TOTAL NUMBER OF HOUSEHOLD IN LOCATION: URBAN 1 RURA (To be competed by supervisors)		DATE OF INTERVIEW TIME: BEGINNING OF INTERVIEW END OF INTERVIEW	
TAJIKISTA	AN LIVING S	STANDARDS SURVEY, 2003	
17 (011 (10 17	2	517 (11B) (11B) GG((1E1, 2000	
		ESTIONNAIRE	
Name of enumerator	MAIN QU	Hukumat (District)	
Name of field supervisor	Code Code	Hukumat (District) Djamoat (municipality)	
Name of enumerator Name of field supervisor Name of data entry operator	Code	Hukumat (District)	
Name of field supervisor	Code Code Code	Hukumat (District) Djamoat (municipality) Census EA No. Name of Household Head	HH No.

QUESTIONNAIRE CONTENTS

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- 2 MIGRATION
- **3 EDUCATION**
 - A PRE-SCHOOL
 - B SCHOOL (6 YEARS AND OVER)
- 4 HEALTH
 - A GENERAL HEALTH STATUS
 - B UTILISATION OF HEALTH CARE
 - C HOSPITALISATION
 - D ACESS TO HEALTH CARE
- 5 LABOUR
 - A LABOUR FORCE PARTICIPATION
 - B OVERVIEW LAST 14 DAYS
 - C MAIN AND SECONDARY JOB IN THE LAST 14 DAYS
 - D MAIN JOB IN THE LAST 12 MONTHS
- 6 DWELLING, UTILITIES AND DURABLE GOODS
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 - **B** UTILITIES
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- 11 AGRICULTURE
 - A1 PLOTS, YOURS
 - A2 PLOTS, RENTED TO YOU
 - A3 PLOTS, YOU RENT OUT
 - **B** MACHINERY
 - C CROPS
 - D INPUTS
 - E LIVESTOCK
 - F LIVESTOCK BYPRODUCTS
- 12 FAMILY BUSINESS AND INDIVIDUAL INCOME GENERATING ACTIVITY
 - A LIST OF NONFARM ENTERPRISES
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 - C REVENUES AND OPERATION
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 - E ASSETS
- 13 OTHER INCOME

SECTION 1: CONTROL SHEET

КОДЫ РАЙОНОВ, ГОРОДОВ И СТРАН

РЕГИОН	REGION	КОД / CODE	РЕГИОН	REGION	КОД / CODE	СТРАНА	COUNTRY	КОД / CODE
Душанбе	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Khatlon					
Железнодорожный район	Rohi Ohan	01	г.Курган-Тюбе	Kurgon-Teppa (city)	36	РОССИЯ	RUSSIA	81
Исмоили Сомони район	Ismoili Somoni	02	г.Куляб	Kulob (city)	37	KA3AXCTAH	KAZAKHSTAN	82
Фрунзенский район	Frunze	03	Бальджуванский район	Baljuvon	38	КЫРГЫЗСТАН	KYRGYZSTAN	83
Центральный район	Markazi	04	Бешкентский район	Beshkent	39	УЗБЕКИСТАН	UZBEKISTAN	84
			Бохтарский район	Bokhtar	40	ПРОЧИЕ СТРАНЫ СНГ	OTHER CIS	85
РРП	RRS		Вахшский район	Vakhsh	41	ЕВРОПЕЙСКИЕ СТРАНЫ	EUROPE	86
Варзобский район	Varzob	05	Восейский район	Vose	42	ПРОЧИЕ	OTHER	87
Гармский район	Garm	06	Гозималикский район	Gozimalik	43			
Гиссарский район	Hissor	07	Дангаринский район	Dangara	44			
Дарбандский район	Darband	08	Джиликульский район	Jilikul	45			
Джиргатальский район	Jirgatol	09	Кабодиенский район	Kabodiyon	46			
Кофарнихонский район	Kofarnihon	10	Колхозабадский район	Kolkhozobod	47			
Ленинский район	Lenin	11	Кулябский район	Kulob	48			
Рогунский район	Rogun	12	Кумсангирский район	Kumsangir	49			
Тавилдаринский район	Tavildara	13	Московский район	Moskva	50			
Тоджикободский район	Tojikobod	14	Муминободский район	Muminobod	51			
Турсунзадевский район	Tursunzoda	15	Нурекский район	Norak	52			
Файзабадский район	Fajzobod	16	Пархарский район	Farkhor	53			
Шахринавский район	Shahrinav	17	Пянджский район	Pandj	54			
			Сарбандский район	Sarband	55			
Согдийская область	Sugd		Советский район	Sovet	56			
гор.Худжанд	Khujand (city)	18	Ховалингский район	Khovaling	57			
гор.Табошары	Taboshar (city)	19	Хочамастонский район	Khojamaston	58			
Кайраккумский хукумат	Kayrakkum (hukumat)	20	Шаартузский район	Shahrtuz	59			
Чкаловск хукумат	Chkalovsk (hukumat)	21	Шуроободский район	Shuroobod	60			
Айнинский район	Ajni	22	Яванский район	Yovon	61			
Аштский район	Asht	23	-					
Ганчинский район	Gonchi	24	Горно-Бадахшанская АО	GBAO				
Зафарабодский район	Zafarobod	25	город Хорог	Khorog (city)	62			
Исфаринский район	Isfara	26	Ванчский район	Vandj	63			
Канибадамский район	Konibodom	27	Дарвазский район	Darvoz	64			
Кухистони-Масчохский	Kuhistoni Mastchov	28	Ишкашимский район	Ishkoshim	65			
Матчинский район	Mastchov	29	Мургабский район	Murgob	66			
Науский район	Nov	30	Рошкалинский район	Poshkalin	67			
Пенджикентский р-он	Pangakent	31	Рушанский район	Rushon	68			
Дж.Расулова р-он	Djabor Rasulov	32	Шугнанский район	Shugnon	69			
Ура-Тюбинский район	Ura-Tyube	33	-					
Б.Гафурова район	Bobojon Gafurov	34						
Шахристанский р-он	Shahriston	35						

SECTION 1: CONTROL SHEET

Коды культур

1	Wheat
2	Barley
3	Corn
4	Rye
5	Rice
6	Other grain
7	Potatoes
8	Cotton
9	Mulberry
10	Tobacco
11	Sugar beet
12	Sunflowers seed
13	Beans
14	Oil and aromatic crops
15	Tomatoes
16	Pepper
17	Cucumber
18	Cabbages
19	Watermelon
20	Melons

21	Onion
22	Carrot
23	Apples
24	Pears
25	Quince
26	Apricots
27	Cherries (large)
28	Plums
29	Cherries
30	Figs
31	Pomegranate
32	Walnut
33	Pistachios
34	Almond
35	Oranges
36	Lemons
37	Tangerine
38	Grape
39	Berries
40	Khurmo

1 гектар: 10,000 кв.м 1 сотка: 100 кв.м 1 центнер: 100 кг 1 тонна: 1,000 кг

SECTION A: INFORMATION FOR THE ROSTER SHEET

HOUSEHOLD WHO IS ABLE TO GIVE INFORMATION ON THE OTHER HOUSEHOLD MEMBERS.
RESPONDENT: ID CODE:
1-3. I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling.
* First, I would like to have the names of all the members of your immediate family, who normally live and eat their meals together in this dwelling. Start with the head of the household, wife/husband of household head, his/her children in order of age.
WRITE DOWN THE NAME IN CAPITAL LETTERS, SEX AND RELATIONSHIP TO THE HEAD OF 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 and eat their meals 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 and eat their meals here. For instance, 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.

PERSON INTERVIEWED: PREFERABLY THE HEAD OF THE 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

FOR EACH PERSON LISTED IN QUESTION 1, ASK THE QUESTIONS 4-9. COMPLETE THE ENTIRE LINE BEFORE GOING ON TO THE NEXT PERSON LISTED.

4-9. Now I would like to have some information about each of the persons you mentioned.

	FORM 1								
	LIST OF HOUSEHOLD MEMB	LIST OF HOUSEHOLD MEMBERS							
1	PLEASE COMPLETE THIS FORM US	ING INSTRUCTIONS TO MO	DULE 1						
D									
		AC	GE						
C		VEADS AND MONTH	IS, IF LESS THAN 16						
0		TEARS AND MONTE	15, IF LESS THAN 10						
D									

D							
0		A	GE				
C O		YEARS AND MONTH	HS, IF LESS THAN 16		RELATIONSHIP TO THE HOUSEHOLD HEAD	COMMENTS	
D E	NAME	YEARS	MONTHS	GENDER (in words)	1		
01							
02							
03							
04							
05							
06							
07							
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24							
24 25							
26							
27							
28						<u> </u>	
29						<u> </u>	
30						1	

MODULE 1: HOUSEHOLD ROSTER

	(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
I D C O D E	NAMES OF HOUSEHOLD MEMBERS: MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO QUESTIONS 4-9 COPY THE PERTINENT INFORMATION ON THE HH MEMBER FROM		IF LESS THAN 1 COOMPLETE YI MONTHS		RÉLATIONSHIP TO HEAD: HEAD SPOUSE/PARTNER SON/DAUGHTER SON/DAUGHTER-IN-LAW FATHER/MOTHER FATHER/MOTHER-IN-LAW SISTER/BROTHER GRANDCHILD GRANDPARENT	What is the present marital status of [NAME]? FOR AGES 14 AND UP TO SELECTION TO	Does the spouse/partner of [NAME] live in this household now?	Copy the ID CODE of the	For how many months during the past 12 months (since MONTH/ YEAR) has he/she been away from this household?	What was the reason for the latest absence? Working in another part of the country Working in another country in the CIS Working in another country outside the CIS Studying On leave/vacation visiting realtives in hospital
	FORM 1 NAME	MALE 1 FEMALE 2	1 2 YEARS	MONTHS	NIECE/NEPHEW 1: OTHER RELATIVE 1 NOT RELATED 1:	LIVING TOGETHER 1 4 2 WIDOW/ER 5 (>>8	YES 1 NO 2>>9	ID CODE	CUMULATED MONTHS	in prison in the army on business trip other
01										
02										
03										
04						1				
05										
06										
07										
08										
09 10										
11										
12										
13										
14										
15										
	1	l	1	1	l	1	1		I	1

MODULE 2: MIGRATION

FOR AGES 14 AND UP

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		continuously lived in	Did [NAME] move to this village/town since January 1990?	At what date (month, year) did [NAME] move here?	What was the main reason [NAME] moved to this place?		Since 1998 has [NAME] lived abroad for three months or more at any one time?	What was the main reason for [NAME] to go abroad?
D C O D E					NOT ENOUGH LAND 6 TO JOIN FAMILY 7	TAJIKISTAN DISTRICTS 01-xx OTHER COUNTRIES xx-99		TO START A NEW JOB/BUSINESS 1 TO LOOK FOR A BETTER PAID JOB 2 STUDY 3 HEALTH 4 POOR QUALITY LAND 5 NOT ENOUGH LAND 6 TO JOIN FAMILY 7
	YES 1 NO 2 (>>3)	YES 1 (>>7) NO 2	YES 1 NO 2 (>>7)		MARRIAGE 8 OTHER 9		YES 1 NO 2 (>>10)	MARRIAGE 8 OTHER 9
				MONTH YEAR		DISTRICT CODE		
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
Ť								
12								
13								
14								
15								

	MODULE 2: MIGRATION									PERSONS 14 YEARS AND OLDER			
	Please report total number of months abroad in each year since 1998 and record the country where [NAME] spent the most time(THEN GO TO THE NEXT PERSON)).									(11) Why not?	(12) Has [NAME] ever tried to move and failed?		
I D C O D E		RUSSIA 1 KAZAKHSTAN 2 KYRGYZSTAN 3 UZBEKISTAN 4 OTHER CIS 5 OTHER EUROPE 6 OTHER 7 (>>GO TO NEXT PERSON)							1 2 3 4 5				
	19 MONTHS	998 PLACE	19 MONTHS	99 PLACE	20 MONTHS	PLACE	20 MONTHS	01 PLACE	20 MONTHS		YES 1 (>>12) NO 2	(>NEXT PERSON)	YES 1 NO 2
01													
02													
03													
04													
05													
06													
07													
80													
09													
10													
11													
12 13													
14													
15													
10		1	1		I	I	I						

MODULE 3: EDUCATION CHILDREN 3-5 YEARS PART A: PRE-SCHOOL

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: PRE-SCHOOL

	(1)	(2)	(3)	(4)	(5)
	Is [NAME] currently attending preschool?	Why is [NAME] not attending preschool?	What type of preschool is this?	How many hours per week does [NAME] attend preschool?	How much do you pay per month?
D		NONE AVAILABLE 1			
С		TOO YOUNG 2 TOO EXPENSIVE 3			
O D		TOO FAR 4 NOT GOOD QUALITY CARE 5 PREFER TO KEEP AT HOME (NO			
E		PREFER TO KEEP AT HOME (NO NEED) 6			
		OTHER (SPECIFY) 7	PUBLIC 1		
	YES 1 (>>3) NO 2		PRIVATE, SECULAR 2 PRIVATE, RELIGIOUS 3		,
	NO Z	(>>NEXT PERSON)	TRIVATE, RELIGIOUS 3	HOURS	SOMONI
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12 13					
13					
15					
IJ					

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
I D C O	Can you read?	Can you write?	Have you ever attended any educational institution (school, medrasa, PTU, college, etc)?	How many years of schooling you have completed in school (include all levels)?	What is the highest diploma you have obtained? (do not include incomplete degrees)		Did you enroll in school last academic	Are you currently attending any school?	Why are you not currently attending any
D E	YES, WITH DIFFICULTY 2		YES 1 NO 2 (>>NEXT PERSON)	years	PRIMARY (Grades 1-4) BASIC (Grades 1-8(9)) SECONDARY GENERAL (Grades 9-10(11)) SECONDARY SPECIAL SECONDARY TECHNICAL HIGHER EDUCATION GRADUATE SCHOOL/ASPIRANTURA	IF NONE PUT "0" VEARS	YES 1 NO 2 (>>10)	YES 1 (>>12) NO 2	OWN ILLNESS 10 OWN ILLNESS 10 OWN ILLNESS 10 FAMILY ILLNESS/ DEATH 11 MOVED 12 GOT MARRIED 13 HH FINANCIAL DIFFICULTIES 14 OTHER (SPECIFY) 15 (>>GO TO 11)
01									
02									
03									
04									
05									
06									
07	381111111111111111111111111111111111111								
08									
09									
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11									
12									
13									
14									
15						1			
10									

MODULE 3: EDUCATION

PART B: SCHOOL (6 YEARS AND OVER)

		(10)	(11)	(12)	(13)	(14)			(17)
			Do you intend to return to school next academic year?	In what grade are you currently enrolled? In which level?	?	Is the school you are currently enrolled in public or private?	school that you	usually stay in another	How long does it take you to travel to your school?
		COMPLETED STUDIES 1 (>> NEXT PERSON) TOO EXPENSIVE 2					attended last acad lyear?		
		NO INTEREST 3						closer to your school during	
	, ח	AGRICULTURAL WORK 4						the school	
		OTHER WORK 5 SCHOOL TOO FAR 6					IF LESS THAN 1	term?	
(·	POOR TEACHING 7		PRIMARY (Grades 1-4) 1	1 to 4		KM REPORT		
0	ה ח	POOR FACILITIES 8		BASIC (Grades 1-8(9)) 2	5 to 9		TENTHS		
E	- L	OWN ILLNESS 9			10 to 11				
		FAMILY ILLNESS/ DEATH 10 MOVED 11		SECONDARY SPECIAL 4 SECONDARY TECHNICAL 5			IF LESS THAN		DON'T KNOW -8
		GOT MARRIED 12		HIGHER EDUCATION 6	1 to 5		5KM (>>17)		
		HH FINANCIAL DIFFICULTIES 13	V/F0 4	GRADUATE SCHOOL/ASPIRANTURA 7	<u> </u>	PUBLIC *	1	VEO 4	
	ļ	OTHER (SPECIFY) 14	YES 1 NO 2 (>> NEXT PERSON)		!	PRIVATE - RELIGIOUS 2 PRIVATE-NON RELIGIOUS 3		YES 1 NO 2	TIME ONE WAY
L				LEVEL	GRADE		KM		MINUTES
0)1								
0)2								
0)3								
0)4								
0)5								
0)6								
0)7								
-)8								
0)9								
	10								
1	1								
	2								
1	13								
1	14								
1	15								

MODULE 3: EDUCATION PART B: SCHOOL (6 YEARS AND OVER)

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS
--

	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)		(27)
	How do you generally go to school?	How much did	How much did your	household spend or	n your education in th	e past academic YE	AR for:		(IF HOUSE	HOLD CANNOT
		you spend on		S, PUT THE TOTAL		1	1	Ia	la	
		average each			Textbooks and	School supplies	Meals and/or lodging?	School repair,	Other expenses (do not include	Total
		month on transportation?	tuition?	(just for pupils)	other instruction materials	(pens, notebooks, etc.)	loaging?	purchase of school equipment	tutoring	
١.		transportation?			materiais	eic.)		and other similar	expenses)	
D								expenses	Схропосој	
U								CAP CITICOC		
С										
0										
D	WALK 1 (>>20)	4								
E	BICYCLE 2 (>>20)	1								
	ANIMAL 3 (>>20)	1								
	CAR 4	1	don't know -8	don't know -8	don't know -8	don't know -8	don't know -8	don't know -8		
	BUS 5	1								
	OTHER(SPECIFY)									
	6	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI	SOMONI
	I	COMON	COMOTA	COMOTA	COMOTA	COMOTE	COMOT	COMON	COMOTA	COMOTA
01										
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08										
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15										

	New Q27a-d				(28)	(29)
			nentioned, in the last 12 months did	you household provide	Did you miss school	Why did you miss school for more than four
	assistance, both in cash and in-k	ind, for:			for 4 or more weeks in	weeks?
					the last academic	
					year?	choose one
						TOO EXPENSIVE 1
1						BAD WEATHER 2
D						NO INTEREST 3
_						AGRICULTURAL WORK 4
С						OTHER WORK 5
Ö						SCHOOL TOO FAR 6
D						POOR TEACHING 7
Ē						POOR FACILITIES 8
_						OWN ILLNESS 9
						FAMILY ILLNESS/ DEATH 10
			amples of in-kind contributions are fl			MOVED 11
	Q27a	Q27b	Q27c	Q27d	YES 1	HH FINANCIAL DIFFICULTIES 12
	CASH OR IN-KI	ND	SERVICE		NO 2 >>30	OTHER (SPECIFY) 13
	YES 1	SOMONI	YES 1	NUMBER OF HOURS		
	NO 2		NO 2			
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
14						
15						

MODULE 3: EDUCATION

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

	(30)	(31)	(32)	(33)	(34)	(35)	(36)
1	Did you receive a scholarship or subsidy to support your education?	What is the value of the scholarship or subsidy received for the past academic	Did you receive any private tutoring during last academic year?	Who is tutoring you?	Did you pay for the tutoring?	How much did you pay per hour?	How much did you spend per month on average for this tutoring in the past academic year?
C O D E		year?		IF MORE THAN ONE TUTOR, REFER TO THE MAIN TUTOR		IF MORE THAN ONE PRICE,	
				OWN TEACHER 1 OTHER TEACHER IN		TAKE AVERAGE	
	YES 1 NO 2 (55 20)		YES 1 NO 2 >>next person		YES 1 NO 2 >>next person		
	NO 2 (>> 32)		NO 2 PRIEKT PERSON	FRIEND/RELATIVE 4			
		SOMONI				SOMONI	SOMONI
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13						***************************************	
14							
15							

					CHRONIC ILLNESS / DISABILITY		
		(2)			(4)	(5)	(6)
	disability that has lasted	or disability?	-	Has this chronic illness or disability been diagnosed by a	Which organ or body part is most affected?	Does [NAME] currently take medication for this	How many days during the last month has [NAME] been unable to carry out [NAME's]
	more than 3 months?	IF MORE THAN	ONE ILLNESS REFER	professional?	HEART/VASCULAR SYSTEM	1 chronic	usual activities because of this
[TO THE MOS	ST SERIOUS ONE		LUNGS/RESPIRATORY SYSTEM	2 illness/disability?	illness or disability? (14+
D					STOMACH/DIGESTIVE SYSTEM	3	YEARS OLD)
С					KIDNEYS/URINOGENITAL	4	
Ö					HEAD	5	
D					ARMS OR LEGS	6	
Е		FOR LESS THAN	N 1 YEAR WRITE THE		BACK/SPINE	7	
			ONE YEAR OR MORE		REPRODUCTIVE ORGANS OTHER INTERNAL ORGANS	8	
		WRITE	ONLY YEARS			9 10	
	YES 1			YES 1		11 YES	1
	NO 2 (>>7)					12 NO	IF NONE, WRITE "0"
	,	MONTHS	YEARS	,			DAYS
01							
02							
03							
04							
05							
06							
07							
80							
09							
10							
Ŧ							
12							
13							
14							
15							

		SUDDEN ILLNESS			HEALTH CONDITION
		(8)	(9)	(10)	(11)
		What type of illness or injury did [NAME] have?	How many days during th	e How would you rate [NAME]'s	Compared with [NAME] health one year ago, would you
	has [NAME] had any			health condition at this present	say that his/her health now is:
	(sudden) illness or injury?		been unable to carry out	time?	
1.	(such as flu, diarrhea, a	IF MORE THAN ONE, REFER TO THE MOST SERIOUS	[NAME's] usual activities		
D	fracture, etc)		(including houekeeping) because of this (sudden)		
			illness or injury? (14 +		FOR MEMBERS 1+ YEARS OLD
С		OOLDIEU A	VEADO OLD)		
0		COLD/FLU 1 MALARIA	9		AUGU PETTER NOW
D		STOMACH 2 HEPATITIS DIARRHEA 3 STD	10		MUCH BETTER NOW 1 SOMEWHAT BETTER 2
Е			11	VEDV 000D	SOMEWHAT BETTER 2 ABOUT THE SAME 3
			12 13	VERY GOOD 1	
1		HEART 5 OTHER TRAUMA LUNG 6 PREGNANCY/ DELIVERY	10		SOMEWHAT WORSE 4
	YES 1	KIDNEY PROBLEMS 7 COMPLICATIONS	14 IF NONE, WRITE "0"		MUCH WORSE 5 NOT APPLICABLE BECAUSE CHILD
	NO 2 (>>10)	TYPHOID FEVER 8 OTHER ILLNESS	15 IF NONE, WRITE 0		LESS THAN 1 YEAR OLD 6
	2 (>>10)	TIPHOID FEVER 6 OTHER ILLINESS	DAYS	VERTPOOR	LESS THAN I TEAR OLD 0
\vdash			BATTO		
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MODULE 4: HEALTH

B: UTILISATION OF HEALTH CARE

		T		Tv				
1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	New Q8b
	To whom did [NAME] apply for	For what condition or disease did	144 F. F. F. 144 C.	What mode of transport did [NAME] use to			How much did [NAME]	What was the value of
as [NAME] applied for	care?	[NAME] receive this care?	Where did [NAME] receive this care?	travel to the consultation?			pay for these services, including payments for	any gifts (money, food,
nedical assistance for ny reason?	1					from the consultations in the last months?	laboratory tests and all	flowers, chocolates, oth gifts, services etc.) mad
	PRIVATE DOCTOR 1	HEART 1	PATIENT'S HOME 1>>8	WALK 1		in the last months?	consultations in the last	to the medical staff for
ļ	STATE DOCTOR 2	RESPIRATORY 2	POLYCLINIC 2		1		month? (DO NOT	the consultations in the
ļ	NURSE 3	DIGESTIVE 3	MEDICAL HOUSE 3	-	2 30 MIN TO 1 HOUR 2 3 1-4 HOURS 3		INCLUDE THE COST	last 4 weeks
	FELDSHER 4	DIARRHEA 4	CRH 4	MOTORBIKE 4	MORE THAN 4 HOURS 4		OF MEDICINE)	last 4 weeks
	PHARMACIST 5	MALARIA 5		BICYCLE 5	I MORE THAN 4 HOURS 4		or medicine,	
	DENTIST 6	T.B. 6	DISPENSARY 6	TRACTOR 6				
	HEALER 7	INJURY 7		PRIVATE CAR 7	,			
	MIDWIFE 8	MATERNITY 8	CITY HOSPITAL 8	AMBULANCE 8				
ļ	OTHER 9	ABORTION 9		OTHER 9	2			
	OTTLEK 9	CANCER 10		OTTER	1			
	1	BLOOD PRESSURE 11	SUB 11					
	1	HEPATITIS 12						+
	1	TYPHOID 13	PRIVATE OFFICE 13					
YES 1	1	REUMATIZM 14				IF NO CHARGES,	IF NO CHARGES,	
NO 2 (>>10)		OTHER 15	OTHER 15			WRITE ZERO	WRITE ZERO	
- (10)	1				TIME ONE WAY	SOMONI	SOMONI	SOMONI

(1)	(9						(10)					(11)						(12	2)						(13)				(14)				1	15)			(16	3)				(17)							
Dui	ring Du E [N.be dicea r rea YE No	ring then predoctor	scribe	ed any	medi medi	E [NAME] cation by	Was	cation	e able t		»>12)	COUL TOO I DIDN' PHAR OTHE	.DN'T EXPE T MAC ER	Γ FINI ENSI\ ANT	D VE 000 F/			ST PPP		PHA TE P	, RMA	CY	medicat	1 2 3 4	How for th	much	dication	, WRITE	In the buy a presco	any med	weeks, dication y a doc		ΛΕ] Ĥ	How much and for the bay for t	nis med	AY, WRI	Wa [NA]	as it nec AME] to ey did no	apply	dical tre	eatmen	SEL BEL AWA TOO FAC POC COU NO I	F-ME IEVE AY W FAR CILITY OR SE JLDN RESI	EDICA D PR ITHO ' CLC ERVIC	ATED OBLE OUT TO OSED CE FORI	EMS V REATI	VOUL MENT	D GO	1 2 3 4 5 6 7 8
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HOSPITALISATION								
1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Juring the past 12 months, has NAME) been hospitalised for any eason?	What condition was [NAME] hospitalized for?	REPUBLICAN HOSPITAL 8 SPECIALITY HOSPITAL 9	TAXI 3 PUBLIC TRANSPORT 4	travel to the hospital? LESS THAN 1 KM 1 1-2 KM 2 2-5 KM 3		How long did [NAME] stay in the hpspital?	What treatment was provided? OBSERVATION/ CONSULTATION ONLY MEDICATION SURGERY INTENSIVE CARE REHAB. CHILDBIRTH DIAGNOSTIC TESTING	1 2 3 4 5 6 7
NO 2 (>> NEXT PERSON)	OTHER 12							
					TIME ONE WAY	NO OF DAYS		_
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HOSP										
(1)	(9)									
During [NAME reasor	Were any of the t	following services prov	vided by family memb	ers?						
	Yes No	1 2]							
YES NO	a. Bathing	b.Toileting	c. Feeding	d. providing food	e. providing linen	f. providng medicine	g. administering medicine	h. providing other supplies	I. Injecting	j. other medical services
							•		•	ı

HOSP	ĴSPI								
(1)	(10)						(11)		
	How much did you or your fa	What was the amount of other payments made by you with regard to this hospitalization, not already mentioned in Question 10:							
YES NO	a. food	b. medicine	c. other supplies	d. laboratory charges	e. physician charges	f. ancilliary staff (chargese.g. nurses, lab technicians)	IF DID NOT PAY, WRITE ZERO SOMONI		
**********						***************************************			
100000000000000000000000000000000000000									

MODULE 4: HEALTH PART D: ACESS TO HEALTH CARE

(1)	During the last 12 months, finding the money to pay for health care for the members of your family has been			
	IMPOSSIBLE	1		
	DIFFICULT	2		
	NOT DIFFICULT	3 (>>3		
	NO-ONE HAS NEEDED ANY HEALTH CARE	4 (>>7	7)	
(2)	Over the last year has it been necessary to do any of the following in order to raise money to pay for health care for	or		
	members of your family? (CHECK ALL THAT APPLY)			
	VEO 4		BORROW MONE	
	YES 1 NO 2		SELL FARM ANIMA	
	INO 2		SELL PRODUC	
		OTHER	SELL VALUABLE	5
				-
(3)	In the past 12 months, how many times has someone in your household been ill but you delayed seeking help (or	did not seek l	help at all)?	
	NONE	1 >>=		
	NONE ONCE	1 >>5 2		
	TWICE	3		
	THREE TIMES	4		
	FOUR TIMES OR MORE	5		
(4)	What was the reason for delaying/not seeking help?			
(4)				
	THOUGHT THEY WOULD GET BETTER WITHOUT DOING ANYTHING	1		
	THOUGHT THEY WOULD GET BETTER USING TRADITIONAL HERBS	2		
	THOUGHT THEY WOULD GET BETTER USING PHARMACEUTICALS THEY ALREADY HAD	3		
	PUT OFF GETTING HELP AS COULD NOT AFFORD TO PAY IT WAS TOO FAR	4		
	OTHER	5		
(5)	In the past 12 months, how many times has someone in your household been referred to the hospital but not gon			
(0)				
	NONE ONCE	<u>1</u> >>7		
	TWICE	3		
	THREE TIMES	4		
	FOUR TIMES OR MORE	5		
(6)	What was the reason for not going to the hospital?			
	POOR CONDITIONS IN THE HOSPITAL	1		
	THOUGHT THAT THINGS WOULD GET BETTER	2		
	UNABLE TO AFFORD TREATMENT	3		
	UNABLE TO GET TO WHERE SERVICES WERE AVAILABLE	4		
	REFERRED TO ANOTHER HOSPITAL	5		
	DISTRUST OF THE HEALTH PERSONNEL	6		
	IT WAS TOO FAR	7		
	OTHER (SPECIFY)	8		
(7)	Has anyone in your household ever been refused health services?			
	YES	1		
	NO	2 (>>9	9)	
(8)	What was the reason for this refusal?			
(0)				
	COULD NOT AFFORD TO PAY	1		
	SERVICES ONLY PROVIDED TO RESIDENTS OF PARTICULAR REGIONS	2		
	UNABLE TO GET REFERRAL FOR SPECIALITY SERVICES	3 4		
	OTHER (SPECIFY)	4		
(9)	Are any members of your family entitled to purchase medicines at a discount?			
(/	YES	1		
	NO		NEXT MODULE)	
(40)		2 (**)	VEXT MODULE)	
(10)	Have they always been able to exercise this right when medicines are needed? And if not, why not?			
	YES, ALWAYS ABLE TO EXERCISE THIS RIGHT	1		
	NO, BECAUSE THEY CANNOT GET THE DOCUMENTS NEEDED TO EXERCISE THIS RIGHT DUE TO THE			
	BUREAUCRATIC PROBLEMS	2		
	NO, BECAUSE OF A SHORTAGE OF THESE MEDICINES	3		
	NO, BECAUSE DOCTORS ARE RELUCTANT TO PRESCRIBE THESE MEDICINES	4		
	NO, BECAUSE EVEN WITH A DISCOUNT IT IS STILL DIFFICULT TO AFFORD THEM	5		
	OTHER (SPECIFY)	6		

MODULE 5: LABOUR PART A: LABOUR FORCE PARTICIPATION

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
I D C O D E	have you worked for someone who is not a member of your household, for example, a public or private enterprise or company, an NGO or any other individual?	During the past 14 days, have you worked on a farm owned or rented by you or a member of your household, whether in cultivating crops or in other farm maintenance tasks, or have you cared for livestock belonging to you or a member of your household?	During the past 14 days, have you worked on your own account or in a business enterprise belonging to you or someone in your household, for example, as a trader, shop-keeper, barber, dressmaker, carpenter, taxi driver, car wash, etc.?	CHECK THE ANSWERS TO QUESTIONS 1, 2 AND 3. (WORKED IN LAST 14 DAYS)	Although you reported no work in the past 14 days, have you done any occasional job as sold goods in the street, helped someone for their business, sold some homemade products, washed cars, repaired cars etc. during this period?	Do you have a permanent/long term job even though you did not work in the last 14 days from which you were temporarily absent?	in the last 14 days although having a job? OWN ILLNESS 1 MATERNITY LEAVE 2 HOUSEHOLD MEMBER SICK 3 HOLIDAYS 4 WORK SUSPENSION 5 TEMPORARY WORK LOAD REDUCTION 6 ENTERPISE CLOSURE 7 BAD WEATHER 8 SCHOOL EDUC/TRAINING 9 ANNUAL LEAVE 10	During the past month, have you tried in any way to find a job or start your own business?
				ANY YES 1 (>>PART B) ALL NO 2	YES 1 (>>PART B) NO 2	YES 1 NO 2 (>>8)	OTHER (SPECIFY)	YES 1 (>>10) NO 2
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MODULE 5: LABOUR
DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART A: LABOUR FORCE PARTICIPATION

	(9)			(10)			(12)
				What kind of efforts did you put to find a job? (MOST IMPORTANT WAY)		How long have you ooked for a job?	Are you currently registered with the Labor Office?
I D	STUDENT/PUPIL HOUSEWIFE IN RETIREMENT HANDICAPPED IN MILITARY SERVICE	3	(>>PART D) (>>PART D) (>>PART D) (>>PART D) (>>PART D)	THROUGH LABOUR OFFICE 1			
C O D E	HAVE ALREADY FOUND A JOB WHICH WILL START LATER AWAITING RECALL BY EMPLOYER WAITING FOR BUSY SEASON DO NOT WANT TO WORK	6 7 8		THROUGH FRIENDS/RELATIVE 2 RESPONDED TO MEDIA AD 3 PUT AD IN PAPER 4 EMPLOYER CONTACTED YOU 5 CONTACTED EMPLOYER 6		(IF LESS THAN 1 MONTH, WRITE 0)	
	BELIEVE THAT I DO NOT HAVE ANY CHANCE TO GET A JOB.	10	(221711111111)	TRIED TO START OWN BUSINESS 7 TOOK PART IN TEST FOR JOB 8	ľ	worth, with 2 of	YES 1
	NO JOBS OTHER (SPECIFY) _	11		OTHER (SPECIFY)9		MONTHS	NO 2 (>>GO TO PART D)
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I would like to ask you some questions about all jobs you did during the last 14days whether work on a farm, on your own account, in a household business enterprise, or for someone else.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
A C		What is your occupation? (list each different job if you have worked in more than one job in past 14 days)	Where do you work, I.e., what is the main economic activity of the enterprise you're working on or of your own business?	In this work were you working for:	For how many days a week in the last 14 days did you do this work?	hours a week in the last 14	weeks in the last 12 months did you do this	other work in the	CHECK FOR FIRST AND SECOND HIGHEST ANSWERS TO Q.5 (HOURS WORKED PER WEEK) FOR THIS INDIVIDUAL. (IF THIS INDIVIDUAL REPORTED ONLY ONE ACTIVITY, MARK IT AS CODE 1.)
T I V I		USE ONE LINE PER JOB/ACTIVITY, REPEAT THE ID ON ALL LINES FOR DIFFERENT ACTIVITIES		FARM OWNED OR RENTED BY HOUSEHOLD MEMBER	1	do tilis work?	activity?	were temporarily absent?	ACTIVITY FOR WHICH ANSWER TO Q5 IS
Y C	C O D E	PERFORMED BY THE SAME PERSON CODE WILL BE ENTERED BY OPERATOR	CODE WILL BE ENTERED BY OPERATOR	OWN ACCOUNT/ HOUSEHOLD ENTERPRISE	2				HIGHEST. 1 ACTIVITY FOR WHICH Q5 IS SECOND HIGHEST. 2
D E				WORK FOR NON-HOUSEHOLD MEMBER	DAYS PER WEEK	HOURS PER		YES 1 (>>NEXT LINE) NO 2 (>>NEXT	ACTIVITY FOR WHICH Q5 IS NEITHER FIRST NOR SECOND HIGHEST. 3
		WRITTEN DESCRIPTION COD	E WRITTEN DESCRIPTION COD	E	3 DATS PER WEEK	WEEK	WEEKS	PERSON)	NOR SECOND HIGHEST.
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	(1)		(2)	(3)	
	FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTION 8 OF			How did you find this job?	
	WRITE DOWN THE OCCUPATION WITH CODE 1 IN THAT QUESTION	N (MAIN			
	OCCUPATION IN THE LAST 7 DAYS)		of this work?		
				THROUGH LABOUR OFFICE	_
				THROUGH LABOUR OFFICE THROUGH FRIENDS/RELATIVE	1
			FARM OWNED OR RENTED BY HOUSEHOLD MEMBER 1	RESPONDED TO MEDIA AD	2
1				PUT AD IN PAPER	<u>ی</u>
D					4
				EMPLOYER CONTACTED YOU	5
С			OTHER HOME 4	CONTACTED EMPLOYER	6
0			VEHICLE 5	TRIED TO START OWN BUSINESS	7
D				TOOK PART IN TEST FOR JOB	8
Е				GOVERNMENT APPOINTMENT	9
			<u>'</u>		Ĭ
	OCCUPATION CODE TO BE FILLED IN BY OPERATOR			SENT AFTER COLLEGE	10
				SUBMITTED JOB APPLICATION	11
				OTHER (SPECIFY)	12
			OTHER (SPECIFY)		
			11		
	OCCUPATION	CODE			
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					191919191
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10					

	(4)	(5)	(6)		(7)	(8)	(9)	(10)	(11)
	How long have you been doing this occupation?	In this job were you (READ ALL RESPONSES)	ls your employer for this job (READ ALL RESPONSES)		Are you entitled to the benefits of social security scheme in this job?			Did you receive bonuses (such as New year bonus) in this work during the last 12 months?	How much was your last bonus?
I D C		AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1	STATE ADMINISTRATION STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ PRIVATE FIRMS, INCLUDING AGRICULTURAL	1 2 3			PAID, ASK: What payment would you expect? What period of time did this payment cover?	idat 12 illollula:	
O D E		A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 AN EMPLOYER 3	ASSOCIATION, KOLKHOZ)	4 5				(DO NOT INCLUDE MATERNITY LEAVE)	
		A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE	NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG JOINT VENTURES AND FOREIGN FIRMS	7					
	6-10 YEARS 5 MORE THAN 10 YEARS 6	,	PAID PUBLIC WORKS	0	_	YES 1 NO 2 (>>10)		YES 1 NO 2 (>>13)	
	MORE THAN 10 YEARS 6	4	PAID PUBLIC WORKS	8	NO 2	NO 2 (>>10)	SOMONI	NO 2 (>>13)	SOMONI
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12									
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13									
13 14									

	(12)		(14)		(16)	(17)
					SECOND JOB: FOR THIS PERSON, LOOK AT THE ANSWERS TO QUESTION 8 O	Is this job
	in a year do you	payment for this work			PART B. WRITE DOWN THE OCCUPATION WITH CODE 2 IN THAT QUESTION	
	receive bonuses				(SECONDARY OCCUPATION IN THE LAST 14 DAYS).	
	payments in this			MORE THAN ONE KIND OF		
	job?	months?(meals, tips,		WORK IN THE PAST 7		
		transport, clothes?)		DAYS?		
l i						
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Е						
						SEASONAL 1
					OCCUPATION CODE TO BE FILLED IN OFFICE.	OCCASIONAL 2
		YES 1	ł	YES 1		TEMPORARY 3
		-				PERMANENT/ LONG-TERM
		NO 2 (>>15)		NO 2 (>>next person)	COD	LUNG-TERM 4
<u> </u>			SOMONI		OCCUPATION	
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	(18)	(19)		(20)	(21)	(22)	(23)
	In this work were you (READ ALL RESPONSES)	Is your employer for this work ALL RESPONSES)	(READ	Do you receive wages, salary or other cash payments from this	IF RESPONDENT HAS NOT YET BEEN	Did you receive any payment for this work in any other form (meals tips, transport, clothes) during the last 12 months?	
I D	AN EMPLOYEE OF SOMEONE WHO IS NOT A MEMBER OF YOUR HOUSEHOLD 1	STATE ADMINISTRATION STATE-OWNED ENTERPRISE, INCLUDING SOVKHOZ PRIVATE FIRMS, INCLUDING AGRICULTURA	1 2 AL 3	employer for this work?	PAID, ASK: What payment would you expect? What period of time did this payment cover?		
C O D E	A PAID WORKER IN A HOUSEHOLD FARM OR NONFARM BUSINESS ENTERPRISE 2 AN EMPLOYER 3	INDIVIDUAL COLLECTIVE FIRMS (JOINT STOCK, ASSOCIATION, KOLKHOZ)	4 5				
	A WORKER ON OWN ACCOUNT OR UNPAID WORKER IN A HOUSEHOLD FARM OR	NGO, INTERNATIONAL, POLITICAL, HUMANITARIAN ORG JOINT VENTURES AND FOREIGN FIRMS	7			YES 1 NO 2 (»NEXT PERSON, PART A)	
	NONFARM BUSINESS ENTERPRISE 4	PAID PUBLIC WORKS		YES 1 NO 2 (>>22)	SOMONI	IF LAST PERSON (>> MODULE 7)	SOMONI
						(>> INIODOLL 1)	SOMOM
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MODULE 5: LABOUR

DO NOT INCLUDE HH MEMBERS ABSENT 12 OR MORE MONTHS

PART D: MAIN JOB IN THE LAST 12 MONTHS

I would like to ask you some questions about the job you did during the last 12 months, or the last job, whether work on a farm, on your own account, in a household business enterprise, or for someone else.

	(1)		(3)	(4)	(5)	
	During the past 12 months, did you work, even if for only one day?	Although you reported no work in the past 12 months, have you done any occasional job such as sold goods in the street, helped someone for their business, sold	When did you work last time?	Why did you stop working?	What was your occupation at your last job?	
I D C O D E		some homemade products, repaired cars etc. during this period?	IF NEVER, WRITE "0" >>	YOU WERE FIRED ENTERPRISE CLOSED RETIRED MOVED END CONTRACT FAMILY, HEALTH, PERSONAL REASONS REDUCED WORKLOAD CONTINUE EDUCATION OTHER (SPECIFY)	1 2 3 4 5 6 7 8	CODE TO BE FILLED IN OFFICE
	YES 1 (>>5) NO 2	YES 1 (>>5) NO 2	YEAR		WRITTEN DESCRIPTION	CODE
01						
02						
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MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS PART A: DESCRIPTION OF DWELLING

(1)	Dwelling type:	(6)	How long has your household lived in this dwelling?	
	SINGLE FAMILY HOUSE 1		IF LESS THAN ONE YEAR, WRITE "0"	ARS
	SHARED HOUSE 2			
	SEPARATE APARTMENT —	(7)	What is the area of your dwelling? (including living room and accessory rooms)	
		(-)		
	SHARED APARTMENT (COMMUNALKA) ——			
	4		LESS THAN 40 SQ. METRES 1	
	BARRACK <u>5</u>		40-69 SQ. METRES 2	
	DORMITORY 6		70-99 SQ. METRES 3	
	OTHER 7		100-130 SQ. METRES 4	
(2)	What is the major construction material of the external walls of building ?		OVER 130 SQ. METRES 5	
	That is the major construction material or the oriental waite or ballating .		INTERVIEWER'S OPINION IF 6	
			RESPONDENT DOES NOT KNOW	
	BAKED BRICKS 1 ABODE 2	(0)	Number of rooms that your family occupy :	
	STONE 2	(8)	(excluding the kitchen, balconies, corridors)	
	BRICK EARTH 4		(excluding the kitchen, balconies, contdors)	
	CONCRETE 5			
	MUD 6	(9)	Rooms used for business :	
	WOOD, LOGS 7	, ,	(Write zero if no rooms are used for	
	TIN 8		business)	
	OTHER (SPECIFY)			
	9	(10)	What type of toilet does your dwelling have?	
(2)	What is the major construction material of the roof?		WC INSIDE THE HOUSE 1	
(3)	SLATE 1		TWO OR MORE WC INSIDE 2	
	METAL SHEETING 2		WC OUTSIDE, WITH PIPING 3	
	THATCH 3		WC OUTSIDE, WITHOUT PIPING 4	
	TILES 4		NO TOILET IN THE HOUSE 5	
	MUD 5		OTHER (SPECIFY) 6	
	BITUMISED CONCRETE SLAB 6			
	OTHER (SPECIFY)			
	7		Does dwelling have the following ? YES 1 SEPARATE KITCHEN	
(4)	What is the major construction material of the floor ?	(11)	NO 2 SEPARATE KITCHEN SEPARATE BATH/SHOWER	
(4)	PARQUET 1	(11)	NO 2 OLI AIGHE DATII/OHOWER	
	PAINTED WOOD 2		BALCONY OR TERRACE	
	LINOLEUM 3		PANTRY	
	CONCRETE 4		ATTIC	
	ALABASTER SURFACE 5		GARAGE	
	CLAY/EATERN FLOOR 6		ELEVATOR	
	OTHER (SPECIFY)			
(5)	Time of construction of the dwelling?			
(0)				
	BEFORE 1945 1			
	<u>1945-1960</u> CODE			
	1961-1980			
	1981-1990 4			
	AFTER 1990 5			

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS PART A: DESCRIPTION OF DWELLING

(12)	How far is the dwelling from the nearest?	(16)	IN THE ENUMERATOR'S OPINION, IS THIS RENT APPROXIMATELY THE TRUE
,	(Walking , one way)	` ,	MARKET RENT THAT COULD BE ASKED IF THIS HOUSE WERE RENTED?
	min		
	PRIMARY SCHOOL		APPROXIMATELY ACCURATE 1 ESTIMATE IS TOO HIGH 2
	AMBULATORY/DOCTOR		ESTIMATE IS TOO LOW 3
			DON'T KNOW -8
	BUS/ MINIBUS STOP		
(40)	What is the ownership of this building?	(17)	How much is your monthly rent?
(13)	what is the ownership of this building?		SOMONI PER MONTH
	OWNER 1		
	OWNER WITH A MORTGAGE ON DWELLING 2		DON'T KNOW
	RENTED FROM A PRIVATE INDIVDUAL 3 (>> 17)		
	RENTED FROM THE STATE 4 (>> 17)		
	LIVE FOR FREE 5 (>> PART B)		
	OTHER (SPECIFY) 6 (>> 17)		
(14)	How did you become/are becoming the owner?		
	PURCHASED 1		
	CONSTRUCTION 2		
	INHERITED 3		
	PRIVATISED ACCORDING TO THE LAW 4		
	OTHER (SPECIFY)		
	DON'T KNOW -8 REFUSED TO ANSWER -9		
	ILLI GOLD TO ANOWER		
	If you wanted to rent this dwelling (to locals) how much would you be able to rent it for?		
(45)	001011 555 1015		
(15)	SOMONI PER MONTH		
	DON'T KNOW -8 (>> 18)		
	REFUSED TO ANSWER -9 (>> 18)		
	, , ,		
	· · · · · · · · · · · · · · · · · · ·		

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

PART B: UTILITIES

(1)	What is the main source of water used by this household?	(7)	Do you regularly boil the water used for drinking?	
	PIPED WATER INSIDE THE DWELLING 1 (>> 3) PIPED WATER OUTSIDE THE DWELLING 2 (>> 3) WATER TRUCK 3 (>> 5)		YES 1 NO 2	
	PUBLIC TAP 4 SPRING OR WELL 5 RIVER, LAKE, POND OR SIMILAR 6	(8)	During the last 12 months did you pay for water consumption ? YES 1	
	OTHER (SPECIFY) 7	(9)	NO 2 (>> 10) How much are your average monthly water expenses ?	SOMONI
(2)	How far is this source of water? (in minutes, walking, each way)	(0)	DON'T KNOW -8 REFUSED TO ANSWER -9	Comoru
	LESS THAN 5 MIN 1 (>> 5) 6-15 MIN 2 (>> 5) 16-30 MIN 3 (>> 5)	(10)	Does your household have any water arrears ?	
	31-60 MIN 4 (>> 5) MORE THAN 1 HOUR 5 (>> 5)		YES 1 NO 2 (>>12)	
(3)	Do you have water continuously ? YES 1 (>> 5)	(11)	What is the total amount of arrears your household owes?	SOMONI
(4)	NO 2 How many hours in a day, on average, did dwelling receive water during the last week?		DON'T KNOW -8 REFUSED TO ANSWER -9	
	HOURS	(12)	Does dwelling have central heating ? YES 1	
(5)	In your opinion, what was the quality of water from this source in the last month? GOOD FOR DRINKING 1 (>>8)	(13)	NO 2 (>> 15) How many months was dwelling heated in last 12 months?	
	NOT GOOD FOR DRINKING BUT GOOD FOR OTHER USES 2		MONTHS	
(6)	Which water source does your household use for drinking?	(14)	What was your average monthly payment for central heating? DON'T KNOW -8	SOMONI
	WATER TRUCK 1 PUBLIC TAP 2		REFUSED TO ANSWER -9	
	SPRING OR WELL 3 RIVER, LAKE, POND OR SIMILAR 4			
	BOTTLED WATER 5 (>>8) OTHER (SPECIFY) 6			

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS PART B: UTILITIES

(15)	What other source of heating does your household mainly use?	(18)	How frequently is energy supply interrupted in your area?
	ELECTRICITY 1		NEVER
	WOOD 2 GAS 3		SEVERAL TIMES A MONTH 2 SEVERAL TIMES A WEEK 3
	OIL, PETROL 4		EVERY DAY 4
	COAL 5		LVEIXI DAT
	NONE/NO HEATING 6	(19)	
	OTHER (SPECIFY) 7	(10)	How many hours per day on average has electricity been cut in the last month?
		-	
(16)	For what purposes does your household use electricity? (CHECK ALL THAT APPLY)	(20)	Approximately how much electricity did your household consume last month?
	YES 1 NO 2	- I	
	LIGHTING HEATING/COOLING/AIR CONDITIONING	41	<u>UP TO 100 KWH 1</u>
	COOKING	4 I	101-200 KWH 2 201-300 KWH 3
	WATER HEATING	1	301-400 KWH 4
	OTHER ELECTRIC APPLIANCES	1 I	401-500 KWH 5
		-	MORE THAN 500 KWH 6
	NONE, DWELLING HAD NO CONNECTION TO PUBLIC ELECTRICITY SYSTEM (>>27)	7 I	DON'T KNOW -8
			REFUSED TO ANSWER -9
(17)	Does this dwelling have its own electricity meter?	(21)	During the past 12 months, have you ever paid an electricity bill?
	SHARED 1		YES 1
	INDIVIDUAL 2		NO 2 (>> 24)
	NO METER 3		1 NO 2 (17 24)
	TO MELEN	(22)	How much was your last electric bill?
			SOMONI
			DON'T KNOW -9
			REFUSED TO ANSWER -8
		(23)	How many months did this payment cover?
			# OF MONTHS
			# OF WONTIS
			

(24)	Does your household have any electricity arrears?			(30)	What does your household use gas for? (CHECK ALL THAT APPLY)		
	YES NO	1 2 (>> 28)			YES 1	LIGHTING HEATING	
(25)	What is the total amount of arrears your household owes?		SOMONI		NO 2	COOKING OTHER APPLIANCES	
	DON'T KNOW REFUSED TO ANSWER	-9 -8		(31)	How do you get gas? If gas cylinders, what cap	•	
(26)	How old are these arrears?				GASPIPE 10 KG 15 KG	1 >>34 2 3	
	FROM LAST 3 MONTHS 4-6 MONTHS 7-12 MONTHS	1 (>> 28) 2 (>> 28) 3 (>> 28)			20 KG OTHER (SPECIFY)	5	
	MORE THAN A YEAR DON'T KNOW/ CAN'T REMEMBER	4 (>> 28) -8 (>> 28)		(32)	How much does each refill cost in average? DON'T KNOW	-9	SOMONI
(27)	Why is your dwelling not connected to the electricity supply s	system?			REFUSED TO ANSWER	-8	
	AREA NEVER ELECTRIFIED NETWORK NOT WORKING DWELLING NEVER CONNECTED TO THE SYSTEM DISCONNECTED BECAUSE DID NOT PAY BILLS OTHER (SPECIFY)	1 2 3 4		(33)	On average, how long does a cylinder last? LESS THAN A MONTH 1-2 MONTHS 2-3 MONTHS MORE THAN 3 MONTHS	1 WINTER 2 3 SUMMER	
		5		(34)	Has your household used any of the following for so, how much have you spent on average per n WRITE "0" FOR ANY SOURCE THE HOUSEH	nonth? OLD DOES NOT USE.	2 months. If
(28)	Which is the main alternative energy source you use for light					SOMONI WINTER	SUMMER
	GENERATOR KEROSENE LAMPS CANDLES OR FLASHLIGHTS OTHER (SPECIFY)	1 2 3			FIREWOOD		
	——————————————————————————————————————	4			OIL/KEROSENE		
(29)	Does your household use gas?				DIESEL FUEL		
	YES NO	1 (>>34)			OTHER (SPECIFY)		
					DON'T KNOW REFUSED TO ANSWER	-8 -9	

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

Does your household have a	a telephone line inside your dwelling?	
YES	<u></u>	
NO NO	2 (>>39)	
During the last 12 months die	d your household pay for telephone?	
YES		
NO	<u>1</u> (>>39)	
How much was your last pay	/ment ?	
	·	SOMONI
DON'T KNOW	-8	
REFUSED TO ANSWER	-9	
How many months did paym	ent cover?	
		MONTHS
Does anyone in your househ	nold have a mobile phone?	
YES	1	
NO	1 2 (>> 45)	
	` ,	
How much did household na	y in total last month in mobile phone charges	
riow much did nodsenoid pa	ly in total last month in mobile phone charges	SOMONI
		COMOIN
Do you use public phone/pho	one cards?	
	the neighbors for the use of their phone.)	
YES	<u> </u>	
NO	2 (>>PART C)	
How much did household sp	end in total last month on public phones, phone card	s and payments to neighbors?
DON'T KNOW	<u>-8</u>	SOMONI
REFUSED TO ANSWER	<u>-9</u>	

PART B: UTILITIES

MODULE 6: DWELLING, UTILITIES AND DURABLE GOODS

(1)	
How many of the following items does your household own?	

(PUT "0" IF OWN NONE)

DESCRIPTION	CODE	NUMBER OF ITEMS
Colour TV	101	
TV black& white	102	
Video player	103	
Tape player/CD player	104	
Camera, video camera	105	
Refrigerator	106	
Freezer	107	
Washing machine	108	
Microwave owen	109	
Electric or gas stove	110	
Kerosene stove	111	
Wood stove	112	
Radiator electric	113	
Generator	114	
Sewing/knitting machine	115	
Air Conditioner	116	
Water Boiler	117	
Computer	118	
Satellite dish	119	
Bicycle	120	
Motorcycle/scooter	121	
Car	122	
Truck	123	
Tractor	124	

PART C: HOUSEHOLD DURABLES

MODULE 7: TRANSFERS AND SOCIAL ASSISTANCE

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

	_	(DONORS)
YES	1	
NO >>NEXT PART	2	

	(2)			(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	What are the names of the pers		How is [NAME OF DONOR] related to the	Does [DONOR]	Where does [DONOR]	Since when	Has [DONOR]	How much	What was the main reason why [DONOR]	Has the household	What is the
	institutions who provided assist	ance to	head of the household?	live in	live ?	has	lived there	money have	provided this assistance?	also received any	approximate
	this household during the past	12		Tajikistan?		[DONOR]	continuously	members of the		assistance from	value in cash of
	months?		HEAD 1			lived there?	since [YEAR]?	household		[DONOR] in the form	the assistance
			SPOUSE/PARTNER 2	1				received		of food or other goods	given in food or
			CHILD 3	1				from[DONOR] in		in the past 12 months?	
_	LIST ALL NAMES BEFORE GOING TO	3-13	GRANDCHILD 4	1				the past 12	PURCHASE OF FOOD AND BASIC	1	the past 12
D	FAMILY MEMBERS	1	NIECE/NEPHEW 5	1				months?	NECESSITIES 1		months?
N	RELATIVES	2	PARENT 6						INVESTMENT IN CONSTRUCTION 2		
O	NEIGHBORS	3	SISTER/BROTHER 7	1					INVESTMENT IN HH ENTERPRISE 3		
R	NO RELATION	4	SON/DAUGHTER-IN-LAW 8		RUSSIA 1				PURCHASE OF A DURABLE GOOD 4		
1	INTERNATIONAL ORG	5	BROTHER/SISTER-IN-LAW 9		KAZAKHSTAN 2				EDUCATIONAL EXPENSES 5		
	LOCAL NGO	6	GRANDFATHER/MOTHER 10		KYRGYZSTAN 3				MEDICAL EXPENSES 6		
	RELIGIOUS ORG	7	FATHER/MOTHER-IN-LAW 11						WEDDING/FUNERAL 7	7	
	OTHER	8	OTHER RELATIVE 12	1	UZBEKISTAN 4				CHILD SUPPORT 8	3	
	DON'T KNOW	9	NO RELATION 13		OTHER CIS 5		YES 1		CHARITY 9	YES 1	
			INSTITUTION 14	YES 1 (>>8)	EUROPE 6		NO 2		OTHER (SPECIFY)	NO 2	2
				NO 2	OTHER 7				10	>>NEXT DONOR	
	NAME OF DONORS	CODE				YEAR		SOMONI			SOMONI
-											
1											+
\vdash											
\vdash											
\vdash											
<u> </u>											

PART B: TRANSFERS TO ANOTHER HOUSEHOLD

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

YES	1
NO	2
NO	2

	(2)		(3)	(4)	(5)	(6)	(7)
	What are the names of the person	ons or	How is [NAME OF RECIPIENT] related to the	How much money	What was the main reason why your household sent this assistance?	Has your household also sent	What is the approximate
	institutions this household provid		head of the household?	have members of		any assistance to	value in cash of the
	assistance to during the past 12	months?		your household		[RECIPIENT] in the form of	assistance given in food
				given/sent to		food or other goods in the	or other goods in the past
R			HEAD 1	[RECIPIENT] in the		past 12 months?	12 months?
E	LIST ALL NAMES BEFORE GOING	TO	SPOUSE/PARTNER 2	past 12 months?			
C	QUESTIONS 3-8		CHILD 3				
ĭ	FAMILY MEMBERS	1	GRANDCHILD 4		PURCHASE OF FOOD AND BASIC NECESSITIES	1	
P	RELATIVES	2	NIECE/NEPHEW 5		INVESTMENT IN CONSTRUCTION 2)	
- 1	NEIGHBORS	3	PARENT 6		INVESTMENT IN HH ENTERPRISE 3	3	
Е	NO RELATION	4	SISTER/BROTHER 7		PURCHASE OF A DURABLE GOOD 4		
N	INTERNATIONAL ORG	5	SON/DAUGHTER-IN-LAW 8		EDUCATIONAL EXPENSES 5	5	
Т	LOCAL NGO	6	BROTHER/SISTER-IN-LAW 9 GRANDFATHER/MOTHER 10		MEDICAL EXPENSES 6	<u> </u>	
	RELIGIOUS ORG OTHER	7	FATHER/MOTHER-IN-LAW 11		WEDDING/FUNERAL		
		•			CHILD SUPPORT 8	3	
	DON'T KNOW	9	12			YES 1	
			NO RELATION 13 INSTITUTION 14		OTHER (SPECIFY)		
	NAM E OF RECIPIENTS	CODE	INSTITUTION 14	SOMONI		(*************************************	SOMONI
	NAME OF REGIFICION	CODL		SOMON			JOINION

MODULI 7: TRANSFERS AND SOCIAL ASSISTANCE
PART C: SOCIAL ASSISTANCE

		(1)		(4)	(6)	(5)	(6)	(7)	(8)
		eligible to receive payment from the following sources?	members of the household eligible to receive from		How many months did this payment refer to ?	Is anyone currently owed any payment (arrears)?			What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it?
	SOURCE	YES 1 NO 2 (>>NEXT SOURCE)	SOMONI			YES 1 NO 2 (>> next source)	SOMONI		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
	Employment pensions								
1	Old age pension				_				
2	Disability pension								
3	Survivors pension (loss of breadwinner)								
4	Specail merit pension								
5	Social pension								
6	Pension based on years of experience								
	Family allowances				_				
7	One time childbirth allowance								
8	Benefit for children 0 to 18 months								
9	Cmpensations to needy families whose children study in secondary schools								

MODULI 7: TRANSFERS AND SOCIAL ASSISTANCE
PART C: SOCIAL ASSISTANCE

		(1)	(2)	(4)	(6)	(5)	(6)	(7)	(8)
		Are any of your household eligible to receive payment from the following sources?	members of the household eligible to receive from	How much [SOURCE] was actually received last month?	How many months did this payment refer to ?		What is the total amount of arrears owed?	How old are these arrears?	What is the reason(s) that the person (s) who is eligible to receive [BENEFIT/ PENSION] did not get it?
	SOURCE	YES 1 NO 2 (>>NEXT SOURCE)	SOMONI		MONTHS	YES 1 NO 2 (>> next source)			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
	Other allowances								
10	Unemployment benefit								
11	Illness Benefits (1-6 months)								
12	Maternity leave								
13	Funeral allowance								
14	Compensation to victims of chernobyl								
15	Afghan veterans								
16	Any other allowances not mentioned								

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

How much do you currently have in stock of:		
GIVE QUANTITY IN KILOGRAMS		_
a. Flour		
b. Fresh Fruit		
c. Fresh vegetables		
d. Beans		
e. preserved fruit and vegetables		
f. Dried fruits		
g. Rice		
h. Wheat		
I. Olis & fats		
j. Sugsr or preserves		Γ
Definitely get better Definitely get worse	2	-
Definitely get worse	3	L_
In the LAST 6 months have you needed to do any of the f	following?	
In the LAST 6 months have you needed to do any of the f	following?	
YES NO	1	
YES NO a. Shift to cheaper foods	1	
YES NO a. Shift to cheaper foods b. reduced the number of meals a day	1	
YES NO a. Shift to cheaper foods b. reduced the number of meals a day c. Eat smaller portions	1	
YES NO a. Shift to cheaper foods b. reduced the number of meals a day c. Eat smaller portions d. find other work	1	
YES 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	1	
YES 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	1	
	1	

In the NEXT 6 months will you need to do any of the following?

YES 1
NO 2

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

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(6)	How satisfied are you with your current financial situation?	
	FULLY SATISFIED	_ 1
		$\frac{}{2}$
	LESS THAN SATISFIED	$\overline{3}$
		$\frac{1}{4}$
		8
		<u>~</u> 9
(-)		_
(7)	Do you feel that your financial situation in the past 3 years has	
		1
	SOMEWHAT IMPROVED	2
	REMAINED THE SAME	3
	SOMEWHAT DETERIORATED	4
	DETERIORATED A LOT	5
	DON'T KNOW	8
	REFUSE TO ANSWER	9
(8)	Do you think that in the next 12 months your financial situation will be	
	IMPROVED A LOT	
		2
		3
		<u>3</u>
		 5
		<u>5</u> 8
		<u>o</u> 9
	TEL OOL TO THOWER	<u>×</u>
(9)	What is the minimum monthly household income do you, in your circumstance	
	absolute minimum to provide adequate food, housing and other basic necess	Sittles?
		SOMONI
(10)	What is your current (take home) monthly household income?	
		20101
		SOMONI
(11)	Would you consider the current level of food consumption of your family as:	
	MORE THAN ADEQUATE	_
		3
		8
		9
(12)	Would you consider the current level of expenditures of your family for food a	nd other basic necessities like clothing and housing as:
		<u>1</u>
		2
		3
	DON'T KNOW	8
	REFUSE TO ANSWER	9

MODULE 8: SUBJECTIVE POVERTY & FOOD SECURITY

(13)	How concerned are you about being able to provide yourself and your fa	amily w	ith food and basic necessities	in the next 12 months?	
	VERY CONCERNED				
	A LITTLE CONCERNED	2			
	NOT TOO CONCERNED	3			
	NOT CONCERNED AT ALL	4			
	DON'T KNOW	-8			
	REFUSE TO ANSWER	-o -9			
	REFUSE TO ANSWER	-9			
(14)	Imagine a 10-step ladder where on the bottom, the first step, stand the p step are you today?	poorest	people, and on the highest st	ep, the TENTH, stand the rich.	On which
		1	2 3 4 5 6 7 8	9 10	
/ / =>					
(15)	What is currently the aspect of your life that concerns you the most?				
	MONEY	1			
	JOB SECURITY	2			
	HEALTH	3			
	SAFETY	4			
	OTHER (SPECIFY)	5			
	DON'T KNOW	-8			
	REFUSE TO ANSWER	-9			
(16)	In the next 12 months, the largest share of your income will come from:				
	WORK IN THE CIVIL SERVICE	1			
	WORK IN THE PRIVATE SECTOR	2			
	OWN BUSINESS	3			
	OWN FARM	4			
	STATE/LOCAL BENEFIT PAYMENT	5			
	CHARITABLE SOURCES	6			
	OTHER (SPECIFY)				
		7			

MODILI E 9: FOOD EXPENDITURE FOR THE LAST 7 DAYS

MODULE 9: FOOD EXPEND	ITURE FC	OR THE LAST 7 DAY	'S		1	1	ī	T
		(1)	(2)	(3)		(4)	(5)	(6)
TOOD DOODLOTO	DDODUOT	(1)	(2)	(3)	<u> </u>	(4)	(5)	(6)
FOOD PRODUCTS	code	In the last 7 days how many days has your household eaten [PRODUCT]?	In the last 7 days how many KG of [PRODUCT] has your household eaten ?	What was the <u>main</u> the [PRODUCT] eate	source of	How much did your household <u>spend</u> in total on [PRODUCT] for the last 7 days?	5. What is the value of the [PRODUCT] received as a gift/ humanitarian assistance from people outside of the household during the last 7 days?	What is the value of the [PRODUCT] grown in your household and consumed in the last 7 days?
		IF NONE, WRITE ZERO AND < NEXT		Household production	1>>Q 5			
		PRODUCT		Cash purchase	2			
				Barter	3>>Q5			
				Humanitarian assistance	4>>Q5			
				Gift from relatives	5>>Q5			
		DAYS	KG	and friends		SOMONI	SOMONI	SOMONI
Bread	851	5,110			1			
Non (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							
Critrus fruits	865							
Grapes	866							
Other fresh fruit	867							
Dried fruits and nuts	868							
Preserved fruits, vegetables	869							
Beef	870							
Chicken	871							
Lamb	872							
Other meat products	873							
Fish	874							
Eggs	875							
Fresh milk	876							
Other dairy products	877							
Vegetable oil, animal fat	878							
Tea, coffee	879							
Salt	880							
Sugar	881							
Confectionary, caramel and biscuits, cakes etc.	882							

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 30 days ? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household spend in the last 30 days ?
CODE		YES1 NO2 >>NEXT ITEM	SOMONI
CODE		NOZ >> NEXT ITEM	SOMOM
1	Food products consumed in cafeterias, canteens and restaurants		
2	Cosmetics and personal care products (soap, shampoo, toothpaste, toilet paper, cosmetics, etc.)		
3	Personal care services (hairdressing salons, barbers, beauty shops, etc.)		
4	Household supplies & cleaning products (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, etc.)		
5	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)		
6	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)		
7	Laundry and dry cleaning		
8	Fuels and lubricants for personal vehicles (diesel, gas/petrol, alcohol and two- stroke mixtures; lubricants, brake and transmission fluids, etc)		
9	Passenger transport by road (bus, minibus, taxi,etc) or railway (EXCLUDE expenses to travel to school and health care facilities)		
10	Internet (connection costs or paid to internet cafes) and postal service expenses		
11	Pet food, pet supplies and services		
12	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)		
13	Cigarettes, tobacco, cigars		
14	Alcohol, beer, wine, etc.		
15	Newspapers and magazines		
16	Other (specify)		

_

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases	Have the members of your	How much did your household
	made for your household, regardless of which person made them.	household bought any [ITEM] in the last 6 months ? Please	spend in the last 6 months?
		exclude from your answer any	
		[ITEM] purchased for	
		processing or resale in a household enterprise.	
		, , , , , , , , , , , , , , , , , , ,	
		YES1	=
CODE		NO2>>NEXT ITEM	SOMONI
COBL			
40	CLOTHING, FOOTWEAR		
18	Women's clothing		
19	Men's clothing		
20	Children's clothing		
21	Women's footwear		
22	Men's footwear		
23	Children's footwear		
24	Tailoring expenses		
25	Cloth and sewing/knitting supplies		
	HOUSEHOLD ARTICLES		
26	Dishes (crockery, cutlery, glassware)		
27	Household linens (sheets, towels, blankets, tablecloths, etc.)		
28	Non-electric kitchen utensils and articles (stewpots, frying pans, containers, waste bins, baskets, etc.)		
29	Household hand tools (hammers, screwdrivers, spanners, pliers) and accessories (hinges, handles, locks, curtain rails,		
	etc)		
30	Small electrical accessories (power sockets, switches, electric bulbs, wiring flex, torches, hand-lamps, electric		
	batteries for general use,etc.)		
	BOOKS, FILM, HOBBIES, SERVICES		
31	Books and stationary including dictionaries, encyclopedias,etc (EXCLUDE text books and all school supplies)		
32	Films, cameras and film developing		
	Sports and hobby equipment, toys of all kinds, and their		
33	repair. (Includes musical instruments, video games, cassettes and CD's, gardening plants and supplies for		
	ornamental gardens and balconies, etc.)		
	Services (Fees for legal and notary services, accounting		
34	fees, payment for ID certificates, birth certificates, photocopies, etc.)		
25	Charges for bank services or money transfer (money orders,		
35	etc.)		

	(1)	(2)	(3)
	In the following questions, I want to ask about all purchases made for your household, regardless of which person made them.	Have the members of your household bought any [ITEM] in the last 12 months? Please exclude from your answer any [ITEM] purchased for processing or resale in a household enterprise.	How much did your household
CODE		YES1 NO2>>NEXT ITEM	SOMONI
CODE		NO.LF FREAT HEM	SOIVIOIVI
36	Services for maintenance and repair of personal vehicles, and accessories and spare parts.		
37	Services for maintenance and repair of dwelling (carpentry, plumbers, electricians, painters, decorators,etc)		
38	Home improvements (additions, renovations, to home)		
39	Small electric items and appliances (radio, walkman, clock, coffee maker, blender, mixer, etc.)		
40	Other personal effects (jewelry, glasses, watches, umbrellas, etc.)		
41	Personal effects for travel (suitcases, travel bags, hand- bags,etc)		
42	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.		
43	Air or sea travel (excluding for holiday/excursion above)		
44	Payment for part-time courses (computer, language, professional) EXCLUDE expenditures for private tutoring reported in the Education Module.		
45	Insurance (for dwelling, vehicle or personal)		
46	Other taxes (vehicle tax, radio and TV, etc.)		
47	Marriage gifts (traditional)		
48	Costs for ceremonies (marriage, birth, funeral, etc.)		
49	Gambling losses		
50	Other (specify)		

MODULE 11: AGRICULTURE PART A1: PLOTS, YOURS

During the last YEAR did any member of your household own farm land, cultivate crop	s, raise aquatic products	, raise livestock or poultry, or	r rent farı
land to someone else or from someone else?			

YES	1	
NO	2 (>>MODULE 12)	

(1) Does your household own the land used for the last year harvest?

YES	1	
NO	2 (>>PART A2)	

									NO	2 (>>PA	((17L)			
	(2)		(3)	(4)		(5)		(6)	(7)	(8)	(9)		(10)	(11)
	Please tell me about each land belonging to your hot that has been cultivated b member of your househol the last year? Please det give me the name of each	usehold by a d during scribe or		What kind of land is this? Is being used to grow annual c crops, or is if frost land, pas or water surface?	rops or tree sture land		on this the last	The land quality of this plot is	Is this plot irrigated?	During the last agricultural season, was water supply from irrigation system on this plot adequate?	How did your household acquire this land?		What legal title or ownership rights do you have for this plot of land?	If you were to sell this plot of land today, how much could you sell it for?
D E	HH PLOT / GARDEN REMOTE PLOT DACHA OTHER	1 2 3 4		TREE CROP LAND FOREST PASTURE POND OTHER (SPECIFY)	1 2 3 (>>9) 4 (>>9) 5 (>>11)	CROP (2ND		YES 1 NO 2 (>>9)	YES 1	STATE ALLOCATED PRESIDENTIAL (ALSO STATE ALLOCATED) INHERITED OTHER (SPECIFY)	1 2 3	ACT (SEALED DOCUMENT) 1 SALES RECEIPT 2 NO DOCUMENTS OTHER (SPECIFY) 4	3
1	NAME OF PLOT	CODE	SOTKAS			CROP	CROP							
2														
3														
4														
5														
6														
7														
8														
9														
10														

MODULE 11: AGRICULTURE PART A2: PLOTS, RENTED TO YOU

(1) During the last YEAR, has your household rented or borrowed agricultural land belonging to someone else?

YES	1	
NO	2 (>>PART A3)	

	to someone else?						140	2 (**1 AIX	-7				
	(2)		(3)	(4)		(5)		(6)	(7)	(8)	(9)	(10)	(11)
	Please tell me about each ple	ot	What is the area of	What kind of land is this	? Is it	What crop	s have	Is this plot	During the last	From whom was this plot/pont	During the last cropping season what kind of	What share of	How much money
	belonging to someone else the	nat was	the plot?	currently being used to	grow annual	you grown	on this	irrigated?	agricultural	rented or borrowed?	arrangement was made with the owner of the land	the output is	did you pay to the
	rented or lent to this househo	old.	,	crops or tree crops, or is	s it forest	plot in the	last		season, was		for you to use it?	given to the	owner for the use of
	Please describe and give me	the		land, pasture land or wa	iter surface?	cropping s	eason?		water supply from			landlord?	this land during the
	name of each plot.								irrigation system				last cropping
Р									on this plot				season?
Li									adequate?				
0													
T .													
Ι'													IF PAYMENT WAS IN-
С	HH PLOT / GARDEN	1								JAMOAT 1	RENTAL 1 (>>11)		KIND, ESTIMATE THE
ő	REMOTE PLOT	2		ANNUAL CROP LAND	1	1				RAION HUKUMAT 2	SHARECROP 2		VALUE OF THE PAYMENT.
D	DACHA	3		TREE CROP LAND	2	1				SOVKHOZ/JSC/KOLHOZ/	NO PAYMENT 3 (>>NEXT PARCEL		IF NO PAYMENT WAS
ΙĒ	OTHER	4		FOREST	3 (>>8)	CROP (CODES			ASSOCIATION 3			MADE, WRITE "0"
1 -					4 (>>8)					PRIVATE ORGANISATION 4	EXCHANGE OF THIS 4 (>>NEXT PARCEL		
						ł		VEO 4		4	PLOT FOR ANOTHER		
					5 (>>8)			YES 1		RELATIVE 5			
				OTHER (SPECIFY)			ONE	NO 2>>8		OTHER (SPECIFY)	OTHER (SPECIFY)		
			SOTKAS		6	MAIN CROP	2ND CROP		NO 2	6	5 (>>11)	%	
	NAME OF PLOT	CODE	SUTRAS			CRUP	CRUP					70	SOMONI
1													
2													
3													
												-	
4													
Ė												+	
5												1	
6						L	<u> </u>						
7													
8													
9													
3						-						-	
10													
			l .						l			1	

MODULE 11: AGRICULTURE

PART A3: PLOTS, YOU RENT OUT

(>>PART B) another household? What is the What legal title or ownership rights do you If you were to To whom is this plot rented or lent How much money did Please tell me about each plot of What kind of land is this? Is it currently Is this plot How did your household acquire this land? During the last cropping season what kind of rental or What share of land belonging to your household area of the being used to grow annual crops or tree irrigated? have for this plot of land? sell this plot of out? use arrangement was made with the renter using the the output is you or will you receive that was rented or lent out to plot? crops, or is it forest land, pasture land or land today, land? for the use of this land given to your another household? Please water surface? how much household by during the last describe or give me the name of could you sell i the tenants? cropping season? for? each plot 0 HH PLOT / GARDEN REMOTE PLOT RELATIVE IF PAYMENT WAS IN-2 RENTAL 1 (>>12) KIND, ESTIMATE THE DACHA 3 ANNUAL CROP LAND 1 FRIEND SHARECROP 0 VALUE OF THE OTHER TREE CROP LAND STATE ALLOCATED 1 ACT (SEALED DOCUMENT) OTHER HOUSEHOLD NO PAYMENT 3 (>>NEXT PLOT) D 4 PAYMENT. FOREST 3 (>>6) PRESIDENTIAL (ALSO STATE ALLOCATED) 2 SALES RECEIPT LOCAL AUTHORITY IF NO PAYMENT WAS EXCHANGE OF THIS PLOT PASTURE INHERITED 3 NO DOCUMENTS PRIVATE ORGANISATION MADE, WRITE "0" 4 (>>6) FOR ANOTHER POND 5 (>>6) OTHER (SPECIFY) GOVERNMENT 4 (>>NEXT PLOT) OTHER (SPECIFY) YES OTHER (SPECIFY) OTHER (SPECIFY) OTHER (SPECIFY) NO 2 SOMONI 5 (>>12) NAME OF PLOT SOTKAS SOMONI

MODULE 11: AGRICULTURE PART B: MACHINERY

	(1)		(2)	(3)	(4)	(5)	(6)
	Does your household own any []? FIRST ASK QU			Does your household		What share of these []	If you sold one of those [] today, how much
E	ITEMS. THEN ASK QUESTIONS 2-6 FOR EACH IT TO THE NEXT ITEM.	I EM BEFORE GOING	own?	own any [] jointly with any other	owned with another	belong to your household?	money could you get for it?
Q	TO THE NEXT ITEM.			household?	household?		
U				nousenou?	nousenou :		IF MORE THAN ONE ITEM, ASK FOR
P							AVERAGE VALUE. AVERAGE SHOULD
М.							INCLUDE FULL VALUE OF ITEMS SHARED WITH
Е			DO NOT COUNT EQUIPMENT			IF SHARE DIFFERS OVER	OTHER HOUSEHOLDS
Ν			JOINTLY OWNED WITH OTHER			ITEMS, PUT IN AVERAGE	5E1(11000E110E00
Т			HOUSEHOLDS			SHARE	
С							
ő		/ES 1					
D		NO 2		YES 1	1		
Е	_	(>>NEXT ITEM)		NO 2 (>>6)			
	TYPE OF FARM EQUIPMENT		UNITS			UNITS	SOMONI
1	Tractor						
2	Animal drawn plough						
3	Mechanical plough						
	Aggregator, disk, etc						
4	Planting Machine						
5	i lanung waciine						
6	Trailer						
7	Motorized thresher						
8	Hand thresher						
9	Mechanical water pump						
10	Mill						
11	Milking machine						
12	Machine to process livestock feed						
13	Motorized insecticide pump						
14	Water pump						
15	Electric churn						
16	Greenhouses (not including the land they are on)						
17	Sheds (not including the land they are on)						

JLE 11: AGRICULTURE PART C: CROPS

	(1)		(2)	(3)	(4)	(5)
	Have you harvested any [] during the	past 12 months?	What area did	How much	How much of the	What price did you
				[] did you		get for the [] that
			[]?	harvest in	harvested during	you sold?
				the past 12		ľ
С					months was	
R					sold?	
0					Solur	
P						
Р	ASK QUESTION 1 FOR ALL CROPS B	EFORE GOING ON TO				IF MORE THEN
	QUESTIONS 2-4					ONE PRICE, GE
С						THE AVERAGE
0					IF "O" (>>NEXT	PRICE.
D						
Ε					CROP)	
		YES 1				
		NO 2				
		(>>NEXT CROP)				
	CROP NAME	(SOTKA	KG	KG	SOMONI PER KO
	CROF NAME					COMORTER
1	Wheat					
	Wilcut					
2	Barley					
3	Corn					
4	Rye					
	itye					
5	Rice					
6	Other grain					
7	Potatoes					
8	Cotton					
9	Mulberry					
10	Tobacco					
	Sugar beet					
12	Sunflowers seed					
13	Beans					
14	Oil and aromatic crops					
15	Tomatoes					
16	Pepper					
17	Cucumber					
18	Cabbages					
19	Watermelon					
20	Melons		1	1		
ZU	INICIOLIS					

	(1)		(2)		(3)	(4)	(5)
	Have you harvested any [] during the p	ast 12 months?			How much [] did you harvest in the past 12	How much of the [] you harvested during the	What price did you get for the [] that you sold?
C R O P	ASK QUESTION 1 FOR ALL CROPS BE QUESTIONS 2-4	FORE GOING ON TO			months?	last 12 months was sold?	IF MORE THEN ONE PRICE, GET THE
C O D E		YES 1 NO 2				IF "O" (>>NEXT CROP)	AVERAGE PRICE.
	CROP NAME	(>>NEXT CROP)	sotka	N. OF TREES	KG	KG	SOMONI PER KG
21	Onion						
22	Carrot						
23	Apples						
24	Pears						
25	Quince						
26	Apricots						
27	Cherries (large)						
28	Plums						
29	Cherries						
30	Figs						
31	Pomegranate						
32	Walnut						
33	Pistachios						
34	Almond						
35	Oranges						
36	Lemons						
37	Tangerine						
38	Grape						
39	Berries						
40	Khurmo						

MODULE 11: AGRICULTURE PART D: INPUTS

	(1)		(2)	(3)	(4)	(5)	
I N P	Did your household use any [] during the past ye	ar)?	How much [] did you cropping season?		How much did you spend in total for [] during the last cropping season?	Where did you purchase this []? IF MORE THAN ONE SOURCE, RECORD MAIN SOURCE	
U T C O D E	ASK QUESTION 1 FOR ALL INPUTS BEFORE GO TO 5		UNITS: GRAM KG LITRE TON PIECE		INPUT	PRIVATE INDIVIDUAL PRIVATE FIRM GOVERNMENT OTHER (SPECIFY)	1
			DAYS QUANTITY	6 UNIT CODE		DON'T KNOW	-8
1	Hired Labour						
2	Rental of agricultural equipment						
3	Seeds						
4	Seedlings						
5	Nitrate						
6	Superfosfate						
7	Manure						
8	Pesticides						
9	Herbicides						
10	Fuel for agricultural use						
11	Other ()						

MODULE 11: AGRICULTURE PART E: LIVESTOCK

(1) During the last 12 months, has any member of your household raised or owned any livestock, poultry, other domestic animals, or raised fish in aquaculture?

YES	1	
NO	2 >> MODULE 12	

	(2)		(3)		(4)		(5)	(6)	(7)	(8)	(9)	(10)
L I V E	During the last 12 months, ha household raised any []? FIRST ASK QUESTION 2 FO THEN ASK QUESTIONS 3-11 BEFORE GOING TO THE NE	OR ALL ANIMALS, O FOR EACH ANIMAL	How many [] household curn		If you sold o [] today, ho money could it?	ow much	[] did you sell	household receive for the sale of all these [] during the	household buy any feed for your	you spend on feed for your [] during the last	spend on veterinary	How much did you spend on other expenses for your [] during the last 12 months?
T O C K C O D		YES 1 NO 2	IF ZERO QUEST				IF ZERO, GO TO QUESTION 7	INCLUDE VALUE OF IN KIND PAYMENTS	YES 1	INCLUDE VALUE OF IN KIND PAYMENTS	INCLUDE VALUE OF IN KIND PAYMENTS	
Е			NUMBER O	F ANIMALS	SON	MONI	NUMBER OF		NO 2 (>>9)			
	ANIMAL	(>>NEXT ANIMAL)	ADULT	YOUNG	ADULT	YOUNG	ANIMALS	SOMONI		SOMONI	SOMONI	SOMONI
	Milk cows											
	Beef cattle											
3	Pigs											
4	Sheep											
5	Goats											
6	Poultry											
7	Horses											
8	Donkeys, Mules											
9	Beehives											
10	Rabbits											
11	Fish (aquaculture)											
12	other											

MODULE 12: AGRICULTURE PART F: LIVESTOCK BYPRODUCTS

	(1)		(2)	(3)
P R O D	Did your household produce any of products during the last 12 months	of the following agricultural s.	Did you sell any of the [PRODUCT] that you produced?	How much did you obtain in total from the sale of [] during the last 12 months?
U C T				
C 0				
D E	_	YES 1 NO 2	YES 1	
	-		NO 2 (>>NEXT PRODUCT)	-
	PRODUCT			SOMONI
	l ,			
1	Meat			
2	Eggs			
3	Milk			
4	Wool			
5	Skins			
6	Kaymak			
7	Cheese			
8	Curds			
9	Honey			
10	Yogurt			

(DO NOT INCLUDE AGROCULTURAL FARMS)

(1)	(2)			(3)	
	What kind of enterpr	ise does your household operate?		Who is most informed about and/or in charge of day-to-day opera	ations of the enterprise?
YES 1 NO 2 (>>NEXT MODULE)		DE ENTERED BY OPERATOR IN THE OFFICE		IF MORE THAN ONE ENTERPRISE, USE ADDITIONAL LINES	ID AADE
	ENTERPRISE ID	FULL WRITTEN DESCRIPTION	CODE	NAME	ID CODE
	1				
	2				
	3				

	(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
ENTERPRISE ID	(1) For how long has the bubeen in operation? LESS THAN 1 YR 1 TO 3 YRS 3 TO 5 YRS MORE THAN 5 YRS	1 2 3 4	HOME, INSIDE THE RESIDENCE HOME, OUTSIDE THE RESIDENCE INDUSTRIAL SITE TRADITIONAL MARKET COMMERCIAL DISTRICT SHOP ROADSIDE OTHER FIXED PLACE NOT FIXED PLACE	1 2 (>>5) 3 (>>5) 4 (>>5) 5 (>>5) 6 (>>5) 7 (>>5) 8 (>>5)	How many rooms of your residence do you use for your business during normal business hours?	Do you or the members of your household own all of this enterprise?	Do you own it together with other	What share of the profits is kept by YOUR household?	Is this enterprise registered in the tax office?	Does this enterprise keep books/accounting?
2										

MODULE 12: FAMILY BUSINESS AND INDIVIDUAL INCOME GENERATING ACTIVITY

		(11)	(12)	(13)
	Has this business been in operation during the	Have you yourself	How many other	During the past 14
	past 14 days?	spent time working	household members	days, how many
		in this enterprise	have worked in this	people did this
Ε		at any time during		enterprise employ
N		the past 14 days?	past 14 days?	who are not
T				members of this
E R				household?
R P				
R				
ì				
S				
Ε				
-1				
D				
	YES 1	YES 1		
	NO 2 (>>next business)	NO 2		
	2 (** HOXE BUSINESS)	110		
1				
_				
2				
3				

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
E N T E	During the past 14 days, for how many days was the business in	During the past 14 days, how much money has the business received from the sales of its products, goods or services?	During the past 14 days, has the business made any transactions using something other than money? For example, has the business received payments in the form of goods and services, or have you paid for the purchase of any items with your own	What was the value of these transactions (the value of goods and services received as payment and the value of your own products that you used for	During the past 14 days, has your household consumed any goods or services produced by this business?	What was the value of the goods and services consumed by your household over	During the past 12 months, for how	What was the reason that the business was not in operation all year long?
R P R I S E	IF 0 DAYS (>>GO		products?	payment) over the past 14 days?			MONTHS (>>GO TO	
D	TO 7) DAYS	SOMONI	YES 1 NO 2 (>>5)	SOMONI	YES 1 NO 2 (>>7)	SOMONI	9)	WEATHER WAS BAD 5 EARNED TOO LITTLE INCOME 6 ILLNESS 7 OTHER 8
1								
2								
3								

IND OI MODULE 12: FAMILY BUSINESS AND INDIVIDUAL INCOME GENERATING ACTIVITY

	(9)	(10)												(11)	(12)	(13)
	During the months that the	In a typ	oical yea	ar, are y	our sale	es high,	averag	e, low, o	or none	(when t	he busi	ness is	not in	In a 'high	In an 'average	In a 'low sales'
			ion) in th	ne mont	h of [M	?[HTNC	1								sales' month,	month, what is
Е	how many days per month did this business usually													what is your level of sales	what is your level of sales per	your level of sales per month?
N	operate?					REA	D EACH	H MONT	'H IN					per month?	month?	sales per monur?
Т	oporato.						TU	RN.						po:o		
Ε																
R					Į.											
P R																
Ī				HIGH	\ <u>\</u>					1						
S				AVERA LOW	AGE					3	,					
Е					NOT II	N OPER	RATION			4						
L																
D																_
		>	≿							BEF	25	3ER	ER.			
		JANUARY	FEBRUARY	MARCH	=		ш	>	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
	DAYS	JAN	FEB	MAF	APRIL	MAY	JUNE	YULY	AUG	ЗEР	130	\ON	эаа	SOMONI	SOMONI	SOMONI
			1					1		1	1			1		
1																
2																
3																

	(1)		(2)
			How much did the household spend for this [INPUT] in average month?
C O			Imonth?
D			
E	NIDUTO FOR THE ENTERDRICE	l .	2011011
	INPUTS FOR THE ENTERPRISE	code	SOMONI
1	Rent	1	
	Raw materials	2	
	Freight, transport	3	
	Hired labour	4	
	Fuel, oil	5	
	Electricity	6	
	Water	7	
	Insurance	8	
	Equipment rental	9	
	Maintenance and repair	10	
	Other items (tax fees)	11	
2	Rent	1	
	Raw materials	2	
	Freight, transport	3	
	Hired labour	4	
	Fuel, oil	5	
	Electricity	6	
	Water	7	
	Insurance	8	
	Equipment rental	9	
	Maintenance and repair	10	
	Other items (tax fees)	11	
3	Rent	1	
	Raw materials	2	
	Freight, transport	3	
	Hired labour	4	
	Fuel, oil	5	
	Electricity	6	
	Water	7	
	Insurance	8	
	Equipment rental	9	
	Maintenance and repair	10	
	Other items (tax fees)	11	
	Outor itemo (tax ices)		

MODULE 12: NONFARM ENTERPRISES

PART E: ASSETS

	<u> </u>	(1)	(2)	I(3)	(4)	5	16	7
		I would now like to ask you questions about the assets (that is, equipment, buildings, vehicles, tools, etc.) that you use in your business. At present, does this enterprise own this [ASSET]?	Its this enterprise the sole owner of this [ASSET], or is ownership shared with another enterprise?	If you wanted to sell the	During the past 12 months, did this business acquire any business assets (like those we just talked about)?	How much did you pay for it?	During the past 12 months, did this business sell any business [ASSET] of this type?	How much did you sell them for?
E		YES 1 2 >>4	SOLE OWNER 1 SHARED 2		YES 1 NO 2>>6		YES 1 NO 2 (>>NEXT	(>>NEXT ASSET)
BUSINESS ASSET	code			SOMONI		SOMONI	ASSET)	SOMONI
1								
Land	1							
Buildings	2							
Equipment and machinery	3							
Furniture	4							
Small or large tools	5							
Large vehicles (trucks, cars, boats, etc.)	6							
Small vehicles (bicycles, carts, etc.)	7							
Cars	8							
Other durable goods	9							
1 Land	1							
Buildings	2							
Equipment and machinery	3							
Furniture	4							
Small or large tools	5							
Large vehicles (trucks, cars, boats, etc.)	6							
Small vehicles (bicycles, carts, etc.)	7							
Cars	8							
Other durable goods	9							
Land	1							
Buildings	2							
Equipment and machinery	3							
Furniture	4							
Small or large tools	5							
Large vehicles (trucks, cars, boats, etc.)	6							
Small vehicles (bicycles, carts, etc.)	7							
Cars	8							
Other durable goods	9							

MODULE 13: OTHER INCOME

			(2)			(3)
			or its members, receive any payment, in cash or			the last 12 months from [SOURCE], including the
			in other forms, from the following sources?			value of any payment in the form of goods??
		YES	1			
	NICONE COURCE	NO	2	2	(>>NEXT SOURCE)	SOMONI
	INCOME SOURCE					SOMON
Rental Income						
1	Land other than agricultural land					
2	Apartment, house					
3						
3	Shops, stores, etc					
4	Car, truck, other vehicles					
Revenue from sale of assets						
5	Sale of real estate (house, land)					
6	Sale of durable goods of the household					
7	Other sale of assets					
Other income						
8	Inheritance					
9	Lottery or gambling winnings					
10	Interest rate gains on loans					
1,,	5 * * * * *					
11	Other income ()					