

TAJIKISTAN SURVEY OF LIVING STANDARDS  
HOUSEHOLD QUESTIONNAIRE

1999

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

We are conducting a survey on the conditions of people's lives in all regions of Tajikistan for the United Nations, the World Bank and the Government of Tajikistan.

You know that many people speak about the economic situation in Tajikistan, on the hardships that many people experience. To make an exact picture on what the real conditions are, there is no other way besides the detailed questioning of thousands of people from various families. Only after summarizing all of these responses can we obtain a real picture of how the people of Tajikistan live.

For that purpose 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 concerning the material conditions of your life. We will be asking questions about a number of topics relating to your life, from your conditions, health, and education to food consumption and income.

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

If you have any questions in connection with this survey you are welcome to telephone the number indicated on the visit card of our organization which I leave for you here.

Thank you in advance for your participation in this survey.

# INFORMATION ON THE SURVEY

POPULATION POINT: \_\_\_\_\_

PP CODE: \_\_\_\_\_ HOUSEHOLD CODE: \_\_\_\_\_ ROSTER: \_\_\_\_\_ / \_\_\_\_\_

AT THE END OF THE INTERVIEW: NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS OR DESCRIPTION OF THE PLACE: \_\_\_\_\_

INTERVIEWER _____		CODE OF INTERVIEWER: _____	
DATE: DAYINT	1999	TIME OF START OF INTERVIEW: HOUR	MINUTE
		TIME OF END OF INTERVIEW: HOUR	MINUTE
NATIVE LANGUAGE OF RESPONDENT			
TAJIK	...1	RUSSIAN .... 2	UZBEK ...3 OTHER ...4
LANGUAGE OF INTERVIEW	TAJIK.....1	RUSSIAN...2	UZBEK ...3 OTHER ...4
DOES AN INTERPRETER PARTICIPATE?	YES...1	NO...2	
REMARKS _____			
SIGNATURE OF INTERVIEWER _____			

OBSERVATIONS AND COMMENTARIES--INTERVIEWER
--

CHECKING OF THE QUESTIONNAIRE	SUPERVISOR ID: _____	DATE: _____
REMARKS: _____		
REPEATED INTERVIEW BY THE SUPERVISOR YES...1 NO...2		

OBSERVATIONS AND COMMENTARIES--SUPERVISOR
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DATA ENTRY OPERATOR _____	CODE: _____	DATE: _____
REMARKS _____		

## INTERVIEWER INSTRUCTIONS

FOR **SECTION 1**, THE PERSON INTERVIEWED SHOULD BE THE HEAD OF HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, FIND A PRINCIPAL RESPONDENT TO ANSWER THE QUESTIONS IN HIS/HER PLACE. THE PERSON SELECTED MUST BE A MEMBER OF THE HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.

ID CODE OF RESPONDENT FOR SECTION 1: [   ] [   ]

THROUGHOUT THE QUESTIONNAIRE, QUESTIONS SHOULD BE ASKED OF EACH ITEM IN ORDER UNLESS A SKIP IS INDICATED.

SKIPS ARE INDICATED WITH ARROWS.

A SINGLE ARROW, <, INDICATES THE NEXT QUESTION TO BE ASKED IF THAT PARTICULAR ANSWER HAS BEEN GIVEN.

A DOUBLE ARROW, <<, INDICATES THE QUESTION TO BE ASKED NEXT REGARDLESS OF THE ANSWER GIVEN.

EVERYTHING THAT IS WRITTEN IN CAPITAL LETTERS IS FOR THE INTERVIEWER ONLY AND IS NOT TO BE READ ALOUD. EVERYTHING IN SMALL LETTERS IS TO BE READ TO THE RESPONDENT EXACTLY AS IT IS WRITTEN. THE ONLY EXCEPTION IS THAT THE INTERVIEWER MUST REPLACE [NAME] OR [ITEM] WITH THE APPROPRIATE NAME OR ITEM WHEN READING THE QUESTION.

FOR EVERY QUESTION A SET OF RESPONSES IS PROVIDED WITH CODES FOR EACH RESPONSE. THE INTERVIEWER SHOULD WRITE ONLY THE CODES ON THE QUESTIONNAIRE. THE ONLY EXCEPTION IS WHEN THERE IS A LINE TO SPECIFY ANOTHER ANSWER AND EVEN THEN THE CODE FOR "OTHER" MUST BE ENTERED.

**THERE ARE NO CODES FOR NOT APPLICABLE.** THE INDICATED SKIPS ARE DESIGNED TO ENSURE THAT QUESTIONS THAT ARE NOT APPLICABLE ARE NOT ASKED. THE BLANKS FOR ANY SKIPPED QUESTION MUST BE LEFT EMPTY.

**THERE ARE NO CODES FOR REFUSED TO ANSWER.** IF A RESPONDENT REFUSES TO ANSWER, THE INTERVIEWER SHOULD REMIND HIM OR HER OF THE IMPORTANCE AND CONFIDENTIALITY OF THE SURVEY. IT IS VERY IMPORTANT THAT ALL ANSWERS ARE COLLECTED FOR EACH QUESTION. IF IT IS NOT POSSIBLE TO GAIN A RESPONSE, THE INTERVIEWER SHOULD WRITE "" FOR DID NOT SAY IN THE BLANK SPACE.

THERE ARE CODES FOR DON'T KNOW FOR ONLY A FEW QUESTIONS. IF THE RESPONDENT DOES NOT KNOW THE ANSWER THE INTERVIEWER SHOULD ASK TO SPEAK TO SOMEONE WHO DOES KNOW OR, IF THAT IS NOT POSSIBLE, ASK THE RESPONDENT TO PROVIDE HIS OR HER BEST ESTIMATE. IF IT IS NOT POSSIBLE FOR THE RESPONDENT OR ANOTHER HOUSEHOLD MEMBER TO PROVIDE AN ESTIMATE, THEN THE INTERVIEWER SHOULD WRITE "" FOR DID NOT KNOW IN THE BLANK SPACE.

AT ALL TIMES THE INTERVIEWER MUST REMAIN PROFESSIONAL AND EXPRESS NO REACTION TO THE ANSWERS THAT ARE BEING GIVEN. THE RESPONDENT MUST FEEL COMFORTABLE TO TELL THE TRUTH. THE VALIDITY OF THE SURVEY RESULTS WILL BE HARMED IF RESPONDENTS TRY TO PROVIDE THE ANSWERS THAT THEY THINK THE INTERVIEWER WOULD APPROVE OF.

**FOR QUESTIONS 1-3:** I would like to make a complete list of all the people who normally live, eat their meals together and share expenses in this dwelling.

First I would like the names of all the members of your immediate family, who normally live, eat their meals together and share expenses in this dwelling. Include the head of the household, his wife (or her husband) and his or her children in order of age.

ALWAYS WRITE DOWN THE HEAD OF THE HOUSEHOLD FIRST, FOLLOWED BY HIS/HER SPOUSE AND THEIR CHILDREN IN ORDER OF AGE.

THE HEAD OF THE HOUSEHOLD IS THE SENIOR ADULT MALE. IF THERE IS NO ADULT MALE, THEN THE HEAD OF HOUSEHOLD IS THE SENIOR ADULT FEMALE.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD FOR EACH PERSON.

Please give me the names of any other persons related to the head of the household or to his/her wife/husband, together with their families who normally live, eat their meals together and share expenses here.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

Please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live, eat their meals and share expenses here. For example, tenants, lodgers, servants or other persons who are not relatives.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

Are there any other persons not now present but who normally live, eat their meals here and share expenses? For example, any person studying somewhere else or who is on vacation or who is visiting other people.

WRITE DOWN THE NAME, SEX AND RELATIONSHIP TO THE HEAD OF HOUSEHOLD FOR EACH PERSON.

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-10 AND CLASSIFY THE PERSON ACCORDINGLY FOR QUESTION 11. COMPLETE THE ENTIRE LINE BEFORE GOING TO THE NEXT PERSON.

**QUESTIONS 4-11.** Now I would like to have some information about each of the persons you mentioned.

IF THE RESPONDENT HAS DIFFICULTY WITH AGE OR DATE OF BIRTH, USE THE CALENDAR OF EVENTS.

**QUESTION 11.** CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA:

∃ IF THE ANSWER TO QUESTION 9 IS MORE THAN 9 MONTHS, ONLY THE HEAD OF THE HOUSEHOLD, INFANTS BORN IN THE LAST THREE MONTHS, AND PEOPLE WHO MARRIED MEMBERS OF THE HOUSEHOLD WITHIN THE LAST THREE MONTHS ARE CLASSIFIED AS HOUSEHOLD MEMBERS

∃ ALL OTHER PERSONS FOR WHOM THE ANSWER IS MORE THAN 9 MONTHS ARE NOT HOUSEHOLD MEMBERS

∃ SERVANTS AND PAYING LODGERS (AND THEIR FAMILIES) FORM A SEPARATE HOUSEHOLD AND SHOULD BE INTERVIEWED SEPARATELY

∃ STUDENTS ARE NOT CONSIDERED HOUSEHOLD MEMBERS IF THEY HAVE BEEN ABSENT FROM THE DWELLING FOR MORE THAN 9 MONTHS

FOR QUESTION 11 ENTER CODE 1 FOR HOUSEHOLD MEMBERS AND CODE 2 FOR ALL OTHER PERSONS

WRITE THE NAME OF ALL PERSONS ON THE HOUSEHOLD CARD. IF CODE 2, IN QUESTION 11 THEN STRIKE OUT THE NAME ON THE ROSTER CARD AND DO **NOT** ASK ANY FURTHER QUESTIONS ABOUT THIS PERSON.

ENTER THE AGE IN COMPLETED YEARS AND SEX FOR EACH PERSON LISTED ON THE HOUSEHOLD CARD.

PLACE THE HOUSEHOLD CARD WHERE IT CAN BE EASILY SEEN THROUGHOUT THE INTERVIEW.

LIVING STANDARDS MEASUREMENT SURVEY  
THE REPUBLIC OF TAJIKISTAN

**HOUSEHOLD ROSTER CARD**

**HOUSE ID #**

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

I D C O D E	FULL NAME	SEX	AGE IN YEARS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**INTERVIEWER :**

SLIDE THIS CARD BEHIND SECTIONS  
3 - 6A AND ALIGN IT WITH THE  
NUMBERED ROWS OF THE  
QUESTIONNAIRE.

MAKE SURE THE CARD IS VISIBLE AT  
ALL TIMES DURING THE INTERVIEW.

# SECTION 1. HOUSEHOLD ROSTER

PLEASE CAN YOU GIVE ME A LIST OF EVERYONE WHO LIVES IN THE HOUSEHOLD

1 WRITE THE NAMES OF ALL INDIVIDUALS IN THE HOUSEHOLD	2 SEX	3 RELATION TO THE HEAD OF THE HOUSEHOLD	4 ETHNICITY	5 Can you tell me the month and year of birth of [NAME]?	6 How old is [NAME]?	7 IF AGED 15 OR OVER Family status of [NAME]?	8 If your spouse is in the household list, what is his/her name?	9 For how many months was [NAME] absent during the last 12 months?	10 What was the reason of the latest absence?	11 IS [NAME] A HOUSEHOLD MEMBER?
FIRST NAME	MALE.....1 FEMALE.....2	Head 1 Spouse 2 Son/daughter 3 Son/ daughter-in-law 4 Father/mother 5 Father/mother of the head's wife 6 Father/mother of the head's husband 7 Brother/sister 8 Grandchild 9 Grandparent 10 Other relative 11 No relation 12 Lodger 13 Other 14	Tajik 1 Russian 2 Uzbek 3 Tartar 4 Kyrgyz 5 Other (please specify) 6	MONTH YEAR (99)	YEARS	Married..... 1 Nekared ..... 2 Divorced.....3 <Q9 Living apart but not divorced.....4 <Q9 Widow/widower .....5 <Q9 Never married.....6 <Q9	IF THE SPOUSE NOT IN HOUSE- HOLD, WRITE ZERO	IF ANSWER IS ZERO <Q11	Working in another part of the country ..... 1 Working outside the country ..... 2 Studying ..... 3 On leave/on vacation..... 4 Visited relatives..... 5 In hospital ..... 6 In prison..... 7 In the army.....8 Missing without news ..... 9 Other .....10	CHECK THE CRITERIA ABOVE  YES 1 NO 2
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									

<< SECTION 2

## SECTION 2. DWELLING

Now I would like to ask you about your housing conditions. By housing, I mean by housing all rooms and all separate buildings used by the members of your household. What buildings and rooms do the members of your household occupy?

### PART 2A. CHARACTERISTICS OF THE DWELLING

#### 1. TYPE OF DWELLING

- HOUSE ..... 1  
PART OF HOUSE ..... 2  
SEPARATE APARTMENT ..... 3  
COMMUNAL APARTMENT ..... 4  
BARACK (Shack) ..... 5  
DORMITORY ..... 6 < QUESTION 3  
OTHER (SPECIFY ..... )..... 7 < QUESTION 3

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

DO NOT COUNT TOILETS, KITCHENS, BALCONIES AND CORRIDORS

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

YEARS

#### 4. What is the total space of your dwelling taking into account living and additional premises?

ROUND TO NEAREST WHOLE NUMBER SQ. M.

#### 5. In approximately what year was this dwelling built?

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

(2 DIGITS E.G. 76) YEAR BUILT [ ]

#### 6. WHAT IS THE MAJOR CONSTRUCTION MATERIAL OF THE EXTERNAL WALLS?

- BRICK / STONES ..... 1 [ ]  
CONCRETE PLATES ..... 2  
MUD ..... 3  
WOOD, LOGS ..... 4  
OTHER (SPECIFY ..... )..... 5

#### 7. WHAT IS THE MAJOR MATERIAL OF THE ROOF?

- SLATE ..... 1 [ ]  
METAL SHEETS ..... 2  
THATCH ..... 3  
TILES ..... 4  
PLASTIC ON METAL ..... 5  
MUD ..... 6  
OTHER (SPECIFY ..... )..... 7

#### 8. WHAT IS THE MATERIAL OF THE FLOOR?

- PARQUET ..... 1 [ ]  
PAINTED WOOD ..... 2  
LINOLEUM ..... 3  
CONCRETE ..... 4  
CLAY/EARTHEN FLOOR ..... 5  
OTHERS (SPECIFY ..... )..... 6

#### 9. HOW MANY FLOORS ARE THERE IN THE BUILDING?

NUMBER OF FLOORS [ ]

#### 10. IS THERE AN ELEVATOR IN THE BUILDING?

- YES ..... 1 [ ]  
NO ..... 2 < Q 12

#### 11. How often does the elevator in this building work?

- ALWAYS ..... 1 [ ]  
CERTAIN HOURS EACH DAY ..... 2  
SOMETIMES ..... 3  
NEVER 4

#### 12. Was the dwelling damaged during the recent civil unrest?

- YES ..... 1 [ ]  
NO ..... 2 < PART 2B

#### 13. How extensive was the damage?

- ALMOST COMPLETELY DESTROYED ..... 1 [ ]  
SIGNIFICANT DAMAGE ..... 2  
MODERATE DAMAGE ..... 3  
ONLY SLIGHT DAMAGE ..... 4 << PART 2B

## PART 2B. EXPENDITURES ON DWELLING

1. Do you or a member of your household own this dwelling?

YES ..... 1 [ ]  
NO ..... 2 < QUESTION 9

2. How did your household obtain this dwelling?

PRIVATIZED ..... 1 [ ]  
PURCHASED FROM A PRIVATE PERSON..... 2 < QUESTION 4  
BUILT PERSONALLY..... 3 < QUESTION 4  
COOPERATIVE ARRANGEMENT ..... 4 < QUESTION 6  
SWAPPED ..... 5 < QUESTION 8  
INHERITED..... 6 < QUESTION 8  
OTHER..... 7 < QUESTION 8

3. In what year was this dwelling privatized?

YEAR [ ]

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

YES ..... 1 [ ]  
NO ..... 2 < QUESTION 6

5. From whom did the members of your household receive assistance to purchase or build this dwelling?

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

6. Could you sell this dwelling if you wanted to?

YES ..... 1 [ ]  
NO ..... 2 < QUESTION 8

7. If you would like to sell this dwelling today how much would you receive for it?

AMOUNT (TAJIK ROUBLES) [ ]

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

AMOUNT (TAJIK ROUBLES) [ ]

TIME UNIT [ ]

<< QUESTION 16

9. Do you pay rent for this dwelling (in goods, services or cash)?

YES ..... 1 [ ]  
NO ..... 2 < QUESTION 14

10. From whom do you rent this dwelling?

RELATIVE ..... 1 [ ]  
PRIVATE EMPLOYER ..... 2  
STATE ENTERPRISE..... 3  
STATE ..... 4  
PRIVATE PERSON/AGENCY ..... 5  
DOES NOT KNOW ..... 6

11. How much does your household pay in **cash** to rent this dwelling?

IF THEY DO NOT PAY, WRITE ZERO

AMOUNT [ ]

TIME UNIT [ ]

12. Does your household pay the rent by **in-kind (goods or services)**?

YES ..... 1 [ ]  
NO ..... 2 < QUESTION 14

13. What is the approximate value of the **goods and services** paid by your household?

AMOUNT (TAJIK ROUBLES) [ ]

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

<< NEXT PAGE



**PART 2B. DWELLING EXPENDITURES Continued**

14. Does any person who is not member of this household pay all or part of the rent or provide this housing free of charge? For example, a relative, private employer, governmental or public organization, private person or organization?

YES, PAYS RENT.....1 [ ]  
YES, PROVIDES DWELLING FREE OF CHARGE ....2  
NO .....3 < QUESTION 16

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

RELATIVE.....1 [ ]  
STATE EMPLOYER .....2  
PRIVATE EMPLOYER.....3  
PUBLIC AGENCY.....4  
PRIVATE PERSON/AGENCY.....5  
OTHER.....6

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

CENTRALIZED PIPELINE / STANDING WATER PIPE...1 [ ]  
WELL .....2 < QUESTION 18  
SPRING .....3 < QUESTION 19  
RIVER, LAKE, POND .....4 < QUESTION 19  
RAINWATER .....5 < QUESTION 20  
BROUGHT-IN WATER (TRUCK) .....6 < QUESTION 20  
OTHER (SPECIFY .....). .....7 < QUESTION 20

17. How many hours per day was water available on average in the past month?

NUMBER OF HOURS [ ]

18. Where is this standing water pipe or well situated?

INSIDE THE HOUSE.....1 < QUESTION 20 [ ]  
INSIDE THE YARD.....2 < QUESTION 20  
AT THE NEIGHBOURS.....3  
IN THE STREET.....4

19. How far is this source of water from your dwelling?

METERS [ ]

20. What was the quality of your water on average in the last month?

EXCELLENT .....1 [ ]  
GOOD .....2  
FAIR .....3  
POOR.....4

21. What is the **main** source of **hot** water in your household?

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

OTHER (SPECIFY .....). 6

NO HOT WATER ..... 7

22. What is the type of toilet that is used in your household?

FLUSH TOILET .....1 [ ]  
LATRINE.....2  
OTHER (SPECIFY .....). .....3 < QUESTION 25  
NO TOILET .....4 < QUESTION 25

23. Is this toilet used only by members of your household or do other household members use it as well?

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

24. Do you have to go out of the dwelling to reach the toilet?

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

<< NEXT PAGE

## PART 2B. DWELLING EXPENDITURES Continued

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

ELECTRICITY.....	1	[	]
KEROSENE, OIL OR GAS LAMPS.....	2	< QUESTION 27	
CANDLES OR BATTERY FLASHLIGHTS.....	3	< QUESTION 27	
NO LIGHTING.....	4	< QUESTION 27	

26. How many hours a day on average was electricity available in your dwelling last month?

NUMBER OF HOURS [ ]

27. What fuel do you use **most often** for cooking?

GAS.....	1	[	]
ELECTRICITY.....	2		
WOOD .....	3		
COAL.....	4		
KEROSENE .....	5		
MANURE.....	6		
GYZAPAYA (COTTON STEM).....	7		
OTHER (SPECIFY .....).	8		

28. How do you **usually** heat your dwelling?

WATER RADIATORS-CENTRALIZED HOT WATER	1	[	]
WATER RADIATORS IN ROOMS FROM A GAS, COAL OR ELECTRIC BOILER WITHIN THE HOUSE	2		
ELECTRIC HEATERS.....	3		
COAL STOVE .....	4		
WOOD STOVE .....	5		
STOVES FOR STRAW, BRUSH, MANURE, PEAT....	6		
OTHER (SPECIFY .....).	7		

29. How many months during the last winter was your dwelling heated?

NUMBER OF MONTHS [ ]

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

inside the dwelling? .....	1	[	]
in the neighbor's house?.....	2		
in a public place within 5 minutes walk from the dwelling?.....	3		
in a public place more than 5 minutes from the dwelling? .....	4		
telephone not accessible? .....	5	< QUESTION 32	

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

any place? .....	1	[	]
only places within the former soviet union? .....	2		
only within this country? .....	3		
only within the limits of the city or the village?.....	4		

32. How does your household dispose of garbage?

REFUSE CHUTE IN BUILDING.....	1	[	]
COLLECTED BY TRUCK.....	2		
DUMPED .....	3		
BURNED.....	4		
BURIED .....	5		

33. Is the dwelling exposed to noise, odour or pollution problems?

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

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

NUMBER OF MINUTES [ ]

<< QUESTION 35, NEXT PAGE

PART 2B. DWELLING EXPENDITURES End

How much did your household pay in the last month for the following services?

IF THE HOUSEHOLD DIDN'T PAY ANYTHING, WRITE ZERO

- 35. Centralized heating[ ]
- 36. Electricity[ ]
- 37. Gas[ ]
- 38. Kerosene[ ]
- 39. Other fuel (e.g. wood, coal)[ ]
- 40. Water[ ]
- 41. Waste disposal[ ]
- 42. Telephone[ ]
- 43. Apartment building fees[ ]
- 44. Tax for the dwelling / land [ ]

<< SECTION 3

## SECTION 3. EDUCATION

QUESTIONS ARE TO BE ASKED OF ALL HOUSEHOLD MEMBERS 7 YEARS OR OLDER

I D C O D E	1 How many classes of school has [NAME] completed? (grades 1-11)  IF ZERO, <NEXT PERSON  IF 1-7, <QUESTION 3  NUMBER OF CLASSES	2 What was the highest diploma or certificate [NAME] obtained?  8TH (9TH) CLASS ..... 1 SECONDARY SCHOOL 2 PROF-TECH. SCHOOL 3 SPEC TECH SCHOOL 4 HIGHER ED INSTITUTE 5 CAND. OF SCIENCE 6 DOCTOR OF SCIENCE 7 OTHER 8 NONE 9	3 Was the last school [NAME] attended...      state? ..... 1 private? .... 2 religious?... 3	4 Is [NAME] currently studying?      YES.....1 NO .....2  <QUES 8	5 What level is [NAME] currently studying at?  8TH (9TH) CLASS .....1 SECONDARY SCHOOL 2 PROF-TECH. SCHOOL 3 SPEC TECH SCHOOL 4 HIGHER ED INSTITUTE 5 CAND. OF SCIENCE 6 DOCTOR OF SCIENCE 7 OTHER 8  If code 3 - 8 < QUES 10 (next page)	6 Does [NAME] eat free of charge at school one or more times a day?   YES..... 1 NO ..... 2	7 During the week (outside of vacation time), how many hours has [NAME] been absent from school?   HOURS     -< QUES 10 (next page)	8 Does [NAME] intend to return to their studies?      YES... 1 NO ....2	9 Why did [NAME] discontinue their studies? FINISHED STUDIES .....1 COSTS TOO MUCH.....2 AGRI. WORK.....3 OTHER WORK .....4 SCHOOL TOO FAR .....5 NO TEACHER.....6 NO SUPPLIES .....7 NO CLOTHING/SHOES .....8 BAD WEATHER .....9 ILLNESS .....10 DON'T LIKE STUDYING.....11 OTHER .....12  -<NEXT PERSON
1									
2									
3									
4									
5									
6									
7									
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9									
10									
11									
12									

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# SECTION 3. EDUCATION, Continued

I D C O D E	10 How much did the household spend during the last academic year on [NAME'S] education for...  IF NOTHING WAS SPENT WRITE ZERO  IF RESPONDENT CAN GIVE ONLY A TOTAL WRITE ZERO IN COLUMNS A-F AND ENTER TOTAL IN <b>COLUMN G</b>							11 How much money was received in total as stipend or scholarship for [NAME] in the last year?	12 How much financial assistance was received from any individual outside of the household for the education of [NAME] in the last year?	13 How far is [NAME'S] school from the dwelling?	14 How does [NAME] go to school?  WALK.....1 HORSE/DONKEY 2 PUBLIC TRANSPORT.....3 MOTORBIKE .....4 BICYCLE.....5 SCHOOL BUS .....6 PRIVATE CAR.....7 OTHER .....8	15 How long does it take [NAME] to go to school?  TIME ONE WAY	16 Did [NAME] miss school for <u>two</u> or more weeks in the last academic year?	17 Why did [NAME] miss school?  COSTS TOO MUCH ..... 1 AGRIC. WORK.....2 OTHER WORK.....3 SCHOOL TOO FAR .....4 NO TEACHER .....5 NO SUPPLIES .....6 NO CLOTHING/SHOES.....7 BAD WEATHER .....8 ILLNESS .....9 DOESN'T LIKE STUDYING10 OTHER ..... 11  << NEXT SECTION
	A tuition and fees?	B books and supplies?	C uniforms/s ports clothes?	D tutors and extra classes?	E transport to school?	F meals for school, lodging?	G other (clubs, sports)?	IF NOTHING WRITE ZERO	IF NOTHING WRITE ZERO	DISTANCE	UNIT OF MEASUR EMENT  METER ..1 KM.....2	HRS	MIN	YES 1 NO 2 < NEXT SECTION
	AMT	AMT	AMT	AMT	AMT	AMT	AMT	AMOUNT	AMOUNT					
1														
2														
3														
4														
5														
6														
7														
8														
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11														
12														

## SECTION 4. HEALTH

## PART 4A GENERAL HEALTH STATUS - INCLUDE INFORMATION FOR EVERY MEMBER OF THE HOUSEHOLD.

I D C O D E	1 How would you rate the state of [NAME] health at the present time  Very good ... 1 Good .....2 Fair .....3 Poor .....4 Very Poor .....5	2 Does [NAME] suffer from a chronic illness or disability that has lasted more than 6 months?  YES ... 1 NO ... 2 < Q 7	3 How long has [NAME] had this illness or disability? IF MORE THAN ONE, TALK ABOUT THE MOST SERIOUS ONE		4 Has this chronic illness or disability been diagnosed by a professional?  YES ... 1 NO ... 2	5 Which part of [NAME=s] body is most affected by this chronic illness or disability?  HEART/CIRCULATORY SYSTEM .. 1 LUNGS/RESPIRATORY SYSTEM .. 2 STOMACH/DIGESTIVE SYSTEM... 3 HEAD ..... 4 ARMS OR LEGS ..... 5 BACK/SPINE ..... 6 REPRODUCTIVE ORGANS (UTERUS/OVARIES) ..... 7 OTHER INTERNAL ORGANS ..... 8 BLIND/DEAF/MUTE ..... 9 MENTAL ..... 10 OTHER (specify)..... 11	6 How many days during the last month has [NAME] been unable to carry out [NAME]=s usual activities because of this illness or disability?  IF NONE, WRITE ZERO  NUMBER OF DAYS	7 During the last 2 weeks has [NAME] had any acute illness or injury?  YES ... 1 NO ... 2 < PART 4B	8 What type of acute illness or injury did [NAME] have?  COLD/FLU..... 1 STOMACH ..... 2 DIARRHEA..... 3 HEADACHE ..... 4 HEART ..... 5 LUNG ..... 6 BROKEN BONE 7 TYPHOID ..... 8 MALARIA..... 9 HEPATITIS..... 10 OTHER..... 11 (Specify)  << PART 4B
			MONTHS	YEARS					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

&lt;&lt; PART 4B

## PART 4B GENERAL UTILISATION OF HEALTH CARE SERVICES

I D C O D E	1 In the past 2 weeks has [NAME] applied for medical assistance for any reason ?	2 To whom did [NAME] apply for care?	3 Where did [NAME] receive this care?	4 For what condition did [NAME] receive this care?	5. What mode of transport did you use to travel to the consultation?	6 How long did it take to travel to the consultation?	7 How much did [NAME] spend for the <u>travel</u> to and from the consultation(s) in the last month?	8 How much did [NAME] pay in <u>official charges</u> , including payments for laboratory tests, for all the consultations in the last month?	9 What was the value of any <u>gifts</u> (money, food, jewelry, services etc.) made to the medical staff for all the consultations in the last month
	YES ...1 NO ... 2 < Q10	PRIVATE DOCTOR STATE DOCTOR NURSE FELDSHER PHARMACIST DENTIST HEALER MIDWIFE OTHER	PATIENT'S 1 HOME.....1 2 POLYCLINIC .....2 3 MEDINISKI DOM/FAP...3 4 CRH .....4 5 OBLAST HOSP.....5 6 REPUB. HOSP. ....6 7 SUB.....7 8 SVA.....8 9 PRIVATE OFFICE.....9 10 MATERNITY HOME.....10 11 OTHER.....11	1 Heart ....1 2 Respiratory ..2 3 Digestive ... 3 4 Diarrhea ... 4 5 Malaria ... 5 6 T.B. ....6 7 Injury .... 7 8 Maternity .... 8 9 Abortion .... 9 10 Cancer .... 10 11 Other (Specify).. 11	WALK 1 HORSE/DONKEY 2 PUBLIC TRANSPORT 3 MOTORBIKE 4 BICYCLE 5 TRACTOR 6 PRIVATE CAR 7 AMBULANCE 8 OTHER 9	TIME ONE WAY LESS THAN 2 HOUR....1 LESS THAN 1 HOUR ... 2 1-4 HOURS ... 3 MORE THAN 4 HOURS ...4	AMOUNT	AMOUNT IF NO CHARGES, WRITE ZERO	AMOUNT
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11									
12									

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## PART 4B UTILISATION OF HEALTH CARE SERVICES, cont

[illegible]



## PART 4C HOSPITAL UTILISATION

ID CODE	1. Has [NAME] been hospitalized in the last 12 months: Yes.Ψ1 No .Ψ.2 >>Go to Q12	2. What condition were you hospitalized for: Heart ΨΨΨ1 Respiratory ..2 Digestive Ψ.3 Diarrhea Ψ..4 Malaria ΨΨ5 T.B. ΨΨΨ.6 Injury ΨΨ..7 Maternity Ψ8 Cancer ΨΨ.9 Typhoid...10 Hepatitis...11 Other (specify).12	3. What type of hospital were you treated in: SUB ..Ψ..1 CRH Ψ...2 Oblast hospitalΨ3 Republican hospital ...4 Specialty hospital ...5	4. How did you get to the hospital: Ambulance ..1 Private carΨ2 Public transport Ψ..3 Horse /donkeyΨΨ4 WalkΨΨΨ5 Other (specify)...6	5. How far did you have to travel to the hospital: < 1 km Ψ..1 1-2 km Ψ..2 2-5 km Ψ..3 5-10 km Ψ4 >10 km Ψ.5	6. How long did it take to travel to the medical unit?  TIME ONE WAY LESS THAN 2 HOUR....1 LESS THAN 1 HOUR ... 2 1-4 HOURS ... 3 MORE THAN 4 HOURS ...4	7. How long did you stay in the hospital: Specify number of days	8. What treatment was provided: Observation/ consultation only .ΨΨΨ1 Medication ..2 Surgery ΨΨ3 Intensive careΨΨΨ. 4 Rehab. ΨΨ.5 ChildbirthΨ6 Diagnostic testingΨΨ..7 (indicate all that apply)
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PART 4C HOSPITAL UTILISATION cont.

I D C O D E	9. Were the following services provided by family members?:									
	Yes. Ψ1									
	No . Ψ.2									
	a. Bathing	b.Toileting	c. Feeding	d. Providing food	e.Providing linen	f. Providing medicine	g.Admin. medicine	h.Providing other supplies	I Injecting	j. Other medical services
	1									
	2									
	3									
	4									
	5									
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PART 4C HOSPITAL UTILISATION cont.

I D  C O D E	10. How much did you or your family pay for each of the following during the hospital stay?  AMOUNT						11. What was the amount of gifts or other payments made by you with regard to this hospitalization: (specify amount)	12. Have you ever been denied health services?  Yes.Ψ1 No .Ψ.2 < NEXT SECTION	13. What was the reason for this?  No moneyΨΨ.1 Unable to get to where services were available ..2 Services only provided to residents of particular raionsΨΨΨΨ3 Unable to get referral for specialty servicesΨΨΨ4 Other (specify) ..Ψ5 << NEXT SECTION
	a. Food	b. Medicine	c. Other supplies	d. Hospital charges	e. Physician charges	f. Ancilliary staff (e.g nurses, lab technicians) charges			
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<< SECTION 5

## SECTION 5 EMPLOYMENT INCLUDE INFORMATION ON ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 11 AND OLDER.

## PART 5A. TIME USE

I D C O D E	1 During the past 7 days, did [NAME] work for money or have any profitable business (such as selling/buying goods)?	2 Even if [NAME] did not work, did [NAME] have a job or own a business that they were not engaged in during the last 7 days because of illness, vacation, temporary shut down of [NAME=S] enterprise, or other reason?	3 Did [NAME] work for money or have any profitable business during the last year?	4 During the last 7 days did [NAME] do any unpaid work at a relative's or friend=s enterprise or at a relative's/ friend=s farm or dacha?	5 And what about the past year?	6 During the past 7 days has [NAME] done any farming, fishing, hunting, or gathering of fruit, berries, nuts or other products?	7 And what about the past year?	8 IS THERE IS AN ANSWER YES TO ONE OF THE QUESTIONS: Q1, Q2, Q4 OR Q6?	9 Did [name] look for a job or try to start their own business during the last 7 days?	10 Why didn't [NAME] look for a job or try to start your own business during the last 7 days?  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 JOB IN HIS/HER FIELD .....4 THERE ARE NO JOBS AT ALL.....5 STUDYING .....6 TAKING CARE OF THE HOME .....7 PENSIONER .....8 OLD OR DISABLED .....9 NOT HEALTHY .....10 DOES NOT WANT TO WORK .....11
	YES.....1 < QUES 4 NO .....2	YES.....1 < QUES 4 NO .....2	YES.....1 NO .....2	YES.....1 < QUES 6 NO .....2	YES.....1 NO .....2	YES.....1 < QUES 8 NO .....2	YES .....1 <PART 5B NO .....2	YES .....1 < PART 5C NO .....2	< < SECTION 6	
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&lt;&lt; PART 5B

## PART 5B. EMPLOYMENT AND WAGE MAIN JOB

I would now like to ask you some questions about the main jobs that members of your household have worked at during the last 7 days

I D E N T.  C O D E	1. In what sector does [NAME] work for their main job?	2. Status in employment of [NAME]  EMPLOYEE .....1 MEMBER OF PRODUCERS= CO- OP .....2 OWN ACCOUNT WORKER .....3 EMPLOYER .....4 FAMILY WORKER .....5 WORKER COLLECTIVE FARMER .....6 NOT CLASSIFIABLE BY STATUS .....7	3. Occupation of [NAME]  Armed forces.....0 Legislators, senior officials/managers.....1 Professionals.....2 Technicians/associate professionals .....3 Clerks .....4 Service workers/market sales workers.....5 Skilled agricultural.....6 Craft & related trade workers .....7 Plant & machine operators.....8 Elementary occupations Other.....10	4. Where does [NAME] work?  a government office? ..... 1 a state enterprise? ..... 2 a cooperative? ..... 3 a collective farm? ..... 4 a joint-stock company? ..... 5 a joint venture? ..... 6 a private enterprise? ..... 7 a private farm? ..... 8 a foreign company or organization? ..... 9 family business? ..... 10 (includes informal trading)	5. How many hours did [NAME] work at their primary place of employm ent in the last week?	6. How much is [NAME=s ] monthly salary?	7. How much did [NAME] actually earn or receive in kind doing this work in the last month?  INCLUDE CASH AND BARTER GOODS  AMOUNT (IN TAJIK ROUBLES) IF NOT, ZERO	8. Is [NAME] owed any salary in arrears  IF YES, ENTER AMOUNT IN TAJIK ROUBLES  IF NO, ENTER ZERO	9. Does [NAME] receive any other services or benefits in kind in this post?  YES ..... 1 NO ..... 2	10. How much were these benefits worth in cash in the last month?  AMOUNT (IN TAJIK ROUBLES) IF NOT, ZERO
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## PART 5B. EMPLOYMENT AND WAGE

## ADDITIONAL WORK

I D E N T.  C O D E	11 Has [NAME] additional work earning income or goods, food?  YES ..... 1 NO...  ASK THE QUESTION AGAIN  NO ..... 2 < NEXT PERSON	12 In what sector does [NAME] work? Agriculture..... 1 Mining ..... 2 Manufacturing ..... 3 Electricity, Gas, Water ..... 4 Construction..... 5 Retail Trade, Restaurants & Hotels..... 6 Transport ..... 7 Finance, Real Estate ..... 8 Insurance ..... 9 Public admininstration & defence ..... 10 Education ..... 11 Health&Social work ..... 12 Other service act. .... 13 Other..... 14	13 Status of employment of [NAME] EMPLOYEE ..... 1 MEMBER OF PRODUCERS= CO-OP ..... 2 OWN ACCOUNT WORKER ..... 3 EMPLOYER..... 4 FAMILY WORKER ..... 5 COLLECTIVE FARMER..... 6 NOT CLASSIFIABLE BY STATUS 7	14 Occupation of [NAME] Armed forces..... 0 Legislators, senior officials/managers..... 1 Professionals ..... 2 Technicians/associate professionals..... 3 Clerks ..... 4 Service workers/market sales workers ..... 5 Skilled agricultural ..... 6 Craft & related trade workers ..... 7 Plant & machine operators..... 8 Elementary occupations..... 9 Other..... 10	15 How much did [NAME] earn doing this work in the last month? Include the value of goods received in kind.  AMOUNT (IN TAJIK ROUBLES)  << NEXT PERSON
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2					
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&lt;&lt; PART 5C

## PART 5C. EMPLOYMENT HISTORY

I D C O D E	1 What did [NAME] do 2 years ago?  SAME WORK, SAME SPHERE .. 1 < SEC 6 OTHER WORK, SAME SPHERE .. 2 <Q3 WORK IN A DIFFERENT SPHERE ... 3 IN THE ARMY... 4 <SEC 6 STUDIED... 5 <SEC 6 UNEMPLOYED..6 <SEC 6 HOUSEWORK ..7 <SEC 6 TOO YOUNG TO WORK ...8 < SEC 6	2 In what sector did [NAME] work?  Agriculture.....1 Mining.....2 Manufacturing .....3 Electricity, Gas, Water.....4 Construction.....5 Retail Trade, Restaurants & Hotels .....6 Transport.....7 Finance, Real Estate .....8 Insurance .....9 Public administration & defence .....10 Education .....11 Health&Social work .....12	3 In what position did [NAME] work?  EMPLOYEE.....1 MEMBER OF PRODUCERS= CO-OP ...2 OWN ACCOUNT WORKER .....3 EMPLOYER.....4 FAMILY WORKER .....5 WORKER COLLECTIVE FARMER...6 NOT CLASSIFIABLE BY STATUS .....7	4 Occupation of [NAME]  Armed forces.....0 Legislators, senior officials/managers .....1 Professionals .....2 Technicians/associate professionals.....3 Clerks.....4 Service workers/market sales workers .....5 Skilled agricultural .....6 Craft & related trade workers ..7 Plant & machine operators .....8 Elementary occupations .....9 Other .....10	5 For whom did [NAME] work for, was it...  A State Or Municipal Office? 1 A State Enterprise? 2 A Cooperative? 3 A Collective Farm? 4 A Joint-stock Company? 5 A Joint Venture? 6 A Private Enterprise? 7 A Public Organization? 8 A Foreign Company Or Organization? 9 Family Business? 10	6. How long did [NAME] do this work?  DAY...3 WEEK...4 MONTH...5 YEAR...8		7 Why did [NAME] change job?  Enterprise Closed..... 1 Staff Reduction ..... 2 Contract Not Extended ..... 3 Fired..... 4 Found Better State Job ..... 5 Found Better Private Job..... 6 Started A Business ..... 7 Returned to Education..... 8 Maternity Leave ..... 9 Military Service ..... 10 Retired..... 11 Poor healthr..... 12 Other ..... 13
						TIME	TIME UNIT	
1		Other service act ..... 13 Other ..... 14						
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&lt;&lt; SECTION 6

## SECTION 6. MIGRATION

PART 6A PLACE OF BIRTH AND MIGRATION. INCLUDE INFORMATION FOR ALL MEMBERS OF THE HOUSEHOLD OF THE AGE OF 15 AND OLDER.

I D C O D E	1 Has [NAME] lived in this population point since birth?	2 How many years has [NAME] resided in this place?	3 Where did [NAME] live before?	4 Why did [NAME] move here?	5 What was the occupation of [NAME] before moving here?	6 Does [NAME] do similar work in this place?	7 Why doesn't [NAME] do similar work in this place?
	YES.....1 < NEXT PERSON NO .....2	NUMBER OF YEARS	IN THE SAME REGION..... 1 DUSHANBE ..... 2 LENINABAD ..... 3 KHATLON ..... 4 GORNO-BADAKSHAN ..... 5 RRS ..... 6 UZBEKISTAN..... 7 KYRGYZSTAN ..... 8 KAZAKSTAN ..... 9 TURKMENISTAN..... 10 RUSSIA ..... 11 OTHER COUNTRIES OF THE FORMER SOVIET UNION ..... 12 OTHER COUNTRIES ..... 13	FAMILY CIRCUMSTANCES ..... 1 BECAUSE OF WORK ..... 2 IN SEARCH OF WORK ..... 3 SCHOOL, STUDY ..... 4 THREAT OF VIOLENCE ..... 5 PERSONAL PROBLEMS ..... 6 HEALTH ..... 7 OTHER ..... 8	Armed forces.....0 Legislators, senior officials/managers..... 1 Professionals ..... 2 Technicians/associate professionals..... 3 Clerks ..... 4 Service workers/market sales workers ..... 5 Skilled agricultural ..... 6 Craft & related trade workers ..... 7 Plant & machine operators..... 8 Elementary occupations..... 9 Other..... 10 Did not work..... 11 < NEXT PERSON	YES ..... 1 < NEXT PERSON NO ..... 2	There is No Such Kind of Work Here ..... 1 There is No Open Post in this Sector ..... 2 There Are No Tools..... 3 Health Does Not Permit..... 4 Does Not Have Diploma for this Work ..... 5 Other ..... 6  << NEXT PERSON
1							
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&lt; PART 6B



PART 6B. HOUSEHOLDS OF DISPLACED PERSONS

1. Are there any displaced persons in this household?

YES.....1  
NO.....2 < SECTION 7

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

YEARS:

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

NUMBER OF TIMES

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

YES.....1  
NO.....2

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

ALL.....1  
MANY.....2  
SOME.....3  
NO ONE .....4

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

YES.....1  
NO.....2

7. Was any member of your household killed during the war or when you were leaving your previous home?

YES .....1  
NO.....2

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

YES .....1 < PART 6C  
NO.....2

9. Why will you not return?

LIST IN ORDER OF IMPORTANCE

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

# PART 6C. PROPERTY OF DISPLACED PERSONS

INTERVIEWER : ONLY ASK TO THOSE WHO ANSWERED YES TO QUESTION 1 IN PART 6B

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

<< SECTION 7

## PART 7. SOURCES OF INCOME OF THE HOUSEHOLD.

### SECTION 7A GENERAL

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

CODE	INCOME SOURCE	<p>In the last month, how much has been received/earned by <u>all</u> the members of the household from [SOURCE OF INCOME]?</p> <p>Include the value of goods and services received in kind.</p> <p>IF NOTHING HAS BEEN RECEIVED/EARNED, WRITE ZERO</p> <p>AMOUNT (IN TAJIK ROUBLES)</p>
701	Take-home pay from all places of employment (primary and secondary), including self-employment in the last month	
702	Subsidies from employers (for example, allowance for a vacation, travel to a sanatorium, nursery school fees, food, public transport, medical treatment, medicine, housing or other similar things)	
703	Subsidies from local authorities\government (for example, allowance for coal for heating, nursery school fees, food, free transport, medical treatment, medicine, housing or other similar things)	
704	Sale of food products and plants grown by members of the household	
705	Sale of moveable property (i.e. private belongings or livestock)	
706	Sale of commercial goods	
707	Rent of unmovable property	
708	Withdrawal of savings	
709	Debts repaid to you	
710	Gifts or loans of money or goods from non-members of the household e.g. remittances	
711	Money or goods (food, clothes etc) from international organisations?	
712	Alimony (inc child support)	
713	Any other source, not mentioned (except social protection payments about which I shall ask separately in a moment)	

<< PART 7B

## PART 7B INCOME FROM SOCIAL PROTECTION PAYMENTS

I would now like to ask you about assistance that you and your household have received from the government. Your answers to these questions will help the government improve the system of benefits. Once again, please be assured that your answers are confidential.

C o d e	BENEFITS & PENSIONS	1. Are any of your household eligible to receive [BENEFIT / PENSION] ?  YES ....1 NO .....2 < NEXT BENEFIT	2. How much are members of the household eligible to receive per month?  VALUE IN TAJIK ROUBLES	3. How much [BENEFIT/ PENSION] was actually received last month?  VALUE IN TAJIK ROUBLES	4. Even after receiving this, are the person(s) owed any arrears? If so, how many months of benefit are they still owed?  IF YES, WRITE NUMBER OF MONTHS OWED IF NO, WRITE ZERO  IF NO << NEXT BENEFIT	5. What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it?  Documents are not prepared .....1 Govt. does not pay .....2 Impossible to go to the place where money is dispensed .....3 The amount is too small that it is not worth preparing documents .4 Other .....5  IF MORE THAN ONE ELIGIBLE PERSON FAILED TO GET BENEFIT, AND IF THE REASONS WHY THEY DID NOT GET IT DIFFERED FROM EACH OTHER, THEN ENTER BOTH REASONS AND SEPARATE BY A ,
<b>Employment pensions</b>						
714	Old age pension					
715	Disability pension					
716	Pension for loss of breadwinner					
717	Early retirement					
718	<b>Social pensions</b>					
<b>Family allowances</b>						
719	One-time childbirth allowance					
720	Benefit for children 0 to 18 months old					
721	Child allowance for child under 8 (and hh below min. Wage)					
<b>Other allowances</b>						
722	Unemployment benefit					
723	Temporary disability / sickness allowance					
724	Maternity leave					
725	Funeral allowance					

C o d e	BENEFITS & PENSIONS	1. Are any of your household eligible to receive [BENEFIT / PENSION] ?  YES ....1 NO .....2 < NEXT BENEFIT	2. How much are members of the household eligible to receive per month?  VALUE IN TAJIK ROUBLES	3. How much [BENEFIT/ PENSION] was actually received last month?  VALUE IN TAJIK ROUBLES	4. Even after receiving this, are the person(s) owed any arrears? If so, how many months of benefit are they still owed?  IF YES, WRITE NUMBER OF MONTHS OWED IF NO, WRITE ZERO  IF NO << NEXT BENEFIT	5. What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it?  Documents are not prepared .....1 Govt. does not pay .....2 Impossible to go to the place where money is dispensed .....3 The amount is too small that it is not worth preparing documents .4 Other .....5  IF MORE THAN ONE ELIGIBLE PERSON FAILED TO GET BENEFIT, AND IF THE REASONS WHY THEY DID NOT GET IT DIFFERED FROM EACH OTHER, THEN ENTER BOTH REASONS AND SEPARATE BY A ,
726	Compensation to victims of Chernobyl					
727	Afghan veterans					
728	Other benefits not mentioned					

729.

Finally, can I ask you what is the **total** income of all persons in the household from all sources last month? \_\_\_\_\_ TAJIK ROUBLES

730. IF DOES NOT KNOW TOTAL AMOUNT ASK TO ESTIMATE USING THE FOLLOWING RANGES

0 - 1000	1
1000-2000	2
2000-3000	3
3000-5000	4
5000-7000	5
7000-10000	6
10000-15000	7
15000-20000	8
20000-25000	9
25000-40000	10
40000-60000	11
60000-100000	12
100000-150000	13
150000-200000	14
more than 200000	15

<< SECTION 8

SECTION 8 CONSUMPTION AND EXPENDITURES  
PART 8A. GENERAL EXPENDITURES

Code		In the <u>last month</u> , how much has your household spent on [ITEM] ? AMOUNT(IN TAJIK ROUBLES) IF NONE, WRITE ZERO
801	Food products consumed at home	
802	Food consumed in cafeterias, canteens and restaurants	
803	Cigarettes, tobacco	
804	Alcohol	
805	Non-food products used at home (such as matches, candles, soap, razor blades, brooms, newspapers, magazines, stationary, cosmetic products, toiletries)	
806	City or local transport services (bus, trolleybus, taxi, etc)	
807	Gasoline or diesel fuel	
808	Postage, mail service, telephone, telegraph	
809	Laundry, dry cleaning, hairdresser, barber or other paid services	
810	Alimony (inc. Child support)	
811	Money, gifts to people who are not members of household	In the <u>last Year</u> , how much has your household spent on [ITEM] ? AMOUNT (IN TAJIK ROUBLES) IF NONE, WRITE ZERO
812	Household materials / fabrics	
813	Footwear and clothing (for adults and children)	
814	Household items, plates, cutlery etc.	
815	Durable items, for example furniture, carpets, household appliances	
816	Books, records, cassettes, toys, sports equipment	
817	Culture, sport arrangements	
818	Home repair, maintenance, construction	
819	Repair, maintenance, other expenses for vehicles other than gasoline	
820	Medicines	
821	Medical services	
822	Holidays (vacations and national holidays such as nazrooz)	
823	Weddings (including Dowries and Kalim	
824	Funerals	

What is the TOTAL amount that the household has spent on all goods and services in the last month?.

CODE: 825 AMOUNT (IN TAJIK ROUBLES):

<< PART 8B

## PART 8B HOUSEHOLD FOOD CONSUMPTION AND EXPENDITURE

I now want to ask about your household's consumption of food in a little more detail.

FOOD PRODUCTS	PRODUCT CODE	1. In the last 7 days how many days has your household eaten [PRODUCT]?  IF NONE, WRITE ZERO AND < NEXT PRODUCT	2. In the last 7 days how many KG of [PRODUCT] has your household eaten ?  KG	3. What was the <u>main source</u> of the [PRODUCT] eaten?  1 Household production 2 Cash purchase 3 Barter 4 Humanitarian assistance 5 gift from relatives and friends	4. How much did your household <u>spend</u> in total on [PRODUCT] for the last 7 days?  AMOUNT (IN TAJIK ROUBLES)	5. What is the value of the [PRODUCT] <u>received as a gift/ humanitarian assistance</u> from people outside of the household during the last 7 days?  AMOUNT (IN TAJIK ROUBLES)	6. What is the value of the [PRODUCT] <u>grown</u> in your household and <u>consumed</u> in the last 7 days?  AMOUNT (IN TAJIK ROUBLES)
Bread	851						
Liposka (bread)	852						
Flour	853						
Grain	854						
Rice	855						
Macaroni products	856						
Other grain products (e.g. bulgar wheat)	857						
Onions, garlic	858						
Potatoes	859						
Tomatoes	860						
Carrots	861						
Beans & peas	862						
Other Vegetables	863						
Apples	864						
Citrus fruits	865						
Grapes	866						
Other fresh fruit	867						
Dried fruits and nuts	868						
Preserved fruits, vegetables	869						
Beef	870						

FOOD PRODUCTS	PRODUCT CODE	1. In the last 7 days how many days has your household eaten [PRODUCT]?	2. In the last 7 days how many KG of [PRODUCT] has your household eaten ?	3. What was the <u>main source</u> of the [PRODUCT] eaten?  1 Household production 2 Cash purchase 3 Barter 4 Humanitarian assistance 5 gift from relatives and friends	4. How much did your household <u>spend</u> in total on [PRODUCT] for the last 7 days?  AMOUNT (IN TAJIK ROUBLES)	5. What is the value of the [PRODUCT] <u>received as a gift/ humanitarian assistance</u> from people outside of the household during the last 7 days?  AMOUNT (IN TAJIK ROUBLES)	6. What is the value of the [PRODUCT] <u>grown</u> in your household and <u>consumed</u> in the last 7 days?  AMOUNT (IN TAJIK ROUBLES)
Chicken	871	IF NONE, WRITE ZERO AND < NEXT PRODUCT	KG				
Mutton	872						
Lamb	873						
Other meat products	874						
Fish	876						
Eggs	876						
Fresh milk	877						
Other dairy products	878						
Vegetable oil, animal fat	879						
Tea, coffee	880						
Salt	881						
Sugar	882						
Confectionary, caramel and biscuits, cakes etc.	883						

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PART 8C HOUSEHOLD PERCEPTION OF FOOD SECURITY AND COPING STRATEGIES

1. Over the last week, how many meals has your household eaten per day on average? [ ]

2. How much do you currently have in stock of:  
Give quantity in kg

- a. Flour [ ]
- b. Fruit [ ]
- c. Vegetables [ ]
- d. Beans [ ]
- e. Preserved fruit & veg [ ]
- f. Dried fruits [ ]
- g. Rice [ ]
- h. Wheat [ ]
- i. Oils and fats [ ]
- j. Sugar or preserves [ ]

3. In the **next** 6 months do you think your situation with regard to food will:

- Stay the same .....1
  - Definitely get better .....2
  - Definitely get worse .....3
- [ ]

4. In the **last** 6 months have you needed to do any of the following:

- 1 ..... YES
- 2 ..... NO

- a. Shift to cheaper foods [ ]
- b. reduced the number of meals a day [ ]
- c. Eat smaller portions [ ]
- d. find other work [ ]
- e. sell household assets [ ]
- f. borrow [ ]
- g. beg [ ]
- h. send children to live with better off relatives [ ]
- i. move within Tajikistan [ ]
- j. move outside Tajikistan [ ]

5. In the **next** 6 months will you need to do any of the following:

- 1 ..... YES
- 2 ..... NO

- a. Shift to cheaper foods [ ]
- b. reduced the number of meals a day [ ]
- c. Eat smaller portions [ ]
- d. find other work [ ]
- e. sell household assets [ ]
- f. borrow [ ]
- g. beg [ ]
- h. send children to live with better off relatives [ ]
- i. move within Tajikistan [ ]
- j. move outside Tajikistan [ ]

Now I would like to ask you several questions on your feelings about your current financial situation

6. To what extent are you satisfied with your life in general at the present time? [ ]

- Very satisfied .....1
- Satisfied.....2
- Unsatisfied .....3
- Very unsatisfied .....4

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

- Much better.....1
- Somewhat better.....2
- Nothing will change .....3
- Somewhat worse.....4
- Much worse.....5

8. To what extent are you concerned that you will not be able to provide yourself with the most basic necessities during the following 12 months? [ ]

- Very concerned.....1
- A little concerned.....2
- Neither worried or not worried.....3
- Rather unconcerned.....4
- Not at all concerned.....5

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

Lowest								highest
Step								step
1	2	3	4	5	6	7	8	9

<< NEXT SECTION

# SECTION 9. LIST OF DURABLE GOODS

DURABLE GOOD  ITEM	I T E M  C O D E	1 Do the members of your household own [ITEM]?  YES.....1 NO .....2  < QUESTION 3	2 In what year did your household acquire [ITEM] ? If there are two or more, when was the most valuable item acquired?  YEAR (2 DIGITS e.g. 76)	3 Have you or the members of your household sold any [ITEM] in the last year?  YES.....1 NO.....2  << NEXT ITEM
Carpets/rugs	901			
Gas or electric stove	902			
Refrigerator	903			
Vacuum cleaner	904			
Washing machine	905			
Sewing machine	906			
Air conditioner	907			
Stereo or mono record player/tape recorder	908			
Radio	909			
Black and white TV	910			
Colour TV	911			
Video	912			
Camera	913			
Bicycle	914			
Motorcycle	915			
Passenger Automobile	916			

<< SECTION 10

SECTION 10 AGRICULTURE  
PART 10A AGRICULTURAL ACTIVITY

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

NOTE 100 SOTKA = 1 HECTARE

C O D E	TYPE OF LAND	1 How many soktas of [TYPE OF LAND] are available to you and members of your household?  IF NO LAND OF THIS TYPE IS AVAILABLE, WRITE ZERO <NEXT TYPE  NUMBER OF SOTKAS	2 How many soktas of [TYPE OF LAND] do you and the members of your household <u>own</u> ?  IF ZERO < Q 6 NEXT PAGE  NUMBER OF SOTKAS	3 In what year did you or the members of this household acquire this [TYPE OF LAND]?  YEAR	4 Do you have a legal document of your ownership of this [TYPE OF LAND]?  YES..... 1 NO ..... 2	5 How did you or the members of your household acquire this [TYPE OF LAND]?  DIVISION OF A KOLHOZ/ SOVKHOZ ...1 BOUGHT FROM A PRIVATE PERSON.2 GIVEN BY THE STATE .....3 INHERITED .....4 OTHER .....5
1	Individual Garden plot					
2	Cotton production					
3	Wheat production					
4	Other crop production					
5	Raising animals (pasture)					
6	Orchard/vineyard					
7	Fallow					
8	Other uses					

< NEXT PAGE

## PART 10A AGRICULTURAL ACTIVITY cont.

C O D E	TYPE OF LAND	6 How many sotkas of [TYPE OF LAND] are provided <u>free</u> to members of your household from the State?  IF ZERO < Q 8  NUMBER OF SOTKAS	7 What sort of land is provided free?  PRESIDENTIAL LAND ... 1 RAINFED ...2 PASTURE ...3 OTHER ....4	8 How many sotkas of [TYPE OF LAND] are <u>rented</u> from the State(or others) by members of your household?  IF ZERO < Q 9  NUMBER OF SOTKAS	9 How much was paid, including the value of goods and services, in the last year to rent this [TYPE OF LAND]?  AMOUNT	10 How many sotkas of [TYPE OF LAND] were rented by members of your household to other private individuals?  IF ZERO < Q 11  NUMBER OF SOTKAS	11 How much was earned, including the value of goods and services, by members of your household from the rental of [TYPE OF LAND] in the last year to private individuals?  AMOUNT	12 How many sotkas of [TYPE OF LAND] were provided for the use of your household by a sovkhov or kolhoz?  NUMBER OF SOTKAS	13 How many sotkas of [TYPE OF LAND] are irrigated?  If NONE < NEXT SECTION  NUMBER OF SOTKAS	14 What is the main source of irrigation for the [TYPE OF LAND] used by your household?  CANALS ..... 1 DAM ..... 2 PUMP ..... 3 RIVER ..... 4 OTHER ..... 5 NONE ..... 6
1	Garden plot	XXXXXXXXXX	XXXXXXXXXX							
2	Cotton production									
3	Wheat production									
4	Other crop production									
5	Raising animals									
6	Orchard/vineyard									
7	Fallow									
8	Other uses									

&lt;&lt; PART 10B

SECTION 10 AGRICULTURE  
PART 10B INPUTS AND OUTPUTS

Now thinking about all the land used by your household for growing plants or raising animals over the past year

1. How much money was spent on seed or young plants in the last year?

AMOUNT (IN TAJIK ROUBLES):

2. Did you receive any seed free of charge from any organisation?

YES ..... 1

NO ..... 2 < QUESTION 4

3. What was the value of this free seed?

AMOUNT (IN TAJIK ROUBLES):

4. How much money was spent this year for fertilizers and chemicals for use on this land in the last year?

AMOUNT (IN TAJIK ROUBLES):

5. Did members of your household hire other people to work on this land, for example for clearing, planting or irrigating or harvesting?

YES ..... 1

NO2.....< QUESTION 7a

6. How much were those people paid all in all this last year for their work on this land?

AMOUNT (IN TAJIK ROUBLES):

7a. Overall, how much do you think that you spent in total on growing crops that were **sold** last year

AMOUNT (IN TAJIK ROUBLES):

7b. Overall, how much do you think that you spent in total on growing crops that were **consumed in the household** last year

AMOUNT (IN TAJIK ROUBLES):

8. Overall , how much do you think last year=s harvest is worth, including the value of crops sold, given away to others free of charge and consumed in the household.

AMOUNT (IN TAJIK ROUBLES):

9. Did your household raise animlas during the past year?

YES ..... 1

NO ..... 2 < PART 10C

10. How much was spent on animal feed (including salt) for the animals raised by this household in the last year?

AMOUNT (IN TAJIK ROUBLES):

11. How much was spent on other costs associated with raising animals, for example veterinary services, inoculations

AMOUNT (IN TAJIK ROUBLES):

12a. What do you estimate the overall cost of the animals raised on this land that were **sold** this year to be?

AMOUNT (IN TAJIK ROUBLES):

12b. What do you estimate the overall cost of the animals raised on this land that were **consumed in the household**, this year to be?

AMOUNT (IN TAJIK ROUBLES):

13. Overall, what do you think was the value of the animals raised on this land that were sold or consumed in the household, this year to be?

AMOUNT (IN TAJIK ROUBLES):

<< PART 10C

PART 10C AGRICULTURAL PROPERTY

C O D E	PROPERTY	1 Do the members of your household own [PROPERTY]?  YES.....1 NO.....2  < QUESTION 7	2 How many of [PROPERTY] do you own?  NUMBER	3 If you wanted to sell all of [PROPERTY] today, how much money would you receive altogether?  AMOUNT (IN TAJIK ROUBLES)	4 During the past year have members of your household <b>bought</b> any [PROPERTY]  YES.....1 NO.....2  < QUESTION 7	5. How many of [PROPERTY] did you buy?  NUMBER	6. How much altogether did you spend on purchases of [PROPERTY] during the past year?  AMOUNT	7 During the past year have members of your household <b>sell</b> any [PROPERTY]  YES.....1 NO.....2  < NEXT PROPERTY	8. How many of [PROPERTY] did you sell?  NUMBER	9 How much altogether did you receive from sales of [PROPERTY] during the past year?  AMOUNT (IN TAJIK ROUBLES)  << NEXT PROPERTY
901	Cattle									
902	Yaks									
903	Sheep, lambs									
904	Horses									
905	Donkeys, mules									
906	Goats									
907	Rabbits									
908	Chickens									
909	Other Poultry									
910	Honey bees									
911	Trailer									
912	Tractor									
913	Plow									
914	Cart									
915	Thresher									
916	Trucks									
917	Hoes, axes, sickles, shovels, spades									