

Household number 1 to 9

TOTAL NUMBER OF HOUSEHOLD MEMBERS

LOCATION: URBAN 1 RURAL 2

(To be completed by supervisors)

DATE OF INTERVIEW

TIME: BEGINNING OF INTERVIEW

END OF INTERVIEW

TAJIKISTAN PANEL SURVEY, 2009 MAIN QUESTIONNAIRE

Name of enumerator	Code
Name of field supervisor	Code
Name of data entry operator	Code

FROM TLSS07

TLSS PSU	HH No.

Oblast	
Hukumat (Raion)	
Djamoat	
Village Name	
Personal Account No.	Name of Household Head

The information collected will be used only for statistical purposes and is strictly confidential.

QUESTIONNAIRE ____ OF ____

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INSTRUCTION FOR MODULE 1: HOUSEHOLD ROSTER

THE HEAD OF THE HOUSEHOLD SHOULD BE THE PRIME FOR RESPONDING THE QUESTIONS OF MODULE 1. IF HE/SHE IS NOT AVAILABLE, THEN THE MOST

NAME OF RESPOND		NAME OF COMPLETING QUESTION 1 OF MODULE 1 "HH ROSTER"		ID code in Q. 5
		01	Name of HH head (man or woman)	1
RESPONDENT'S ID CODE		02	Name of his/her spouse	2
		03	Name of HH head's eldest son (daughter) with own family	3
		04	Name of his/her spouse	4
		05	Name of his/her son (daughter)	8
		06	Name of his/her son (daughter)	8
		07	Name of next elder son (daughter) of HH head	3
		08	Name of his/her spouse	4
		09	Name of his/her son (daughter)	8
		10	Name of his/her son (daughter)	8
		11	Name of HH head's son/daughter without spouse, but w/children	3
		12	Name of his/her son (daughter)	8
		13	Name of HH head's son (daughter) (not married with no	3
		14	Name of HH head's son/daughter (not married with no children)	3
		15	Name of father or mother of HH head	5
		16	Name of HH head's spouse's mother (mother-in-law)	6
		17	Name of HH head's nephew	10
		18	Other relative of HH head	11
		19	Other non-relative of HH head	13
		20		

INSTRUCTIONS FOR COMPLETING "HOUSEHOLD ROSTER":

List in question 1 at page 6 names of all the people who were living and having their meals in the selected household during the last 12 months. Write down in the FOLLOWING ORDER:

HOUSEHOLD MEMBERS SHOULD BE ARRANGED INTO FAMILIES, I.E. A HUSBAND, A WIFE, THEIR CHILDREN. WRITE DOWN FULL NAME OF EACH FAMILY MEMBER, ID CODE, SEX AND AGE.

Ask household members who is the head of HH and record under number 1.

Next, record spouse of the HH head, if available, under number 2.

Next, ONLY HH head's children who have own families, starting with the eldest

If HH head has several children with their families, list them in the same order.

If HH head has no more children with their families, list the remaining children starting with the eldest and down.

Next, HH head's relative with spouse and children residing in this HH.

Next relative of HH head with spouse and children.

Then relatives with no families.

Then non-relatives

MODULE 1: HOUSEHOLD ROSTER

	(1)	(2)	(3)	(4)
I D C O D E	NAMES OF HOUSEHOLD MEMBERS: MAKE A COMPLETE LIST OF ALL CONCERNED THEN FILL IN THE REST OF THE QUESTIONS	SEX:	How old is [NAME]? Age in completed years. If less than one year old, write 0.	RELATIONSHIP TO HEAD:
				HEAD 1
				SPOUSE/PARTNER 2
				SON/DAUGHTER 3
				SON/DAUGHTER-IN-LAW 4
				FATHER/MOTHER 5
				FATHER/MOTHER-IN-LAW 6
				SISTER/BROTHER 7
				GRANDCHILD 8
				GRANDPARENT 9
				NIECE/NEPHEW 10
				OTHER RELATIVE 11
				NOT RELATED 12
NAME		YEARS		

01				
02				
03				
04				
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10				
11				
12				
13				
14				
15				

HEAD OF HOUSEHOLD

MODULE 1: HOUSEHOLD ROSTER

(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Does the spouse/partner of [NAME] live in this household now?	Copy the ID CODE of the spouse/ partner of [NAME].	Does the mother of [NAME] live in this household now?	COPY THE ID CODE OF THE MOTHER	Does the father of [NAME] live in this household now?	COPY THE ID CODE OF THE FATHER	How many months during the last 12 months has [NAME] been away?	What was the reason for the latest absence?
						If none, record 0 and go to Module 2.	Working in another part of the country 1
							Working in another country in the CIS 2
							Working in another country outside the CIS 3
							Studying 4
							On leave/vacation 5
							visiting relatives 6
							in hospital 7
							in prison 8
							in the army 9
							on business trip 10
YES 1		YES 1		YES 1			other 11
NO 2 >> 11		NO >> 13 2		NO >> 15 2		CUMULATED MONTHS	
	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE		

01								
02								
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FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART A: INTERNAL MIGRATION

I D C O D E	(1)	(2)		(3)	(4)	(5)	(6)		(7)	(8)		(9)		
	Prior to the current residence, has [NAME] ever lived in a different rayon in Tajikistan or did [NAME] move to Tajikistan from another country?	Which rayon or country did [NAME] move from?	SEE CODES AT END OF QUESTIONNAIRE	Why did you move from [RAYON OR COUNTRY COL 2] to here?	In what year did [NAME] move to the current residence?	Prior to this residence in [RAYON COL 2] did [NAME] live in a different rayon in Tajikistan?	SEE CODES AT END OF QUESTIONNAIRE	In which rayon did [NAME] live before [RAYON COL. 2]?	Why did you move from [RAYON COL 6] to [RAYON COL 2]?	SEE CODES AT END OF QUESTIONNAIRE	In which rayon did [NAME] live in 1992?	SEE CODES AT END OF QUESTIONNAIRE	In which rayon or country was [NAME] born?	SEE CODES AT END OF QUESTIONNAIRE
01	YES 1													
02	NO 2 >> 9													
03														
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INTERVIEWER: If the head of household has been absent for 12 months or more, after completing Part A, go to Part C for the head of household.

FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION

I D C O D E	(1) Now we will talk about migration to another country. Did you ever migrate abroad for a total time of at least one month since January 1, 2006? (EXCLUDE FAMILY VISITS, BUSINESS TRIPS, VACATION, HEALTH) YES 1 NO 2 >>23	(2) In what year and month did you <u>most recently</u> migrate abroad for at least one month?		(3) How long did you remain away during this <u>most recent</u> migration episode?	(4) What was the most important reason you migrated abroad during this <u>most recent</u> migration episode? TO WORK/LOOK FOR WORK 1 TO JOIN FAMILY/MARRY 2 MOVING WITH FAMILY 3 STUDY 4 SECURITY 5 HEALTH 6 FAMILY VISIT 7 VACATION 8 OTHER 9 IF CODES 6, 7 OR 8, ASK QUESTION 1 AGAIN	(5) What country and city did you go to during this <u>most recent</u> migration episode? RUSSIA 1 KAZAKHSTAN 2 OTHER CENTRAL ASIA 3 OTHER CIS 4 GERMANY 5 TURKEY 6 USA 7 OTHER NON-CIS 8 CITY CODE WILL BE FILLED BY SUPERVISOR			(6) What was the main reason you chose to migrate to [COUNTRY COL 5]? HAVE BEEN TO THE COUNTRY BEFORE 1 HAD CONTACTS- RELATIVES 2 HAD CONTACTS - FRIENDS 3 CONTACTS, ACQUAINTANCES 4 CLOSE DISTANCE, EASY TO REACH 5 EASIER TO GET VISA 6 STUDIES 7 TO JOIN HOUSEHOLD MEMBER 8 UNABLE TO PROCEED TO INTENDED DESTINATION 9 GRABBED OPPORTUNITY 10 HAD WORK/JOB ARRANGED 11 I DID NOT DECIDE; I MOVED WITH FAMILY 12 OTHER (specify) _____ 13	(7) Did you take any work related training course in order to improve your chances to find a job abroad or your salary for your work abroad? YES 1 NO 2 >>11
	YEAR	MONTH	NUMBER OF MONTHS	COUNTRY CODE	CITY	CODE				
01										
02										
03										
04										
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10										
11										
12										
13										
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15										

FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION MODULE 2: MIGRATION

	(8) Did you participate in training to improve your language skills?	(9) Did you participate in training to improve your manual skills?	(10) Did you participate in training to improve your computer or technical skills?	(11) Did you require a visa to enter the country?	(12) Did you have this visa before you entered the country?	(13) Did you obtain legal residence during this migration episode?	(14) Did you find work or start work during this most recent migration episode?	(15) Did you have a work permit prior to starting work?	(16) Did you get a work permit after you started working?	(17) Was this job pre-arranged before leaving?	(18) What was your main occupation, i.e. the occupation in which you spent the most of the time period during this migration episode?
I D C O D E	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1	YES 1 >>17	YES 1	YES 1	CODE TO BE FILLED IN BY SUPERVISOR
	NO 2	NO 2	NO 2	NO 2 >>13	NO 2	NO 2	NO 2 >>23	NO 2	NO 2	NO 2	
	OCCUPATION										
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02											
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FOR AGES 14 AND OLDER

MODULE 2: MIGRATION

PART B: INTERNATIONAL MIGRATION

		(19)	(20)	(21)	(22)	(23)	(24)	(25)
		What was your average monthly (net) income in this job? PLEASE TELL ME IN US DOLLARS	Who provided information on where to go and/or how to find work during this most recent migration episode? MAIN SOURCE	What was the main source of funding of this migration episode? SALE OF HOME 1 SALE OF LAND 2 SALE OF OTHER ASSETS 3 SAVINGS 4 ASSISTANCE FROM FAMILY MEMBERS ABROAD 5 ASSISTANCE FROM FAMILY MEMBERS IN TAJIKISTAN 6 LOAN FROM RELATIVE 7 LOAN FROM FRIEND 8 LOAN FROM OTHER 9 HELP FROM MIGRATION SPECIALIST 10 OTHER (specify) 11	What is the main reason you returned to Tajikistan? COULD NOT GET RESIDENCE PERMIT 1 COULD NOT GET WORK PERMIT 2 PERMIT EXPIRED 3 NO INTENTION TO STAY 4 ACCUMULATED ENOUGH MONEY 5 SEASONAL WORK 6 WAS EXPELLED 7 FAMILY REASONS 8 HOMESICK 9 TO ATTEMPT LEGALIZATION OF HOUSE OR LAND 10 OTHER (specify) 11	Are you planning to migrate within the 12 months? YES 1 NO 2 >> 25 DON'T KNOW 3 >> 25	To which country? RUSSIA 1 KAZAKHSTAN 2 OTHER CENTRAL ASIA 3 OTHER CIS 4 GERMANY 5 TURKEY 6 USA 7 YES 1 OTHER NON-CIS 8 NO 2 >> 27	During the period of 1992 through 2000, did you migrate abroad for a total time of at least one month?
CODE	DOLLARS						COUNTRY	CODE
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15								

FOR AGES 14 AND OLDER

PART B: INTERNATIONAL MIGRATION

I D C O D E	(26) In how many of the years did you migrate abroad during the period of 1992 through 2000?	(27) During the period of 2001 through 2009, did you migrate abroad for a total time of at least one month?	(28) In how many of the years did you migrate abroad during the period of 2001 through 2009?	(29) Please tell me if you were at home, elsewhere in Tajikistan or abroad in each of the last 24 months, since October 2007.											
	RESPONSE CAN BE BETWEEN 1 AND 9	YES 1 NO 2 >>29	RESPONSE CAN BE BETWEEN 1 AND 9	1 At home 2 In Tajikistan, but not in household 3 Abroad											
				2007			2008			2007			2008		
				OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
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2009

	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
01													
02													
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HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD[illegible]

HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD

MODULE 2: MIGRATION										PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD							
(8) What language(s) does [NAME] speak? LIST UP TO THREE			(9) In what month and year did [NAME] leave the household?		(10) What was [NAME] doing when he or she left the household?		(11) What was the main occupation of [NAME] at the time of leaving the household?		(12) What country and city does he or she currently live in?			(13) In what year did [NAME] move to [COUNTRY]?	(14) Did [NAME] need a visa to enter [COUNTRY]?	(15) Did [NAME] have a visa before going to [COUNTRY]?			
I D C O D E TAJIK 1 UZBEK 2 RUSSIAN 3 KYRGYZ 4 TATAR 5 TURKMEN 6 KAKZAK 7 ENGLISH 8 FARSI 9 GERMAN 10 FRENCH 11 OTHER (SPECIFY) 12 LANG 1 LANG 2 LANG 3			YEAR MONTH		WORKING 1 UNEMPLOYED 2 >>13 STUDENT/PUPIL 3 >>13 HOUSEWIFE 4 >>13 RETIRED 5 >>13 HANDICAPPED 6 >>13 MILITARY 7 >>13 OTHER 8 >>13		OCCUPATION CODE		RUSSIA 1 CENTRAL ASIA 2 OTHER CIS 3 WEST EUROPE 4 EAST EUROPE 5 TURKEY 6 USA 7 OTHER 8 DONT KNOW 9 CITY CODE TO BE FILLED IN BY SUPERVISOR			COUNTRY CODE	CITY	CODE	YEAR	YES 1 NO 2 >>17 DK 3 >>17	YES 1 NO 2 DK 3
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22																	
23																	
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32																	
33																	
34																	
35																	

HEAD OF HOUSEHOLD

MODULE 2: MIGRATION				PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD							
I D C O D E	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	
	Did [NAME] get any assistance to move to [COUNTRY]?	Who did [NAME] get assistance from?	Did [NAME] pay for the assistance?	Does [NAME] currently work in [COUNTRY]?	What is the current main occupation of [NAME]?	Did [NAME] have a work permit prior to getting this job?	Did [NAME] get a work permit after starting this job?	What is [NAME's] average monthly (net) income in this job? PLEASE TELL ME IN US DOLLARS	Did [NAME] remit to this household, in cash, at any point during the last 12 months?	What is the value of all remittances in cash that [NAME] sent during the last 12 months on average per month?	
		READ ALL			CODE TO BE FILLED IN BY SUPERVISOR			IF DON'T KNOW WRITE 99			
	YES 1	Friend or relative 1	YES 1	YES 1		YES 1 >>24	YES 1		YES 1		
	NO 2 >>20	Migration specialist 2 >>20	NO 2	NO 2 >>25		NO 2	NO 2		NO 2 >>27		
	DK 3 >>20		DK 3	DK 3 >>25		DK 3	DK 3				
				OCCUPATION	CODE		DOLLARS		DOLLARS		
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HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD

I D C O D E	(26)	(27)	(28)	(29)												
	Did [NAME] remit to this household, in kind, at any point during the last 12 months?	What is the value of all remittances in kind that [NAME] sent during the last 12 months on average per month?	What was the main method [NAME] used to remit cash or in-kind over the last twelve months?	Please tell me if [NAME] was at home, elsewhere in Tajikistan or abroad in each of the last 24 months since October 2007.												
			READ ALL	1 At home 2 In Tajikistan, but not in household 3 Abroad												
	YES 1 NO 2>>30		FOREIGN BANK 1 TAJIK BANK 2 BROUGHT BY SELF 3 SENT WITH OTHERS 4 HAVALA SYSTEM 5													
	DOLLARS			2007			2008									
				OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
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HEAD OF HOUSEHOLD

MODULE 2: MIGRATION

PART C: FAMILY MEMBERS LIVING AWAY FROM THE HOUSEHOLD

I D C O D E												
			2009									
	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
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CHILDREN 3 TO 6 YEARS OLD

MODULE 3: EDUCATION

PART A: PRE-SCHOOL

	(1)	(2)	(3)	(4)
I D C O D E	Did [NAME] attend preschool in the 2008-09 year?	What is the main reason [NAME] did not attend preschool in 2008-09?	What type of preschool was this?	How much did you pay per month? (Official and unofficial payments)
		NONE AVAILABLE	1	
		TOO YOUNG	2	
		TOO EXPENSIVE	3	
		TOO FAR	4	
		NOT GOOD QUALITY CARE	5	
		PREFER TO KEEP AT HOME (NO NEED)	6	
		CHILD DISABLED	7	
		NO PLACES IN SCHOOL	8	
		ATTENDING BAS GRD 1 >>B	9	
	YES 1 (>>3)	OTHER (SPECIFY) 10	STATE 1	
			COMPANY BASED 2	
	NO 2		PRIVATE 3	
		(>>NEXT MODULE)		SOMONI
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14				
15				

AGES 6 AND OLDER

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(1)	(2)	(3)	(4)	(5)	(6)	
	Can you read?	Can you write?	Have you ever attended any educational institution (school, medrasa, PTU, college, etc)?	What is the highest diploma you have obtained? (do not include incomplete degrees)	Did you enroll in an educational institution last academic year (2008-2009)?	In what grade were you enrolled in during the last academic year (2008-2009)? In which level?	
				NONE	0	PRIMARY	1 1 to 4
				PRIMARY	1	BASIC	2 5 to 9
				BASIC (Grades 1-8(9))	2	SECONDARY GENERAL	3 10 to 11
				SECONDARY GENERAL	3	SECONDARY SPECIAL	4 1 to 2
				SECONDARY SPECIAL	4	SECONDARY TECHNICAL	5 1 to 4
				SECONDARY TECHNICAL	5	HIGHER EDUCATION	6 1 to 5
	YES, EASILY	1 YES, EASILY	1	HIGHER EDUCATION	6 YES 1	GRADUATE SCHOOL/ASPIRANTURA	7
YES, WITH DIFFICULTY	2 YES, WITH DIFFICULTY	2	GRADUATE SCHOOL/ASPIRANTURA	7 NO 2 >> Next person			
NO	3 NO	3					
					LEVEL	CLASS/COURSE	
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02							
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AGES 6 AND OLDER

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	How much did your household spend on your education in the past academic YEAR (2008-2009) for: (IF HOUSEHOLD CANNOT SEPARATE COSTS, PUT THE TOTAL IN COLUMN 25)								In addition to formal fees and charges you already mentioned, in the last academic school year (2008-09) did your household provide assistance, either in cash and in-kind, for your education expenditures: (if in-kind, please estimate value of work or gift - examples of in-kind contributions are flowers, chocolates, fuel, construction material, ...)	Did you receive a scholarship or subsidy to support your education for the 2008-2009 school year?	What is the value of the scholarship or subsidy received for the past academic year?	Did you receive any private tutoring during last academic year (2008-2009)? Include even if was free of charge.
	School fees and tuition?	School uniforms (just for pupils)	Textbooks and other instruction materials	Educational supplies (pens, notebooks, etc.)	Meals and/or lodging?	Building repair, purchase of educational equipment and other similar expenses	Other expenses (do not include tutoring expenses)	Total Amount of costs for columns 18-24				
	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	CASH OR IN-KIND YES 1 NO 2 SOMONI	SERVICE YES 1 NO 2 NUMBER OF HOURS	YES 1 NO 2 (> 18)	YES 1 NO 2 >>next person
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PART B: SCHOOL (6 YEARS AND OVER)

I D C O D E	(19)	(20)	(21)
	Did you pay for the tutoring?	How much did you pay per hour?	How much did you spend per month on average for this tutoring in the past academic year (2008-2009)?
		IF MORE THAN ONE PRICE, TAKE AVERAGE	
	YES 1 NO 2 >>next person		
		SOMONI	SOMONI

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ALL HOUSEHOLD MEMBERS

MODULE 4: HEALTH

PART A: UTILISATION OF OUTPATIENT HEALTH CARE

[illegible]

ALL HOUSEHOLD MEMBERS

MODULE 4: HEALTH

PART B: HOSPITALIZATION

I D C O D E	(1)	(2)	(3)	(4)						
	During the past 12 months, has [NAME] been hospitalised overnight for any reason?	How many times was [NAME] hospitalised overnight during the past 12 months?	What type of hospital did [NAME] receive treatment in the last time?	How much did you or your family pay for each of the following during the last hospital stay?						
				IF DID NOT PAY, WRITE "0"						
				a. official co-payment or Government-approved price	b. food	c. medicine	d. other supplies	e. laboratory charges	f. physician charges	g. ancillary staff (chargee.g. nurses, lab technicians)
	YES 1 NO 2 (>> NEXT MODULE)	NUMBER	CENTRAL RAION HOSPITAL 1 CITY HOSPITAL 2 MEDICAL-SANITARY UNIT 3 MATERNITY HOSPITAL 4 CENTER (DISPENSARY) 5 OBLAST HOSPITAL 6 NATIONAL CENTER (REPUBLIC HO 7 ENTITY HOSPITAL 8							
01										
02										
03										
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HEAD OF HOUSEHOLD

MODULE 4: HEALTH

PART C: ACCESS TO HEALTH CARE

(1) During the last 12 months, finding the money to pay for health care for the members of your household has been:

IMPOSSIBLE	1	
DIFFICULT	2	
NOT DIFFICULT	3 (>>3)	
NO ONE HAS NEEDED HEALTH CARE	4 (>>7)	

(2) Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for members of your household? (CHECK ALL THAT APPLY)

YES	1	BORROW MONEY	
NO	2	SELL FARM ANIMALS	
		SELL PRODUCE	
		SELL VALUABLES	
		OTHER (Specify _____)	

(3) In the past 12 months, how many times has someone in your household been ill but you delayed seeking help or did not seek help at all?

ONCE	1	
TWICE	2	
THREE TIMES	3	
FOUR OR MORE TIMES	4	
NONE	5 (>> 7)	

(4) What was the reason for delaying or not seeking help?

THOUGHT THEY WOULD GET BETTER WITHOUT DOING ANYTHING	1	
THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS	2	
THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD	3	
COULD NOT AFFORD TO PAY	4	
IT WAS TOO FAR AWAY	5	
OTHER (Specify _____)	6	

(5) In the past 12 months how many times has someone in your household been referred to the hospital but not gone?

ONCE	1	
TWICE	2	
THREE TIMES	3	
FOUR OR MORE TIMES	4	
NONE	5 (>> 7)	

(6) What was the main reason for not going to the hospital?

POOR CONDITIONS IN THE HOSPITAL	1	
THOUGHT THAT THINGS WOULD GET BETTER	2	
UNABLE TO AFFORD TREATMENT	3	
UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE	4	
REFERRED TO ANOTHER HOSPITAL	5	
DISTRUST OF HEALTH PERSONNEL	6	
IT WAS TOO FAR	7	
OTHER (Specify _____)	8	

(7) Has anyone in your household ever been refused health care?

YES	1	
NO	2 (>> 9)	

(8) Was the main reason for this refusal?

COULD NOT AFFORD	1	
SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS	2	
UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES	3	
OTHER (Specify _____)	4	

(9) Are any members of your household entitled to purchase medicines at a discount?

YES	1	
NO	2 >>12	

(10) Have they always been able to exercise this right when medicines are needed?

YES	1 (>> 12)	
NO	2	

(11) What is the main reason they have not been able to purchase medicines at a discount?

DO NOT HAVE THE DOCUMENTS	1	
SHORTAGE OF MEDICINES	2	
DOCTORS RELUCTANT TO PRESCRIBE THESE MEDICINES	3	
EVEN WITH DISCOUNT, DIFFICULT TO AFFORD	4	
OTHER (Specify _____)	5	

(12) Is any household member entitled to free health care on the basis of social status or a disease?

YES	1	
NO	2	
DON'T KNOW	-8	

AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART A: LABOUR FORCE PARTICIPATION IN LABOUR MARKET

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
I D C O D E	During the past 14 days, have you worked for someone who is <u>not a member of your household</u> , for example, a public or private enterprise or company, an NGO or any other individual?	During the past 14 days, have you worked on a <u>farm owned or rented by you</u> or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	During the past 14 days, have you worked <u>on your own account</u> or in a business enterprise belonging to you or someone in your household, for example, as a trader, shopkeeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	CHECK THE ANSWERS TO QUESTIONS 1, 2 AND 3. (WORKED IN LAST 14 DAYS)	Although you reported no work in the past 14 days, have you done <u>any occasional job</u> as sold goods in the street, helped someone for their business, sold some homemade products, washed cars, repaired cars etc. during this period?	Do you have a permanent/long term job <u>even though you did not work in the last 14 days</u> from which you were temporarily absent?	What is the main reason that you did not work in the last 14 days although having a job?	During the past month, have you tried in any way to find a job or start your own business?
							OWN ILLNESS	1
							MATERNITY LEAVE	2
							HOUSEHOLD MEMBER SICK	3
							HOLIDAYS	4
							WORK SUSPENSION	5
							TEMPORARY WORK LOAD REDUCTION	6
							ENTERPRISE CLOSURE	7
							BAD WEATHER	8
							SCHOOL EDUC/TRAINING	9
						ANNUAL LEAVE	10	
						UNREIMBURSABLE LEAVE	11	
						VERY LITTLE SALARY	12	
YES	1	YES	1	ANY YES 1 (>>PART B)	YES 1 (>>PART B)	YES 1	WORK IN OTHER COUNTRY	13
NO	2	NO	2	ALL NO 2	NO 2	NO 2 (>>8)	OTHER (SPECIFY)	14
							(>>PART B)	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART A: LABOUR FORCE PARTICIPATION IN LABOUR MARKET

	(9)	(10)	(11)
	What is the main reason you did not look for a job in the past 30 days? (MOST IMPORTANT REASON)	What kind of efforts did you put to find a job? (MOST IMPORTANT WAY)	How many months have you looked for a job?
I D C O D E	STUDENT/PUPIL 1		(IF LESS THAN 1 MONTH WRITE 0) GO TO PART D
	HOUSEWIFE 2		
	IN RETIREMENT 3		
	HANDICAPPED 4		
	IN MILITARY SERVICE 5		
	HAVE ALREADY FOUND A JOB WHICH WILL START LATER 6		
	AWAITING RECALL BY EMPLOYER 7		
	WAITING FOR BUSY SEASON 8		
	DO NOT WANT TO WORK 9		
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB. 10		
	NO JOBS 11		
	OTHER (SPECIFY) 12		
	THROUGH FRIENDS/RELATIVE 2		
	RESPONDED TO MEDIA AD 3		
	PUT AD IN PAPER 4		
	EMPLOYER CONTACTED YOU 5		
	CONTACTED EMPLOYER 6		
	TRIED TO START OWN BUSINESS 7		
	TOOK PART IN TEST FOR JOB 8		
	OTHER (SPECIFY) 9		
	GO TO PART D	MONTHS	
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

AGES 14 AND OLDER

MODULE 5: LABOUR

PART B: OVERVIEW LAST 14 DAYS

I would like to ask you some questions about all jobs you did during the last 14 days whether work on a farm, on your own account, in a household business enterprise, or for someone else.

		(1)		(2)		(3)		(4)	(5)	(6)	(7)		
L I N E N U M B E R	I D C O D E	What is your occupation? (list each different job if you have worked in more than one job in past 14 days)		Where do you work, i.e., what is the main economic activity of the enterprise you're working on or of your own business?		In this work were you working for:		For how many days a week in the last 14 days did you do this work?	For how many hours a week in the last 14 days did you do this work?	How many weeks in the last 12 months did you do this activity?	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.5 (HOURS WORKED PER WEEK) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)		
		LIST ALL JOBS BEFORE GOING ON TO QUESTIONS 2 THROUGH 7				FARM OWNED OR RENTED BY HOUSEHOLD MEMBER		1				ACTIVITY FOR WHICH ANSWER TO Q5 IS HIGHEST.	
		USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES PERFORMED BY THE SAME PERSON				OWN ACCOUNT/ HOUSEHOLD ENTERPRISE						2	ACTIVITY FOR WHICH Q5 IS SECOND HIGHEST.
		CODE WILL BE ENTERED BY SUPERVISOR		CODE WILL BE ENTERED BY SUPERVISOR		WORK FOR NON-HOUSEHOLD MEMBER						3	ACTIVITY FOR WHICH Q5 IS NEITHER FIRST NOR SECOND HIGHEST.
		WRITTEN DESCRIPTION		CODE	WRITTEN DESCRIPTION	CODE		DAYS PER WEEK	HOURS PER WEEK	WEEKS			
101													
102													
103													
104													
195													
106													
107													
108													
109													
110													
111													
112													
113													
114													

AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART C: MAIN AND SECONDARY JOBS IN THE LAST 14 DAYS

I D C O D E	(1) FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 7 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION (MAIN OCCUPATION IN THE LAST 14 DAYS)	(2) Now I would like to ask you about your job as [READ OUT OCCUPATION FROM QUESTION 1]. Where did you carry out most of this work?	(3) How did you find this job?	(4) How long have you been doing this occupation?
			THROUGH LABOUR OFFICE 1 THROUGH FRIENDS/RELATIVE 2 FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1 OTHER FARM 2 YOUR HOME 3 OTHER HOME 4 VEHICLE 5 FROM DOOR TO DOOR 6 IN THE STREET, FIXED PLACE 7 IN THE STREET, NO FIXED PLACE 8 FIXED BUILDING (OFFICE/ FACTORY/ SHOP/SCHOOL, ETC 9 IN A MARKET 10 OTHER (SPECIFY) 11	RESPONDED TO MEDIA AD 3 PUT AD IN PAPER 4 EMPLOYER CONTACTED YOU 5 CONTACTED EMPLOYER 6 TRIED TO START OWN BUSINESS 7 TOOK PART IN TEST FOR JOB 8 GOVERNMENT APPOINTMENT 9 SENT AFTER COLLEGE 10 SUBMITTED JOB APPLICATION 11 YOURSELF 12 OTHER (SPECIFY) 13
	OCCUPATION CODE TO BE FILLED IN BY SUPERVISOR			
	OCCUPATION	CODE		
01				
02				
03				
04				
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13				
14				
15				

AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART C: MAIN AND SECONDARY JOBS IN THE LAST 14 DAYS

	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
I D C O D E	In this job were you..... (READ ALL RESPONSES)	Is your employer for this job... (READ ALL RESPONSES)	Approximately how many paid workers are usually employed in the enterprise or organization where you work? (include yourself)	Is this job...? READ ALOUD	Have you signed a contract/written agreement with your employer?	Do you personally receive wages, salary or other cash payments from this employer, or earnings from this business for this work?	How much was your net payment for the past month? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?	Did you receive bonuses (such as New year bonus..) in this work during the last 12 months?
		STATE ADMINISTRATION 1						
	EMPLOYEE, PAID WITH REGULAR INSTALLMENTS 1	STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ 2						
	EMPLOYEE, PAID ON A PIECEWORK BASIS 2	PRIVATE FIRMS, INCLUDING AGRICULTURAL 3						
	SELF-EMPLOYED, OWNER WITHOUT HIRED LABOR 3							
		INDIVIDUAL 4						
	SELF-EMPLOYED, OWNER WITH HIRED LABOR 4							
	UNPAID WORKER IN FAMILY BUSINESS 5	COLLECTIVE FIRMS (JOINT STOCK, ASSOCIATION, KOLKHOZ) 5	1(MYSELF ONLY) 1 2-5 2					(DO NOT INCLUDE MATERNITY LEAVE)
	OTHER (SPECIFY _____) 6	NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG 6	6-15 3 16-25 4 26-50 5 51-200 6	SEASONAL 1 OCCASIONAL 2 TEMPORARY 3				
		JOINT VENTURES AND FOREIGN FIRMS 7		PERMANENT/LONG 4	YES 1 NO 2	YES 1 NO 2 (>>15)		YES 1 NO 2 (>>15)
	PAID PUBLIC WORKS 8 NO EMPLOYER 9	More than 200 7	TERM			SOMONI		
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART C: MAIN AND SECONDARY JOBS IN THE LAST 14 DAYS

I D C O D E	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	How much was your last bonus?	How many times in a year do you receive bonuses payments in this job?	Are you entitled to sick leave at this work?	Did you receive any payment for this work in any other form during the last 12 months?(meals, transport, clothes?)	What is the value of those in-kind payments in the last 12 months?	In the last 12 months, for how many months have you not been paid your wages or income-in-kind payments?	CHECK QUESTION 7 IN PART B. DID THE INDIVIDUAL REPORT MORE THAN ONE KIND OF WORK IN THE PAST 14 DAYS?	SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 7 OF PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION (SECONDARY OCCUPATION IN THE LAST 14 DAYS). OCCUPATION CODE TO BE FILLED IN BY SUPERVISOR.
	SOMONI		YES 1	YES 1		IF LESS THAN ONE MONTH, WRITE "98"	YES 1	
			NO 2	NO 2 (>>18)			NO 2 (>>next module)	
					SOMONI	MONTHS		OCCUPATION
01								
02								
03								
04								
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11								
12								
13								
14								
15								

AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART C: MAIN AND SECONDARY JOBS IN THE LAST 14 DAYS

I D C O D E	(21)	(22)	(23)	(24)	(25)	(26)	(27)	
	Is this job ...	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)	Do you personally receive wages, salary or other cash payments from this employer or earnings from this business for this work?	How much was your net payment in the last month? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment would you expect?	Did you receive any payment for this work in any other form (meals, transport, clothes) during the last 12 months?	What is the value of those in-kind payments in the last 12 months?	
	READ ALOUD			STATE ADMINISTRATION 1				GO TO PART D
			EMPLOYEE, PAID WITH REGULAR INSTALLMENTS 1	STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ 2				
			EMPLOYEE, PAID ON A PIECEWORK BASIS 2	PRIVATE FIRMS, INCLUDING AGRICULTURAL 3				
			LABOR 3	INDIVIDUAL 4				
			SELF-EMPLOYED, OWNER WITH HIRED LABOR 4	COLLECTIVE FIRMS (JOINT STOCK, ASSOCIATION, KOLKHOZ) 5				
			UNPAID WORKER IN FAMILY BUSINESS 5	NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG 6				
		OTHER (SPECIFY _____) 6						
	SEASONAL 1		JOINT VENTURES AND FOREIGN FIRMS 7			YES 1		
OCCASIONAL 2					NO 2 (» PART D)			
TEMPORARY 3		PAID PUBLIC WORKS, INCLUDING EMPLOYMENT SERVICE 8						
PERMANENT/ LONG-TERM 4		NO EMPLOYER 9	YES 1					
			NO 2 (>>26)					
				SOMONI		SOMONI		

01							
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12							
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AGES 14 AND OLDER

MODULE 5: LABOUR MARKET

PART D: ACTIVITIES OVER THE LAST 24 MONTHS

ASK ALL HH MEMBERS FROM 14 AND ABOVE

INTERVIEWER! IF HH MEMBER HAD 2 JOBS IN THE LAST 12 MONTHS, RECORD IN BOXES "1,2".
IF EMPLOYMENT OF HH MEMBERS CHANGED DURING THE MONTH, RECORD ALL NECESSARY CODES FOR EACH MONTH.

I D C O D E	OCTOBER 2007 - OCTOBER 2009													
	Please describe the occupation of...NAME for each month starting from October 2007 through October 2009, even if ..NAME was unemployed some months, but looked for job, identify those months?													
	2007			2008										
	OCTOBER	NOVEMBE	DECEMBE	JANUARY	FEBRUAR	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBE
01														
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12														
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14														
15														

</										

HEAD OF HOUSEHOLD

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

(1)	Does dwelling have central heating ?	YES 1 NO 2 (>> 4)	<input type="text"/>
(2)	How many months was dwelling heated in last 12 months?	MONTHS	<input type="text"/>
(3)	What was your average monthly payment for central heating?	SOMONI DON'T KNOW 8 REFUSED TO ANSWER 9	<input type="text"/>
(4)	What other source of heating does your household mainly use?	ELECTRICITY 1 WOOD 2 GAS 3 OIL, PETROL 4 COAL 5 DUNG 6 COTTON STALKS 7 NONE/NO HEATING 8 OTHER (SPECIFY) 9	<input type="text"/>
(5)	During the past 12 months, have you ever paid an electricity bill?	YES 1 NO 2 (>> 8)	<input type="text"/>
(6)	How much was your last electric bill?	SOMONI DON'T KNOW 8 REFUSED TO ANSWER 9	<input type="text"/>
(7)	How many months did this payment cover?	# OF MONTHS	<input type="text"/>

PART A: UTILITIES

(8)	Does your household use gas?	YES 1 NO 2 (>>12)	<input type="text"/>																		
(9)	How do you get gas? If gas cylinders, what capacity does your	GASPIPE 1 (>>12) 10 KG 2 15 KG 3 20 KG 4 OTHER (SPECIFY) 5	<input type="text"/>																		
(10)	How much does each refill cost in average?	SOMONI DON'T KNOW 8 REFUSED TO ANSWER 9	<input type="text"/>																		
(11)	On average, how long does a cylinder last?	LESS THAN A MONTH 1 1-2 MONTHS 2 2-3 MONTHS 3 MORE THAN 3 MONTHS 4	WINTER <input type="text"/> SUMMER <input type="text"/>																		
(12)	Has your household used any of the following for heating or lighting in the past 12 months. If so, how much have you spent on average per month? WRITE "0" FOR ANY SOURCE THE HOUSEHOLD DOES NOT USE.	<table border="1"> <thead> <tr> <th></th> <th>SOMONI WINTER</th> <th>SUMMER</th> </tr> </thead> <tbody> <tr> <td>FIREWOOD</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COAL</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OIL/KEROSENE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DIESEL FUEL</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		SOMONI WINTER	SUMMER	FIREWOOD	<input type="text"/>	<input type="text"/>	COAL	<input type="text"/>	<input type="text"/>	OIL/KEROSENE	<input type="text"/>	<input type="text"/>	DIESEL FUEL	<input type="text"/>	<input type="text"/>	OTHER (SPECIFY) _____	<input type="text"/>	<input type="text"/>	
	SOMONI WINTER	SUMMER																			
FIREWOOD	<input type="text"/>	<input type="text"/>																			
COAL	<input type="text"/>	<input type="text"/>																			
OIL/KEROSENE	<input type="text"/>	<input type="text"/>																			
DIESEL FUEL	<input type="text"/>	<input type="text"/>																			
OTHER (SPECIFY) _____	<input type="text"/>	<input type="text"/>																			
	DON'T KNOW -8 REFUSED TO ANSWER -9																				

HEAD OF HOUSEHOLD

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART A: UTILITIES

(13)	Does your household have a telephone line inside your dwelling?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>17)</td> </tr> </table>	YES	1	NO	2 (>>17)	<input type="text"/>
YES	1						
NO	2 (>>17)						
(14)	During the last 12 months did your household pay for the telephone line inside the dwelling?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>17)</td> </tr> </table>	YES	1	NO	2 (>>17)	<input type="text"/>
YES	1						
NO	2 (>>17)						
(15)	How much was your last payment ?	<table border="1"> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>-9</td> </tr> </table>	DON'T KNOW	-8	REFUSED TO ANSWER	-9	SOMONI <input type="text"/>
DON'T KNOW	-8						
REFUSED TO ANSWER	-9						
(16)	How many months did this last payment cover?	MONTHS	<input type="text"/>				
(17)	Does anyone in your household have a mobile phone?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>> 19)</td> </tr> </table>	YES	1	NO	2 (>> 19)	<input type="text"/>
YES	1						
NO	2 (>> 19)						
(18)	How much did household pay in total last month in mobile phone charges	SOMONI	<input type="text"/>				
(19)	Do you use public phone/phone cards? (Include payments made to the neighbors for the use of their phone.)	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 (>>PART B)</td> </tr> </table>	YES	1	NO	2 (>>PART B)	<input type="text"/>
YES	1						
NO	2 (>>PART B)						
(20)	How much did household spend in total last month on public phones, phone cards and payments to neighbors?	<table border="1"> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> <tr> <td>REFUSED TO ANSWER</td> <td>-9</td> </tr> </table>	DON'T KNOW	-8	REFUSED TO ANSWER	-9	SOMONI <input type="text"/>
DON'T KNOW	-8						
REFUSED TO ANSWER	-9						

HEAD OF HOUSEHOLD

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

(1) What is the main source of drinking water for your dwelling?

URBAN PLUMBING	1
RURAL (LOCAL) PLUMBING	2
PUBLIC TAP/ STANDPIPE	3
HAND PUMP	4
PROTECTED, DUG WELL OR SPRING	5
UNPROTECTED DUG WELL OR SPRING	6
TANKER TRUCK	7
LAKE, RIVER, STREAM	8
BOTTLED WATER	9
OTHER (SPECIFY _____)	10

(2) What is the main source of water used by your household for other purposes such as cooking or bathing?

URBAN PLUMBING	1
RURAL (LOCAL) PLUMBING	2
PUBLIC TAP/ STANDPIPE	3
HAND PUMP	4
PROTECTED, DUG WELL OR SPRING	5
UNPROTECTED DUG WELL OR SPRING	6
TANKER TRUCK	7
LAKE, RIVER, STREAM	8
RAINWATER	9
OTHER (SPECIFY _____)	10

(3) Do you pay for water?

YES	1 (>>6)
NO	2

(4) What is the main reason you do not pay for water? >>7

HOUSEHOLD CANNOT AFFORD TO PAY	1
HOUSEHOLD DOES NOT WANT TO PAY	2
SERVICE IS FREE	3
OTHER (Specify _____)	4

(5) Do you pay water according to a meter reading?

YES	1
NO	2

PART B: WATER AND SANITATION

(6) On average how much is your bill for water supply and what is the time interval for your water payment?

WEEKLY	1
MONTHLY	2
EVERY THREE MONTHS	3
EVERY SIX MONTHS	4
ONCE A YEAR	5
OTHER (Specify _____)	6
DON'T KNOW	7

(7) How long does it take to go to your main water source, get water and return to the dwelling?

IF WATER SOURCE IS INSIDE DWELLING, WRITE 0 AND GO TO PART C

MINUTES

(8) Who spends most time fetching water for your household?

WOMAN	1 (>>PART C)
MAN	2 (>>PART C)
FEMALE CHILD (UNDER 15 YEARS)	3 (>>PART C)
MALE CHILD (UNDER 15 YEARS)	4 (>>PART C)
EVERYONE SHARES THE BURDEN	5 (>>PART C)
WE PAY OTHERS TO CARRY IT	6
OTHER (Specify _____)	7 (>>PART C)

(9) How much do you pay in a month to others for carrying water?

SOMONI

HEAD OF HOUSEHOLD

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART C: DURABLE GOODS

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Does your household own and use [ITEM]?	How many [ITEM] does the household own and use?	In what year was the newest one purchased	If you could sell this item today, how much could you sell it for?	Did the household own and use [ITEM] in 2007?	Do you still have the [ITEM] you had in 2007?	Did you sell the [ITEM] you had in 2007?	How much did you sell the [ITEM] for?
		YES 1 NO 2 >> 5				YES 1 NO 2 >> Next item	YES 1 >> Next item NO 2	YES 1 NO 2 >> Next item	
			NUMBER	YEAR	SOMONI				SOMONI
Gas oven	101								
Electric oven	102								
Gas Hobb	103								
Electric Hobb	104								
Electric stove	105								
Electric water heater	106								
Outdoor metal stove/broshooka (heating & cooking)	107								
Kerosene stove	108								
Wood stove	109								
Tandor/Earthen stove (bricks, grass, dung, sand)	110								
Sandalee	111								
Generator	112								
Radiator electric	113								
Refrigerator	114								
Freezer	115								
Washing machine	116								
Electric iron	117								
Vacuum cleaner	118								
Air Conditioner	119								
Electric fan	120								
Electric room heater	121								
Electric lamp	122								
Kerosene lamp	123								
Electric Water Boiler	124								
Gas Water Boiler	125								
Microwave oven	126								
Electrical Sewing/knitting machine	127								
Colour television	128								
TV black & white	129								
Radio	130								
Stereo	131								
Video player	132								
Computer	133								

HEAD OF HOUSEHOLD

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Does your household own and use [ITEM]?	How many [ITEM] does the household own and use?	In what year was the newest one purchased	If you could sell this item today, how much could you sell it for?	Did the household own and use [ITEM] in 2007?	Do you still have the [ITEM] you had in 2007?	Did you sell the [ITEM] you had in 2007?	How much did you sell the [ITEM] for?
		YES 1 NO 2 >> 5				YES 1 NO 2 >> Next item	YES 1 >>Next item NO 2	YES 1 NO 2 >> Next item	
			NUMBER	YEAR	SOMONI				SOMONI
Satellite dish	134								
Tape player/CD player	135								
Video camera	136								
Motorcycle/scooter	137								
Car	138								
Truck	139								
Bicycle	140								

HEAD OF HOUSEHOLD

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

PART A: TRANSFERS FROM ANOTHER HOUSEHOLD

(1) During the past 12 months has your household or any of its members received any money or goods from persons who do not live in this household (for example from relatives living elsewhere, child support or alimony, or from friends or neighbors) or institutions such as NGOs, churches, mosques, ...?

YES	1	
NO >>PART B	2	

[illegible]

HEAD OF HOUSEHOLD

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

(1) During the past 12 months has your household or any of its members **made** any gift, whether in cash or in-kind, to persons who do not live in this household or to any institutions (for example, relatives living elsewhere, child support or alimony, or to friends, neighbors, churches, mosques, ...)? DO NOT INCLUDE DONATIONS UNDER 20 SOMONI - THESE SHOULD BE RECORDED IN MODULE 10C -NON-FOOD EXPENDITURES

PART B: TRANSFERS TO ANOTHER HOUSEHOLD

YES	1	
NO	2	

[illegible]

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

Part C: Social Assistance

Part 2. Socio-economic status of the household																																																																																																																																														
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)																																																																																																																																				
		Did anyone in your household apply for [SOURCE]?	What is the main reason no one in the household applied for [SOURCE]?	Was the application approved?	Did anyone in your household receive any payments from [Source] in the last [REFERENCE PERIOD]?	How much was the payment from [SOURCE] that your household received?	How many months did this payment cover?	Is anyone in the household who receives [SOURCE] currently owed any payment (arrears)?	What is the total amount of arrears owed?	How old are these arrears?																																																																																																																																				
			No one qualifies for benefit 1 The amount is too small 2 Documents too difficult to obtain 3																																																																																																																																											
			Too difficult to go to the office where money is distributed 4 Too much trouble to apply 5 Other (specify) 6																																																																																																																																											
			>> Next source																																																																																																																																											
		YES 1 >> 3 NO 2		YES NO >> next source	YES =1 NO =2 >>7																																																																																																																																									
SOURCE						SOMONI or Bulbs	MONTHS		SOMONI																																																																																																																																					
<table border="1"> <thead> <tr> <th colspan="2">Employment pensions</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Old age or pension based on years of experience</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Disability pension</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Survivors pension (loss of breadwinner)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>Special merit pension</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Family allowances</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>Compensations to needy families whose children study in schools [REFERENCE PERIOD 6 MONTHS]</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other allowances</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>Unemployment benefit</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>Gas and electricity compensations (CASH)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>Gas and electricity compensations (BULBS)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>Any other allowances not mentioned</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Employment pensions											1	Old age or pension based on years of experience										2	Disability pension										3	Survivors pension (loss of breadwinner)										4	Special merit pension										Family allowances											6	Compensations to needy families whose children study in schools [REFERENCE PERIOD 6 MONTHS]										Other allowances											7	Unemployment benefit										8	Gas and electricity compensations (CASH)										9	Gas and electricity compensations (BULBS)										10	Any other allowances not mentioned									
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MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(1) Over the last week, how many meals has your household eaten per day, on average?

(2) How satisfied are you with your current financial situation?

FULLY SATISFIED	1
RATHER SATISFIED	2
LESS THAN SATISFIED	3
NOT AT ALL SATISFIED	4
DON'T KNOW	8
REFUSE TO ANSWER	9

(3) Do you feel that your financial situation in the past 3 years has ...

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAINED THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	8
REFUSE TO ANSWER	9

(4) Do you think that in the next 12 months your financial situation will be ...

IMPROVED A LOT	1
SOMEWHAT IMPROVED	2
REMAINING THE SAME	3
SOMEWHAT DETERIORATED	4
DETERIORATED A LOT	5
DON'T KNOW	8
REFUSE TO ANSWER	9

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(5) What is the minimum monthly household income do you, in your circumstances, consider to be absolutely minimal? That is to say the absolute minimum to provide adequate food, housing and other basic necessities?

SOMONI

(6) Would you consider the current level of food consumption of your family as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	8
REFUSE TO ANSWER	9

(7) Would you consider the current level of expenditures of your family for food as:

MORE THAN ADEQUATE	1
JUST ADEQUATE	2
LESS THAN ADEQUATE	3
DON'T KNOW	8
REFUSE TO ANSWER	9

(8) How concerned are you about being able to provide yourself and your family with food and basic necessities in the next 12 months?

VERY CONCERNED	1
A LITTLE CONCERNED	2
NOT TOO CONCERNED	3
NOT CONCERNED AT ALL	4
DON'T KNOW	8
REFUSE TO ANSWER	9

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(9)	Overall how satisfied are you with your life?	
	Very unsatisfied 1	<input type="text"/>
	Unsatisfied 2	
	Neither unsatisfied nor satisfied 3	
	Satisfied 4	
	Very satisfied 5	
(10)	What is currently the aspect of your life that concerns you the most?	
	MONEY 1	<input type="text"/>
	JOB SECURITY 2	
	HEALTH 3	
	SAFETY 4	
	OTHER (SPECIFY) 5	
	DON'T KNOW 8	
	REFUSE TO ANSWER 9	
(11)	In the past 4 weeks, did you worry that your household would not have enough food?	
	YES 1	<input type="text"/>
	NO >>14 2	
(12)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(13)	When you worried that your household did not have enough food, what did you do to cope with the situation?	
	RECORD UP TO 3 RESPONSES	
	TOOK ADDITIONAL WORK LOCALLY TO GET MONEY 1	<input type="text"/>
	BORROWED MONEY TO BUY FOOD 2	
	BORROWED FOOD 3	
	SOLD OR MORTGAGED AN ASSET TO BUY FOOD 4	<input type="text"/>
	ASKED FOR HELP FROM FRIENDS AND RELATIVES 5	
	EARNING MEMBER(S) MIGRATED WITHIN TAJIKISTAN FOR WORK 6	
	EARNING MEMBER(S) MIGRATED ABROAD FOR WORK 7	
	SENT CHILDREN TO LIVE WITH RELATIVE 8	
	WHOLE HOUSEHOLD MIGRATED 9	
	ONE OR MORE MEMBERS OF HOUSEHOLD BEGGED 10	
	DID NOTHING AND WAITED FOR SITUATION TO IMPROVE 11	
	OTHER 12	

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(14)	In the past 4 weeks, were you or any household member not able to eat the kinds of foods you would have preferred to eat because of lack of resources?	
	YES 1	<input type="text"/>
	NO >>16 2	
(15)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(16)	In the past 4 weeks did you or any household member have to eat a limited variety of foods because of lack of resources?	
	YES 1	<input type="text"/>
	NO >>18 2	
(17)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(18)	In the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of lack of resources?	
	YES 1	<input type="text"/>
	NO >> 20 2	
(19)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(20)	In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	
	YES 1	<input type="text"/>
	NO >> 22 2	
(21)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(22)	In the past 4 weeks did you or any household member have to eat fewer meals in a day because there was not enough food?	
	YES 1	<input type="text"/>
	NO >>24 2	

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(23)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(24)	In the past 4 weeks, was there any time when there was no food to eat in your house because of lack of resources to get food?	
	YES 1	<input type="text"/>
	NO >>26 2	
(25)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(26)	In the past 4 weeks did you or any household member go to sleep at night hungry because there was not enough food?	
	YES 1	<input type="text"/>
	NO >>28 2	
(27)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(28)	In the past 4 weeks, did you or any household member go a whole day and night without eating anything at all because there was not enough food?	
	YES 1	<input type="text"/>
	NO >> 30 2	
(29)	How often did this happen?	
	RARELY (1-2 TIMES) 1	<input type="text"/>
	SOMETIMES (3-10 TIMES) 2	
	OFTEN (MORE THAN 10 TIMES) 3	
(30)	Does anyone in this household observe Ramadan, that is, not eat meals from sunrise to sunset?	<input type="text"/>
	YES 1	
	NO 2 >>33	
(31)	How many members of the household observe Ramadan?	<input type="text"/>

PART A: SUBJECTIVE POVERTY & FOOD SECURITY

(32)	For those who observe Ramadan, how many meals per day do they have on average?	<input type="text"/>
(33)	How many meals per day, on average, do members of your household eat when it is not Ramadan?	<input type="text"/>
(34)	How was food availability in your household during each of the last 12 months? Was it sufficient, in some shortage, or in extreme shortage?	
	2008 OCTOBER	<input type="text"/>
	NOVEMBER	<input type="text"/>
	DECEMBER	<input type="text"/>
	2009 JANUARY	<input type="text"/>
	FEBRUARY	<input type="text"/>
	MARCH	<input type="text"/>
	APRIL	<input type="text"/>
	MAY	<input type="text"/>
	JUNE	<input type="text"/>
	JULY	<input type="text"/>
	AUGUST	<input type="text"/>
	SEPTEMBER	<input type="text"/>
	OCTOBER	<input type="text"/>
	1 Sufficient	
	2 In some shortage	
	3 In extreme shortage	

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

PART B: COPING STRATEGIES

In the last 12 months have you or anyone in your household had to change or adapt any of the things that you normally do? In particular, have you:

(1)		(2)
Read each item and ask if anyone in the household has done any of the following activities:		Yes 1 No 2 >>NEXT ACTIVITY
a	Asked friends or family for money	
b	Borrowed money from a moneylender	
c	Sent a member of the household to work elsewhere as a seasonal worker	
d	Increased the production of food products for your own consumption	
e	Switched to purchase less expensive non-food products	
f	Stopped buying some non-food products	
g	Started purchasing second hand items	
h	Started using less entertainment services	
i	Made less use of information services (not receiving the paper, internet)	
j	Started meeting with friends less	
k	Transferred children from private to public school	
l	Transferred children to cheaper public or private school	
m	Withdrew or postponed a member's admission to school, college or kindergarten	
n	Left courses of language, computers, other	
o	Made greater use of public health centers rather than private health care	
p	Cancelled health insurance	
q	Cancelled house or car insurance	
r	Increased use of public transportation or walking	
s	Reduced visits to doctor for preventive medical care	
t	Stopped doing sports activities	
u	Spent savings or investments	
v	Pawned or sold goods (jewelery, furniture, appliances, etc.)	
w	Cashed in securities	
x	Worked more than normally work	
y	Sold animals	
z	Sold the harvest in advance	
aa	Household members sent to work who normally do not work	

(3) IF ANY YES RESPONSE, ASK:

When do you think things will get better?

- 6 Months1
- 6 to 12 Months2
- More than 1 year3
- Don't know4

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days? READ EACH ITEM RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6 Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days. If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days? If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ? RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE	AMOUNT	AMOUNT	SOMONI	AMOUNT	1. Produced in the household	2. Received as a gift or humanitarian aid	3. Received as part of salary/ business	4. Taken from Stocks	SOMONI
851	Bread	KG										
852	Non (bread)	KG										
853	Flour *	KG										
854	Wheat *	KG										
855	Cereals	KG										
856	Rice	KG										
857	Macaroni products	KG										
858	Dried Beans, pulses (beans, peas, lentils, etc.)	KG										
859	Other grain products (e.g. maize, oats, barley)	KG										
860	Onions	KG										
861	Garlic	KG										
862	Potatoes	KG										
863	Tomatoes	KG										
864	Carrots	KG										
865	CABBAGE	KG										
866	CAULIFLOWER	KG										
867	CUCUMBER	KG										
868	MUSHROOMS (fresh, salted, dried, etc.)	KG										
869	Preserved vegetables	KG										
870	Other Vegetables	KG										
871	Apples	KG										

*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days?			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days. If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days? If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ? RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	READ EACH ITEM RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6 Yes 1 No 2							1. Produced in the household	2. Received as a gift or humanitarian aid	3. Received as part of salary/ business	4. Taken from Stocks	
	FOOD PRODUCTS	UNIT	CODE	AMOUNT	AMOUNT	SOMONI	AMOUNT					SOMONI
872	ORANGES	KG										
873	Grapes	KG										
874	Watermelon, melon	KG										
875	Pumpkin	KG										
876	Other fresh fruit	KG										
877	Dried fruits	KG										
878	Preserved fruits	KG										
879	Dried nuts	KG										
880	Beef	KG										
881	Chicken	KG										
882	Lamb	KG										
883	Pork	KG										
884	SAUSAGES	KG										
885	CANNED MEAT	KG										
886	Other meat products	KG										
887	Fish FRESH	KG										
888	FISH CANNED	KG										
889	FISH SALTED	KG										
890	Eggs	P										
891	Fresh milk	L										
892	CHEESE	KG										
893	POWDERED MILK	KG										
894	Other dairy products	L										
895	BUTTER	KG										
896	Vegetable oil	L										

*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days? READ EACH ITEM RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6 Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days. If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days? If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ? RECORD THE AMOUNT IN THE UNIT FOR THE ITEM				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE					AMOUNT	AMOUNT	SOMONI	AMOUNT	
897	GHEE	KG										
898	Animal fat	KG										
899	SOFT DRINKS (COKE, ETC)	L										
900	Mineral water	L										
901	FRUIT JUICE	L										
902	Coffee	KG										
903	Tea	KG										
904	Salt	KG										
905	Sugar	KG										
906	Sweets, Eastern sweets	KG										
907	JAM	KG										
908	ICE CREAM	KG										
909	CHOCOLATE	KG										
910	Pastries	KG										
911	BEER	L										
912	WINE	L										
913	ALCOHOLIC DRINKS	L										
914	MEALS CONSUMED OUTSIDE HOME											
915	NON ALCOHOLIC DRINKS CONSUMED OUTSIDE HOME											

*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 9: FOOD CONSUMPTION DURING THE LAST 7 DAYS

I t e m C o d e	(1)			(2)	(3)		(4)	(5)				(6)
	Did your household consume [ITEM] during the last 7 days? READ EACH ITEM RECORD RESPONSE FOR EACH ITEM THEN GO ON TO THE NEXT ITEM BEFORE COMPLETING QUESTIONS 2 THROUGH 6 Yes 1 No 2			Please identify the total amount of [ITEM] consumed by your household in the last 7 days.	Identify the total amount and cost of [ITEM] purchased by your household members in the last 7 days. If none was purchased >> 5		How much of the [ITEM] that was purchased was actually consumed by your household in the last 7 days? If all of item consumed was purchased go to next item	How much of [ITEM] consumed during the last 7 days was obtained from the following sources ? RECORD THE AMOUNT IN THE UNIT FOR THE ITEM 1. Produced in the household 2. Received as a gift or humanitarian aid 3. Received as part of salary/ business 4. Taken from Stocks				Estimate the total cost of [ITEM] in Question 5 as per current prices
	FOOD PRODUCTS	UNIT	CODE									
916	ALCOHOLIC DRINKS CONSUMED OUTSIDE HOME											

*Only record the amounts of flour and wheat consumed that were not used to produce bread or non.

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: NONFOOD

PART A: PURCHASES PAST 30 DAYS

		(1)	(2)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 30 days ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household spend in the last 30 days ?
		YES..1	
CODE		NO..2 >>NEXT ITEM	SOMONI

1	Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.)		
2	Personal care services (hairdressing salons, barbers, beauty shops, etc.)		
3	Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.)		
4	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)		
5	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)		
6	Laundry and dry cleaning		
7	Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc)		
8	Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities)		
9	Internet (connection costs or paid to internet cafes) and postal service expenses		
10	Pet food, pet supplies and services		
11	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)		
12	Cigarettes, tobacco, cigars		
13	Newspapers and magazines		
14	Other (specify)		

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: NONFOOD

PART B: PURCHASES PAST 6 MONTHS

CODE	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	(1) Have the members of your household bought any [ITEM] in the last 6 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	(2) How much did your household spend in the last 6 months ?
		YES..1 NO..2>>NEXT ITEM	SOMONI

CLOTHING, FOOTWEAR			
15	Women's clothing		
16	Men's clothing		
17	Children's clothing		
18	Women's footwear		
19	Men's footwear		
20	Children's footwear		
21	Tailoring expenses		
22	Cloth and sewing/knitting supplies		
HOUSEHOLD ARTICLES			
23	Dishes (crockery, cutlery, glassware)		
24	Household linens (sheets, towels, blankets, tablecloths, etc.)		
25	Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.)		
26	Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails, etc)		
27	Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric batteries for general use, etc.)		
BOOKS, FILM, HOBBIES, SERVICES			
28	Books and stationary including dictionaries, encyclopedias, etc (EXCLUDE text books and all school supplies)		
29	Films, cameras and film developing		
30	Sports and hobby equipment, toys of all kinds, and their repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for ornamental gardens and balconies, etc.)		
31	Services (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.)		
32	Charges for bank services or money transfer (money orders, etc.)		

MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MODULE 10: NONFOOD

PART C: PURCHASES PAST 12 MONTHS

		(1)	(2)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 12 months ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household spend in the last 12 months ?
		YES..1	
CODE		NO..2>>NEXT ITEM	SOMONI

33	Services for maintenance and repair of personal vehicles, and accessories and spare parts.		
34	Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc)		
35	Home improvements (additions, renovations, to home)		
36	Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.)		
37	Other personal effects (jewelry, glasses, watches, umbrellas, etc.)		
38	Personal effects for travel (suitcases, travel bags, hand-bags,etc)		
39	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.		
40	Air or sea travel (excluding for holiday/excursion above)		
41	Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module.		
42	Insurance (for dwelling, vehicle or personal)		
43	Other taxes (vehicle tax, radio and TV, etc.)		
44	Marriage gifts (traditional)		
45	Costs for ceremonies (marriage, birth, funeral, etc.)		
46	Gambling losses		
47	Other (specify __)		

HOUSEHOLD HEAD

MODULE 11: OTHER INCOME

(1)	(2)	(3)
INCOME SOURCE	In the last 12 months, did your household, or any or its members, receive any payment, in cash or in other forms, from the following sources?	How much did your household receive in total in the last 12 months from [SOURCE], including the value of any payment in the form of goods??
	YES 1	
	NO 2 (>>NEXT SOURCE)	
		SOMONI

Rental Income			
1	Land other than agricultural land		
2	Apartment, house		
3	Shops, stores, etc		
4	Car, truck, other vehicles		
Revenue from sale of assets			
5	Sale of real estate (house, land...)		
6	Sale of durable goods of the household		
7	Other sale of assets		
Other income			
8	Inheritance		
9	Lottery or gambling winnings		
10	Interest rate gains on loans		
11	Net income from non-farm household enterprise		
12	Other income (_____)		

SECTION 1: CONTROL SHEET

Country and District Codes

РЕГИОН	REGION	КОД / CODE	РЕГИОН	REGION	КОД / CODE	область	OBLAST	КОД / CODE
Душанбе	Dushanbe (city)		Хатлонская область	Khatlon		Душанбе	Dushanbe (city)	01
Шохмансур	Shohmansur	01	г.Курган-Тюбе	Kurgon-Teppa (city)	36	РРП	RRS	02
Исмоили Сомони район	Ismoili Somoni	02	Кулябский район	Kulob	37	Согдийская область	Sugd	03
Абу али ибн Сино	Abu ali ibn Sino	03	Бальджуванский район	Baljuvon	38	Хатлонская область	Khatlon	04
Фирдавси	Firdavsi	04	Носири Хусрав (Бешкентский район)	Nosiri Husrav (Beshkent)	39	Горно-Бадахшанская АО	GBAO	05
			Бохтарский район	Bokhtar	40			
РРП	RRS		Вахшский район	Vakhsh	41			
Варзобский район	Varzob	05	Восейский район	Vose	42			
Раштский район (Гармский район)	Rasht (Garm)	06	Хуросонский район (Гозималикский район)	Hurasson (Gozimalik)	43			
Гиссарский район	Hissor	07	Дангаринский район	Dangara	44	СТРАНА	COUNTRY	КОД / CODE
Нуробалдский район (Дарбандский р-н)	Nurobad (Darband)	08	Джиликульский район	Jilikul	45			
Джиргатальский район	Jirgatal	09	Кубодиенский район (Кабодиенский район)	Kubodiyon (Kabodyen)	46	РОССИЯ	RUSSIA	81
Вахдатский район (Кофарнихонский район)	Vahdat (Kofarnihon)	10	Колхозабадский район	Kolkhozobod	47	КАЗАХСТАН	KAZAKHSTAN	82
Рудаки (Ленинский район)	Rudaki (Leninskiy rayon)	11	Кумсангирский район	Kumsangir	48	КЫРГЫЗСТАН	KYRGYZSTAN	83
Рогунский район	Rogun	12	Хамадони (Московский район)	Hamadoni (Moskovskiy)	49	УЗБЕКИСТАН	UZBEKISTAN	84
Тавилдаринский район	Tavildara	13	Муминободский район	Muminobod	50	ПРОЧИЕ СТРАНЫ СНГ	OTHER CIS	85
Тоджикободский район	Tojikobod	14	Нурекский район	Norak	51	ЕВРОПЕЙСКИЕ СТРАНЫ	EUROPE	86
Турсунзадевский район	Tursunzoda	15	Пархарский район	Farkhor	52	ПРОЧИЕ	OTHER	87
Файзабадский район	Fajzobod	16	Пянджский район	Pandj	53			
Шахринавский район	Shahrinav	17	Сарбандский район	Sarband	54			
			Темурмаликский район (Советский район)	Temurmalik (Sovetskiy)	55			
Согдийская область	Sugd		Ховалингский район	Khovaling	56			
гор.Худжанд	Khujand (city)	18	Район им. А. Джами (Ходжамастонский район)	A.Jami (Hojamaston)	57			
гор.Табошары	Taboshar (city)	19	Шаартузский район	Shahrtuz	58			
Кайраккумский хукумат	Kayrakkum (hukumat)	20	Шуроободский район	Shuroobod	59			
Чкаловск хукумат	Chkalovsk (hukumat)	21	Яванский район	Yovon	60			
Айнинский район	Ajni	22						
Аштский район	Asht	23	Горно-Бадахшанская АО	GBAO				
Ганчинский район	Gonchi	24	город Хорог	Khorog (city)	61			
Зафарабодский район	Zafarobod	25	Ванчский район	Vandj	62			
Исфаринский район	Isfara	26	Дарвазский район	Darvoz	63			
Канибадамский район	Konibodom	27	Ишкашимский район	Ishkoshim	64			
Кухистони-Масчоховский	Kuhistoni Mastchov	28	Мургабский район	Murgob	65			
Матчинский район	Mastchov	29	Рошкалинский район	Poshkalin	66			
Спитаменский район (Науский район)	Spitamen (Nau)	30	Рушанский район	Rushon	67			
Пенджикентский р-он	Pangakent	31	Шугнанский район	Shugnon	68			
Дж.Расулова р-он	Djabor Rasulov	32						
Ура-Тюбинский район	Ura-Tyube	33						
Б.Гафурова район	Bobojon Gafurov	34						
Шахристанский р-он	Shahriston	35						