

LIVING STANDARDS MEASUREMENT SURVEY
THE REPUBLIC OF KYRGYZSTAN
HOUSEHOLD QUESTIONNAIRE

YEAR 4

FALL, 1998

STRICTLY CONFIDENTIAL

HOUSEHOLD ID NUMBER

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**FIELD INTERVIEWER ID
NUMBER**

--	--	--

**DATE FIRST ROUND
COMPLETED**

--	--	--	--	--	--

DAY

MONTH

YEAR

**DATE SECOND ROUND
COMPLETED**

--	--	--	--	--	--

DAY

MONTH

YEAR

FINAL RESULT CODE

--	--

HOUSEHOLD ADDRESS

Dear respondent !

My name is _____ I represent the National Statistics Committee of the Republic of Kyrgyzstan. We are conducting a survey of the standard of living in all regions of Kyrgyzstan. You are aware that people speak much about the current economic situation in Kyrgyzstan, on the hardships that many people suffer from. To have a better idea of what is really going on, there is not any other way except to survey the conditions of thousands of people in various families. Only after summarizing all those responses can we make up a real picture of how the people of Kyrgyzstan live.

For that purpose over 2,000 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. We will be asking questions about many topics of your life, from your housing conditions, health, and education, to food consumption and savings.

We assure you that your personal responses will not be disclosed to anyone in your neighborhood or government. After all these questionnaires are processed by the computer, your or your family's name will be used only in a summary way.

If any question arises in connection with this survey you are welcome to telephone the number indicated on the visit card of our organization that I leave for you here. We will remunerate you for your participation in this interview.

I express my gratitude for your participation in this survey in advance.

INTERVIEWER:

When completing the household roster card you need to remember the following:

HOUSEHOLD MEMBERS ARE DEFINED AS FOLLOWS:

- HOUSEHOLD HEAD
- CHILDREN BORN IN THE LAST 9 MONTHS
- PEOPLE WHO MARRIED INTO THE HOUSEHOLD IN LAST 9 MONTHS OR LESS
- PEOPLE WHO HAVE LIVED IN THIS HOUSEHOLD FOR MORE THAN 9 MONTHS

QUESTION 10, PART 1A SHOULD BE CODED 1 FOR ALL THE PEOPLE LISTED ABOVE.

THE FOLLOWING PEOPLE ARE NOT ELIGIBLE HOUSEHOLD MEMBERS AND SHOULD NOT BE INTERVIEWED:

- SERVANTS AND PAYING LODGERS
- HOUSEHOLD MEMBERS WHO WERE ABSENT FROM THIS HOUSEHOLD FOR MORE THAN 9 MONTHS.

QUESTION 10, PART 1A SHOULD BE CODED 2 FOR THESE PEOPLE

ALL THE PEOPLE CODED 1 SHOULD BE LISTED IN THE HOUSEHOLD ROSTER CARD

SECTION 1

PART 1A. HOUSEHOLD ROSTER

TO BE COMPLETED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

I D C O D E	1 NAME INTERVIEWER: MAKE A COMPLETE LIST OF ALL PERSONS WHO LIVE IN THIS HOUSEHOLD BEFORE PROCEEDING TO QUESTIONS 2-10. WRITE FULL NAME	2 ASK IF NECESSA RY. What is [NAME's] sex? MALE.....1 FEMALE 2	3 What is [NAME's] relationship to the head? HEAD1 HUSBAND/WIFE.....2 SON/DAUGHTER.....3 SON/DAUGHTER-IN-LAW4 FATHER OR MOTHER.....5 MOTHER/FATHER-IN-LAW6 BROTHER/SISTER.....7 GRANDCHILD.....8 GRANDPARENT.....9 NIECE OR NEPHEW.....10 BROTHER/SISTER-IN-LAW.....11 OTHER RELATIVE12 SERVANT13 TENANT.....14 OTHER PERSON NOT RELATED TO THE HEAD15 CODE	4 {NAME's} date of birth INTERVIEWER: PLEASE NOTE, YOU SHOULD WRITE IN ALL FOUR DIGITS FOR YEAR. FOR EXAMPLE 1993 OR 1895. DAY MONTH YEAR [][][][]			5 {NAME'S} AGE ENTER YEARS IF 5 YEARS OLD OR OLDER ENTER YEARS AND MONTHS IF <5 YEARS OLD FOR AGE 14 AND YOUNGER, > QUESTION 8		6 What is the present marital status of [NAME]? married1 not officially married but living together as a family2 divorced.....3 separated.....4 widow(er).....5 never married 6 FOR CODES 4-6 >QUESTION 8		7 COPY THE ID CODE OF THE WIFE (OR HUSBAND) IF SHE/HE LIVES IN THIS HOUSEHO LD. IF NOT, WRITE ZERO	8 What is his/her legal ethnicity? Kyrgyz.....1 Russian2 Ukrainian3 Uzbek4 Kazakh5 Byelorussian 6 Tadjik.....7 Tatar8 Dungan9 Other10	9 For how many months during the past 12 months has {NAME} been away from this household? IF NONE, WRITE ZERO MONTHS	10 IS {NAME} A HOUSEHOLD MEMBER? CIRCLE CODE >>NEXT PERSON. YES.....1 NO2	
	1.													1	2
2.													1	2	
3.													1	2	
4.													1	2	
5.													1	2	
6.													1	2	
7.													1	2	
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11.													1	2	
12.													1	2	
13.													1	2	
14.													1	2	
15.													1	2	
16.													1	2	
17.													1	2	

INTERVIEWER ! WRITE IN THE TOTAL NUMBER OF PEOPLE LIVING IN THIS HOUSEHOLD _____

FROM QUESTION 10, WRITE IN THE TOTAL NUMBER OF HOUSEHOLD MEMBERS _____
(COMPARE IT WITH THE HOUSEHOLD ROSTER CARD)

>> PART 1B

PART 1B. INFORMATION ON PARENTS OF HOUSEHOLD MEMBERS

TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

P E R S O N	I D E N T I F I C A T I O N	1. Is the father of [NAME] living in this household?	2. COPY THE ID CODE FOR THE FATHER OF [NAME] FROM THE HOUSEHOLD ROSTER CARD	3. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] father?	4. What kind of work has the father of [NAME] done for most of his life?	5. Is the mother of [NAME] living in this household?	6. COPY THE ID CODE FOR THE MOTHER OF [NAME] FROM THE HOUSEHOLD ROSTER CARD	7. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME's] mother?	8. What kind of work has the mother of [NAME] done for most of her life?
		YES..... 1 NO 2> Q3	CODE >> Q5	1-8th CLASS 1-8 INCOMPLETE SECONDARY 9 COMPLETE SECONDARY 10 PROF-TECH. SCHOOL 11 TECHNIKUM 12 HIGHER ED DIPLOMA 13 CAND. OF SCIENCE 14 DOCTOR OF SCIENCE 15 OTHER 16 NONE 17	agriculture 1 mining 2 manufacturing 3 elec/gas/water 4 construction 5 commerce 6 transport and communication 7 finance 8 services 9 did not work 10	YES..... 1 NO 2> Q7	CODE >>NEXT PERSON	1-8th CLASS 1-8 DID NOT COMPLETE SECONDARY... 9 COMPLETED SECONDARY SCHOOL 10 PROF-TECH. SCHOOL 11 TECHNIKUM 12 HIGHER ED DIPLOMA 13 CAND. OF SCIENCE 14 DOCTOR OF SCIENCE 15 OTHER 16 NONE 17	agriculture 1 mining 2 manufacturing 3 elec/gas/water 4 construction 5 commerce 6 transport and communication 7 finance 8 services 9 did not work 10
1.									
2.									
3.									
4.									
5.									
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16.									
17.									

>>PART 1C

PART 1C. CHILDREN PERMANENTLY RESIDING ELSEWHERE

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR PRINCIPLE RESPONDENT

1. Does any member of your household have children who are not living here in the household?

YES1 ID CODE []

NO.....2 >>SECTION 2

CHILD ID	2. NAMES OF CHILDREN RESIDING ELSEWHERE COMPLETE THE LIST BEFORE GOING TO Q3-Q11	3. COPY FATHER'S ID CODE FROM THE HOUSEHOLD ROSTER CARD IF FATHER OF [NAME] DOESN'T LIVE IN THIS HOUSEHOLD, WRITE ZERO	4. COPY MOTHER'S ID CODE FROM THE HOUSEHOLD ROSTER CARD IF MOTHER OF [NAME] DOESN'T LIVE IN THIS HOUSEHOLD, WRITE ZERO	5. What is the sex of [NAME]? MALE 1 FEMALE .. 2	6. How old is [NAME] now? WRITE IN NUMBER OF FULL YEARS	7. Why is [NAME] not living in this household? STUDYING 1 MILITARY 2 MARRIED 3 IN PRISON 4 IN HOSPITAL ... 5 LIVING WITH OTHER RELATIVES 6 OTHER 7	8. Is [NAME] attending any school now? YES 1 NO 2	9. What was the highest grade level completed, or the highest certificate or diploma obtained by [NAME]? 1-8th CLASS..... 1-8 INCOMPLETE SECONDARY 9 COMPLETE SECONDARY 10 PROF-TECH. SCHOOL 11 TECHNIKUM 12 HIGHER ED DIPLOMA 13 CAND. OF SCIENCE 14 DOCTOR OF SCIENCE 15 OTHER 16 NONE 17	10. Does [NAME] live in... this population point? 1 >NEXT CHILD this raion?..... 2 this oblast? 3 a different oblast?..... 4 another CIS country? 5 outside of the CIS?..... 6	11. Is the place where [NAME] lives, a capital? 1 oblast or raion center?... 2 town? 3 urban type village? 4 village? 5
	NAME	ID CODE	ID CODE		YEARS [][]	CODE		CODE	CODE	>> NEXT CHILD CODE
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

>>SECTION 2

SECTION 2. DWELLING

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT

PART 2A. DESCRIPTION OF THE DWELLING

NOW I WOULD LIKE TO ASK YOU ABOUT YOUR HOUSING CONDITIONS.

1. What type of dwelling does your household live in?

DETACHED HOUSE.....	1	CODE	[]
MULTI-FAMILY HOUSE.....	2			
SEPARATE APARTMENT.....	3			
COMMUNAL APARTMENT.....	4			
MULTI-UNIT BUILDING.....	5			
SEVERAL SEPARATE BUILDINGS.....	6			
ROOM IN A DORMITORY	7	>QUESTION 4		
BED IN A DORMITORY ROOM	8	>QUESTION 4		
OTHER	9			

2. How many rooms do the members of your household live in, including rooms used for household business?

DO NOT COUNT KITCHENS, BATHROOMS, TOILETS, BALCONIES AND CORRIDORS

NUMBER OF ROOMS []

3. How many, if any, of these rooms are used for household business or trade?

WRITE ZERO IF ROOMS ARE NOT USED FOR BUSINESS OR TRADE

NUMBER OF ROOMS []

4. How long has your household been living in this dwelling?

MONTHS (IF LESS THAN A YEAR) []

YEARS []

5. About how many square meters is your dwelling, including living and extra rooms?

SQUARE METERS []

6. In approximately what year was this dwelling built?

ASK THE RESPONDENT TO PROVIDE AN ESTIMATE IF UNSURE OF THE EXACT YEAR

YEAR BUILT 19 []

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

CENTRALIZED PIPELINE	1	[]
OWN SYSTEM OF WATER SUPPLY	2		
WELL	3		
SPRING, RIVER, LAKE, POND	4	>QUESTION 10	
RAINWATER	5	>QUESTION 10	
BROUGHT IN WATER (TRUCK)	6	>QUESTION 11	
OTHER.....	7		

8. Is water always available when you want it?

YES	1	> QUESTION 10
NO	2	CODE []

9. How often is water not available to your household?

SEVERAL TIMES PER YEAR	1	CODE	[]
ONCE PER MONTH	2			
ONCE PER WEEK.....	3			
SEVERAL TIMES PER WEEK	4			
EVERY DAY	5			

10. About how many meters (from your dwelling) is this source of water? IF INSIDE, WRITE ZERO

METERS []

11. On average, in the last month, what was the quality of water used by your household for cooking or drinking?

GOOD.....	1	CODE	[]
FAIR	2			
POOR	3			

12. What is the major source of hot water in your household?

CENTRALIZED SUPPLY	1	CODE	[]
GAS WATER HEATER / STOVE	2			
ELECTRIC HEATER / STOVE.....	3			
COAL/WOOD STOVE.....	4			
OTHER	5			

13. Where do members of your household bathe?

INDOOR BATHROOM WITH A SHOWER	1	CODE	[]
INDOOR SHOWER.....	2			
PRIVATE BANYA / SAUNA	3			
PUBLIC BANYA / SAUNA.....	4			
OTHER	5			

14. What type of toilet is used by your household?

INDOOR FLUSH TOILET.....	1	CODE	[]
FLUSH TOILET IN ANOTHER DWELLING	2			
OUTDOOR LATRINE	3			
NO TOILET	4	> QUESTION 16		

15. Is this toilet (or latrine) used only by members of your household or do other households use it as well?

THIS HOUSEHOLD ONLY.....	1	CODE	[]
OTHER HOUSEHOLDS AS WELL.....	2			

16. What is the main source of lighting for your dwelling?

ELECTRICITY	1	CODE	[]
KEROSENE, OIL OR GAS LAMPS	2	> QUESTION 20		
CANDLES OR BATTERY FLASHLIGHTS	3	> QUESTION 20		
SUNLIGHT	4	> QUESTION 20		

17. Do you have an individual electric meter or do you share it with any other household?

JOINT METER.....	1	CODE	[]
INDIVIDUAL METER.....	2			

>> NEXT

PAGE

18. Does your household always have electricity?

YES 1
NO 2

> **QUESTION 20**
CODE []

19. How often do you not have electricity?

SEVERAL TIMES PER YEAR 1
ONCE PER MONTH 2
ONCE PER WEEK 3
SEVERAL TIMES PER WEEK 4
EVERYDAY 5

CODE []

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

CENTRALIZED GAS 1
ELECTRICITY 2
GAS-CONTAINERS 3
COAL/WOOD 4
KEROSENE, DIESEL OIL 5
PEAT, MANURE 6

CODE []

21. How does your household heat your dwelling?

WATER RADIATORS-CENTRALIZED HOT WATER 1
INDIVIDUAL 2
ELECTRIC HEATERS 3
COAL OR WOOD STOVE 4
MIXED HEATING (WATER AND COAL/WOOD STOVE) 5
OTHER 6

CODE []

22. During the last 12 months, for how many months, was your dwelling heated?

NUMBER OF MONTHS []

23. During how many of those months was your dwelling sufficiently warm?

NUMBER OF MONTHS []

24. Where is the nearest telephone that is used by the members of your household, is it.....

Inside the dwelling? 1
In a neighbor's house? 2
In a public place within a 5 minute walk from the dwelling? 3
In a public place which is more than a 5 minute walk from the dwelling? 4

No telephone accessible 5

> **QUESTION 26**

25. Can you use this telephone to call.....

Any place? 1
Only places within the CIS? 2
Only within this country? 3
Only within the limits of the city or village? 4

CODE []

26. How does your household dispose of garbage?

GARBAGE CHUTE IN BUILDING 1
COLLECTED BY TRUCK 2
DUMPED OUTSIDE 3
BURNED 4
BURIED 5

CODE []

27. How many minutes does it take to walk to the nearest bus stop from your dwelling?

NUMBER OF MINUTES []

>> **PART 2B**

PART 2B. DWELLING EXPENDITURES

1. Does this dwelling belong to you or any member of your household?

YES 1 > **QUESTION 3**
NO 2 CODE []

2. Who is the owner of your dwelling?

STATE 1 > **QUESTION 13** CODE []
STATE ENTERPRISE / ORGANIZATION... 2 > **QUESTION 13**
PRIVATE EMPLOYER..... 3 > **QUESTION 13**
COOPERATIVE 4 > **QUESTION 9**
RELATIVE 5 > **QUESTION 13**
PRIVATE PERSON 6 > **QUESTION 13**
OTHER 7 > **QUESTION 13**

3. How did your household obtain this dwelling?

PRIVATIZED 1 CODE []
PURCHASED FROM A PRIVATE PERSON..... 2
BUILT 3
SWAPPED 4
INHERITED/GIFT 5 > **QUESTION 11**
OTHER..... 6

4. In what year was this dwelling privatized/purchased/built/swapped?

YEAR 19 [][]

5. How much did your household pay, either in soms or dollars for this dwelling?

IF DID NOT PAY, WRITE ZERO
AMOUNT []
SOMS.....1 []
DOLLARS..2

6. Did members of your household receive assistance to purchase or build this dwelling?

YES 1 CODE []
NO 2 > **QUESTION 11**

7. Whom did the members of your household receive this assistance from?

STATE 1 CODE []
STATE ENTERPRISE 2
PRIVATE EMPLOYER..... 3
STATE BANK..... 4
COMMERCIAL BANK 5
RELATIVES..... 6
OTHER..... 7

8. What is the amount of this assistance?

AMOUNT []
SOMS.....1 []
DOLLARS..2

>> **QUESTION 11**

9. Does your household make instalment payments for your dwelling?

YES 1 CODE []
NO..... 2 > **QUESTION 17**

TIME UNITS	DAY3	MONTH.....5	HALF YEAR.....7
	WEEK.....4	QUARTER.....6	YEAR.....8

10. In the last month, how much of an installment payment did your household make?

IF NOTHING, WRITE ZERO > **QUESTION 17**

AMOUNT (SOMS) []

11. If you were to sell this dwelling today, how many soms do you think you would receive for it?

AMOUNT (SOMS) []

12. Estimate, please, the amount of soms you could receive as rent if you let this dwelling to another person?

AMOUNT (SOMS) []

CURRENCY : SOMS ...1 US DOLLARS...2 []

TIME UNIT []

>> **QUESTION 19**

13. How much does your household pay in cash, goods, or services to rent this dwelling?

IF ZERO, > **QUESTION 17** AMOUNT []

CURRENCY : SOMS ...1 US DOLLARS...2 []

TIME UNIT []

14. In the past month, how much did your household pay as rent for this dwelling ?

IF ZERO, WRITE ZERO

AMOUNT (SOMS) []

15. How many months ago and for what period did your household paid rent?

MONTHS AGO []

NUMBER OF MONTHS []

16. The last time your household paid rent, how much did you pay?

IF DIDN'T PAY, WRITE ZERO

AMOUNT []

CURRENCY : SOMS ...1 US DOLLARS...2 []

17. Does any person who is not a member of this household pay all or part of the rent or provide this housing free of charge?

YES, PAYS RENT 1 CODE []

YES, PROVIDES DWELLING FREE OF CHARGE 2

NO 3 > **QUESTION 19**

18. Who pays part or all of the rent for this dwelling or provides this dwelling free of charge?

STATE ENTERPRISE/ORGANIZATION 1 CODE []

PRIVATE EMPLOYER 2

SOCIAL FUND 3

RELATIVE 4

PRIVATE PERSON..... 5

OTHER 6

>> **NEXT PAGE**

PART 2B. DWELLING EXPENDITURES (End)

IF RESPONDENT CAN ONLY PROVIDE THE TOTAL AMOUNT, WRITE THE AMOUNT IN THE LINE PROVIDED FOR THE TOTAL.

	SERVICE	19. How much does your household pay for the [SERVICE] normally in the month? SOMS	20. In the past month, how much did your household pay for the [SERVICE] IF DID NOT PAY, WRITE ZERO SOMS	21. Do you receive a discount for the [SERVICE] ? YES.....1 NO 2 > QUESTION 23	22. What is amount of this discount? (HOW MUCH LESS THAN THE TARIFF) PERCENT	23. Does your household have any debts for this dwelling or debts for the service just mentioned? YES..... 1 NO.....2 > SECTION 3	24. What is the total amount of this debt for the past 12 months ? SOMS
a)	Central heating						
b)	Hot water						
c)	Centralized water supply						
d)	Electricity						
e)	Gas pipe						
f)	Coal						
g)	Wood						
h)	Other fuel						
i)	Telephone (without trunk line)						
j)	Radio						
k)	Elevator						
l)	Trash collection						
m)	Janitors						
n)	TOTAL						

>>

SECTION 3

SECTION 3. EDUCATION

PART 3A. PRE-SCHOOL CHILD CARE

INTERVIEWER ! IN THIS SECTION, ASK PARENTS OR OTHER KNOWLEDGEABLE ADULTS ABOUT ALL CHILDREN IN THE HOUSEHOLD AGE 6 AND UNDER

P E R S O N	I D E	1 Does [CHILD] currently attend a kindergarten, nursery or have a nanny?	2 Does [CHILD] attend a... kindergarten or nursery at parent's place of work? 1 other public kindergarten or nursery? 2 private kindergarten or nursery? 3 nanny? 4 IF MORE THAN ONE, CHOOSE PLACE CHILD SPENDS MOST TIME.	3 How many hours per day does [CHILD] usually spend (at the kindergarten, nursery or with a nanny)?	4 On average each day, how much time does it take to bring [CHILD] to his or her (kindergarten, nursery, or nanny,) from your dwelling? IF NONE, > Q.6 WRITE ONE WAY TIME ONLY		5 How far is [CHILD'S] (kindergarten, nursery or nanny) from the dwelling? METERS.....1 KILOMETERS...2		6 During the last month, how much money was spent on kindergarten, nursery, or for a nanny for [CHILD]? IF ZERO, WRITE ZERO >> PART 4A	7 Did [CHILD] ever attend a kindergarten, nursery or have a nanny in the past? YES..... 1 NO..... 2 > QUESTION 9	8 What was the main reason [CHILD] stopped attending the kindergarten, nursery or having a nanny? KINDERGARTEN OR NURSERY CLOSED1 COSTS TOO MUCH.....2 DISSATISFIED WITH QUALITY OF CARE3 PREFER TO HAVE CHILD ELSEWHERE.....4 OTHER5	9 Who usually takes care of [CHILD] during the day? MOTHER 1 FATHER 2 BOTH PARENTS..... 3 OTHER HOUSEHOLD MEMBER 4 OTHER RELATIVES 5 HOUSEHOLD HELP/SERVANT 6 FRIENDS 7 OTHER 8 FOR CODES 1-4 > PART 4A	10 How much, if anything, was paid in the past month to the people who cared for [CHILD]? IF NOTHING, WRITE ZERO >> PART 4A
		CODE	NUMBER OF HOURS	MINUTES	HOURS	DISTANCE	DISTANCE CODE	SOMS	CODE	CODE	CODE	SOMS	
	1												
	2												
	3												
	4												
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	17												

>> PART 3B

PART 3B. EDUCATIONAL ATTAINMENT

INTERVIEWER! THESE QUESTIONS ARE TO BE ASKED OF ALL HOUSEHOLD MEMBERS AGE 6 YEARS OR OLDER. PARENTS MUST ANSWER FOR CHILDREN AGE 6-13. CHILDREN 14 AND OLDER ANSWER FOR THEMSELVES.

PERSON	ID CODE	1	2	3	4	5	6	7	8	9	10
		INTERVIEWER! WRITE IN THE ID CODE OF THE PERSON ANSWERING THE QUESTIONS	What is your mother tongue? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Other 8 CODE	What languages do you speak? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9	In what languages can you read? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9 Can't read 10	In what languages can you write? Kyrgyz 1 Russian 2 Ukrainian 3 Uzbek 4 Kazakh 5 Tajik 6 Dungan 7 Foreign 8 Other 9 Can't write 10	How many years did you study in secondary school (grades 1-11)? IF ZERO, > PART 4A	What is the final grade you completed in secondary school?	How many years did you study in institute or university? IF ZERO, > Q. 10	How many years of schooling did you complete at institute or university?	What was the highest diploma or certificate you obtained? INCOMPLETE SECONDARY .. 1 COMPLETE SECONDARY 2 PROF-TECH SCHOOL 3 TECHNIKUM 4 HIGHER ED. DIPLOMA 5 CAND. OF SCIENCE 6 DOCTOR OF SCIENCE 7 OTHER 8 NONE 9
		ID CODE	CODE	YOU CAN LIST UP TO TWO LANGUAGES	YOU CAN LIST UP TO TWO LANGUAGES	YOU CAN LIST UP TO TWO LANGUAGES	NUMBER OF YEARS	FINAL GRADE COMPLETED	NUMBER OF YEARS	NUMBER OF YEARS	CODE
1											
2											
3											
4											
5											
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11											
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15											
16											
17											

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PART 3B. EDUCATIONAL ATTAINMENT (Continued)

P E R S O N	I D C O D E	11 What was the last subject area that you specialized in?	12 Was the last school you attended...	13 What was the main language of instruction in the last school you attended?	14 Are you currently in school or continuing your education?	15 What level of studies are you in currently?	16 Do you plan to continue your education?	17 Why did you [NAME] discontinue your studies?
		Natural sciences..... 1 Humanities 2 Education 3 Medicine 4 Technical sciences..... 5 Agriculture 6 Economy / finances..... 7 International relations..... 8 Other 9 CODE	State? 1 Private? 2 Religious? ... 3 CODE	Kyrgyz..... 1 Russian 2 Other 3 YOU CAN LIST UP TO TWO LANGUAGES CODE(S)	YES ... 1 NO 2 > Q. 16 CODE	Grades 1-9 1-9 Grades 10-11 10 Prof-tech. school 11 Technikum 12 University/Institute 13 Post-graduate..... 14 Courses 15 Other 16 >> QUESTION 18 CODE	YES 1 NO 2 CODE	Finished 1 Costs too much 2 Brother/sister goes instead of me 3 School is too far 4 No supplies 5 Illness 6 Don't like studying..... 7 Never studied..... 8 Other 9 IF AGE 14 AND OLDER >> PART 3D OTHERWISE >>SECTION 4
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
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	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							

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PART 3B. EDUCATIONAL ATTAINMENT (Continued)

P E R S O N	I D	18 How far is your school from the dwelling?		19 How do you get to school?		20 How long does it usually take you to go to school?		21 How many weeks or months of school did you miss in the past 12 months?		22 What was the main reason you missed school?		23 On average, how many hours each day do you spend studying or completing homework outside of school?		24 Who usually helps you with your studies?	
		DISTANCE	DISTANCE CODE	CODE	HOURS	MIN.	WEEKS	MONTHS	CODE	CODE	CODE	CODE			
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
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	13														
	14														
	15														
	16														
	17														

>> PART 3C

PART 3C. EDUCATIONAL EXPENDITURES

P E R S O N	I D C O D E	1 During the past 12 months, how much did your household spend on {NAME'S} education for...						2 INTERVIEWER ! THIS QUESTION RELATES TO ELEMENTARY OR SECONDARY SCHOOL EXPENDITURES ONLY.						
		IF NOTHING WAS SPENT WRITE ZERO. IF RESPONDENT CAN GIVE ONLY A TOTAL, ENTER TOTAL IN COLUMN F.						In past 12 months, how much money did your household spend on ... IF NOTHING WAS SPENT, WRITE ZERO. IF RESPONDENT CAN ONLY GIVE A TOTAL, ENTER TOTAL IN COLUMN G.						
		A tuition and fees?	B textbooks and supplies?	C uniforms/ sports clothes?	D library fees?	E tutors and extra classes?	F Total amount	A school repairs?	B money to buy curtains, flowers for classroom, chalk, or other classroom items?	C gifts to teachers?	D class or school trips?	E celebration of holidays?	F other?	G Total amount
		SOMS	SOMS	SOMS	SOMS	SOMS	TOTAL SOMS	SOMS	SOMS	SOMS	SOMS	SOMS	SOMS	TOTAL SOMS
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
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PART 3C. EDUCATIONAL EXPENDITURES (End)

P E R S O N	I D C O D E	3 In the past month how much did your household spend on, related to {NAME'S} education?				4 In the past 12 months, how much money did you received (if any) as a school allowance? IF NOTHING, WRITE ZERO.	5 In the past 12 months, what was the value of scholarship received for your education? IF NOTHING, WRITE ZERO.	6 In the past 12 months, how much other financial assistance was received from any individual outside of the household for your education? IF NOTHING, WRITE ZERO. >> SECTION 3D
		A. transport SOMS	B. meals in school SOMS	C. Books, newspapers, magazines SOMS	D. Other (clubs, sports, etc.) SOMS	SOMS	SOMS	SOMS
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PART 3D. TRAINING

INTERVIEWER! ASK OF ALL HOUSEHOLD MEMBERS AGE 14 YEARS AND OLDER

P E R S O N	I D C O D E	1 In the past 12 months, have you taken any job training courses besides your formal schooling or higher education?	2 What was the subject of the most recent training course?	3 How long was the last training course that you took?		4 From whom did you take the most recent training course?	5 What was the reason for taking the most recent training course?	6 Are you presently working in a job that uses skills obtained in the last training course you attended?	7 During the past 12 months, what was the total amount spent for all your training courses?
		YES..... 1 NO.....2 >SECTION 4	LANGUAGE.....1 COMPUTERS.....2 DRIVING.....3 MANAGEMENT.....4 SECRETARIAL SKILLS.....5 ACCOUNTING.....6 OTHER.....7	DAY.....3 WEEK.....4 MONTH.....5 YEAR.....8	State employment center..... 1 Other state agency..... 2 Employer..... 3 Private person..... 5 Public organization..... 6 Other..... 7	Increase qualification..... 1 Requalification..... 2 Training for a new job..... 3 Interest..... 4 Other..... 5	YES..... 1 NO..... 2	INCLUDE ALL THE EXPENSES IF DIDN'T PAY, WRITE ZERO	
		CODE	CODE	NUMBER	TIME UNIT	CODE	CODE	CODE	SOMS
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>> SECTION 4

SECTION 4. HEALTH

INTERVIEWER! ASK EACH HOUSEHOLD MEMBER 14 YEARS AND OLDER. FOR CHILDREN 13 AND UNDER , ASK THE QUESTIONS OF THEIR PARENTS.

PART 4A. CHRONIC ILLNESS AND DISABILITY

PERSON	ID	1 Do you currently have a chronic illness or disability that has lasted for more than 6 months?	2 How long have you had this illness or disability?		3 What type of illness or disability do you have? INFECTIOUS DISEASE 1 TUBERCULOSIS..... 2 BLOOD DISEASE 3 DISORDER OF THE NERVOUS SYSTEM AND SENSORY ORGANS 4 CARDIO-VASCULAR DISEASE 5 DISEASE OF THE GENITOURINARY TRACT 6 DISEASE OF THE DIGESTIVE TRACT 7 DISEASE OF THE RESPIRATORY SYSTEM..... 8 OTHER DISEASE 9 BONE FRACTURE..... 10	4. Was this illness or disease diagnosed by a doctor?	5. How many days were you unable to carry on your usual activities because of this illness or injury (don't include days when you were in hospital)? IF NONE, WRITE ZERO	6. How much money have you spent in the last month for any other expenses caused by this chronic illness or disability, including transportation, consultations, medicine, e.t.c.? IF DID NOT PAY, WRITE ZERO	7. Do you have any other chronic illness or disability that has lasted more than 6 months?	8. In the past month, how much money have you spent altogether on this/ these illnesses or disabilities, including all expenses and gifts? IF NONE, WRITE ZERO
			NUMBER OF							
			YES..... 1 NO 2 -> PART 4B	MONTHS						
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>>PART 4B

PART 4B. RECENT ILLNESS OR INJURY

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PART 4B. RECENT ILLNESS OR INJURY (CONTINUED)

PERSON	ID CODE	10. How much time did each of these consultations take, on average?	11. How much money did you pay for this consultations?	12. Why did you not seek treatment?	13. In the past month, did you seek care from any other person for this illness or injury, someone we have not yet talked about?	14. Where did you go for help or who did you talk to?	15. In the past month, how much did you pay for this additional medical treatment? (include all expenses)	16. In the past month, did you visit any medical facility or doctor for preventative care (not because of illness)	17. Who conducted the last preventative medical checkup?	18. Where did you go for the last medical checkup?
		LESS THAN 1/2 HOUR..... 1 LESS THAN 1 HOUR..... 2 1-4 HOURS..... 3 MORE THAN 4 HOURS..... 4 CODE	IF DID NOT PAY, WRITE ZERO >> Q13 SOMS	NOT NEEDED/ SELF-MEDICATED..... 1 TOO FAR 2 POOR SERVICES 3 TOO EXPENSIVE 4 NO RESIDENCE PERMIT . 5 LACK OF TIME 6 OTHER 7 >>Q16 CODE	YES..... 1 NO 2 >Q16	LOCAL AREA PUBLIC DOCTOR.....1 DENTIST2 HEALTH CENTER3 OUTPATIENT CLINIC....4 AMBULANCE5 FAMILY DOCTOR.....6 FELDSHER7 PRIVATE DOCTOR8 HEALER9 OTHER10 CODE	IF DID NOT PAY, WRITE ZERO SOMS	YES..... 1 NO 2 >Q20	DOCTOR 1 FELDSHER 2 NURSE 3 OTHER 4 CODE	STATE OUTPATIENT CLINIC 1 HEALTH CENTER..... 2 STATE HOSPITAL 3 PRIVATE HOSPITAL..... 4 PRIVATE DOCTOR..... 5 OTHER 6 CODE
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PART 4B. RECENT ILLNESS OR INJURY (End)

P E R S O N	I D C O D E	19. How much did you pay for this medical checkup?	20. In the past month, did you use any medication prescribed by a doctor?	21. Were you able to buy this medication?	22. Where did you buy this medication?	23. Was there any discount for this medication?	24. What was the percentage of your discount?	25. How much did you pay for this medication?	26. Why did you not buy this medication?	27. In the past month, did you buy any medication without prescription?	28. How much money did you pay for this medication?
		IF DID NOT PAY, WRITE ZERO SOMS	YES 1 NO 2 > Q.27	YES.....1 NO 2 > Q 26	DOCTOR, WHO PRESCRIBED IT 1 STATE PHARMACY 2 PRIVATE PHARMACY. 3 PRIVATE PERSON..... 4 OTHER 5 CODE	YES.....1 NO 2 > Q.25	PERCENT	SOMS	CODE	YES.....1 NO..... 2 >PART 4C	SOMS
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>>PART 4 C

PART 4C. HOSPITALIZATION

I would like to ask you about hospitalization for the past 12 months.

PERSON	ID CODE	1	2	3	4	5	6
		In the past 12 months, did you stay in a hospital or clinic.?	In the past 12 months, how many times were you hospitalized?	What was the reason for the hospitalization? CHILL/FLU 1 STOMACH..... 2 BOWELS/ DIARRHEA 3 LIVER 4 KIDNEY(S)..... 5 HEADACHE..... 6 HEARTACHE 7 LUNGS 8 FRACTURE(S) 9 SKIN DISEASE..... 10 OTHER INJURY ... 11 OTHER ILLNESS . 12	What type of medical facility did you stay in during your hospitalization? STATE 1 PRIVATE 2	In the past 12 months, how many days did you spend in the hospital?	How much did you pay for the medical treatment in this hospital (including value of gifts and medications)? IF DID NOT PAY, WRITE ZERO
		YES.....1 NO.....2 >PART 4D	TIMES	CODE	CODE	DAYS	SOMS
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>>PART 4D

PART 4D ACTIVITIES OF DAILY LIVING

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID	1 Health condition of [NAME] Very good ...1 Good2 Poor3 Very poor ...4	2 When you perform [A, B, C, D], does your health limit you a lot, a little, or not at all? REPEAT THE QUESTION FOR EACH OPTION (A-D) LIMITS A LOT.....1 LIMITS A LITTLE.....2 DOES NOT LIMIT AT ALL.....3 > QUESTION 4				3 ASK ONLY IF REPORTED CODE 1 OR 2 IN Q.2 Are any of your limitations in ability to function a result of a previous injury or accident? YES..... 1 NO.....2	4 Do you currently smoke cigarettes or other tobacco products? YES 1 Q.6 NO.....2	5 Have you ever smoked cigarettes or tobacco products? YES..... 1 NO2 Q.7	6 At what age did you start smoking ? AGE IN YEARS	7 In the past month, have you consumed alcoholic beverages? YES..... 1 NO..... 2 > SECTION 5	8 How often did you drink alcoholic beverages? EVERY DAY1 4-6 TIMES A WEEK...2 2-3 TIMES A WEEK...3 ONCE A WEEK.....4 2-3 TIMES5 ONCE6 CODE	9 On days when you consumed [Beer, Wine or Champagne, Cognac, Vodka or Samogon] about how many grams did you consume? REPEAT QUESTION FOR EACH CATEGORY (A - D). IF NONE, WRITE ZERO			
			A Vigorous activities such as running, lifting heavy objects, or sports, doing hard labor.	B Moderate activities such as moving a table, climbing stairs, or carrying food products.	C Light activities, such as walking 100 meters.	D Daily activities, such as eating, dressing, etc.							A Beer GRAMS	B Wine, champagne GRAMS	C Cognac GRAMS	D Vodka or Samogon GRAMS
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>> SECTION 5

SECTION 5 ECONOMIC ACTIVITIES

PART 5A. TIME USE

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 7 AND OLDER

PERSON	ID CODE	1.	2.	3.	4.	5.	6.
		INTERVIEWER! COPY RESPONDENT'S ID CODE FROM HOUSEHOLD ROSTER CARD. YES..... 1 > QUESTION 4 NO..... 2	During the past 7 days, did you work or have any business, for example, selling some goods or services to other people? YES..... 1 NO 2	Do you have a job or your own business that you were not engaged in during the last 7 days, because of illness, vacation, business trip, temporary shut down of your enterprise, or some other reason? YES..... 1 NO 2	In the past 7 days, did you do any work at a relative's business or at a relative's farm or dacha, etc? YES..... 1 NO..... 2	In the past 7 days, have you done any farming, fishing, hunting, or gathering of fruit, berries, nuts or other products? YES..... 1 NO..... 2	INTERVIEWER! CHECK IF IS THERE AN ANSWER YES TO AT LEAST ONE OF THE QUESTIONS: Q2, Q3, Q4, OR Q5. YES..... 1 > SECTION 5C NO..... 2 >SECTION 5B
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>> PART 5B

PART 5B. SEARCH FOR EMPLOYMENT

PERSON	ID CODE	1. Have you ever had a paid job or your own business?	2. What was your former place of work?	3. How many months ago did you leave this job?	4. Could you please tell me why you stopped working?	5. In the past 7 days, did you look for a job or try to start your own business?	6. Why didn't you look for a job or try to start your own business during the last 7 days?
		YES.....1 NO.....2 >Q.5	STATE OWNED ENTERPRISE.....1 COOPERATIVE/SMALL ENTERPRISE.....2 JOINT STOCK ENTERPRISE.....3 JOINT VENTURE ENTERPRISE.....4 PRIVATE/INDIVIDUAL ENTERPRISE.....5 SOCIAL ORGANIZATION.....6 COLLECTIVE FARM.....7 FARMING COMMUNITY.....8 OTHER.....9 FOREIGN COMPANY.....10	MONTHS	ENTERPRISE SHUTDOWN.....1 STAFF REDUCTION.....2 CONTRACT NOT EXTENDED.....3 FIRED FROM JOB.....4 WAGE TOO LOW.....5 WAGES DELAYED.....6 DID NOT LIKE JOB/QUIT.....7 HEALTH PROBLEMS.....8 TO CARE FOR FAMILY.....9 SEASONAL.....10 TOO OLD/PENSIONER/ RETIRED.....11 ENTERPRISE TEMPORARILY CLOSED.....12 OTHER.....13 REDUCED HOURS.....14 HARMFUL/DANGEROUS WORK.....15	YES..... 1 > Q.7 NO..... 2	WAITING FOR A JOB TO START.....1 WAITING FOR A RESPONSE FROM A POTENTIAL EMPLOYER.....2 WAITING FOR SEASONAL WORK TO BEGIN.....3 THERE IS NO GOOD JOB.....4 THERE ARE NO JOBS.....5 STUDENT.....6 TAKING CARE OF CHILDREN.....7 PENSIONER/OLD.....8 DON'T KNOW HOW TO START BUSINESS.....9 NO MONEY TO START BUSINESS.....10 NO TIME.....11 I AM DISABLED/NOT HEALTHY.....12 I DO NOT WANT TO WORK.....13 RETRAINING.....14 MATERNITY VACATION.....15 HAVE A STATUS OF UNEMPLOYED.....16 > Q.19 FOR ANSWERS 1-15 > Q.21
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PART 5B. SEARCH FOR EMPLOYMENT (CONTINUED)

PERSON	ID CODE	7. In what sphere would you like to work?	8. What position were you looking for?	9. In what area did you look for work?	10. What post were you suggested to hold?	11. While looking for work in the past 7 days, have you...			12. In the last 7 days, how many hours have you spent looking for a job?	13. What is the lowest monthly salary for which you are willing to work?	14. In the past 6 months, for how many weeks have you been looking for a job?	15. Would you move to another town to accept a job?	16. Are you registered with a labor office?	17. Are you registered as unemployed at the labor office?
		Agriculture 1 Mining 2 Manufacturing 3 Elec., gas, water.. 4 Construction 5 Commerce 6 Transport 7 Financial 8 Services 9 CODE	White collar worker 1 Blue collar worker . 2 Owner/employer... 3 Member of manufacturing cooperative 4 Individual professional 5 Servant 6 CODE	Agriculture 1 Mining 2 Manufacturing 3 Elec., gas, water.. 4 Construction 5 Commerce 6 Transport 7 Financial 8 Services 9 CODE	White collar worker 1 Blue collar worker.. 2 Owner/employer 3 Member of manufacturing cooperative 4 Individual professional 5 Servant 6 CODE	applied in the labor office? 1 used family connection? 2 used other inter-mediaries? 3 used mass media (TV, radio, newspapers)? 4 applied for a job in person? 5 YOU CAN LIST UP TO THREE CODES CODE CODE CODE	NUMBER OF HOURS	SOMS	NUMBER OF WEEKS	YES.....1 NO2	YES.. 1 NO2 > Q18	YES..... 1 > Q19 NO..... 2		
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PART 5B. SEARCH FOR EMPLOYMENT (End)

P E R S O N	I	18. Why are you not registered as unemployed?	19. Do you receive unemployment benefits?	20. In the past month, how much did you receive in unemployment benefits?	21. Now I would like you to back over the past 12 months. During the past 12 months did you work for money or have any business, for example, selling some items or services to other people?	22. In the past 12 months, did you do any work at a relative's or another person's farm or dacha, or a relative's business?	23. In the past 12 months, have you done any farming, hunting, or gathering of fruit, berries, nuts, or other products?	24. INTERVIEWER! CHECK IF THERE IS AT LEAST ONE YES RESPONSE TO Q.21, Q.22, OR Q.23
	D C O D E	TOO YOUNG..... 1 STUDYUNG 2 PENSIONER/TOO OLD 3 NO RESIDENCE PERMIT 4 LABOR OFFICE TOO FAR 5 BENEFITS TOO SMALL 6 DON'T KNOW ABOUT THE LABOR OFFICE..... 7 I WAS REFUSED 8 OTHER 9 FOR ALL RESPONSES >> Q.21 CODE	YES 1 NO 2 >Q.21	SOMS	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 > PART 5F NO 2 > PART 5H
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>> **PART 5C**

PART 5C. MAIN WORK DURING THE PAST 7 DAYS

I would like to ask you some questions about the main job you have worked at during the past 7 days.

PERSON	ID CODE	1. In what area did you work for your main job during the past 7 days?	2. During the past 7 days, how many days did you do this work?	3. In the past 7 days, how many hours in total did you work in your main work?	4. Why did you work less than 41 hours last week in this job?	5. During the past 12 months, how many months did you do this work?	6. During the past 12 months, how many hours per week did you usually do this work?	7. How long have you been working in this area of occupation in your lifetime?		8. How long have you been working at this business or firm?		9. In the past month did you earn the same amount of soms, more or less soms than usual?	10. In this work are you self employed or an independent entrepreneur?	11. During the past month, how much did you earn in this work (excluding taxes, etc.)?	12. In this work are you a...
		Agriculture1 Mining.....2 Manufacturing3 Elec.gas,water4 Construction5 Commerce6 Transport.....7 Financial.....8 Services9 CODE	NUMBER OF DAYS	NUMBER OF HOURS	PERSONAL REASONS1 VACATION2 ENTERPRISE SHUT DOWN3 ENTERPRISE LAYOFFS4 ENTERPRISE ON REDUCED SCHEDULE5 LOW SEASON6 PART-TIME JOB7 OTHER8 CODE	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK	TIME	TIME UNIT	TIME	TIME UNIT	DAY...3 WEEK...4 MONTH...5 YEAR...8	DAY...3 WEEK...4 MONTH...5 YEAR...8	SAME 1 MORE 2 LESS 3	YES 1 NO2 >Q.12
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PART 5C. MAIN WORK FOR THE PAST 7 DAYS (Continued)

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PART 5C. MAIN WORK FOR THE PAST 7 DAYS (Continued)

PERSON	ID	22. In the past 12 months, have you received other pay in addition to your salary/income, for example, bonuses, tips, etc?	23. What is the total amount of this other pay? INCLUDE CASH AND BARTERED GOODS AND SERVICES.	24. In the past 12 months, did you receive any subsidies or donations from your main work?	25. What is the value of the transport subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8		26. What is the value of the dwelling subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8		27. What is the value of the medical services subsidy? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8		28. What was the value of the subsidy for vocation in resorts, spas or rest homes? IF ZERO, WRITE ZERO DAY...3 WEEK...4 MONTH...5 YEAR...8		29. What was the value of free goods, food or clothes received from your main work? IF ZERO, WRITE ZERO
		YES.....1 NO2> Q. 24	SOMS	YES1 NO2	SOMS	TIME UNIT	SOMS	TIME UNIT	SOMS	TIME UNIT	SOMS	TIME UNIT	SOMS
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PART 5C. MAIN WORK FOR THE PAST 7 DAYS (End)

PERSON	ID	30 When you started this work, did you sign a contract that specified your wage exactly?	31 Are you entitled to receive paid vacation in your main job?	32 Does this work pay sick lists?	33 In the past 12 months, did the administration of your main work force you to take an unpaid leave?	34 How long was this forced leave?		35 About how many people in total work at the place where you work?	36 How far is you work from this dwelling?	37 How long does it take you to go to work from your dwelling (one way)?	38 How many times per week do you go to your place of work?	39 In the past month, how much money did you spend on transportation to and from your main job?	40 Did you have a second job or work activity in the past 7 days?
		YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2 Q.35	DAYS	MONTHS	1-5? 1 6-10? 2 11-20? 3 21 to 100? 4 101-500? 5 501-1000? 6 MORE THAN 1000? 7	IF LESS THAN 1 KILOMETER, WRITE ZERO	HOURS	MINUTES	NUMBER OF TIMES	IF ZERO, WRITE ZERO
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>> PART 5D

PART 5D. SECONDARY WORK DURING THE PAST 7 DAYS

Now I would like to ask you some questions about your secondary work that you have done during the past 7 days.

P E R S O N	I D E N T I F Y I N G I N F O R M A T I O N	1 In what area did you do this other work in the past 7 days, was it...	2 During the past 7 days, how many days did you do this other work?	3 During the past 7 days, how many hours in total did you do this work?	4 In the past 12 months, for how many months did you do this work?	5 During the past 12 months, how many hours per week did you usually do this work?	6 How long have you been working at this enterprise or firm?		7 In this work are you self- employed or an independent entre- preneur?	8 During the past month, how much did you earn in this work, including salary, bonuses, awards, or other payments in goods and services?	9 In this work are you a...	10 Where did you work in your additional work for the past 7 days, was it...	11 What are the total earnings that you received for this work for the past month?	12 What percentage of your wages or salary was paid in goods or services?	13 Have you done any other work in the past 7 days?	14 In the past month, how much did you receive for this work? Please include salary, bonuses, awards, or other payments in goods and services.
		CODE	NUMBER OF DAYS	NUMBER OF HOURS	NUMBER OF MONTHS	NUMBER OF HOURS PER WEEK	TIME	TIME UNIT	YES..... 1 NO 2 >Q9	SOMS	CODE	CODE	SOMS	PERCENT	YES.....1 NO 2 >PART 5E	DO NOT INCLUDE AMOUNTS INDICATED EARLIER >>PART 5F SOMS
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>>PART 5E

PART 5E. SEARCH FOR ADDITIONAL EMPLOYMENT OR OTHER WORK

PERSON	ID	1	2	3	4	5	6			7	8
		During the past 7 days, have you looked for additional or other work? YES, FOR ADDITIONAL WORK 1 YES, FOR OTHER WORK 2 NO 3 > Q 8 CODE	In what area did you look for work? Agriculture 1 Mining 2 Manufacturing 3 Elec.gas,water 4 Construction 5 Commerce 6 Transport 7 Financial 8 Services 9 Any area 10 CODE	What position are you looking for? white collar worker? 1 blue collar worker? 2 owner /employer? 3 member of manufacturing cooperative? .4 individual professional? .5 servant? 6 CODE	Are you looking for work... in the private sector? 1 in the public sector? 2 in either one? ...3 CODE	What is the lowest monthly salary for which you are willing to work? SOMS	While looking for work in the past 7 days, have you... applied in the labor office? 1 used family connections? 2 used other intermediaries? 3 used mass media(radio, TV, newspapers)? 4 applied for a position in person? 5 YOU CAN LIST UP TO 3 CODES CODE CODE CODE			How many weeks in total have you spent looking for additional work or another job? >>>PART 5F NUMBER OF WEEKS	Why didn't you look for a job or try to start your own business during the past 7 days? DO NOT NEED ADDITIONAL/OTHER WORK..... 1 LIKE CURRENT WORK 2 EARN ENOUGH ALREADY..... 3 WAITING FOR A JOB TO START..... 4 WAITING FOR A RESPONSE FROM A POTENTIAL EMPLOYER 5 THERE IS NO GOOD JOB 6 THERE ARE NO JOBS..... 7 NO TIME..... 8 FOOD AND OTHER BENEFITS COME WITH CURRENT JOB 9 OTHER..... 10 >>>PART 5F CODE
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>>PART 5F

PART 5F. MAIN WORK DURING THE LAST 12 MONTHS

I would like to ask you some questions about the main job you have worked at during the past 12 months.

PERSON	ID	1 In what area did you work for your main work during the past 12 months?	2 Is this work the same as your main or additional work in the past 7 days?	3 During the past 12 months, how many months did you do this work?	4 During the past 12 months, how many hours per week did you usually do this work?	5 Why did you work less than 41 hours per week in this work?	6 How long have you been doing this type of work in your lifetime?		7 How long have you been working at this business or firm?		8 In the past 12 months, did you earn the same amount, more or less than you made the year before?	9 In this work are you self-employed or an independent entrepreneur?	10 In the past 12 months, what was your average monthly salary/income in this work?	11 In this work are you a...
		Agriculture 1 Mining..... 2 Manufacturing 3 Elec,gas,water..... 4 Construction 5 Commerce 6 Transport..... 7 Financial..... 8 Services 9 CODE	SAME AS MAIN WORK 1 > Q.19 SAME AS ADDITIONAL WORK 2 > Q.19 DIDN'T WORK IN THE PAST 7 DAYS 3 OTHER 4 CODE	NUMBER OF MONTHS	IF 41 HOURS OR MORE, > Q 6 NUMBER OF HOURS PER WEEK	CODE	DAY...3 WEEK...4 MONTH...5 YEAR...8	DAY...3 WEEK...4 MONTH...5 YEAR...8	CODE	YES..... 1 NO..... 2 >Q 11	SOMS	CODE		
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	15													
	16													
	17													

>> NEXT PAGE

PART 5F. MAIN WORK FOR THE PAST 12 MONTHS (End)

P E R S O N	I D C O D E	12 Where did you work in your main job in the past 12 months.	13 What is your monthly salary/income in this work?	14 What percentage of this amount was paid to you in goods or services rather than money?	15 How many months of the last 12 months did you receive salary in cash or in bartered goods for this work?	16 When were you last paid for this work?		17 In the past 12 months, did you receive any other pay, for example, bonuses, commissions, tips, or other pay in addition to your salary for your main job?	18 What was the total amount of these bonuses, commissions, tips and other pay?	19 In the past 12 months, did you do any other work in addition to your main work?
		state owned enterprise..... 1 cooperative 2 joint stock enterprise..... 3 joint venture enterprise..... 4 private/individual enterprise..... 5 social organization 6 collective farm 7 farming community 8 other 9 foreign company..... 10	IF ZERO, > Q.19	IF ZERO, WRITE ZERO	NUMBER OF MONTHS	MONTH	YEAR	YES 1 NO 2 > Q.19	SOMS	YES..... 1 > PART 5G NO 2 > PART 5H
	1									
	2									
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>> PART 5G

PART 5G. ADDITIONAL WORK DURING THE LAST 12 MONTHS

Now I would like to ask you some questions about your secondary work that you have done during the last 12 months.

PERSON	ID	1	2	3	4	5		6	7	8	9	10	11	12	13
		In what area did you do this additional work in the past 12 months, was it... agriculture? 1 mining? 2 manufacturing? 3 elec,gas,water? 4 construction? 5 commerce? 6 transport? 7 financial? 8 services? 9 CODE	Is this work the same as your main or additional work in the past 7 days? YES, SAME AS MAIN WORK..... 1 > Q 12 YES, SAME AS ADD. WORK..... 2 > Q 12 NO.....3 CODE	During the past 12 months, how many months did you do this work? NUMBER OF MONTHS	During the past 12 months, how many hours per week did you usually do this work? NUMBER OF HOURS PER WEEK	How long have you been working at this work? DAY...3 WEEK...4 MONTH...5 YEAR...8 TIME TIME UNIT	YES1 NO 2 > Q.8	SOMS	In this work are you self-employed or an independent entrepreneur? CODE	In the past 12 months, what was your average monthly salary/income at this work? >>PART 5H CODE	Where did you do this work? state owned enterprise..... 1 cooperative 2 joint stock enterprise..... 3 joint venture enterprise..... 4 private/individual enterprise..... 5 social organization 6 collective farm..... 7 farming community 8 other 9 foreign company 10 CODE	In the past 12 months, what was your average monthly salary/income at this work? SOMS	What percentage of your salary was paid in goods or services? IF NONE, WRITE ZERO PERCENT	Have you done any other work in the past 12 months? YES.....1 NO 2 >PART 5H	What was the total amount you received for this additional work in the past 12 months (including other payments in goods or services)? DO NOT INCLUDE THE AMOUNTS INDICATED EARLIER >>PART 5H SOMS
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>>PART 5H

PART 5H. OTHER ACTIVITIES

Now I would like to ask you about time you spent outside of work (yesterday only)

P E R S O N	I D C O D E	1	2	3	4	5	6	7	8
		How many hours did you care for children yesterday?	How many hours did you spend caring for elderly people yesterday?	How many hours did you spend cleaning the house, preparing meals, or washing clothes yesterday?	How many hours did you spend gathering water and fuel for your household's use yesterday?	During the past 12 months has there been any period of time when you were without paid work?	Have you looked for work during the past 12 months?	During the past 12 months, how many weeks were you looking for a job?	Were the weeks that you were without paid work continuous, in two periods, or in several periods?
		IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	YES..... 1 NO2> PART 5I	YES 1 NO 2> Q.8		ONE PERIOD 1 TWO PERIODS 2 SEVERAL PERIODS 3
		NUMBER OF HOURS	NUMBER OF HOURS	NUMBER OF HOURS	NUMBER OF HOURS	CODE	CODE	NUMBER OF WEEKS	>> PART 5I
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>>**PART 5I**

PART 5I. OTHER INCOME

Now I would like to ask you some questions regarding income received in the past 12 months from other sources other than labor income.
For each source I would like to know first if you are eligible to receive income of that type, second the amount you received in the most recent payment and finally the month you received your most recent payment.

P E R S O N	I D C O U N T Y	1. Old age pension			2. Disability pension			3. Pension in case of loss of provider			4. Temporary disability/sickness allowance (sick lists)			5. Unemployment allowance			6. Maternity leave allowance ASK WOMEN AGE 15-49		
		IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO					
		Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH
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>> NEXT PAGE

PART 5I. OTHER INCOME (Continued)

PERSON	ID CODE	7. Allowance for funeral			8. Compensation to victims of the Chernobyl disaster			9. Social pensions			10. Family benefits			11. Other allowances, compensation, and privileges not mentioned earlier		
		IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO			IF ZERO, WRITE ZERO		
		Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH	Elig? YES.....1 NO.....2	SOMS	MONTH
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> > SECTION 6

SECTION 6. MIGRATION

INTERVIEWER! ASK ALL HOUSEHOLD MEMBERS AGE 14 AND OLDER

PERSON	ID	1. What is your citizenship? C KYRGYZ...1 D RUSSIAN...2 E OTHER.....3	2. Were you born in this population point? YES.....1 > Q 8 NO.....2	3. What country were you born in..? USE COUNTRY CODES AT THE BOTTOM OF THIS PAGE IF NOT IN KYRGYZ STAN > Q5	4. What oblast were you born in..? USE OBLAST CODES AT THE BOTTOM OF THIS PAGE	5. Was the place where you were born a... capital? 1 oblast or raion center? 2 town? 3 urban type village? 4 village? 5	6. How old were you when you left your place of birth? AGE IN YEARS	7. What was the main reason you left? FAMILY REASONS 1 BECAUSE OF WORK (LOW PAY) 2 SEARCH OF WORK 3 SCHOOL, STUDY 4 MARRIAGE 5 MILITARY SERVICE 6 THREAT OF VIOLENCE 7 ENVIRONMENTAL DANGER 8 NATIONAL CONFLICTS 9 OTHER REASONS 10 >> QUESTION 10	8. In the past 10 years have you ever lived anywhere else for more than 3 months (besides this place)? YES..... 1 NO 2 > Q13	9. From where did you come to your current place of residence? THIS POPULATION POINT WHERE YOU WERE BORN 33 ELSE SEE OBLAST AND COUNTRY CODES AT THE BOTTOM OF THIS PAGE	10. Was the place you lived before coming here a... capital? 1 oblast or raion center? 2 town? 3 urban type village? 4 village? 5	11. What was your main reason for coming to your present place of residence? FAMILY REASONS 1 BECAUSE OF WORK (LOW PAY) .. 2 SEARCH OF WORK 3 SCHOOL, STUDY 4 MARRIAGE 5 MILITARY SERVICE 6 THREAT OF VIOLENCE 7 ENVIRONMENTAL DANGER 8 NATIONAL CONFLICTS 9 OTHER REASONS 10	12. Since your most recent move, how many years have you lived in this place? IF LESS THEN 1 YEAR, WRITE ZERO NUMBER OF YEARS	13. Are you registered to live and work in this place? YES 1 >>INSTRUCTION AT THE BOTTOM OF THIS PAGE NO.....2	14. Why are you not registered? DIFFICULT TO OBTAIN THE PERMIT .. 1 INSUFFICIENT SPACE IN DWELLING 2 LEAVING SOON..... 3 HAVE NO MONEY 4 OTHER 5 >>INSTRUCTION AT THE BOTTOM OF THIS PAGE
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CODES OF OBLASTS IN KYRGYZ REPUBLIC:

BISHKEK 1 / ISSYK-KUL 2 / JALAL-ABAD 3 / NARYN 4 / OSH 6 / TALAS 7 / CHU 8

COUNTRY CODES:

AZERBAIJAN . 11 ARMENIA 12 BYELORUSSIA 13 GEORGIA 14 KAZAKHSTAN ... 15 MOLDOVA 16 RUSSIA 17 TADJIKISTAN 18 TURKMENISTAN 19 UZBEKISTAN
UKRAINE 21 BALTIC STATES 22 NON CIS COUNTRIES 213

20

INTERVIEWER!

IF HEAD OR PRINCIPLE RESPONENT IS INTERVIEWED > SECTION 7

IF FEMALE AGE 15-49 IS INTERVIEWED > SECTION 8

IF ANY ONE ELSE > NEXT PERSON IN THE HOUSEHOLD CARD, STARTING AGAIN AT SECTION 3

IF NO MORE PERSONS LISTED ON THE HOUSEHOLD CARD ARE YET TO BE INTERVIEWED, THEN ROUND ONE IS COMPLETED.

SECTION 7. RESPONDENTS FOR ROUND TWO

TO BE COMPLETED BY HEAD OF HOUSEHOLD OR PRINCIPAL RESPONDENT.

1. During the past 12 months, did any member of your household work as an independent farmer or worked on land owned by your household raising crops or animals?

YES..... 1 CODE []

NO..... 2 > QUESTION 3

2. Who is most knowledgeable about all the agricultural and livestock activities of the members of your household?

NAME: _____ ID CODE (FROM THE HOUSEHOLD CARD): []

3. During the past 12 months, has any member of your household done any non-agricultural activities, such as production of equipment, instruments, clothes, footwear, sale of food products, industrial products, medical and other services, consultations, repair of any kind of equipment, etc.?

YES..... 1 CODE []

NO..... 2 > QUESTION 7

C O D E	4. Please name different businesses, commercial activities, etc. done by your household members. INTERVIEWER: MAKE A COMPLETE LIST BEFORE GOING TO QUESTION 5.	5. CATEGORIZE THE ACTIVITIES HERE: Produce goods 1 Produce or process agricultural products 2 Construction or building repair..... 3 Sell or resell some goods 4 Cafe, restaurant..... 5 Automobile service 6 Home appliance and other equipment repair 7 Medical services 8 Legal services..... 9 Education services 10 Banking and money exchange..... 11 Other services 12	6. Who is the person who knows the most about the income and expenditures on [BUSINESS OR ACTIVITY] ?	
	DESCRIPTION OF ACTIVITIES	ACTIVITY CODE	NAME	RESPONDENT'S ID CODE
1				
2				
3				
4				
5				

7. Who buys food products for you household?

NAME: _____ ID CODE: []

8. Who in your household knows most about the other expenses, income and savings of the members of your household?

NAME: _____ ID CODE: []

INTERVIEWER: EXPLAIN TO THE HOUSEHOLD OR PRINCIPLE RESPONDENT THAT YOU WOULD LIKE TO SPEAK TO [NAME ALL PEOPLE LISTED IN THIS SECTION] WHEN YOU RETURN TO THE HOUSEHOLD TWO WEEKS FROM NOW.

GO TO THE NEXT PERSON ON THE HOUSEHOLD ROSTER CARD BEGINNING AT SECTION 3

SECTION 8.

INDIVIDUAL FEMALE QUESTIONNAIRE

INTERVIEWER:

ALL FEMALE HOUSEHOLD MEMBERS AGE 15-49 ARE TO FILL OUT THIS SECTION ON THEIR OWN. THERE ARE SEVERAL COPIES OF SECTION 8 IN THE FOLLOWING PAGES -- UP TO 3 WOMEN MAY RESPOND TO THIS SECTION. WRITE EACH WOMAN'S ID CODE AT THE TOP OF THE PAGE ON HER RESPECTIVE SECTION 8.

IF THE WOMAN YOU ARE INTERVIEWING CAN NOT READ AND WRITE, TELL HER THAT SHE IS WELCOME TO HAVE EITHER YOU, THE INTERVIEWER, OR ANOTHER WOMAN HELP HER FILL OUT THIS SECTION.

NEXT GIVE THE WOMAN A PENCIL AND THE QUESTIONNAIRE OPENED TO THE CORRECT PAGE.

WHEN THE WOMAN IS FINISHED, ASK TO SPEAK TO THE NEXT PERSON ON THE HOUSEHOLD MEMBER CARD, AND BEGIN AGAIN AT SECTION 3.

INDIVIDUAL FEMALE QUESTIONNAIRE

DEAR RESPONDENT!

This section is about woman's health. It includes questions about giving birth and family planning. As some of these questions are very private, you should fill in this section yourself. I assure you that nobody of your family members, neighbors nor I will divulge your answers. Therefore be honest in your answers. The information you give will be valuable for further development of health care in our Republic and enable the Government to carry out necessary projects in the field of women and children's health.

Please complete this form. If you don't understand a question or explanation, please address to interviewer, in other words the person who conducts this conversation. When you have answered all of the questions on the section, please fold it and give it to the interviewer.

Thank you very much for your cooperation and help in giving answers to these important questions. In answering the questions please use instructions for each question. Once more I assure you that the information will be kept confidential - no one will divulge your answers.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

SECTION 8 FAMILY PLANING AND FEMALE HEALTH

PART 8A. Pregnancy and Birth

WOMAN'S CODE : _____

1. Have you ever had your period? (CIRCLE YES OR NO)

YES..... 1

NO 2 >IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

2. How old were you, when you had your first period?

|_|_| years old

3. Have you ever been married or shared intimate life with a man? (CIRCLE ONE ANSWER)

YES..... 1

NO 2 >IF NO, PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

4. How old were you when you first married or first shared intimate life with a man?

|_|_| years old

5. Have you ever been pregnant, even if you had a pregnancy that lasted only a few weeks? (CIRCLE ONE ANSWER)

YES..... 1

NO 2 >IF NO, GO TO QUESTION 47

6. How many live births have you had, including births where the child lived only a few short hours or died later?

NUMBER |____|

IF NONE, PLEASE WRITE ZERO AND GO TO QUESTION 13

PLEASE MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO FILL OUT OTHER QUESTIONS IN THE TABLE

PLEASE MAKE A LIST OF ALL OF THE CHILDREN THAT YOU HAVE GIVEN BIRTH TO BELOW, AND TO ALL OF OTHER QUESTIONS IN THE TABLE										
	CHILD'S NAME	7. IS THIS CHILD A BOY OR A GIRL? PLEASE WRITE IN BOY OR GIRL	8. IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?				9. HAS THIS CHILD BEEN INOCULATED AGAINST DISEASES? PLEASE WRITE IN YES OR NO	10A. IS THIS CHILD STILL LIVING IN THE HOUSEHOLD? PLEASE WRITE IN YES OR NO	10B. THIS COLUMN IS FOR INTERVIEWER'S USE	
			MONTH		YEAR					
1.					1	9				
2.					1	9				
3.					1	9				
4.					1	9				

CONTINUED ON THE NEXT PAGE

	CHILD'S NAME	7. IS THIS CHILD A BOY OR A GIRL? PLEASE WRITE IN BOY OR GIRL	8. IN WHAT MONTH AND YEAR WAS THIS CHILD BORN?				9. HAS THIS CHILD BEEN INOCULATED AGAINST DISEASES? PLEASE WRITE IN YES OR NO	10A. IS THIS CHILD STILL LIVING IN THE HOUSEHOLD? PLEASE WRITE IN YES OR NO	10B. THIS COLUMN FOR INTERVIEWER'S USE
			MONTH		YEAR				
5.					1	9			
6.					1	9			
7.					1	9			
8.					1	9			
9.					1	9			
10.					1	9			
11.					1	9			
12.					1	9			

11. Have any of the children you listed above died? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 13

12. Please list the names of the children who died, their ages at the of their death, the date they died and the causes of their death.

	a. NAME OF CHILD	b. WAS IT A BOY OR A GIRL? PLEASE WRITE IN BOY OR GIRL	c. AGE IF LESS THAN 1 MONTH, WRITE ZERO		d. WHAT DATE DID THE CHILD DIE?			e. WHAT WAS THE CAUSE OF DEATH? ILLNESS.....1 ACCIDENT2 MURDER.....3 OTHER.....4 PLEASE WRITE DOWN THE RELEVANT CODE
			YEARS	MONTHS	DAY	MONTH	YEAR	
1.			_ _	_ _			19 _ _	
2.			_ _	_ _			19 _ _	
3.			_ _	_ _			19 _ _	
4.			_ _	_ _			19 _ _	
5.			_ _	_ _			19 _ _	
6.			_ _	_ _			19 _ _	
7.			_ _	_ _			19 _ _	
8.			_ _	_ _			19 _ _	
9.			_ _	_ _			19 _ _	

GO TO THE NEXT PAGE

13. Have you had a stillborn child? (A stillborn child is a baby born dead when you were 7 months pregnant or more.) (CIRCLE YES OR NO)

YES..... 1

NO2 > IF NO, GO TO QUESTION 15

14. How many stillborn births have you had in your life?

NUMBER |_____|

15. Have you had any miscarriages? (A miscarriage is when you give birth to a child when you are less than 7 months pregnant and the child does not survive.) (CIRCLE YES OR NO)

YES..... 1

NO2 > IF NO, GO TO QUESTION 17

16. How many miscarriages have you had in your life?

NUMBER |_____|

THE NEXT FEW QUESTIONS ARE ABOUT YOUR LAST BORN CHILD

17. Was your last born child born in the last 3 years? That is, after September 1995? (CIRCLE YES OR NO)

YES..... 1

NO2 > IF NO, GO TO QUESTION 29

18. While you were pregnant with your last born child, did you go for medical consultations for your pregnancy at a maternity home, women's consultation center, or other health service facility? (CIRCLE YES OR NO)

YES..... 1

NO2 > IF NO, PLEASE SKIP TO QUESTION 23

19. How many weeks pregnant were you when you had your first medical consultation for your pregnancy?

NUMBER OF WEEKS |_____|

20. How many times did you go for medical consultations during your pregnancy?

NUMBER OF TIMES |_____|

21. Where did you go for medical consultation for your pregnancy? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE..... 1

HOSPITAL2

MATERNITY CENTER3

HEALTH CENTER.....4

OTHER5

GO TO THE NEXT PAGE

22. Who cared for you and your baby during your pregnancy? (IF MORE THAN ONE PERSON, CIRCLE THE PERSON YOU COME TO FIRST ON THE LIST)

DOCTOR..... 1
NURSE..... 2
MIDWIFE..... 3
FELDSHER..... 4
OTHER..... 5

23. Who assisted you with the birth of your last born child? (IF MORE THAN ONE PERSON, CIRCLE THE PERSON YOU COME TO FIRST ON THE LIST)

DOCTOR..... 1
NURSE..... 2
MIDWIFE..... 3
FELDSHER..... 4
FAMILY MEMBER..... 5
OTHER..... 6

24. Where did you give birth to your last born child? (CIRCLE ONE ANSWER)

MATERNITY CENTER1
HOSPITAL2
GYNECOLOGIST'S OFFICE3
FELDSHER'S OFFICE.....4
HOME.....5
OTHER.....6

25. How much did your last born child weigh at birth?

KILOGRAMS |_____|

26. Did you exclusively breastfeed your last born child? (CIRCLE ONE ANSWER)

YES 1
NO 2 > IF NO, GO TO QUESTION 29

27. Are you still exclusively breastfeeding this child? (CIRCLE ONE ANSWER)

YES..... 1 > IF YES, GO TO QUESTION 29
NO 2

28. How many months did you exclusively breastfeed your child?

NUMBER OF MONTHS |_____|

29. Have you had any abortions in the course of your lifetime ? (CIRCLE ONE ANSWER)

YES 1
NO 2 > IF NO, GO TO QUESTION 38

GO TO THE NEXT PAGE

30. How many abortions have you had in the course of your lifetime?

NUMBER |_____|

31. Have you had an abortion in the past 12 months? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 38

32. During the last 12 months, how many abortions have you had?

NUMBER |_____|

33. Where did you have the last abortion performed? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE1

HOSPITAL2

MATERNITY CENTER3

HEALTH CENTER4

OTHER.....5

34. Who performed the last abortion? (PLEASE CIRCLE ONE)

DOCTOR..... 1

NURSE..... 2

MIDWIFE 3

FELDSHER..... 4

OTHER..... 5

35. Did you have complications after this abortion? (CIRCLE ONE ANSWER)

YES 1

NO 2

36. Did you pay for this abortion? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 38

37. How much did you pay for this abortion?

SOMS |_____|

38. Have you had any mini-abortions in the course of your lifetime? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 47

39. How many mini-abortions have you had in the course of your lifetime?

NUMBER |_____|

GO TO THE NEXT PAGE

40. During the past 12 months have you had any mini-abortions?

YES 1

NO 2 > IF NO, GO TO QUESTION 47

41. How many mini-abortions have you had during the past 12 months?

NUMBER |_____|

42. Where did you have the last mini-abortion? (PLEASE CIRCLE ONE)

GYNECOLOGIST'S OFFICE1

HOSPITAL2

MATERNITY CENTER3

HEALTH CENTER4

OTHER.....5

43. Who performed the last mini-abortion? (PLEASE CIRCLE ONE)

DOCTOR.....1

NURSE.....2

MIDWIFE3

FELDSHER4

OTHER.....5

44. Did you have complications after this mini-abortion? (CIRCLE ONE ANSWER)

YES 1

NO 2

45. Did you pay for this mini-abortion? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 47

46. How much did you pay for this mini-abortion?

SOMS |_____|

47. Do you get your period, even if it is irregular? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF YOU DON'T GET YOUR PERIOD BECAUSE YOU ARE PREGNANT, PLEASE CONTINUE.. OTHERWISE, GO TO QUESTION 59

GO TO THE NEXT PAGE

48. Do you normally use a method of contraception? (CIRCLE ONE ANSWER)

YES..... 1

NO 2 > IF NO, GO TO QUESTION 52

49. What birth control method do you normally use? (PLEASE CIRCLE ONE)

ABSTINENCE.....1 > GO TO QUESTION 53

OBSERVING THE CYCLE2 > GO TO QUESTION 53

INTERRUPTION OF THE ACT3 > GO TO QUESTION 53

DOUCHE WITH WATER.....4

DOUCHE WITH SPECIAL SOLUTIONS.....5

CONDOM.....6

CAP.....7

PILLS8

SPIRAL (IUD).....9

INJECTIONS.....10

STERILIZATION11

FOAM/JELLY/CREAM12

OTHER13

50. In the past month, did you or your husband or your partner pay for the method of birth control that you are using? (CIRCLE ONE ANSWER)

YES..... 1

NO 2 > IF NO, GO TO QUESTION 53

51. How much did you or your husband or partner pay for this method?

SOMS | _____ | > **GO TO QUESTION 53**

52. Which of the following reasons best describes why you do not use any birth control method? (PLEASE CIRCLE ONE)

WANT TO HAVE A CHILD..... 1

HEALTH PROBLEMS..... 2

HAVE NO HUSBAND OR PARTNER 3

TOO EXPENSIVE..... 4

UNAVAILABLE TO BUY 5

DON'T KNOW HOW TO USE 6

RELIGIOUS REASONS..... 7

AM PREGNANT..... 8 > GO TO QUESTION 54

OTHER 9

GO TO THE NEXT PAGE

53. Are you pregnant now? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 57

54. How many weeks are you into your pregnancy?

NUMBER OF WEEKS | _____ |

55. Are you planning to give birth or have an abortion? (CIRCLE ONE ANSWER)

GIVE BIRTH 1

ABORTION 2 > IF ABORTION, GO TO QUESTION 57

56. After finishing your pregnancy, when do you plan to give birth to another child? (PLEASE CIRCLE ONE)

IN 1 YEAR 1 > GO TO QUESTION 58

IN 2-5 YEARS 2 > GO TO QUESTION 58

IN 6-10 YEARS 3 > GO TO QUESTION 58

DON'T KNOW 4 > GO TO QUESTION 58

NEVER 5 > GO TO QUESTION 61

57. Would you want to have more children? (CIRCLE ONE ANSWER)

YES 1

NO 2 > IF NO, GO TO QUESTION 61

58. How many children do you want to have altogether?

NUMBER OF CHILDREN | _____ | **> GO TO QUESTION 61**

59. Which of the following reasons best describes why you don't have your period? (PLEASE CIRCLE ONE)

AGE 1

HAD VAGINAL SURGERY 2

HAVE NOT HAD A MENSTRUAL CYCLE SINCE

RECENT CHILD DELIVERY 3 > GO TO QUESTION 61

OTHER 4

60. How old were you when you stopped having your period?

AGE | _____ |

GO TO THE NEXT PAGE

Dear respondent, below are the questions we would like you to know your opinion on about some family planning issues, such as: Is this problem important for people of the republic? Should every family plan the number of children they would like to have and when they want their children to be born or is it necessary at all, etc.

61. How many children did your parents have?

NUMBER OF CHILDREN |_____|

62. What is your opinion about family planning? (PLEASE CIRCLE ONE)

- FAMILY PLANNING IS NECESSARY 1
- DOESN'T MATTER HOW MANY CHILDREN I HAVE..... 2
- OUR FAMILY FOLLOWS RELIGIOUS AND NATIONAL TRADITIONS 3
- CANNOT DO BIRTH CONTROL..... 4
- NEVER THOUGHT ABOUT IT 5
- OTHER..... 6

THANK YOU VERY MUCH FOR YOUR HELP IN COMPLETING THIS SECTION.
PLEASE CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER.

SECOND ROUND

INTERVIEWER: EXPLAIN AGAIN TO THE RESPONDENT(S) THE PURPOSE OF YOUR VISIT,
IMPORTANCE OF THE SURVEY AND CONFIDENTIALITY OF ANSWERS

PLEASE MAKE SURE THE LIST OF HOUSEHOLD MEMBERS AGREES WITH THE HOUSEHOLD ROSTER CARD

SECTION 9. AGRO-PASTORAL ACTIVITIES

PART 9A. LAND

I would like to ask you some questions about the land the members of your household rent or use.

C O D E	FORM OF LAND	1. What area of [FORM OF LAND] is available to your household? IF NO LAND IS AVAILABLE, WRITE ZERO > NEXT TYPE OF LAND M ² 1 Sotka 2 Ha.....3		2. Do you have a legal document that shows your right to use this [FORM OF LAND]? YES..... 1 NO..... 2		3. This land is: A PRIVATE PROPERTY.....1 RENTED.....2 USING FOR TIME.....3 OTHER.....4 land 1 land 2 land 3			4. How much money do you think your household would get for selling the rights to [THIS FORM OF LAND] today? SOMS		5. How many hectares does your household rent? IF DOES NOT RENT WRITE ZERO>Q.7 M ² 1 Sotka 2 Ha.....3 NUMBER CODE		6.. In the past 12 months, how much did your household pay to rent this [FORM OF LAND] including the value of payments made in goods and services? IF DID NOT PAY, WRITE ZERO SOMS		7. In the past 12 months, how many hectares of [FORM OF LAND] did other private individuals rent from your household? IF ZERO > Q. 9 M ² 1 Sotka.....2 Ha.....3 NUMBER CODE		8. In the past 12 months, how much did your household receive, including goods and services, from other private individuals for renting this [FORM OF LAND]? IF ZERO, WRITE ZERO SOMS	
		NUMBER	CODE															
1	Part-time farm																	
2	Vegetable allotment																	
3	Orchards and Vineyards																	
4	Dacha																	
5	Farm																	
6	Other																	
7																		
8																		
9																		

IS THE HOUSEHOLD INVOLVED IN AGRICULTURAL ACTIVITY?

YES. 1 CODE []

NO. 2 > SECTION 10.

INTERVIEWER/SUPERVISOR: USE Q2 SECTION 7 TO ENTER NAME AND ID CODE OF THE RESPONDENT MOST KNOWLEDGEABLE ABOUT AGRICULTURAL ACTIVITIES OF THE HOUSEHOLD.

RESPONDENT _____ ID CODE: [] []

PART 9A. LAND (continue)

C O D E	FORM OF LAND	9. What is the main source of water used by your household for [FORM OF LAND]?	10. Did your household use this area of land for:								
		CANALS1 RESERVOIR2 PUMP3 RIVER.....4 RAIN.....5 CENTRALIZED PIPELINE .6 OWN SYSTEM.....7 CODE	CODE VEGETABLE ALLOTMENT1 ORCHARDS AND VINEYARDS2 GRAIN, INDUSTRIAL AND FODDER CROPS.....3 HERDING.....4 PRIVATE AND HOUSEHOLD BUILDINGS.....5 DID NOT USE.....6 MEASURING UNIT M ² 1 Sotka 2 Ha.....3								
			QUANTITY	MEASURING	CODE unit	QUANTITY	MEASURING	CODE unit	QUANTITY	MEASURING	CODE unit
1	Part-time farm										
2	Vegetable allotment										
3	Orchards and Vineyards										
4	Dacha										
5	Farm										
6	Other										
7											
8											
9											

>> PART 9B

PART 9B. CROPS

1. In the past 12 months, has your household been involved in any crop production activities?

YES1 CODE [_____]

NO 2 >PART 9E

C R O P C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?	4. In the past 12 months, how many kilograms of [CROP] did you harvest?	5. How many kilograms of [CROP] did your household sell?	6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?	8. How many kilograms of [CROP] did your household keep for seeding?	9. How many Kgs. of [CROP] did your household lose to insects, rodents, fire or spoilage?	10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?	11. How many months in the past 12 months did your household consume [CROP]?	12. How many kilograms of [CROP] did your household process?	13. How many kilograms of [CROP] did your household keep for storage?
		YES1 NO2 >NEXT CROP	M ²1 Sotka2 Ha3 NUMBER CODE	Kg1 Centner2 T3 numb. code	Kg1 Centner2 T3 numb. code	SOMS	Kg1 Centner2 T3 number code	Kg1 Centner2 T3 number code	Kg1 Centner2 T3 number code	Kg1 Centner2 T3 number code	MONTHS	Kg1 Centner2 T3 number code	Kg1 Centner2 T3 number code
1	Wheat												
2	Rye												
3	Barley												
4	Oats												
5	Maize												
6	Cotton												
7	Tobacco												
8	Sugar beet root												
9	Sunflowers												
10	Perennial grasses												
11	Annual grasses												
12	Fodder crops												
13	Rice												
14	Beans												
15	Squash, pumpkin												

>> NEXT PAGE

PART 9B. CROPS (CONTINUED)

C R O P C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?	4. In the past 12 months, how many kilograms of [CROP] did you harvest?	5. How many kilograms of [CROP] did your household sell?	6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?	8. How many kilograms of [CROP] did your household keep for seeding?	9. How many Kgs. of [CROP] did your household lose to insects, rodents, fire or spoilage?	10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?	11. How many months in the past 12 months did your household consume [CROP]?	12. How many kilograms of [CROP] did your household process?	13. How many kilograms of [CROP] did your household keep for storage?
		YES1 NO2 >NEXT CROP	M ² 1 Sotka 2 Ha3	Kg.....1 Centner.....2 T.....3	Kg.....1 Centner.....2 T.....3 IF NONE, WRITE ZERO > Q.7		Kg.....1 Centner.....2 T.....3 IF NONE , WRITE ZERO	Kg.....1 Centner.....2 T.....3 IF NONE , WRITE ZERO	Kg.....1 Centner.....2 T.....3 IF NONE, WRITE ZERO	Kg.....1 Centner.....2 T.....3 IF NONE, >Q.12		Kg.....1 Centner.....2 T.....3 IF NONE , WRITE ZERO	Kg.....1 Centner.....2 T.....3 IF NONE', WRITE ZERO
			NUMBER CODE	numb. code	number code	SOMS	number code	number code	number code	number code	MONTHS	number code	number code
16	Potatoes												
17	Beetroot												
18	Onions												
19	Garlic												
20	Carrots												
21	Radish												
22	Other root crops												
23	Tomatoes												
24	Peppers (fresh)												
25	Cabbage												
26	Cucumbers												
27	Eggplant												
28	Other vegetables												
29	Melons, watermelons												
30	Grapes												
31	Mushrooms												

>> NEXT PAGE

PART 9B. CROPS (END)

C R O P C O D E	CROP	2. During the past 12 months, did your household grow [CROP]?	3. What was the area of land used for [CROP]?		4. In the past 12 months, how many kilograms of [CROP] did you harvest?		5. How many kilograms of [CROP] did your household sell?		6. How much money did your household receive from sale of [CROP]?	7. How many kilograms of [CROP] did your household give to other people as a gift?		8. How many kilograms of [CROP] did your household keep for seeding?		9. How many Kgs. of [CROP] did your household lose to insects, rodents, fire or spoilage?		10. In the past 12 months, how many kilograms of [CROP] were consumed within your household?		11. How many months in the past 12 months did your household consume [CROP]?		12. How many kilograms of [CROP] did your household process?		13. How many kilograms of [CROP] did your household keep for storage?	
		YES1 NO2 >NEXT CROP	M ²1 Sotka2 Ha.....3	Kg.....1 Centner.....2 T.....3	Kg.....1 Centner.....2 T.....3	SOMS	Kg.....1 Centner.....2 T.....3	Kg.....1 Centner.....2 T.....3	Kg.....1 Centner.....2 T.....3	Kg.....1 Centner.....2 T.....3	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO	IF NONE, WRITE ZERO		
			NUMBER	CODE	numb.	code	number	code		number	code	number	code	number	code	number	code	MONTHS	number	code	number	code	
32	Strawberry, raspberry																						
33	Currant, gooseberry																						
34	Apples																						
35	Pears																						
36	Cherries																						
37	Plums																						
38	Apricots, peaches																						
39	Other fruit																						
40	Nuts																						
41	Flowers																						
42	Other																						

>> PART 9C

PART 9C. CROP INPUTS

1. Where does your household normally buys... (ENTER SUPPLIER CODE)

- a. seeds, young plants?.....[]
b. mineral fertilizer/pesticides?[]
c. organic manure?.....[]
d. packaging material?[]

SUPPLIER CODES:

PRIVATE INDIVIDUAL.....	1	SOVHOZ/KOLHOZ/FARMS	5
PRIVATE RETAILER.....	2	COOPERATIVE.....	6
PRIVATE WHOLESALER.....	3	STATE ENTERPRISE	7
STATE STORE.....	4	OTHER.....	8
		DO NOT BUY.....	9

2. Did your household buy any of these items on credit in the past 12 months?

YES1 CODE []

NO..... 2 >TABLE BELOW

3. What percentage of these items was bought on credit?

PERCENT []

[illegible]

LINE "TOTAL" IS TO BE FILLED OUT IF RESPONDENT IS NOT ABLE TO PROVIDE INFORMATION ABOUT EACH INDIVIDUAL CROP.

>> NEXT PAGE

PART 9C. CROP INPUTS (End)

14. During the past 12 months, how much did your household spend on the following kinds of paid labor?

IF NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Clearing land	
b.	Plowing	
c.	Planting, seeding	
d.	Irrigating	
e.	Harvesting	
f.	Other	
g	Including: for mineral fertilizer	
h	for chemical fertilizer	

15. How much did your household spend in cash, goods, services, or on credit on ...

I F NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Renting animals	
b.	Renting equipment or machinery	
c.	Maintenance and repair of buildings and machines	
d.	Irrigation charges	
e.	Fuel oil, electricity, other fuels, etc.	
f.	Other	

16. How much did your household spend on ...

IF NOTHING WAS SPENT, WRITE ZERO

		SOMS
a.	Land taxes	
b.	Livestock taxes	
c.	Value added taxes	
d.	Other local agricultural taxes	
e.	Other agricultural taxes	

PART 9D. FOOD PRODUCTS PRODUCED IN THE PAST 12 MONTHS

1. During the past 12 months, did any member of your household produce any food products from the crops grown or bought by the household?

YES.....1 CODE []

NO2 > **PART 9E**

2. In the past 12 months, which members of your household helped in the production of home produced food products? IF MORE THAN 3, PUT CODES OF THOSE WHO HELPED THE MOST.

P R O D U C T C O D E	CODE [] []	CODE [] []	CODE [] []	4. What quantity of the [FOOD PRODUCT] did your household produce in the past 12 months?			5. In the past 12 months, what quantity of the [FOOD PRODUCT] did your household consume?	6. What quantity of the [FOOD PRODUCT] does your household consume for the month normally?	7. In the past 12 months, what quantity of the [FOOD PRODUCT] was given away to other people as a gift or help?	8. What quantity of the [FOOD PRODUCT] did your household store?	9. What quantity of the [FOOD PRODUCT] did your household sell in the past 12 months?	10. In the past 12 months, how much money did your household receive from sale of [FOOD PRODUCT]?	11. How much money did members of your household spend on producing [FOOD PRODUCT]?
	FOOD PRODUCT	3. During the past 12 months did anybody of your household members produce [FOOD PRODUCT] from the grown crop or bought ? YES..... 1 NO 2 > NEXT FOOD PRODUCT grown bought	grown	bought	total	QUANTITY	QUANTITY	QUANTITY	QUANTITY	QUANTITY	QUANTITY	SOMS	SOMS
1	Wheat flour KG												
2	Corn flour KG												
3	Corn oil L												
4	Cotton oil L												
5	Sunflower oil L												
6	Other vegetable oil (soy bean oil, etc.) L												
7	Dried apricots, raisins, dried fruit KG												
8	Jam L												
9	Compote, juice L												
10	Canned vegetables L												
11	Dried mushrooms KG												
12	Wine (grape, fruit-berry) L												
13	Vodka, samogon L												
14	Beer L												
15	Tobacco products ITEMS												

>> **PART 9E**

PART 9E. LIVESTOCK

1. During the past 12 months, was your household involved in raising livestock, poultry, bees or other animals?

YES1 CODE { }

NO 2 > PART 9G

2. Which members of your household were involved in raising [ANIMAL]? IF MORE THAN 3 ASK FOR THE MEMBERS WHO CONTRIBUTED THE MOST.

CODE [] CODE [] CODE []

ANIMAL CODE	ANIMAL	3. During the past 12 months, did your household raise [ANIMAL]?	4. How many [ANIMAL] did your household own 1 year ago?	5. How many [ANIMAL] has your household sold in the past 12 months?	6. How much money did your household receive from sale of [ANIMAL]?	7. How many [ANIMAL] has your household bought during the past 12 months?	8. How much money did your household pay for purchased [ANIMAL]	9. How many [ANIMAL] were born or received as a gift?	10. In the past 12 months, how many [ANIMAL] did your household slaughter?	11. What was the weight of the slaughtered [ANIMAL] ?	12. How many months in the past 12 months did your household consume [ANIMAL]?	13. During those months, how many kilograms of [ANIMAL] did your household normally consume each month?	14. How many [ANIMAL] were lost or stolen, given away for free or died?	15. How many [ANIMAL] does your household own at present?	16. How much could you receive from sale of [ANIMAL] if you sold all of them today?
		YES..... 1 NO..... 2 > NEXT ANIMAL	NUMBER	NUMBER	SOMS	NUMBER	SOMS	NUMBER off-spring gift	NUMBER	KG	MONTHS	KG	NUMBER	NUMBER	SOMS
1	Cattle														
2	Young animals														
3	Pigs (9 month's and older)														
4	Piglets														
5	Sheep														
6	Lambs														
7	Goats														
8	Kids														
9	Horses														
10	Donkeys, mules														
11	Chickens, roosters														
12	Turkeys														
13	Ducks, geese, other poultry														
14	Rabbits, mink														
15	Bees (number of colonies)														
16	Other animals														

>> PART 9F

PART 9F. ANIMAL PRODUCTS

1. During the past 12 months did your household produce any animal products, such as meat, dairy products, eggs or tanned skins?

YES 1 CODE []

NO 2 >PART 9G

2. Which members of your household were involved in producing animal products?

ID CODE []..... ID CODE [] ID CODE []

Now I will name some animal products, and I would like to ask you to try to remember, whether or not your household produced any of these products. I would also like to ask some questions as to how your household used these products- and their value.

P R O D U C T	ANIMAL PRODUCT	3. Did your household produce [ANIMAL PRODUCT]? YES..... 1 NO..... 2 >NEXT PRODUCT	4. In the past 12 months, what quantity of [ANIMAL PRODUCT] did your household produce? QUANTITY	5. How many months in the past 12 months did your household consume [ANIMAL PRODUCT]? MONTHS IF ZERO >Q7	6. What quantity of [ANIMAL PRODUCT] does your household normally consume each month? QUANTITY	7. What quantity of [ANIMAL PRODUCT] was given away to other people for free? IF NOTHING, WRITE ZERO QUANTITY	8. What quantity of [ANIMAL PRODUCT] did your household store? IF NOTHING WRITE ZERO QUANTITY	9. What quantity of the [ANIMAL PRODUCT] did your household sell in the past 12 months? QUANTITY IF ZERO, >Q.11	10. In the past 12 months, how much money did your household receive from sale of [ANIMAL PRODUCT]? SOMS	11. How much did your household spend on producing [ANIMAL PRODUCT]? SOMS IF ZERO, >> NEXT PRODUCT
1	Total animal meat KG									
2	Beef KG									
3	Pork KG									
4	Mutton, lamb KG									
5	Horse-fresh KG									
6	Fowl KG									
7	Other livestock's meat KG									
8	Inner organs of cows KG									
9	Inner organs of sheep/lamb KG									
10	Inner organs of pig KG									
11	Inner organs of horse KG									
12	Inner organs of chicken/poultry KG									
13	Lard KG									
14	Milk L									
15	Eggs ITEMS									
16	Honey L									
17	Hides ITEMS									
18	Wool KG									
19	Down KG									
20	Pelts ITEMS									

>> NEXT PAGE

PART 9F. ANIMAL PRODUCTS (End)

P R O D U C T	ANIMAL PRODUCT	3. Did your household produce [ANIMAL PRODUCT]? YES..... 1 NO..... 2 >NEXT PRODUCT	4. In the past 12 months, what quantity of [ANIMAL PRODUCT] did your household produce? QUANTITY	5. How many months in the past 12 months did your household consume [ANIMAL PRODUCT]? IF ZERO >Q7 MONTHS	6. What quantity of [ANIMAL PRODUCT] does your household normally consume each month? QUANTITY	7. What quantity of [ANIMAL PRODUCT] was given away to other people for free? IF NOTHING, WRITE ZERO QUANTITY	8. What quantity of [ANIMAL PRODUCT] did your household store? IF NOTHING WRITE ZERO QUANTITY	9. What quantity of the [ANIMAL PRODUCT] did your household sell in the past 12 months? IF ZERO, >Q.11 QUANTITY	10. In the past 12 months, how much money did your household receive from sale of [ANIMAL PRODUCT]? SOMS	11. How much did your household spend on producing [ANIMAL PRODUCT]? IF ZERO, >> NEXT PRODUCT SOMS
1	Cream L									
2	Soured cream L									
3	Ajran/kefir L									
4	Cheese/kurt KG									
5	Curds KG									
6	Butter KG									
7	Horse milk L									
8	Other milk products L									
9	Sausage KG									
10	Canned meat KG									

>> PART 9G

PART 9G. LIVESTOCK EXPENDITURES IN THE PAST 12 MONTHS

C O D E	EXPENDITURE ITEM	1. In the past 12 months, did your household pay money or goods/services for [EXPENDITURE ITEM]? YES..... 1 NO..... 2 >NEXT EXPENDITURE ITEM	2. In the past 12 months, how much money or goods and services did your household spend on [EXPENDITURE ITEM]? SOMS
1	Veterinary services, inoculations, medical or chemical products		
2	Hired labor for herding		
3	Fodder, including salt		
4	Wool washing		
5	Sheep shearing		
6	Building or maintenance of pens and fences		
7	Compensation for damage caused by animals		
8	Packaging of animal and poultry products		
9	Transportation of animals, feed or supplies		
10	Commission on sale of animals		
11	Other expenditures for raising animals (incubator, electricity, etc.)		

>>PART 9H

PART 9H. FARMING EQUIPMENT

C O D E	EQUIPMENT	1. In the past 12 months, did your household buy [EQUIPMENT]? if YES.....how much NO 0 > Q. 3	2. How much money did your household pay for [EQUIPMENT] in the past 12 months? SOMS	3. In the past 12 months, did your household sell [EQUIPMENT]? if YEShow much NO 0 > Q. 5	4. How much money did your household receive for sale of [EQUIPMENT]? SOMS	5. During the past 12 months, how much money did your household receive for renting [EQUIPMENT] to other people? IF ZERO, WRITE ZERO SOMS	6. Did your household rent [EQUIPMENT]? if YES.....how much NO..0>>NEXT EQUIPMENT	7. how much did your household pay to rent this [EQUIPMENT]? SOMS
1	Caterpillar tractor							
2	Wheel tractor							
3	Plough							
4	Seeder							
5	Hay balers							
6	Mowers							
7	Other transport including:							
8	combine							
9	grain-harvester truck							
10	Draft animals							
11	Other							

>>SECTION 10

SECTION 10. NON-FARM SELF EMPLOYMENT

INTERVIEWER! ASK HOUSEHOLD MEMBERS SELECTED IN SECTION 7 AS RESPONDENTS FOR THE SECOND ROUND
Now I would like to talk to you about any trades, businesses, production, professional services and any other self-employed activities of your household.

Does your household have any self-employment activities?

YES.....1 CODE []

NO.....2 > SECTION 11

INTERVIEWER/SUPERVISOR: FROM SECTION 7, Q 5, WRITE IN NAMES AND CODES OF RESPONDENTS WHO ARE MOST INFORMED ABOUT NON-FARM SELF-EMPLOYMENT ACTIVITIES OF THE HOUSEHOLD. IF SOME OF THE PEOPLE ARE NOT PRESENT, CHOOSE THE MOST INFORMED ONE.

1) _____ ID: _____

2) _____ ID: _____

3) _____ ID: _____

PART 10A. WORKING CONDITIONS

Let us start from [BUSINESS OR ACTIVITY]

[illegible]

>> NEXT PAGE

PART 10A. WORKING CONDITIONS (END)

BUSINESS	7	8	9	10	11	12	13	14		
	In the past 12 months, how many months were you involved in this business or activity?	Where do you mostly purchase inputs for this business? private farmers..... 1 other private individuals 2 private retailer 3 private wholesaler 4 state enterprise 5 kolhoz/sovhoz 6 other..... 7	In the past 12 months, who was the main consumer of goods or services of this business or activity? private farmers.....1 other private individuals.....2 private retailer.....3 private wholesaler.....4 state enterprise.....5 kolhoz/sovhoz.....6 other.....7	Do you buy any goods or inputs abroad for this business? YES 1 NO 2 > Q12	Where do you buy these goods or inputs? CIS COUNTRIES 1 OTHER COUNTRIES 2	In the past 12 months did you buy any goods or use any services on credit for this business or activity? YES.....1 NO 2 > Q14	Who provided the goods or services on credit? private farmers..... 1 other private individuals 2 private retailer 3 private wholesaler 4 state enterprise 5 kolhoz/sovhoz 6 other..... 7	What are the main challenges, if any, your business has faced? high price on inputs..... 1 lack of inputs..... 2 high interest rates on credit 3 unavailability of credit..... 4 high taxes..... 5 low demand for products..... 6 high cost of labor..... 7 lack of skilled workers..... 8 extortion/racketing..... 9 low production capacity..... 10 getting legal license 11 other..... 12		
								WRITE IN 3 MAJOR CHALLENGES		
	NUMBER OF MONTHS			CODE	CODE	CODE	CODE	CODE	CODE	CODE
1										
2										
3										

>> PART 10 B

PART 10B ASSETS

Now I would like to ask you about assets owned by your business

C O D E	ASSET ITEM	FIRST BUSINESS			SECOND BUSINESS			THIRD BUSINESS		
		1 Does your business currently own any [ASSET ITEM]? YES..... 1 NO 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for? SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]? IF NOTHING, WRITE ZERO. >> NEXT ASSET SOMS	1 Does your business currently own any [ASSET ITEM]? YES..... 1 NO..... 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for ? SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]? IF NOTHING, WRITE ZERO. >> NEXT ASSET SOMS	1 Does your business currently own any [ASSET ITEM]? YES 1 NO 2 >> NEXT ASSET	2 If you were to sell all the [ASSET ITEMS] owned by this business today, how much do you think you would sell them for ? SOMS	3 In the past 12 months did your business pay for [ASSET ITEM]? IF NOTHING, WRITE ZERO. >> NEXT ASSET SOMS
1	Buildings, structures									
2	Automobiles, motorcycles, bicycles, boats,									
3	Tools, equipment, machinery									
4	Unsold stock of products									
5	Furniture, office equipment									

>> FIRST BUSINESS, PART 10C

>> SECOND BUSINESS, PART 10C

>> THIRD BUSINESS, PART 10C

PART 10C EXPENDITURES

Now I would like to ask you about expenditures your business has had in the past 12 months

C O D E	EXPENDITURE ITEM	FIRST BUSINESS			
		1	2		3
		During the past 12 months, has your business had any expenditures on [ITEM]?	How much do you usually spend on [ITEM] for this business, including the value of payments in kind?		Do members of your household or other businesses owned by your household also use this [ITEM]?
		YES 1 NO 2 > NEXT ITEM	DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8		YES 1 NO..... 2 > NEXT ITEM
		CODE	SOMS	TIME UNIT	CODE
1	Full-time employees including wages and other remuneration				
2	Part-time employees including wages and other remuneration				
3	Maintenance and repairs				
4	Raw materials				
5	Goods for resale				
6	Vehicles				
7	Rental of such assets as equipment, buildings, vehicles, space for production activities, land				
8	Other transport (animal-drawn)				
9	Fuel and oil				
10	Electricity				
11	Gas				

>> FIRST BUSINESS, NEXT PAGE

[illegible]

>> SECOND BUSINESS, NEXT PAGE

[illegible]

>> THIRD BUSINESS, NEXT PAGE

PART 10C EXPENDITURES (END)

C O D E	EXPENDITURE ITEM	FIRST BUSINESS			
		1	2	3	
		During the past 12 months, has your business had any expenditures on [ITEM]? YES 1 NO 2 > NEXT ITEM	How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	Do members of your household or other businesses owned by your household also use this [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	CODE
		CODE	SOMS	TIME UNIT	CODE
12	Telephone				
13	Water				
14	Daily expenses				
15	Payment for licenses				
16	Payment of interests on business loans				
17	Production taxes				
18	Payment for fines, dues, etc.				
19	Payment for business debts				
20	Charity				
21	Other expenditures				

>> FIRST BUSINESS, PART 10D

SECOND BUSINESS				
1	2	3		
During the past 12 months, has your business had any expenditures on [ITEM]? YES 1 NO 2 > NEXT ITEM	How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	Do members of your household or other businesses owned by your household also use this [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	YES 1 NO 2 > NEXT ITEM	
CODE	SOMS	TIME UNIT	CODE	

>> SECOND BUSINESS, PART 10D

THIRD BUSINESS				
1	2	3		
During the past 12 months, has your business had any expenditures on [ITEM]? YES 1 NO 2 > NEXT ITEM	How much do you usually spend on [ITEM] for this business, including the value of payments in kind? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	Do members of your household or other businesses owned by your household also use this [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	YES 1 NO 2 > NEXT ITEM	
CODE	SOMS	TIME UNIT	CODE	

>> THIRD BUSINESS, PART 10D

PART 10D INCOME

C O D E	INCOME ITEM	FIRST BUSINESS			
		1 During the past 12 months, has your business had any income from [ITEM]? YES 1 NO 2 > NEXT ITEM	2 Normally, what is the value of income from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the past month, what was the value of income obtained from [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	
		CODE	SOMS	TIME UNIT	SOMS
1	Cash payment for goods and services				
2	Payment in kind for goods or services				
3	Sale of business assets				
4	Rental of business assets				
5	Income from penalties, fines, dues, etc.				
6	Charity received by business				
7	Income as a result of loan(s) being forgiven				
8	Interests				
9	Other income				

IF MORE THAN ONE BUSINESS, >>SECOND BUSINESS, PART 10A

IF ONLY ONE BUSINESS, >>SECTION 11

SECOND BUSINESS			
1 During the past 12 months, has your business had any income from [ITEM]? YES 1 NO 2 > NEXT ITEM	2 Normally, what is the value of income from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the past month, what was the value of income obtained from [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	
CODE	SOMS	TIME UNIT	SOMS

IF MORE THAN TWO BUSINESSES, >>THIRD BUSINESS, PART 10A

IF ONLY TWO BUSINESSES, >>SECTION 11

THIRD BUSINESS			
1 During the past 12 months, has your business had any income from [ITEM]? YES 1 NO 2 > NEXT ITEM	2 Normally, what is the value of income from [ITEM] in this business? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	3 In the past month, what was the value of income obtained from [ITEM]? DAY...3 WEEK...4 MONTH...5 QUARTER...6 HALF YEAR...7 YEAR...8	
CODE	SOMS	TIME UNIT	SOMS

>> SECTION 11

SECTION 11. FOOD EXPENDITURES AND FOOD CONSUMPTION

DATE OF LAST VISIT TO THE HOUSEHOLD: [] [] 199[]
DAY MONTH YEAR

DATE OF COMPLETION OF SECTION 11: [] [] 199[]
DAY MONTH YEAR

HOW MANY DAYS IN ALL PASSED BETWEEN THE FIRST VISIT AND TODAY? []
DAYS

INTERVIEWER/SUPERVISOR: FROM SECTION 7, QUESTION 8, WRITE IN NAME AND ID CODE OF THE PERSON MOST KNOWLEDGEABLE ABOUT PURCHASING FOOD PRODUCTS BY THE HOUSEHOLD

NAME _____ ID CODE [] []

PART 11A FOOD EXPENDITURES

1. Since my last visit, were any household members absent from the household for more than 2 days?

YES 1 CODE []
NO 2 > Q. 4

2. Who was absent? REFER TO HOUSEHOLD CARD AND WRITE IN ID CODES OF THE HOUSEHOLD MEMBERS WHO WERE ABSENT

ID CODE: [] [] [] [] [] []

3. How many days were they absent in the past 2 weeks, starting with the first person you mentioned?

DAYS: [] [] [] [] [] []

Now I would like to ask you about food items, quantities and costs of food products your household purchased in the past 2 weeks

FOOD CODE	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]? YES 1 NO 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]? NUMBER OF MONTHS	6. How often did you buy this [ITEM] during this period? daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	7. How much [FOOD ITEM] does your household normally buy? GRAM 1 KG 2 LITER 3 ITEM 4		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it? SOMS	9. Where do you usually buy [FOOD ITEM]? state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased? NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4		11. How much did you or your household spend on [FOOD ITEM]? SOMS	12. How much [FOOD ITEM] did your household receive as a gift? GRAM 1 KG 2 LITER 3 ITEM 4		
					QUANTIT Y	CODE			QUANTITY	CODE		QUAN TITY	CODE	SOMS
1.	Khleb (square loaf) KG													
2.	Leposhka (round bread) KG													
3.	Wheat flour KG													
4.	Rice KG													
5.	Groats KG													
6.	Macaroni products, pastaKG													

>> NEXT PAGE

PART 11A FOOD EXPENDITURES (CONTINUED)

F O O D C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?	6. How often did you buy this [ITEM] during this period?	7. How much [FOOD ITEM] does your household normally buy?	8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?	9. Where do you usually buy [FOOD ITEM]?	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?	11. How much did you or your household spend on [FOOD ITEM]?	12. How much [FOOD ITEM] did your household receive as a gift?				
		YES 1 NO 2 >> NEXT ITEM		daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	GRAM 1 KG 2 LITER 3 ITEM 4		state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5	NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4		GRAM 1 KG 2 LITER 3 ITEM 4				
		CODE	NUMBER OF MONTHS	CODE	QUANTITY	CODE	SOMS	CODE	QUANTITY	CODE	SOMS	QUANTITY	CODE	SOMS
7.	Potatoes	KG												
8.	Carrots	KG												
9.	Radish	KG												
10.	Beet roots	KG												
11.	Beans, lentils, soy, peas	KG												
12.	Tomatoes	KG												
13.	Tomato paste	KG												
14.	Onions	KG												
15.	Garlic	KG												
16.	Cucumbers	KG												
17.	Peppers	KG												
18.	Mushrooms	KG												
19.	Egg-plant	KG												
20.	Cabbage	KG												
21.	Squashes, pumpkin	KG												
22.	Greens	KG												
23.	Apples	KG												
24.	Lemon	ITEM												
25.	Other citrus fruit (orange, etc.)	KG												
26.	Grapes	KG												

>>NEXT PAGE

PART 11A FOOD EXPENDITURES (CONTINUED)

F O O D C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?	6. How often did you buy this [ITEM] during this period?	7. How much [FOOD ITEM] does your household normally buy?	8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?	9. Where do you usually buy [FOOD ITEM]?	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?	11. How much did you or your household spend on [FOOD ITEM]?	12. How much [FOOD ITEM] did your household receive as a gift?				
		YES 1 NO 2 >> NEXT ITEM		daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	GRAM 1 KG 2 LITER 3 ITEM 4		state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5	NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4		GRAM 1 KG 2 LITER 3 ITEM 4				
		CODE	NUMBER OF MONTHS	CODE	QUANTITY	CODE	SOMS	CODE	QUANTITY	CODE	SOMS	QUANTITY	CODE	SOMS
27.	Apricot KG													
28.	Peaches KG													
29.	Plums KG													
30.	Pears KG													
31.	Cherries KG													
32.	Dates KG													
33.	Dried fruit, raisings KG													
34.	Melons KG													
35.	Watermelons KG													
36.	Raspberry, strawberry KG													
37.	Currants, gooseberry KG													
38.	Oblepiha berries KG													
39.	Vegetable puree (baby food)KG													
40.	Fruit puree (baby food) KG													
41.	Preserved vegetables KG													
42.	Honey KG													
43.	Nuts and sunflower seedsKG													
44.	Beef, veal KG													
45.	Inner organs of cow KG													
46.	Mutton, lamb KG													

>>NEXT PAGE

PART 11A FOOD EXPENDITURES (CONTINUED)

F O O D C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]? YES 1 NO 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]? CODE	6. How often did you buy this [ITEM] during this period? daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	7. How much [FOOD ITEM] does your household normally buy? GRAM 1 KG 2 LITER 3 ITEM 4 QUANTITY	8. How much money does your household normally spend on [FOOD ITEM] when you purchase it? SOMS	9. Where do you usually buy [FOOD ITEM]? state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5 CODE	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased? NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4 QUANTITY	11. How much did you or your household spend on [FOOD ITEM]? SOMS	12. How much [FOOD ITEM] did your household receive as a gift? GRAM 1 KG 2 LITER 3 ITEM 4 QUANTITY	CODE	SOMS	
		47.	Inner organs of sheep, lamb KG										
48.	Horse meat KG												
49.	Inner organs of horse KG												
50.	Pork KG												
51.	Inner organs of pig KG												
52.	Boiled sausage products KG												
53.	Smoked sausage products KG												
54.	Poultry KG												
55.	Fish (fresh) KG												
56.	Fish tins KG												
57.	Preserved meat cans KG												
58.	Eggs UNIT												
59.	Fresh milk L												
60.	Dry milk mixtures (baby food) L												
61.	Biolakt (baby food) L												
62.	Yeast KG												

>>NEXT PAGE

PART 11A FOOD EXPENDITURES

F O O D C O D E	FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]?	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]?	6. How often did you buy this [ITEM] during this period?	7. How much [FOOD ITEM] does your household normally buy?	8. How much money does your household normally spend on [FOOD ITEM] when you purchase it?	9. Where do you usually buy [FOOD ITEM]?	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased?	11. How much did you or your household spend on [FOOD ITEM]?	12. How much [FOOD ITEM] did your household receive as a gift?				
		YES 1 NO 2 >> NEXT ITEM		daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	GRAM 1 KG 2 LITER 3 ITEM 4		state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5	NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4		GRAM 1 KG 2 LITER 3 ITEM 4				
		CODE	NUMBER OF MONTHS	CODE	QUANTITY	CODE	SOMS	CODE	QUANTITY	CODE	SOMS	QUANTITY	CODE	SOMS
63.	Cream, sour cream L													
64.	Buttermilk, airan, riazhenka L													
65.	Cheese KG													
66.	Feta cheese KG													
67.	Butter KG													
68.	Margarine KG													
69.	Mayonnaise KG													
70.	Lard KG													
71.	Vegetable oil L													
72.	Animal fat KG													
73.	Tea G													
74.	Coffee G													
75.	Vodka, somagon L													
76.	Wine L													
77.	Champagne L													
78.	Beer L													
79.	Cognac, brandy L													
80.	Moxim/bozo L													

>>NEXT PAGE

PART 11A FOOD EXPENDITURES (END)

FOOD ITEM	4. During the past 12 months, did your household purchase [FOOD ITEM]? YES 1 NO 2 >> NEXT ITEM	5. During the past 12 months, how many months did your household purchase [FOOD ITEM]? CODE	6. How often did you buy this [ITEM] during this period? daily 1 once a week 2 once every two weeks 3 once a month 4 every 3 months 5 every 6 months 6 once a year 7	7. How much [FOOD ITEM] does your household normally buy? GRAM 1 KG 2 LITER 3 ITEM 4		8. How much money does your household normally spend on [FOOD ITEM] when you purchase it? SOMS	9. Where do you usually buy [FOOD ITEM]? state grocery store ... 1 bazaar 2 mini-market 3 individual's workplace 4 other 5	10. During the past 2 weeks, what quantity of [FOOD ITEM] was purchased? NONE 0 GRAM 1 KG 2 LITRE 3 ITEM 4	11. How much did you or your household spend on [FOOD ITEM]? SOMS	12. How much [FOOD ITEM] did your household receive as a gift? GRAM 1 KG 2 LITER 3 ITEM 4				
				QUANTITY	CODE					QUANTITY	CODE	SOMS	QUANTITY	CODE
81. Soft drinks, Coke, Fanta, juices L														
82. Sugar KG														
83. Salt KG														
84. Spices (ground black pepper) KG														
85. Cakes KG														
86. Candy KG														
87. Chocolate KG														
88. Chocolate candy KG														
89. Vitamins and polyvitamins G														
90. Cigarettes, tobacco UNIT														
91. Newspapers, magazines														
92. Taxis														
93. Local transport services (bus, trolleybus, minibus, etc.)														
94. Communication services (telephone, telegraph, international calls)														
95. Russian baths, sauna														

13. Since my last visit, what share of all of the food purchases did your household buy on credit?

PER CENT []

>> PART 11

PART 11B EATING OUT

1. Since my last visit, has any member of your household eaten meals or snacks that were purchased and eaten outside of the home or purchase drinks outside of the home?

YES..... 1 CODE []

NO..... 2 > Q. 4

C O D E	MEAL	2. Since my last visit, how many [MEALS/SNACKS] have been purchased and consumed by household members outside of the home?	3. Since my last visit, how much have members of your household spent on [MEALS] purchased and consumed outside of the home?
1	Breakfasts		
2	Lunches		
3	Dinners/suppers		
4	Snacks		
5	Moxim		
6	Other drinks		
7	Beer		
8	Vodka or somagon		
9	Other alcohol drinks		

4. During the past 12 months, did you or anyone in your household receive any food for free from relatives or friends?

YES 1 CODE []

NO 2 > SECTION 12

5. In the past 12 months, how many months did your household receive food for free?

NUMBER OF MONTHS []

6. Can you please estimate the monthly value of food received by your household for free from relatives or friends?

SOMS []

7. Can you please estimate the value of food received by your household for free from relatives or friends since my last visit?

SOMS []

>> SECTION 12

SECTION 12. EXPENDITURES AND DURABLE GOODS

I would like to ask you about your current and annual expenditures, as well as purchases of durable goods

INTERVIEWER / SUPERVISOR: FROM SECTION 7, Q.9 WRITE IN NAME OF THE RESPONDENT MOST INFORMED ABOUT EXPENDITURES OF THE HOUSEHOLD
NAME _____ ID CODE[____][____]

PART 12A EXPENDITURES.

C O D E	EXPENDITURE ITEM	1. During the past one month, have the members of your household spent money on [ITEM]? YES 1 NO 2 > NEXT ITEM	2. How much has your household spent last month for [ITEM] SOMS	3. Where do you usually buy [ITEM]? state shop 1 organization 2 market 3 mini-market..... 4 private person 5 individual's workplace.. 6 other 7 >> NEXT ITEM
1.	Soap, washing powder and other detergents			
2.	Personal hygiene products (toilet paper, shampoo, razor blades, hair brush, toothpaste, etc.)			
3.	Cosmetic products			
4.	Goods for home usage (matches, candles, lightbulbs, cleaning supplies, etc.)			
5.	Gasoline or diesel fuel, kerosene			
6.	Condensed propane gas			
7.	Laundry, dry cleaning, drying services			
8.	Hairdresser, barber			
9.	Purchase of stocks, securities, lottery tickets			
10.	Pocket money for children			
11.	Worship (Donations to mosque, mullahs or churches)			
12.	Entertainment, sports, culture			
13.	Intercity transport services			
14.	Domestic help (maids, cooks, drivers)			

FOR CALCULATIONS

>> PART 12 B

PART 12B ANNUAL EXPENDITURES

C O D E	EXPENDITURE ITEM	1. During the past 12 months, did your household spend money on [ITEM]? YES..... 1 NO 2 > NEXT ITEM	2. In the past 12 months, how much did you or other household members spend on [ITEM] ? SOMS	3. Where do you usually buy [ITEM]? state shop 1 organization..... 2 market..... 3 mini-market 4 private person 5 individual's workplace . 6 other..... 7 >> NEXT ITEM	FOR CALCULATIONS
1	Footware for adults				
2	Footware for children				
3	Clothing for adults				
4	Clothing for children				
5	Cloth/Fabric				
6	Sheets, blankets, towels				
7	Tailoring services				
8	Furniture				
9	Books, paper, envelopes, stationery (not for school)				
10	Records, cassettes, toys, sports equipment				
11	Medications (including vitamins)				
12	Glasses, contact lenses				
13	Hearing aid				
14	Dentures				
15	Other medical services				
16	Construction and repair of dwelling				
17	Coal, wood				
18	Repair of home equipment (TV, tape recorder, PC, etc.)				
19	Automobile repair and other vehicle maintenance expenses				
20	Dog tax				
21	Other non-agricultural taxes				
22	Insurance				

>> NEXT PAGE

PART 12B ANNUAL EXPENDITURES (END)

C O D E	EXPENDITURE ITEM	1. During the past 12 months, did your household spend money on [ITEM]? YES 1 NO 2 > NEXT ITEM	2. In the past 12 months, how much did you or other household members spend on [ITEM] ? SOMS	3. Where do you usually buy [ITEM]? state shop 1 organization 2 market 3 mini-market 4 private person 5 individual's workplace .. 6 other 7 >> NEXT ITEM	FOR CALCULATIONS
23.	International transport services				
24.	Travel and vacation expenses				
25.	Weddings, other celebrations				
26.	Dowries				
27.	Gifts (for marriage, birthday, funeral)				
28.	Funeral expenses				
29.	Payment of debts, loans and interests to banks or other people				
30.	Resorts, spas, etc. (excluding health centers)				
31.	Alimony				
32.	Child support				

>> PART 12 C

PART 12C LOSSES

LOSSES		1. Have you or any members of the household lost money because of [LOSS] in the past 12 months? YES 1 NO 2 > NEXT LOSS	2. How much money was lost in the past 12 months? SOMS	FOR CALCULATIONS
1.	Non-disbursement from banks or private companies			
2.	Theft, racket			
3.	Other losses			
4.	Bad investment			
5.	Loans not being repaid by other people			

> > PART 12D

PART 12D DURABLE GOODS

I T E M C O D E	DURABLE GOODS	1. Do members of your household own [ITEM]?	2. When did your household buy [ITEM]?	3. How much did your household pay for [ITEM]?	4. Where did you acquire this [ITEM]?	5. If you were to sell this [ITEM] today, how much do you think you would receive for it?	6. In the past 12 months, did your household sell [ITEM]?	7. How much was did your household receive from the sale of [ITEM]?
		YES 1 NO 2 > QUESTION 6 CODE	IF EARLIER THAN 1995, >QUESTION 5 YEAR	IF DID NOT PAY, WRITE ZERO SOMS	State shop..... 1 Private shop..... 2 Private person..... 3 Inherited..... 4 Gift 5 Other 6 CODE	SOMS	YES 1 NO 2 > NEXT ITEM	>> NEXT ITEM SOMS
1	Gas or electric stove							
2	Refrigerator							
3	Freezer							
4	Washing machine							
5	Carpets							
6	Jewelry, watches							
7	Dishes							
8	Vacuum cleaner							
9	Sewing or knitting machine							
10	Air conditioner							
11	Electric fan							
12	Electric room heater							
13	Black and white television							
14	Color television							
15	Stereo or tape recorder							
16	Radio							
17	Video cassette recorder							
18	Photo camera							
19	Video camera							
20	Personal computer							
21	Musical instruments							
22	Motor boat							
23	Bicycle							
24	Motorcycle or motor scooter							
25	Car							
26	Truck							
27	Tractor or mini-tractor							

 >> **PART 12E**

PART 12E REAL ESTATE

1. Does any member of your household own any real estate other than the dwelling that your household currently lives in? Please, do not include real estate used for businesses of your household.

YES 1 CODE []

NO.....2 > PART 12F

Please list real estate assets, other than your dwelling, owned by your household

C O D E	REAL ESTATE ASSET	2. TYPE OF REAL ESTATE ASSET	3. When did your houshold acquired this real estate?	4. How was this real estate acquired?	5. How much did your household pay for this real estate in soms or US dollars?		6. Does your household own all of this [REAL ESTATE ASSET] or does someone else own some part of it?	7. If you were to sell this [REAL ESTATE ASSET] today, how much money do you think you could receive for it?	8. In the past 12 months, did you household rent [REAL ESTATE ASSET] to other people?	9. How much did your household receive from renting [REAL ESTATE ASSET] to other people?
		HOUSE 1 APARTMENT 2 BUILDING 3 WAREHOUSE 4 GARAGE 5 DACHA 6 OTHER 7	BOUGHT 1 PRIVATIZED 2 BUILT 3 INHERITED 4 FREE FROM STATE ... 5 OTHER 6 FOR RESPONSES 4 - 6 > Q6	SOMS 1 DOLLARS 2	HOUSEHOLD OWNS ALL 1 PART OWNER 2	YES 1 NO 2 >>NEXT ASSET	SOMS >> PART 12F			
		CODE	YEAR	CODE	AMOUNT	CODE				
1.			19 _ _							
2.			19 _ _							
3.			19 _ _							
4.			19 _ _							
5.			19 _ _							
6.			19 _ _							
7.			19 _ _							
8.			19 _ _							
9.			19 _ _							
10.			19 _ _							

>> **PART 12F**

PART 12F EXPENDITURES ON REMITTANCES

1. During the past 12 months has any member of your household provided money or goods to persons who are not members of your household? For example, to children or relatives living elsewhere? Do not include alimony or inheritance). Again, let me remind you that this is confidential information, not to be shared with anyone.

YES1 CODE []

NO2 > SECTION 13

Now I would like to ask you some questions about people whom your household provided assistance or support.

C O D E	2. During the past 12 months, did your household give any assistance or support (i.e. money, food, clothes, or other items) to [PERSON] ASK FOR ALL PERSONS BEFORE GOING TO QUESTION 3	YES.....1 NO2	3. What was the value of assistance or support provided by your household to [PERSON] during the past 12 months? SOMS	4. In the past month, what was the value of assistance you or members of your household provided to [PERSON]? SOMS	5. Was this assistance or support repaid to you or other members of your household (either completely or partially)? YES1 NO 2 > NEXT PERSON	6. How much of the value of the assistance did your household received back? SOMS > NEXT PERSON
1.	Your parents/ your spouse's parents					
2.	Your children/ you spouse's children					
3.	Your grandparents/ your spouse's grandparents					
4.	You or your spouse's grandchildren					
5.	Your siblings / your spouse's siblings					
6.	Your other relatives or spouse's relatives					
7.	Friends					
8.	Other people					
9.						
10.						
11.						
12.						
13.						

> SECTION 13

SECTION 13. OTHER SOURCES OF INCOME

I would like you to tell me about other sources of income received by members of your household during the past 12 months.
INTERVIEWER! [READ THE NAMES FROM THE HOUSEHOLD ROSTER CARD].

PART 13A. INCOME RECEIVED FROM RELATIVES AND PRIVATE PERSONS

1. During the past 12 months, did any members of your household receive money or goods from persons who are not members of your household? For example, assistance sent by relatives working elsewhere, or by children of household members, by friends or by neighbors? Please do not include alimony or child support income, or money for your children's education that you may have already mentioned.

YES 1 CODE []

NO 2 >SECTION 13 B

C O D E	PERSON	2 During the past 12 months did you or anyone in your household received assistance or support (i.e. money, food, clothes, or other items) from [PERSON]? YES 1 NO 2 >> NEXT PERSON	3 What was the value of the assistance you or members of your household received from [PERSON]? SOMS	4 In the past month, what was the value of the assistance you or members of your household received from [PERSON]? IF ZERO, WRITE ZERO SOMS	5 Has your household reimbursed [PERSON] for the assistance or support provided to your household? YES 1 NO 2 >> NEXT PERSON	6 How much of the assistance did your household pay back? SOMS	7. How much of the assistance does your household still need to pay back? SOMS >> NEXT PERSON
1.	Your parents/ your spouse's parents						
2.	Your children/ you spouse's children						
3.	Your grandparents/ your spouse's grandparents						
4.	Your or your spouse's grandchildren						
5.	Your siblings / your spouse's siblings						
6.	Your other relatives or spouse's relatives						
7.	Friends						
8.	Other people						
9.	Church, mosque						
10.	Foreign international organizations						
11.	Other charity organizations						
12.							
13.							
14.							
15.							
16.							

>> PART 13B

PART 13B. INCOME FROM OTHER SOURCES

Now I would like to ask you about other income sources of your household

C O D E	INCOME SOURCE	1 During the past 12 months, did any member of your household receive [SOURCE] in cash, goods, or services? YES 1 NO 2 >> NEXT SOURCE	2 During the past 12 months, how much money did members of your household receive from [SOURCE]? SOMS
1	Inheritance		
2	Insurance		
3	Income from interests on loans made to other people		
4	Income from interests on deposits in banks		
5	Income from interests on capital investments		
6	Dowry		
7	Birthday gifts		
8	Marriage gifts		
9	Funeral assistance		
10	Income from renting such assets as vehicles, equipment, etc.		
11	Income from selling jewelry, books, other personal belongings		
12	Lottery , or other income from gambling or contests		
13	Alimony		
14	Other		

>> **SECTION 14**

SECTION 14. LOANS AND SAVINGS

PART 14. MONEY AND GOODS LENT AND BORROWED

I would like to ask you some questions about any loans made by members of your household to other people in the past 12 months. Please think about all loans made, whether they were for personal reasons, for household businesses or agriculture.

1. Did any members of your household make loans to friends, neighbors, relatives, or business partners who have not repaid the loans yet?

YES1 CODE []
NO.....2 > QUESTION 3

2. How much in total do these people owe to members of your household?

TOTAL AMOUNT []

3. In the past 12 months, did members of your household purchase any goods on credit? Do not include any purchases on credit made for agricultural activities or household business.

YES1 CODE []
NO.....2 > QUESTION 6

4. What is the value of all of the goods or services purchased on credit by your household over the past 12 months?

TOTAL AMOUNT []

5. How much do the members of your household still owe for the goods purchased on credit?

TOTAL AMOUNT []

6. In the past 12 months, did any members of your household borrow money or goods from a bank, a private business, a government agency, or a private person outside of the household?

YES1 CODE []
NO.....2 > PART 14C

7. How many loans did members of your household receive in the past 12 months?

NUMBER []

8. What is the total amount of the loans?

TOTAL AMOUNT []

>> PART 14 B

PART 14 B. LOANS RECEIVED BY MEMBERS OF THE HOUSEHOLD

I would like to ask you some questions about the loans which members of your household received in the past 12 months.

LOAN	1. Is the lender of your loan a...? READ EACH RESPONSE relative 1 acquaintance or other private person 2 state bank 3 commercial bank 4 kolhoz / sovhoz or cooperative 5 other 6	2. What is the amount or value of this loan?	3. When did you receive [LOAN]?		4. What did you borrow this money for? FARM.....1 BUSINESS2 CONSTRUCTION 3 PURCHASE PROPERTY4 SPECIAL EVENT .5 SCHOOL6 OTHER7	5. What was the annual rate of interest? IF NONE, WRITE ZERO	6. Did you or other household members have to give something as collateral for this loan? YES 1 NO 2 > Q8	7. What was used as collateral? DWELLING1 LAND.....2 JEWELRY3 OTHER PERSONAL ITEMS4 OTHER.....5	8. Did members of your household make re- payments of [LOAN] to the lender? YES1 NO 2 > Q11	9. How much did they pay and how often? WEEK 4 MONTH 5 QUARTER 6 HALF YEAR 7 YEAR 8 ONCE 9		10. Was this loan repaid to the lender completely in the past 12 months? YES 1 > Q 12 NO 2	11. If the loan had to be entirely repaid today, what amount would you have to pay? SOMS	12. When is the due date for repayment of the loan? IF NO FIXED DATE, WRITE ZEROS >> NEXT LOAN	
	CODE	SOMS	MO	YR	CODE	RATE	CODE	CODE	SOMS	TIME	SOMS	MONTH	YEAR		
1ST LOAN				19 _ _											19 _ _
2ND LOAN				19 _ _											19 _ _
3RD LOAN				19 _ _											19 _ _
4TH LOAN				19 _ _											19 _ _
5TH LOAN				19 _ _											19 _ _
6TH LOAN				19 _ _											19 _ _

>> PART 14C

PART 14C. SAVINGS

INTERVIEWER: IF PERSON INTERVIEWED DOES NOT KNOW ABOUT HOUSEHOLD SAVINGS, OTHER HOUSEHOLD MEMBERS INDIVIDUALLY.

1. Does any member of your household have any of the following accounts? IF NO, > QUESTION 4

- A. State bank account

YES...1 NO...2 []
- B. Commercial bank account

YES...1 NO...2 []
- C. Foreign currency account

YES...1 NO...2 []
- D. Other bank accounts

YES...1 NO...2 []
- E. Bonds

YES...1 NO...2 []
- F. Stocks (in companies or banks)

YES...1 NO...2 []
- G. Other Savings

YES...1 NO...2 []

IF NO ACCOUNTS OR OTHER SAVING, > SECTION 15

2. During the past month, how much money did members of your household deposit to bank accounts, savings, etc.? IF ZERO, > QUESTION 4

AMOUNT []

3. Is that amount more or less or about the same as usual?

- MORE.....1

LESS2

THE SAME3
- CODE []

4. In the past 12 months, how much money did members of your household deposit in savings? IF ZERO, > QUESTION 6

AMOUNT []

5. Is that amount more or less or about the same as usual?

- MORE.....1

LESS2

THE SAME3
- CODE []

6. Currently, what is the total value of savings in all the above mentioned accounts and other savings which belong to members of your household?

TOTAL AMOUNT []

>> SECTION 15

SECTION 15. ANTHROPOMETRIC MEASUREMENTS

INTERVIEWER! MEASUREMENTS ARE TO BE MADE OF ALL MEMBERS OF HOUSEHOLD, AS LISTED ON THE HOUSEHOLD ROSTER CARD

NAME	CODE	2. PERSON'S HEIGHT INTERVIEWER! WRITE IN HEIGHT IN CENTIMETERS AND MILLIMETERS.		3. PERSON'S WEIGHT WRITE IN KILOGRAMS AND GRAMS.		4. PERSON'S UPPER ARM CIRCUMFERENCE	
		CENTIMETERS	MILLIMETERS	KILOGRAMS	GRAMS	CENTIMETERS	MILLIMETERS
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						

> > END OF INTERVIEW OR SCHEDULING FOLLOWUP VISITS WITH THE HEAD OF THE HOUSEHOLD