[DAY..3 WEEK..4 MONTH..5 QUARTER..6 HALF YEAR..7 YEAR..8]

>> SECTION 3

SECTION 3. EDUCATION

TO BE FILLED IN FOR ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 5 AND OLDER

I D E N T I F I C A T I O N	1 How many years in all did [NAME] spend studying?	2 Highest diploma, degree or certificate received by [NAME]? CERTIFICATE OF COMPLETING 8 CLASSES 1 CERTIFICATE OF COMPLETING SECONDARY SCHOOL 2 CERTIFICATE OF FINISHING PROF/TECH SCHOOL 3 DIPLOMA OF COMPLETING SECONDARY TECHNICAL SCHOOL 4 DIPLOMA OF COMPLETING ART, MEDICAL, OR OTHER SECONDARY SCHOOL 5 DIPLOMA OF COMPLETING A HIGHER EDUCATION ESTABLISHMENT 6 DIPLOMA OF A CANDIDATE OF SCIENCE 7 DIPLOMA OF A DOCTOR OF SCIENCE 8 DIPLOMA OF PROFESSOR 9 OTHER 10	3 Does [NAME] continue to study? YES 1 NO 2 > QUESTION 6	4 Does [NAME] eat without pay one or more times a day at school? YES 1 NO 2	5 Did [NAME] miss school for four or more weeks in the previous academic year? YES 1 NO 2 > NEXT PERSON	6 Why did [NAME] miss school or discontinue studies? FINISHED 1 DOESN'T LIKE 2 COSTS FAMILY TOO MUCH MONEY 3 NO SENSE IN CONTINUING TO STUDY AT SCHOOL 4 TEMPORARY WORK, WILL RETURN TO SCHOOL 5 IT IS NECESSARY TO WORK 6 THERE IS NOT EDUCATIONAL ESTABLISHMENT 7 ILLNESS 8 ARMENIAN AGGRESSION 9 OTHER 10 >> NEXT PERSON
	1 YEARSCH	DIPLOMA	SCHC	SCHEAT	SCHMISS	WHYMISS
2	0-20	1-10	1-2	1-2	1-2	1-10
3						
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SECTION 4. HEALTH

INCLUDE INFORMATION OF EVERY MEMBER OF THE HOUSEHOLD.

I D E N T I F I C A T I O N C O D E	1 Was [NAME] ill or injured during the last 4 weeks?	2 How many days in the last 4 weeks was [NAME] ill or suffering from injuries?	3 To whom did [NAME] apply for care for his/her illness or injury during the last 4 weeks?	4 Where was care received?	5 Has [NAME] received any vaccinations, consultations on motherhood or child care, or other prophylactic consultations for the last 12 months?
	ILL 1 CHRONICALLY ILL 2 INJURED 3 HEALTHY 4 > QUESTION 5	DAYS	DID NOT APPLY 1 Ψ5 TO A PRIVATE DOCTOR 2 TO A STATE DOCTOR 3 TO A NURSE 4 TO A FELDSHER 5 TO A PHARMACIST 6 TO A DENTIST 7 TO A TRADITIONAL HEALER 8 TO A MIDWIFE 9 TO SOMEONE ELSE 10	IN THE PATIENT'S HOME 1 IN THE HOME OF THE HEALTH WORKER 2 IN A DISPENSARY/LOCAL HOSPITAL 3 IN A DRUG STORE PHARMACY 4 IN A STATE CLINIC 5 IN A SANATORIUM 6 IN A CENTRAL RAION HOSPITAL 7 IN A EMERGENCY AID ROOM 8 AT THE DENTIST'S 9 AT THE TRADITIONAL HEALERS 10 AT ANOTHER PLACE 11	YES 1 NO 2 >> NEXT PERSON
1	ILL	ILLDAYS	WHOC	WHEREC	PREVENT
2	1-4	0-28	1-10	1-11	1-2
3					
4					
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SECTION 5 EMPLOYMENT AND INCOME

PART 5A. EMPLOYMENT AND WAGE INCLUDE INFORMATION ON ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 7 AND OLDER.

I D E N T I F Y T H E P E R S O N	1 Does [NAME] work for wages?	2 In what sector does [NAME] work? AGRICULTURE1 MINING.....2 MANUFACTURING.....3 ELECTRICITY, GAS, WATER4 CONSTRUCTION.....5 COMMERCE.....6 TRANSPORT.....7 FINANCE, REAL ESTATE, INSURANCE.....8 SERVICES9 OTHER10	3 Occupation of [NAME] EMPLOYEE1 SELF-EMPLOYED2 INDEPENDENT PROFESSIONAL3 OWNER/ EMPLOYER4 DOMESTIC SERVANT5 UNPAID FAMILY WORKER.....6	4 How much did [NAME] earn in this post last month? AMOUNT (IN MANAT)	5 Does [NAME] enjoy beneficial medical services in this post? YES1 NO2	6 Does [NAME] enjoy other services or benefits in this post? YES1 NO2	7 Has [NAME] additional work giving income? YES1 NO... ASK THE QUESTION AGAIN NO2 > NEXT PERSON	8 In what sector does [NAME] work? AGRICULTURE1 MINING.....2 MANUFACTURING.....3 ELECTRICITY, GAS, WATER4 CONSTRUCTION.....5 COMMERCE.....6 TRANSPORT.....7 FINANCE, REAL ESTATE, INSURANCE...8 SERVICES.....9 OTHER10	9 Occupation of [NAME] EMPLOYEE1 SELF-EMPLOYED2 INDEPENDENT PROFESSIONAL3 OWNER/EMPLOYER, 4 DOMESTIC SERVANTS UNPAID FAMILY WORKER.....6	10 How much did [NAME] earn in this post last month? AMOUNT (IN MANAT) >> NEXT PERSON
1	EMPLW	SECTW	OCCW	EARNW	MEDBEN	OTHSER	ADDLW	SECTAW	OCCAW	EARNAW
2	1-2	1-10	1-6	0-200000	1-2	1-2	1-2	1-10	1-6	0-200000
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4										
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PART 5B. EMPLOYMENT AND WAGE INCLUDE INFORMATION ON ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 7 AND OLDER.

I D C O D E	1 Does [NAME] do any unpaid work at a relative's village plot?	2 Does [NAME] do any unpaid work at a relative's enterprise?	3 Even if [NAME] doesn't do any unpaid work, did [NAME] participate in farm activities?	4 Did [NAME] look for a job during the last week?	5 In what sector did [NAME] look for work? AGRICULTURE 1 MINING 2 MANUFACTURING 3 ELECTRICITY, GAS, WATER 4 CONSTRUCTION 5 COMMERCE 6 TRANSPORT 7 FINANCE, REAL ESTATE 8 INSURANCE 9 SERVICES 10 OTHER 10	6 What occupation did [NAME] look for? EMPLOYEE 1 SELF-EMPLOYED 2 INDEPENDENT 3 PROFESSIONAL 3 OWNER/ 4 EMPLOYER 4 DOMESTIC SERVANT 5 UNPAID FAMILY WORKER 6 >> NEXT PERSON	7 Why didn't name look for work in the last week? WAITING FOR A RESPONSE 1 FOUND A JOB BUT HAVE NOT STARTED 2 WAITING TO START SEASONAL WORK 3 THERE IS NO GOOD JOB FOR ME 4 THERE IS NO JOB AT ALL 5 STUDYING 6 RETIRED 7 TOO OLD OR DISABLED 8 ILL 9 DON'T WANT TO WORK 10 CARING FOR CHILDREN 11 OTHER FAMILY PROBLEMS 12 REGISTERED AT EMPLOYMENT CENTER 13 >> NEXT PERSON
1	PLOTW	ENTW	FARMW	LOOKW	SECTLW	OCCLW	WHYNOTLW
2	1-2	1-2	1-2	1-2	1-10	1-6	1-13
3							
4							
5							
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PART 5C. ADDITIONAL SOURCES OF INCOME OF THE HOUSEHOLD.

I would like to ask you some questions on the income earned by the members of your household. I would like to remind you that the information gathered here is strictly confidential and will not be used for the collection of taxes in any way. This information is necessary solely to help the World Bank and the government to assess the standard of living of the population.

CODE	INCOME SOURCE	<p>1 How much has been received/earned by all the members of the household from [SOURCE OF INCOME] for the last 4 weeks?</p> <p>IF NOTHING HAS BEEN RECEIVED/EARNED, WRITE ZERO</p> <p>AMOUNT (IN MANAT)</p>
501	Sale of food products grown by members of the household	INC501 0-1000000
502	Sale of movable property belonging to the household	INC502
503	Gifts from people who are not members of the household	INC503
504	Rent of unmovable property belonging to the household	INC504
505	Pensions and pension allowances	INC505
506	Bread allowances	INC506
507	Children allowances	INC507
508	Other State allowances, in money	INC508
509	State allowances in kind (for example coal for heating or free transport, or other)	INC509
510	Goods, services, money received from non-governmental organizations (UN, Red Cross or other)	INC510
511	Other	INC511

>> SECTION 6

SECTION 6. MIGRATION

PART 6A. PLACE OF BIRTH AND MIGRATION. INCLUDE INFORMATION FOR ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 7 AND OLDER.

I D C O D E	1 Does [NAME] live in this population point since birth?	2 How many years has [NAME] resided in this place?	3 Where did [NAME] live before? GUBALDI 1 SHUSHA 2 LACHIN 3 FIZULI 4 ZENGILAN 5 AGDAM 6 KELBADJAR 7 XODJAVEND 8 DJE BRAIL 9 OTHER PARTS OF AZERBAIJAN 10 ARMENIA 11 GEORGIA 12 OTHER COUNTRIES OF THE FORMER SOVIET UNION 13 OTHER COUNTRIES 14	4 Why did [NAME] move here? FAMILY CIRCUMSTANCES 1 BECAUSE OF WORK 2 IN SEARCH OF WORK 3 SCHOOL, STUDY 4 ARMENIAN AGGRESSION 5 PERSONAL PROBLEMS 6 OTHER 7	5 Does [NAME] consider himself/herself to be... a permanent resident? 1 a forced displaced person? 2 refugee? 3 temporary resident? 4	6 What kind of work did [NAME] do in the former place of residence? OWN BUSINESS 1 MANAGER OF ENTERPRISE 2 DEPARTMENT CHIEF 3 EDUCATION WORKER 4 HEALTH SERVICE WORKER 5 SPECIALIST 6 CLERK 7 FOREMAN, TECHNICIAN 8 WORKER 9 SERVICEMAN 10 AGRICULTURAL WORKER 11 TEMPORARY WORKER 12 OTHER 13	7 Does [NAME] do similar work in this place? YES 1 > NEXT PERSON NO 2	8 Why doesn't [NAME] do similar work in this place? THERE IS NO SUCH KIND OF WORK HERE 1 THERE IS NO OPEN POST IN THIS SECTOR 2 THERE ARE NO TOOLS 3 HEALTH DOES NOT PERMIT 4 DOES NOT HAVE DIPLOMA FOR THIS WORK 5 OTHER 6 >> NEXT PERSON
1	ALWAYS	YRSHERE	ORIGIN	REAHERE	RES	WORKF	WORKSIM	WORKREA
2	1-2	0-99	1-14	1-7	1-4	1-13	1-2	1-6
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

PART 6B. HOUSEHOLDS OF DISPLACED PERSONS

1. Are there any displaced persons in this household?

YES 1 [IDP 1-2]
NO 2 > SECTION 7

2. How long ago did your family leave your previous home?

YEARS: [YRSLEFT 0-5]

3. How many times did you change your place of residence after you left your previous home and settled here?

NUMBER OF TIMES [TIMEMOV 0-5]

4. Are all members of your household here with you?

YES 1 [MEMHERE]
NO 2

5. Was any member of your household injured or disabled during the war or when you were leaving your previous home?

YES 1 [MEMINJ]
NO 2

6. How many people from your previous place of residence live in this population point?

ALL 1 [PEOHERE]
MANY 2
SOME 3
NO ONE 4

7. Do you have contact with leaders of the administration of your previous place of residence?

YES 1 [LEADER]
NO 2 > QUESTION 9

8. Does this leader work regularly, for example when settling disputes or in setting up contact with organizations rendering assistance?

YES 1 [LEADREG]
NO 2

9. If peace were achieved, would you return to your previous home?

YES 1 > Q11 [RETURN]
NO 2

10. Why will you not return?

LIST IN ORDER OF IMPORTANCE

A. _____

B. _____

C. _____

11. Does your family receive the following kinds of assistance from the government?

11A. Food products YES...1 NO...2 [FOODAID]

11B. Money allowances YES...1 NO...2 [MONEYAID]

11C. For education YES...1 NO...2 [EDUCAID]

11D. For medical service YES...1 NO...2 [HEALAID]

12. Do you receive this assistance...

regularly? 1 [FREQAID]
seldom? 2
never? 3

13. Do you receive assistance from other organizations?

YES 1 [OTHAID]
NO 2 > PART 6C

14. From what organizations?

14A. WORLD FOOD PROGRAM YES...1 NO...2 [WFP]

14B. SAVE THE CHILDREN YES...1 NO...2 [STC]

14C. RED CRESCENT AND RED CROSS YES..1 NO...2 [RC]

14D. UNICEF YES..1 NO...2 [UNICEF]

14E. OTHER YES..1 NO...2 [OTHORG]
(SPECIFY _____)

PART 6C. PROPERTY

C O D E PRO -PID	PROPERTY	1 Did you have [PROPERTY] in your previous place of residence? YES1 NO2 > NEXT PROPERTY	2 Did you manage to bring with you [TYPE OF PROPERTY]? YES1 > NEXT PROPERTY NO2	3 Do you know what happened to your [PROPERTY]? YES, BURNED.....1 YES, DESTROYED BY OTHER MEANS.....2 YES, TAKEN AWAY BY OTHER PEOPLE.....3 YES, OCCUPIED BY OTHER PEOPLE.....4 YES, OTHER.....5 NO.....6	4 Will you receive [TYPE OF PROPERTY] upon your return? YES.....1 NO.....2 UNSURE.....3 >> NEXT PROPERTY
		LEAVEPR 1-2	BRINGPR 1-2	KNOWPR 1-6	RECVPR 1-3
601	House		XXXXXXXXXXXX		
602	Apartment		XXXXXXXXXXXX		
603	Dacha		XXXXXXXXXXXX		
604	Garden plot		XXXXXXXXXXXX		
605	Land for farming		XXXXXXXXXXXX		
606	Cattle				
607	Sheep				
608	Goats				
609	Poultry				
610	Agricultural machinery				
611	TV and other audio-video				
612	Refrigerator				
613	Car				
614	Jewelry				
615	Furniture, carpets, rugs	XXXXXXXXXX			
616	Household utensils	XXXXXXXXXX			
617	Clothes, personal objects	XXXXXXXXXX			

SECTION 7 CONSUMPTION AND EXPENDITURES

PART 7A. GENERAL EXPENDITURES

1. Please tell about your approximate expenditures for the last month.

CODE: [700] AMOUNT (IN MANAT): [] TIME UNIT: [5]

EXPENDITURE BY ITEM	C O D E	1	
		How much money did your household spend for the last month?	
EXPID	O F G O O D		UNIT OF TIME DAY 3 WEEK 4 MONTH 5 QUARTER 6 HALF YEAR 7 YEAR 8
		AMOUNT (IN MANAT)	
Food products consumed at home	701	AMTEXP	EXPU
Food consumed in cafeterias, canteens and restaurants	702	0-50000	3-8
Non-food products used at home such as matches, candles, soap, razor blades, broom	703		
Durable items, for example furniture, carpets, household technology	704		
Expenditures for transportation: public transportation, use of automobile, petrol, diesel fuel	705		
Footwear and clothing	706		
Cigarettes and alcohol	707		
Money, gifts to people who are not members of household	708		
Medical items and drugs	709		
Payment for medical services (including informal)	710		
Textbooks, school uniforms, other school items	711		
Payment for studying at school, tutors, additional studies at school	712		
Paid services	713		
Assistance to the household	714		
Lottery tickets	715		
Books, magazines, newspapers	716		
Cultural and sport arrangements	717		

PART 7B. EXPENDITURES AND CONSUMPTION OF FOOD PRODUCTS

FOOD PRODUCTS	P R O D U C T C O D E P R O D I D	1 How much did your household spend on [PRODUCT] for the last 7 days? AMOUNT (IN MANAT)	2 What is the value of the [PRODUCT] received as a gift from people outside of the household during the last 7 days? AMOUNT (IN MANAT)	3 What is the value of the [PRODUCT] grown in your household and consumed in the last 7 days? AMOUNT (IN MANAT)
Bread and wheat flour	201	PRODAMT	PRODGFT	PRODGRO
Groats	202	0 50000	0 50000	0 50000
Macaroni products	203			
Other grain products	204			
Onions, garlic	205			
Potatoes	206			
Other Vegetables	207			
Apples	208			
Melons, watermelons	209			
Other fruit	210			
Preserved fruits, vegetables	211			
Beef	212			
Other meat products	213			
Eggs	214			
Fresh milk	215			
Other dairy products	216			
Vegetable oil, animal fat	217			
Tea, coffee	218			
Salt	219			
Sugar	220			

SECTION 8. LIST OF DURABLE GOODS

ASK QUESTION 1 FOR EVERY ITEM, THEN ASK QUESTIONS 2-3 ON EVERY ITEM OF OWNED PROPERTY

DURABLE GOOD	ITEM	1 Do the members of your household own [ITEM]? YES 1 NO 2 > QUESTION 3	2 When was this [ITEM] acquired, if there are two or more, when was the most valuable item acquired? YEAR > NEXT ITEM	3 Did you sell [ITEM]? YES 1 NO 2 >> NEXT ITEM
ITEM	DURID			
Range	801	OWNDUR	YRDUR	SELLDUR
Refrigerator	802	1 2	1945 1995	1 2
Sewing machine	803			
Air conditioner	804			
Stereo or mono record player/tape recorder	805			
Radio	806			
TV	807			
Camera	808			
Bicycle	809			
Motorcycle	810			
Passenger Automobile	811			

>> SECTION 9

SECTION 9 AGRICULTURE

PART 9A AGRICULTURAL ACTIVITY

1. Does your household or any member of your household own land?

YES 1 [OWNLAND]
NO 2 > QUESTION 15

2. How much land, all in all, does your household own?

NUMBER OF HECTARES: [1 SOTKA = 0,01 HECTARES] [HOWN]

3. Is any part of this land being used by the members of your household for growing plants or raising animals?

YES 1 [FARML]
NO 2 > QUESTION 12

4. How many hectares of land are being used this year for growing plants?

NUMBER OF HECTARES: [1 SOTKA = 0,01 HECTARE] [HCROP]

5. What is the primary crop grown this year?

..... [CROP]

6. How many hectares are being used this year for raising animals?

NUMBER OF HECTARES: [1 SOTKA = 0,01 HECTARES] [HANI]

7. Do members of your household hire other people for the work on this land?

YES 1 [OTHWORK]
NO 2 > QUESTION 9

8. How much are those people paid all in all this year for their work on this land?

AMOUNT (IN MANAT): [OTHPAID 0 500000]

9. How much money was spent this year on fertilizers and chemicals to be used on this land?

AMOUNT (IN MANAT): [FERTV 0 1000000]

10. How much would you assess the general cost of the harvest from this land this year to be?

AMOUNT (IN MANAT): [HARV 0 1000000]

11. How much would you assess the general cost of the animals raised on this land that were sold or consumed in the household this year to be?

AMOUNT (IN MANAT): [ANIV 0 1000000]

12. Did any members of the household rent out land for a short period of time to a person who is not a member of the household during the last 12 months?

YES 1 [LRENT]
NO 2 > QUESTION 15

13. How many hectares of land were rented out to other persons?

HECTARES: [HRENT]

14. How much money and what is the value of goods and services received for the last 12 months for the usage of this land?

AMOUNT (IN MANAT): [LRENTV]

15. Does any member of the household grow crops or raise animals on land that does not belong to the household?

YES 1 [RENTIN]
NO 2 > PART 9B

16. Who is the owner of the land that is used to grow agricultural crops or raise animals?

A RELATIVE, NOT A MEMBER OF THE HOUSEHOLD 1 [RENTINW]
AN ACQUAINTANCE OF A HOUSEHOLD MEMBER 2
A PRIVATE PERSON, NOT RELATED 3
THE STATE 4
THE CAMP FOR DISPLACED PERSONS 5

17. How much money was paid out and what is the value of the goods or services that have been transferred for the usage of this land this year?

AMOUNT (IN MANAT): [RENTINV 0 300000]

18. How much money was spent this year for fertilizers and chemicals for use on this land?

AMOUNT (IN MANAT): [RENTINF 0 100000]

19. How much do you assess the general cost of the harvest from this land this year to be?

AMOUNT (IN MANAT): [RENTINH 0 1000000]
>> PART 9B

PART 9B AGRICULTURAL PROPERTY

C O D E	PROPERTY	1 Do the members of your household own [PROPERTY]? YES1 NO2 > NEXT PROPERTY	2 How many of [PROPERTY] do you own? NUMBER	3 What is the total value of the [PROPERTY] owned by the members of the household? AMOUNT (IN MANAT) >> NEXT PROPERTY
901	Cattle	AGOWN	AGNUM	AGVAL
902	Sheep	1 2	1 5	10000 500000
903	Horses			
904	Goats			
905	Pigs			
906	Poultry			
907	Trailer			
908	Tractor			
909	Plow			
910	Cart			
911	Thresher			
912	Trucks			
913	Hoes, axes, sickles, shovels, spades			