

Integrated Household Survey

Good (morning/afternoon/evening), I'm _____ and we are conducting a survey for GALLUP. The purpose of the study is to find out about your living conditions in order to plan future programs in Bulgaria. The information you give to us will be kept confidential. You and your household members will not be identified by name or address in any of the reports we plan to write.

	Name	Code/Number
1. County		
2. Statistical Sector		
3. Household		

County Number	Statistical Sector	Household Number	Wave			

4. Attempted visits:

	4a. Date	4b. Time
Attempted Visit #1	____ / ____ / 1995 Day Month	
Attempted Visit #2	____ / ____ / 1995 Day Month	
Attempted Visit #3	____ / ____ / 1995 Day Month	

5. Household Selection

Original..... 1 → Q. 7
 Replacement..... 2 /__/

6. Reason for replacement

Household not found...1 Worried of consequences. 4
 Not kept confidential...2 Family reasons..... 5
 Too long3 Other reasons 6 /__/

	Visit 1	Visit 2 (if necessary)
7. Name of Interviewer:		
8. Code of Interviewer:		
9. Date:	____ / ____ / 1995 Day Month	____ / ____ / 1995 Day Month
10. Time Began:		
11. Time Ended:		

12. Name of Supervisor: _____
 13. Code of Supervisor: _____
 14. Signature of Supervisor: _____
 15. Name of Operator: _____
 16. Code of Operator: _____

Strictly Confidential

17. **Family Name:** _____(Report from listing if possible)

Street Address: _____

Location: _____

18. **Telephone Number (if respondent will provide it):** _____

19. **Population group of respondent (can be reported without asking ?):**

- Bulgarian 1
- Bulgarian Turkish.....2
- Bulgarian Gypsy3
- Other (Specify)4 /____/

.....

20. **Gender of main respondent:**

- Male..... 1
- Female2 /____/

21. **Language of respondent (main language spoken at home):**

- Bulgarian 1
- Turkish2
- Gypsy3
- Other.....4 /____/

.....

Section 1: HOUSEHOLD ROSTER

- NOTE:**
- The household is defined as all the people living in this dwelling and being part of the same economic entity, who live together for more than 9 months during the last 12 months.
 - List all the people in the household first and then ask questions 2 to 11.
 - Remember to list all people living outside Bulgaria for employment reasons, renters and visitors. If they are not household members they will be not included on the flap later

N u m b e r	1. List names of all individuals in household (List household head first, use first names only) Name	2. What is "..."'s relationship to household head? (use code box) Code	3. Gender Male.....1 Female...2	4. How old is “_” ? Years Mos.	5. What is “_”'s civil Status? Married1 Cohabiting.....2 Divorced3→7 Separated4→7 Widow(er)5→7 Never Married...6→7	6. Is “_”'s spouse living in the household? YesCode Not in household ...99 Code	7. Are “_”'s mother and father living in the household? YesCode Deceased.....88 Not in household...99 Mother Code Father Code	8. Has “_” been absent during the last 12 months. ? Yes 1 No 2 → 11	9 How many months last 12 months ? Months	10. Reason for absence : Work in another part of the country.....1 Work outside Bulgaria.....2 Studies.....3 Vacation/ visiting friends/ relatives4 Institutionalized5 Other.....6	11. Is “_” a households member ? Yes 1 No.....2 Go to next person
	01										
02											
03											

Code box for Question 2

Head.....1	Grandchildren.....8	Cousin15
Wife/husband.....2	Grandparents9	Other relative.....16
Son/daughter3	Father-in-law/mother-in-law.....10	Children from another family.....17
Father/mother.....4	Son-in-law/daughter-in-law11	Other Non-relative.....18
Sister/brother.....5	Sister-in-law/brother-in-law12	Renter.....19
Step-son/step-daughter6	Nephew/niece.....13	
Step-father/step-mother...7	Uncle/aunt14	

NOTE For Question 11

Remember that an individual is defined as a **Household Member** if:

- Is part of the same economic identity
- Has been living there for more than 3 months out of the last 12 months
- Is not a renter

Section 2: MIGRATION

Name	Code	1. Where was "... " born?		2. Did "... " live here all the time?		3. When did "... " move here most recently?		4. Where did "... " move from?		5. Why did "... " come here? Work 1 Study 2 Opportunity 3 Family reasons 4 Other 5
		Name	Code	Yes .. 1 →Next person No.... 2	Year	Month	Name	Code		

Codes for Question 1 and Question 4				
	Regional HQ	City (ex prov.Cap)	Small town	Village
Sofia City	101			
Sofia Region	102	202	302	402
Plovdiv	103	203	303	403
Bourgas	104	204	304	404
Varna	105	205	305	405
Haskovo	106	206	306	406
Montana	107	207	307	407
Lovech	108	208	308	408
Russe	109	209	309	409
Outside Bulgaria	110			

Section 3: FORMAL AND NON FORMAL EDUCATION & CHILD CARE

Note: Fill for all household members aged 6 months and up.

Name	C o d e	1. What is "_"'s mother tongue?	2. Does "..." speak Bulgarian?	3. What is the highest level of child care, formal schooling/ university completed by "..." (use code box)	4. Is "..." still going to child care, school/ higher education?	5. When did "..." stop going ? Never went 99	6. How many years of formal school did "..." attend in total ? (Include repeating classes)	7. Why stopped/never went to school ? Too young 1 →Next person	8. Has "..." taken any non-formal job training courses after formal schooling/ higher education?	9. How many weeks of training did "..." receive?	10. By whom was the last course taken by "..." offered? Gov't Cntr.....1 Employer2 Private training center3 Priv. person.....4 Non-profit organization5 Other.....6	11. What was the subject of the last course "..." took? Code	12. How many weeks was the last course "..." took? Weeks	13. What was the fee paid for the last course "..." took? Leva	14. What was the total amount spent in the last 12 months for non-formal job training courses taken by "..." (Go to next person) Leva

Code for Q. 3					
No studies and cannot read or write 00	Secondary education (general)		University		
No studies but can read or write01	1 yr.....51	3 yr.....53	1 yr.....81	4 yr.....84	
Daycare10	Preschool20		2 yr.....82	5 yr.....85	
Elementary	Secondary education (Technical)		3 yr.....83	more than 5 yrs.....86	
1 yr.....31	3 yr.....33	1 yr.....61	3 yr.....63		
2 yr.....32	4 yr.....34	2 yr.....62	4 yr.....64	5 yr.....65	
Middle School	Secondary education (vocational)		9. Other occupation-specific higher education (e.g. Nurses, Police, etc.)		
1 yr.....41	3 yr.....43	1 yr.....71	3 yr.....73	1 yr 1.....91	3 yr.....93
2 yr.....42	4 yr.....44	2 yr.....72	4 yr.....74	5 yr.....75	2 yr 2.....92

Code for Q.11
Languages1
Computers2
Secretarial.....3
Professional.....4
Requalification ..5
Other6

Section 4: Housing

2.1 Housing

1. How many households live in this dwelling?

/_____/

2. What is the total number of people occupying this dwelling?

/_____/

2b. How many people have usually been eating together in this household every day during the past month ?

/_____/

3. What is the approximate area of the dwelling?

/_____/

Sqm

4. What is the area is used by your HH?

/_____/

Sqm

5. How many rooms (excluding toilets, hallway, and kitchen) are used by your HH?

/_____/

6. What is the HH's rental status?

- Own dwelling.....1
- Rented from state.....2 →11
- Rented from a private person..3 →11
- Rented from a private company4 →11
- Live for free.....5 →11 /____/

7. If owned: what is the estimated value of the dwelling at the present time (e.g. if you sold it today)?

L /_____/

8. If owned: If you wanted to rent this dwelling to someone else, how much would you be able to get per month for it?

L /_____/

9. If owned: have you acquired this property under the Land Constitution Act?

- Yes 1
- No..... 2 →11 /____/

10. If yes: when was it acquired? (Go to Q.18)

/_____/

Year

11. If rented: how much money did the HH pay in rent for this dwelling last month? (if no money, enter 0)

L /_____/

12. Does your HH also supply goods and/or services in exchange for this dwelling?

- Yes 1
- No..... 2 →14 /____/

13. What is the approximate value of these goods or services supplied last month?

L /_____/

14. Is part or all of your rent paid by someone who is not a member of your household (e.g. relative, employer, etc.)?

- Yes 1
- No..... 2 →17 /____/

15. Who pays part or all of the rent?

- Relative1
- State employer2
- Private employer3
- Public agency.....4
- Other5 /___/

16. Percentage paid by others

/_____/
%

17. Does the dwelling come furnished?

- Yes.....1
- No2 /___/

18. What is the type of dwelling?

- Mobile home.....1 →20
- Apartment2
- Individual dwelling.....3 →20 /___/

19. What is the location of the dwelling?

- Basement.....1
- Half-basement2
- Ground floor3
- Above ground.....4
- Attic.....5
- Other6 /___/

20. What is the approximate age of the apartment ?

/_____/
Years

21. What the main material of the walls of the dwelling?

- Pannels1
- Concrete2
- Stone/bricks.....3
- Wood4
- Mud5
- Corrugated Iron6
- Other.....7 /___/

22. What type of toilet is available for your HH?

- Flush toilet.....1
- Pit latrine.....2
- Other.....3 /___/

23. Is the toilet used only by your HH or do other HHs use it?

- This HH only.....1
- Shared.....2 /___/

24. Is the toilet inside or outside the dwelling?

- Inside dwelling1
- Inside building2
- Outside building3 /___/

25. Do you have a garage?

- Yes1
- No.....2 /___/

26. Do you have a studio/workshop in/near the dwelling?

- Yes1
- No2 /___/

27. Do you have a storehouse or barn in/near the dwelling?

- Yes1
- No2 /___/

28. Do you have a stable near the dwelling?

Yes1
No.....2 /___/

29. What is the main type of water supply does you dwelling have?

Piped public.....1
Own sistem / pump /well.....2
River.....3 →31
None (specify).....4 →31 /___/

30. Where is the tap located?

Inside dwelling1
Inside building.....2
Outside building.....2 /___/

31. How do you obtain hot water?

Central district system.....1
Central building system.....2
Own electric boiler.....3
Own gas boiler4
Heating it on coal/wood fire.....5
Other (specify).....6 /___/

32. What is the main source of energy you use for cooking?

Electricity.....1
Gas cylinders/natural gas.....2
Coal/kerosene/wood.....3
Other (specify).....4 /___/

33. What is your main source of energy for heating in the winter?

District heating.....1
Electric heating2
Wood/coal fire.....3
Oil.....4
Other (specify).....5 /___/

34. How many hours a day was electricity available on an average day this past week in this dwelling?

(If none report 0) /___/

Hours

35. How many hours a day was water available on an average day this past week in this dwelling?

(If none report 0) /___/

Hours

36. How much did you pay last month for:

Item Name	Item Code	Amount paid
District heating	01	
Electricity	02	
Gas	03	
Coal	04	
Oil	05	
Wood (purchased)	06	
Other energy sources	07	
Water	08	
Waste disposal	09	
Trash collection	10	
Condominium fees	11	

37. What is the waste disposal system in this dwelling?

Public sewerage.....1
Septic tank.....2
Other (specify)3 /___/

38. How does your HH dispose of garbage?

Collected by garbage truck.....1
Dumped2
Burned.....3
Buried.....4 /___/

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

Yes1
No.....2 →41 /___/

40. If yes, how severe is the problem on a scale of 1 to 5?
(1 is better and 5 is worse)

/ _____ /

41. How far from the dwelling is the nearest kilometer:
(use increments of .5 Km)

Item Name	Item Code	Distance Kil.
Retail shop	01	
Post office	02	
Primary school	03	
Secondary school	04	
Public transport stop	05	
Health clinic	06	
Hospital	07	
Movie theater	08	
Park/playground	09	
Library	10	
Bank	11	

42. Is there a telephone in your dwelling?
Yes.....1
No.....2 / ___ /
Go to next section

35. How much did you pay for the telephone last month

L / _____ /

Section 5.1: Food Expenditure and Consumption

In this section, we look at the patterns of food consumption for all the people in the household. This should include all the food that members of the household have consumed during the past month. It should **not** include food that has been bought or produced for resale or exchanging for commercial purposes.

Interviewer :

First: Introduce this section by saying :

"I have a list of different kinds of food that people may have consumed or purchased during the past month . As I read each one, I'd like you to tell me whether or not it was consumed in this household during the past month. "

Then : Ask **Question 1** for each item on the list.

Next : For each of the items marked with a **YES** to **Question 1** : Ask **Questions 3, 4, and 5**

- Note:**
- For **Question 3**, Report the total amount that was consumed last month for that product on a monthly or weekly bases. Then record the quantity that was purchased, the quantity that was received from other sources and the quantity that was derived from their own production. These quantities should reflect the source of the commodity used this month, it is possible that they were purchased months ago or that had been receive months ago.
 - Most likely the household acquires each kind of food from only one source. Report a “0” for the quantities of the sources not used.
 - For **Question 4**, report the current know price of the commodity consumed. This price would be different from the price purchased if it the commodity had been purchased a long time ago, or if the commodity had been recieved from other sources or own priduction.
 - For **Question 5**, record the amount that was actually purchased last month on a weekly or monthly basis (choose the appropriate time period). Record value and price in the verbal form in which the respondent gives it to you. If you get only two of the three, calculate the third one to be sure that “it does make sense”, but do not report it.
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Section 5.2 - Purchase of Non-Food Commodities

Interviewer: For each of the items listed, ASK: “How much was spent on ____ (for each item in the list) during last thirty days?” If none report “0” in the Amount column.

Item	Code	Unit	Quantity	Amount	Price
Personal Items					
Cigarettes and Tobacco	101	Pack			
Cultural activities	102				
Toilette Soap	103	Unit			
Luxury Toilette soap	104				
Shampoo	105	Unit			
Conditioner	106	Unit			
Shampoo & Conditioner	107	Unit			
Hand Cream	108	Unit			
Hydrating lotion	109	Unit			
Face cream	110	Unit			
Cleansing Cream	111	Unit			
Deodorant	112	Unit			
Tooth paste	113	Unit			
Hair cut	114	Unit			
Hygienic services	115				
Books	116				
Newspaper	117				
Stationery	118				
Mail Service	119				

Transport

Gas and Oil	201	l			
Car service, maintenance	202				
Taxi	203	Unit			
Tram and Busses	204				
Trains - Outside city	205	Unit			

Other Monthly Expenditures

Purchased Wash. Soaps	301	Unit			
Value of made soaps	302	Unit			
Washing powder	303	Kg			
Bleach	304	l			
Dishwashing soap	305	l			
Other washers	306	Kg			
Other cleaners	307				
Membership fees	308				
Child care - Baby-sitting	309				
Pet food and expenses	310				
Other monthly expenditure	311				

Interviewer: For each of the items listed, ASK:

“How much was spent on ____ (for each item in the list) during last 12 months ?” Report actual cost and estimated cost at today’s prices - If none report “0” in the Amount column.

Item	Code	Actual Cost	Today’s Value
------	------	-------------	---------------

Textile / Cloth

Cotton	201		
Wool	202		
Silk	203		
Synthetic	204		

Cloths

Men	301		
Woman	302		
Children	303		

Shoes

Men	401		
Woman	402		
Children	403		

Household items

Kitchen equipment	501		
Home repairs	502		
Furniture	503		
Bedding, sheets, etc.	504		
Other	505		

Health Care

Dentist	601		
Doctor	602		
Hospital / Sanitarium	603		
Medicines, medications	604		
Optical equipment	605		
Cosmetics	606		
Other Health	607		

Other yearly expenditures

Holidays / Camps	701		
Jewelry and Presents	702		
Insurance : Mandatory	703		
Insurance : Optional	704		
Savings	705		

STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued

Name	C o d e	17. What has been “_”s main job during the past 7 days ? (If none “0” and go to 19)	18. For how long has “_” been doing this job ?	19. Did “_” spend any time on a second job during the past 7 days ?	20. What has been “_”s secondary / casual job during the past 7 days ?	21. For how long has “_” been doing this job ?	22. Did “_” spend any time on a self-employment activity during the past 30 days ? Yes ... 1 No.....0→ 24	23. For how long has “_” been doing this activity ?	24. Did “_” spend any time on any agricultural activities during the past 12 Months ? Yes... 1 No 0→ 26	25. For how long has “_” been engaged in agricultural activities?
		Activity Code	Years Mos	Yes ... 1 No 0→ 22	Activity Code	Years Mos	Years Mos	Years Mos	Years Mos	

Codes for Q. 17, Q. 20, Q.27, Q.31 and Q.35

None.....0

Other codes are on the flap page

STATUS AND HISTORY OF EMPLOYMENT AND OTHER EARNING ACTIVITIES - Continued

Name	Code	26. What type of job or activity was “_” doing before his current job or activity ? (if 0→30) Code	27. What type of job was “_” doing? Activity Code	28. For how long was “_” doing it ? Mos Years	29. Why did “_” stop doing it? Code	30. What type of job or activity was “_” doing in 1992? if 0→34 Code	31. What type of job was “_” doing? Activity Code	32. For how long had “_” been doing it ? Mos Years	33. Why did “_” stop doing it? Code	34. What type of job or activity was “_” doing in 1989? if 0→next Code	35. What type of job was “_” doing? Activity Code	36. For how long had “_” been doing it ? Mos Years	37. Why did “_” stop doing it? Code

Same as before 0	Working for Friends and relatives 10
State Sector temporary 1	Own Busines 11
State Sector Permanent (FT).... 2	Farm 12
State Sector Permanent (PT).... 3	Casual job 13
Private Sector Temporary 4	Student 14→28,32,36
Private Sector Permanent (FT) 5	Housekeeping..... 15→28,32,36
Private Sector Permanent (PT) 6	Military service 16→28,32,36
Coop Temporary 7	Pensioner..... 17→28,32,36
Coop Permanent (FT)..... 8	Unemployed..... 18→28,32,36
Coop Permanent (PT)..... 9	Other 19

Laid-off 1	Went back to school 6
Fired 2	Stayed home with children 7
Found better job Public.... 3	Join military..... 8
Found better job Private... 4	Retired 9
Started Business 5	Other..... 10

Section 6.2: MAIN JOB - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else)

Name	C o d e	1. What is “_”’s main job ? (Codes from p.22) Activity Code	2. What is the type of employer that “_” works for ? Gov’nt 1 State 2 Private 3	3. What is the sector that “_” works in? Code	4. What type of contract does “_” have: Code	5. How many hours did “_” work last week ? Hours	6. How many weeks did “_” work last month ? Weeks	7. How often does “_” get paid ? Hourly ... 1 Daily.....2 Weekly ..3 Monthly.4	8. What was the gross pay receive d last pay- ment? Leva	9. Are taxes deducted from your salary ? No0 If Yes: How Much? Leva	10. Did “_” receive any child allowance last payment? No 0 If Yes: How Much? Leva	11. Were there any other deductions ? No 0 If Yes: How Much? Leva	12. What was the take home pay ? Leva

Codes for Question 3 - Job Sectors	
Manufacturing/Industry	1
Construction	2
Agriculture	3
Forestry	4
Transportation	5
Communications	6
Trade	7
Commercial services	8
Other production activities	9
Science\Education	10
Arts and Culture	11
Health care	12
Sport and tourism	13
Finance and credit	14
Management and administration	15
Army and Police	16
Other non material activities	17

Codes for Question 4	
Contract Termless	1
Contract Fixed term	2
Contract Civil	3
No contract/ Public	4
No contract/ Private	5
Commission Contract	6
Help without pay	7
Other	8

Section 6.3: SECOND - DEPENDENT ACTIVITY (Working for a salary or commission for somebody else)

Name	C o d e	1. What is “_”’s second job ? (Codes from p.22) Activity Code	2. What is the type of employer that “_” works for ? Gov’nt 1 State 2 Private 3	3. What is the sector that “_” works in? Code	4. What type of contract does “_” have: Code	5. How many hours did “_” work last week ? Hours	6. How many weeks did “_” work last month ? Weeks	7. How often does “_” get paid ? Hourly ... 1 Daily.....2 Weekly ..3 Monthly.4	8. What was the gross pay receive d last pay- ment? Leva	9. Are taxes deducted from your salary ? No0 If Yes: How Much? Leva	10. Did “_” receive any child allowance last payment? No 0 If Yes: How Much? Leva	11. Were there any other deductions ? No 0 If Yes: How Much? Leva	12. What was the take home pay ? Leva

Codes for Question 3 - Job Sectors	
Manufacturing/Industry1	Science / Education10
Construction2	Arts and Culture11
Agriculture3	Health care12
Forestry4	Sport and tourism13
Transportation5	Finance and credit14
Communications6	Management and administration...15
Trade7	Army and Police16
Commercial services8	Other non material activities17
Other production activities9	

Codes for Question 4	
Contract Termless 1	
Contract Fixed term 2	
Contract Civil 3	
No contract/ Public 4	
No contract/ Private 5	
Commission Contract 6	
Help without pay 7	
Other 8	

Section 6.4: SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself)

Name	C o d e	1. What is “_”’s first self- employment activity ? Activity Code	2. What is “_”’s second (if any?) self- employment activity ? Activity Code	3. How many hours did “_” spend in these activities last week ? Hours	4. How many weeks did “_”spend in these activities last month ? Weeks	5. On average how many months did “_” spend in these activities last year? Months	6. On average how many days does “_” spend in these activities a month? Days	7. On average how many hours does “_” spend in these activities a day? Hours	8. How much did “_” make (net revenue) in cash from these activities during the past 30 days ? Leva	9. How much did “_” make (net revenue) in kind from these activities during the past 30 days ? Leva	10. How much should have “_” paid somebody else for doing the same job? Leva

Self Employment codes for Q.1 and Q.2

Embroidery/dessmaking/Knitt .. 1	Beautitian / Hair dresser.....9	Prof. Serv: Financial.....17
Food Processing 2	Cleaning10	Doctor18
Financial Transactions 3	Child care Provider11	Lawyer19
Car repair 4	Artisan.....12	Free Lancing20
Construction/ Carpentry 5	Translator13	
Taxi driving 6	Security/ clerical services.....14	
Selling 7	Prof. Serv: Tutoring15	
Shoe making and reparis 8	Prof. Serv: Research.....16	Other21

SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Enterprises

NOTE : • A single household member may participate in more than one business activity

For each of the enterprises ask the following questions:

	1. First Business	2. Second Business	3. Third Business
1. Name of the Business Activity			
2. Code			
EXPENSES			
1. Capital Equipment last 12 mos - Tot Cost			
2. Capital Equipment last 12 mos - Value now			
3. Labor - Number of full time workers last mo			
4. Labor - Cost for Salaries last month			
5. Labor - Number of part time workers - Average people per month			
6. Labor - Cost for part time work last month			
7. Social insurance payment last month			
8. Cost for Materials last month			
9. Other Expense last month			
10. Business Taxes - last year		Check	Time
REVENUE			
1. Total Value of the production during last 7 days			
2. Total Value sold during last 7 days			
3. Total Value used by the household during last 7 days			
4. Total Value bartered, stocked, given away during last 7 days			
5. What was the average weekly revenue the past 6 mos.			
6. Amount received last month for hiring unemployed laborers		Check time	Check order
LIST OF FAMILY MEMBERS ENGAGED IN BUSINESS			
1. First person code			
2. Second person code			
3. Third person code			

SELF EMPLOYMENT - INDEPENDENT ACTIVITY (Working for yourself) - Business assets and durables

- Note:**
- **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4** if answered yes to first Question.
 - **Remember to exclude** own house or any other assets that have been included in other parts of the questionnaire.

1. Do you have any of the following assets? Commodity Name Code		Yes....1 No.....2	2. How many? Quantity	3. What is the current resale value? Leva	4. Where were they acquired from ? Code
Building	1				
Machinery	2				
Office equipment	3				
Furniture	4				
Computers	5				
Copy machine	6				
Fax machine	7				
Medical Equipment	8				
Other capital equipment	9				
Car	10				
Truck	11				
Bus	12				
Motorcycle	13				
Motorboat	14				
Boats	15				
Tools	16				
Push cart	17				
Other	18				

Codes for Question 4	
State Enterprise.....	1
Coop.....	2
Private Dealer.....	3
State Dealer.....	4
Individual.....	5
Inherited.....	6
Gift.....	7
Other.....	8

Section 6.5: AGRICULTURAL LAND

Do you have access to any agricultural land that you use to produce crops or raise livestock ?

Yes 1
 No..... 2 /____/ Go to Section 6.8, on page 35.

	1. Orchards and vineries	2. Pastures	3. Agricultural land for crop production	4. Total
1. Total decares available				
2. Area owned by household members (decares)				
3. Value of land owned (Leva)				
4. When was it acquired? (Year)				
5. How was it acquired Restitution..... 1 Bought 2 Given by Gov't 3 Inherited 4 Free 5 Other 6				
6. Area owned by Coop (Decares)				
7. Area rented from privates (Decares)				
8. Rent paid last month (Leva)				
9. What is main source of irrigation ? Rain..... 1 Dam..... 2 Pump..... 3 River / stream..... 4 Other 5				

Note: Remeber to list any other agricultural land that is owned and rented out or not in use in the real estate section

Section 6.6: AGRICULTURE - Crop production

1. Crop Name	2. Code	3. What was the total area allocated Decares	4. Was it: Single cropped...1 Double cropped .2	5. What was the total quantity harvested last 12 months Kg.	6. When was last harvest ? Month	7. What was the total quantity Sold ? Kg.	8. Where was most of the product sold? Code	9a. Unit Price received last time? Leva	9b. Current unit price? Leva	10. What was the total quantity used as input ? Kg.	11. What was the total quantity consumed by household last 12 mos? Kg.	12. What was the total quantity given in form of salaries last 12 mos ? Kg.	13. What was the total quantity bartered last 12 mos. ? Kg.

NOTE: Distinguish between crops produced at different time of the year, if in the open air or in green houses

Codes for Question 1 & 2		
Wheat	1	Other Roots Crops, etc.....14
Rye.....	2	Peanuts.....15
Barley	3	Tomatoes.....16
Maize.....	4	Peppers.....17
Rice.....	5	Cabbages.....18
Sunflower.....	6	Cucumbers.....19
Forage Plants.....	7	Onions.....20
Sugar Beet.....	8	Garlic.....21
Beetroot.....	9	Marrows (veg.squash).....22
Beans	10	Egg-plants.....23
Other Leguminous Plants (peas, lentils, soy).....	11	Leafy Vegetables.....24
Potatoes.....	12	Watermelons.....25
Carrots.....	13	Melons.....26
		Pumpkin, Squash.....27
		Apples.....28
		Pears.....29
		Cherries/Morrelli.....30
		Plums.....31
		Peaches.....32
		Apricots.....33
		Strawberries/Raspberries.....34
		Grapes.....35
		Mushrooms.....36
		Flowers.....37
		Oil-yielding plants (roses, lavander).....38
		Tobacco.....39
		Other.....40

Codes for Question 8	
Coop.....	1
State Marketing Board.....	2
Wholesale Market.....	3
Retail Market.....	4
Side of the road.....	5
Individual.....	6
Other.....	7

AGRICULTURE - Crop production - Agricultural inputs

1. Crop Name	Code	Fertilizer				Pesticide/Hebicides				Seeds				Other		
		2. Quan tity used last 12 mos. Kg.	3. How much did it cost? Leva	4. Last time purchase Mo Year	5. Sour- ce of pur- chase Code	6. Quan tity used last 12 mos. Kg.	7. How muc h did it cost Leva	8. Last time purchase Mo Year	9. Sour- ce of pur- chase Code	10. Quan tity used last 12 mos. Kg.	11. How muc h did it cost Leva	12. Last time purchased Mo Year	13. Sour- ce of purch ase Code	14. How much did it cost Leva	15. Last time purchased Mo Year	16. Source of pur- chase Code

Codes for Question 5, 9, 13, 16
 Coop 1
 State Marketing Board 2
 Wholesale Market 3
 Retail Market 4
 Side of the road 5
 Individual 6
 Other 7

Section 6.7: AGRICULTURE ASSETS

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4**

1. Do you own any of the following assets by yourself or together with other people ?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?	5. How much do you own?
Commodity Name	Code	Yes....1 No.....2	Quantity	Leva	Code	Share in Percent
Tractor	1					
Trailer	2					
Plows	3					
Pick-up truck	4					
Hay Truck	5					
Combine	6					
Plow truck	7					
Chemical applicator	8					
Seeder	9					
Threshing	10					
Bale press	11					
Horses	12					
Cart	13					
Other	14					

Codes for Question 4	
State Enterprise.....	1
Coop.....	2
Private Dealer.....	3
State Dealer.....	4
Individual.....	5
Inherited.....	6
Gift.....	7
Other.....	8

Section 6.8: AGRICULTURE - Livestock: Cattle, Pigs, etc.

.. Does the household any animals or poultry of any kind?

Yes1 → **Note: Ask every question from 2a to 2d**
 No.....2 /____/ → **Go to Next Section**

	1. Cattle	2. Sheep	3. Goats	4. Pigs	5. Poultry
2a. How many _____ (Name of animal) does the household own at the moment?					
2b. In the past year, how many, if any, _____ were born?					
2c. In the past year, how many, if any _____ did the household purchase?					
2d. Where were they acquired from? Code					
2e. What was the price paid last time for _____ ? (Leva)					
2f. When was it ? Month year					
2g. In the past year, how many _____, if any, did the household use for own consumption, died were lost or given away?					
2h. In the past year, how many, if any _____ did the household sell?					
2i. Where were they sold ? Code					
2j. What was the unit price received last time for _____ ? (Leva)					
2k. When was it ? Month year					

3. Ask all who have cattle, chicken, goats or ships:

	1. Milk	2. Eggs	3. Wool
3a. Unit of measure.	Liter	Units	Kilos
3b. How many _____ (units) of “_” (commodity) were produced last month ?			
3c. In the past month, how many _____ (units) of “_” (commodity) did the household use for own consumption?			
3d. In the past month, how many _____ (units) of “_” (commodity) did the household sell ?			
3e. Where were they sold ? Code			
3f. In the past month how much money did the household get from the sale of _____ ? (Leva)			
3g. What was the last unit price received for the sale of “_” (commodity) ?			
3h. In the past month, how many _____ (units) of “_” (commodity) did the give away ?			
3i. In the past month, how many _____ (units) of “_” (commodity) did the household bartered ?			

Note: Prorate the sale of wool if done on a yearly bases

Codes for Question 2d, 2i & 3e	
Coop	1 Individual person
State Marketing Board	2 Inherited
Wholesale Market	3 Free / Gift
Retail Market	4 Other
Side of the road	5
	6
	7
	8
	9

Section 6.9: Other Farming Income and Costs

Other farming Cost

In the last 12 months, how much, if anything, did the household pay in cash and credit for:

	Amount
Labor who helped with farming:	
1. Number of workers employed on the farm for most of the year (that is, permanent workers)? Number	N
2. Cost last month for permanent workers	L
3. Total number of seasonal workers employed on the farm during the past year (Add the number of workers employed each month)?	N
4. Cost of Seasonal Workers (How to assess ??)	L
5. Cost last month for benefits for permanent workers - Cost for social insurance	L
6. Cost for Petrol, diesel and oil for machines	L
7. Cost for Food for the poultry or farm animals	L
8. Other payments made in the last 12 months to gain access to land	L
9. Land taxes	L
10. Cost for various services, for example tractors, oxen which were used for ploughing	L
11. Cost for water	L
12. Cost for loans	L
13. Other costs ? Describe	L

Other Farming Income

2. In this section, I'd like you to indicate what other amount you received in total in the past 12 months from your farming activities.

Let's begin with ____: How much did you receive from ____
(Repeat for each category)

	Value	Last time received Month Year
1. Value of subsidies or drought relief received in the past 12 months?	L	
2. Value received for providing a service to other farmers, for example ploughing or planting?	L	
3. Value received for providing use of agricultural tools and machineries?	L	
5. Total value received for other agricultural services not listed above	L	

Section 7.1: Remittances - Income Received from Absent Members of the Household or from Any Other Person.

1. Are there any people who send money, food, or make any other kind of contribution to this household?

Yes 1

No 2 /_____/ → **Go to Section 7.2**

Interviewer: SAY: "Please name each person who sends money or food or makes some other kind of contribution to the household (record names in the column provided under Question 2).

Next:. Ask **Questions 3 to 6.**

Note: • For **Question 4a** it is possible that the individual sending money or goods has more than one type of relationship with the household. (For instance a person may be husband, father, and grandfather)
In these cases use the first applicable code from the box.

- **For Questions 4b and 4c:** Fill in the name and the person code of the related household member from the household roster.
- **For Questions 6 to 9** we want to know how much do you think it would have cost the household to buy all the things that _____ brought to the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia..... 111
Sofia Region	102	202	302	402	Ukraine..... 112
Plovdiv	103	203	303	403	Turkey..... 113
Bourgas	104	204	304	404	USA 114
Varna	105	205	305	405	Canada 115
Haskovo	106	206	306	406	Germany..... 116
Montana	107	207	307	407	Libia..... 117
Lovech	108	208	308	408	Greece..... 118
Russe	109	209	309	409	Other 119

Codes for Question 4a	
Wife/Husband/Partner.....	1
Father/Mother.....	2
Son/Daughter.....	3
Brother/Sister.....	4
Other Relatives.....	5
Not Related.....	6

Section 7.2: Remittances - Absent Household Members and Other Persons Who Received Contributions from the Household

1. Are there any people who are not member of this household as reported on the flap who have been away for more than three months, or any other person who have received money, food, or any other assistance from this household in the past 12 months?

Yes..... 1
 No..... 2 / ____/ → **Go to Section 8**

Interviewer: SAY: "Please name each person who has been away for more than three months or any other person who received food or any other kind of assistance from the household (record names in the column provided under Question 2).

In the case of the entire family being supported (like in the case of migrant workers) WRITE "Family".

Next:. Ask **Questions 3 to 11.**

- Note:**
- For **Question 6a** : Fill in the relationship code from the code box
 - For **Questions 6b and 6c**: Fill in the name and the person code from the flap. If name and code are not on the flap, **code 88**
 - For **Questions 7 to 11** we want to know how much do you think it would have cost the household to buy all the things that _____ took from the household in the past 12 months?

Codes for Question					
	Regional Headquarter	City Ex Prov.Capital	Small Town	Village	Outside Bulgaria
Sofia City	101				Russia..... 111
Sofia Region	102	202	302	402	Ukraine..... 112
Plovdiv	103	203	303	403	Turkey..... 113
Bourgas	104	204	304	404	USA 114
Varna	105	205	305	405	Canada 115
Haskovo	106	206	306	406	Germany..... 116
Montana	107	207	307	407	Libia..... 117
Lovech	108	208	308	408	Greece..... 118
Russe	109	209	309	409	Other..... 119

Codes for Question 4a	
Wife/Husband/Partner	1
Father/Mother	2
Son/Daughter.....	3
Brother/Sister.....	4
Other Relatives	5
Not Related	6
Family	7

Section 8.1 : SOCIAL ASSISTANCE / INSURANCE

	1. Was the household or any member of the household formally granted any of the following benefits/payments? Yes..... 1 No..... 2 →Next one	2. In the last month did the household or any member of the household actually receive any of these benefits? Yes 1 No.....2	3. Did the household or any member of the household receive the full amount of benefits formally granted? Yes.....1 No.....2
1	Private old age pension		
2	State old age pension		
3	Survivor pension		
4	Disability Pension		
5	Social Pension		
6	Unemployment benefits		
7	Job search related programs		
8	Guaranteed monthly social assistance payment		
9	Periodic monthly social assistance payment		
10	Targetted (? Specify) social assistance payment		
11	In kind benefits - Free transportation - Medicine certificates - Food / Clothes - Other in kind benefits		

Section 8.4 - SURVIVERS PENSION

Report name of beneficiary	Code	1. When did “_” start receiving benefits?	2. What is “_”'s relationship to deceased?	3. How old was he/she when he/she died?	4. When did he/she died?	5. What was his/her main job at time of death ?	6. In which sector did he/she work?	7. What was his/her monthly salary at time of death ?	8. Did “_”receive any lump sum payment at that time? No..... 0 Yes ... Amount	9. How much did “_” receive last month ?
Name	e	Month Year	Code	Years	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

Code for Q. 2
Spouse1
Sister/Brother2
Son/Daughter.....3
Other.....4

Section 8.5: DISABILITY PENSION

Name	Code	1. What is “_”'s type of disability ? (use code box)	2. When did “_” become disabled ? Always=99	3. What was “_” main job at time of retirement?	4. In which sector did “_”work?	5. What was “_” monthly salary at time of retirement?	6. Did “_”receive any lump sum payment at that time? No 0 Yes.... Amount	7. How much did “_” receive last month ?
Name	e	Code	Month Year	Code (from p.22)	Code (from p.24)	Leva	Leva	Leva

Code for Q. 1
Disability 1.....1
Disability 2.....2
Disability 3.....3

Section 8.6: UNEMPLOYMENT BENEFITS - For all people above age 15

Name	C o d e	1. Has “_” ever been unemployed during the past 5 years? Yes 1 No 2	2. When did “_” become unemployed last time? Month Year	3. What was “_”’s main job when he/she became unemployed ? Code (from p.22)	4. In which sector did “_” work? Code (from p.24)	5. What was “_”’s monthly salary at that time? Leva	6. For how long has “_” been unem- ployed? Months	7. For how long did “_” receive benefits? Months	8. When was last time that “_” received benefits? Month Year	9. How much did “_” receive a month last time? Leva	10. Did “_” receive any family / child subsidy ? No 0 Yes ... Amount Leva	11. Total amount received last time? Leva

Name	C o d e	12. Did “_” receive any lump sum payment at that time? No 0 YesAmount Leva	13. What did “_” do with the lump sum ? Code	14. Did “_” receive any special training ? Yes 1 No 2	15. Has “_” been part of a special Job search program ? Yes 1 No..... 2

Codes for Question 13

- Start a business 1
- Buy Real Estate..... 2
- Buy durables..... 3
- Buy Food 4
- Savings 5
- Given to Friends and rel.. 6
- Other 7

Section 8.9: CASH AND IN KIND HOUSEHOLD SOCIAL BENEFITS

Note: • **First:** Ask **Question 1** for all the Benefits, **Then:** Ask **Question 2 to 4**

1. Did you of your family receive any of the following benefits during the past 12 months?			2. When did you start receiving this benefits?		3. When did you stop receiving this benefits? (if not →99)		4. How many times during the last 12 months?	5. How much did “_” receive in total this past 12 months?	6. What was the total value at today’s cost of benefits that “_” received this past 12 months?	7. Where was received it from? State1 Foundation.....2 Church3 NGO.....4 Other5
Type of Benefit	Code	Yes.....1 No.....2	Month	Year	Month	Year	Number	Leva	Leva	
Regular Monthly Cash	1									
Occasional Cash	2									
Food Benefits	3									
Clothing Benefits	4									
Other Benefit (Specify)	5									

Section 8.10: OTHER FORMS OF REVENUE \ DEBTS

1. Did you or your family receive any income or incurred any debts from the following sources during the past 12 months ?			2. Amount received/paid last months	3. Amount received/paid last 12 Months	4. Today’s value of total amount received/paid last 12 Months
Type of revenue/debt	Code	Yes1 No.....2	Leva	Leva	Leva
Income from financial assets	1				
Income from Partnerships	2				
Interests from investments and bank accounts	3				
Interests from loans	4				
Revenue from Lotteries	5				
Insurance Payments	6				
Debts and loans					
Debts	11				
Hire purchases	12				
Mortgage of house	13				

Section 9.1: HOUSEHOLD FURNITURE AND DURABLE GOODS

Note: • **First:** Ask **Question 1** for all the assets.
Then: Ask **Question 2 to 4**

1. Do you have any of the following assets?			2. How many?	3. What is the current resale value?	4. Where were they acquired from ?
Commodity Name	Code	Yes....1 No.....2	Quantity	Leva	Code
GAS STOVE	1				
ELECTRIC STOVE	2				
REFRIGERATOR	3				
FREEZER	4				
AUTOMATIC WASHING MACHINE	5				
MANUAL WASHING MACHINE	6				
DRYER	7				
DISH WASHER	8				
SEWING MACHINE	9				
ELECTRIC SEWING MACHINE	10				
COLOR TV	11				
VIDEO RECORDER	12				
PARABOLIC ANTENNA	13				
STEREO	14				
RADIO	15				
PERSONAL COMPUTER	16				
CAR	17				
MOTORCYCLE	18				
OTHER	19				

Codes for Question 4	
State Shop	1
Private Shop.....	2
Private person	3
Inherited	4
Gift.....	5
Other	6

Section 9.2: REAL ESTATE ASSETS

.. Does any member of this household own other property or share of other property (such as a second home, a building or agricultural land) -
Do not count properties in current use by the household already listed.

Yes 1
No 2 / ____/ → **Go to Question 12**

Note: First list all properties in Question 2. Then answer Questions 2 to 11

2. Real estate property	3. Type of property ? House 1 Non Ag L 6 Flat 2 Garage 7 Building 3 Store Hou 8 Coop Land..... 4 Plant..... 9 Non use Ag La 5	4. How many ? Quantity	5. Unit of measure Number 1 Square Meters . 2 Decares 3	6. When was it acquired? Mon. Year	7. How was it acquired ? Code	8. What is the current resale value? Leva	9. Share owned by your household Percent	10. Is it rented ? Yes .1 No...2 → next	11. Total value at today's price of interests and rents received in cash and kind last 12 months Leva	12. Total value at today's price of rents received in kind for your own consumption last 12 months Leva
1.										
2.										
3.										
4.										
5.										

.. Does any member of this household expect to receive any other land or real estate property under the Land Restitution Act?

Yes 1
No 2 / ____/ → **Go to Section 10**

Codes for Question 7	
Restitution.....	1
Bought.....	2
Given by Gov't.....	3
Inherited.....	4
Free.....	5
Other.....	6

2. Property	3. Type of property ? House 1 Non Ag L . 6 Flat..... 2 Garage 7 Building 3 Store Hou . 8 Coop Land..... 4 Plant 9 Non use Ag La ... 5	4. Time of expected acquisition Month Year	5. Expected value of property Leva
1.			
2.			

Section 10: HEALTH STATUS

1. List names of all individuals in household	2. Did “_” suffer from any disability, chronic disease or ailment during the past year? No.. 0→7 Yes. Code	3. Did “_” miss work or school because of his/her condition? Yes 1 No 2→5	4. How many weeks during the past year? Weeks	5. What type of treatment does “_” receive? None..... 1 Home 2 Hospital..... 3 Nursing 4 Sanatorium.. 5 Other 6	6. What is “_”’s monthly cost for the treatment? Leva	7. Did “_” suffer from any injury, disease or ailment during the past 4 weeks? No ... 0→11 Yes...Code	8. Did “_” miss work or school because of his/her sickness? Yes 1 No .2→10	9. How many days during the past month? Days	10. Is “_” still sick? Yes 1 No..... 2	11 Did “_” have any medical consultation during the past 4 weeks? Yes...1→13 No ... 2	12. Why did not any medical consultation the past 4 weeks? Not needed..... 1 Not too sick 2 Too far 3 Wait too long .. 4 Quality poor.... 5 Too expensive. 6 Other..... 7 (Next person)

Code for Question 2	
Neurological problems	1
Eye problems	2
Hearing problems	3
Heart problems	4
Respiratory problems / Asthma	5
High blood pressure / Anemia	6
Stomach problems	7
Kidneys / Urine retention	8
Diabetes	9
Female problems	10
Male problems	11
Skin / rash problems	12
Mental problems	13
Physical disability	14
Arthritis	15
Trauma	16
Infections	17
Lasting cold	18
Other problems	19

Code for Question 7	
Fever / Flu / Cold running nose	1
Blood pressure	2
Dizziness	3
Vomiting	4
Diarrhea	5
Constipation	6
Respiratory / Bronchitis	7
Rush / Skin problems	8
Severe bolding	9
Bleeding	10
Urinary problems	11
Injury: Trauma	12
Injury: Burn	13
Head ache	14
Arms and legs pain	15
Eye problem	16
Ear problem	17
Heart problem / Chest Pain	18
Stomach pain	19
Kidneys	20
Gold bladder	21
Dental problems	22
Other health problems	23

FERTILITY (continued)

Name	Code	14. How many died before age 1? Number	15. How many died between ages 1 and 5? Number	16. Would “_” like to have any (more) children? Yes ...1 No..... 2	17. How many children would “_” like to have or would have (had)? Number	18. What is “_” method of contraception if any ? (if none or 1 go to 22) Code	19. Who prescribed / recommended it? Nobody 1 Pharmacist ... 2 Doctor..... 3 Quasi-doctor 4 Midwife 5 Nurse 6 Other 7	20. Where was it obtained? Pharmacy 1 PHCU 2 Polyclinic 3 Hospital 4 Office 5 Other 6	21. How much did it cost? Leva	22. Is “_” pregnant now? Yes ... 1 No ... 2	23. Is “_” breast-feeding now? Yes... 1 No.... 2

Code for Q. 18
 None 0
 Rithm 1
 Condom/diaphragm 2
 Spiral 3
 Pill 4
 Male sterilization 5
 Femal steril 6
 Other 7

JOB CODES			
None	0	Pulp and paper industry	23
Managers and high government officials, and local authorities.....	1	Glass and china industry.....	24
Managers and high party officials, officials of public and other organizations.....	2	Textile industry.....	25
Managers of state organizations and enterprises.....	3	Tailoring.....	26
Engineering and technical experts.....	4	Fur and Leather	27
Agronomists, veterinary, zoological, and forestry experts.....	5	Shoe-making.....	28
Research and Development Experts.....	6	Poligraphic industry.....	29
Managers, lecturers, teachers, etc.....	7	Food processing, soap production, and fodder production.....	30
Cultural, arts, and mass communications staff.....	8	Energy production	31
Health care, physical education, and sports staff.....	9	Construction and operation of forklifts, etc.....	32
Legal Staff.....	10	Agriculture	33
Security and defense staff.....	11	Forestry : preservation and replanting.....	34
Financial accounting experts, economists.....	12	Railways.....	35
Religion	13	Automobile and electric transport	36
Other intellectual professions.....	14	Water transport.....	37
Programmers and operators of automatic lines and systems.....	15	Air transport.....	38
Miners and related staff.....	16	Other transport related professions.....	39
Metallurgists, foundry workers, coke production.....	17	Communications personnel.....	40
Wires, electric, and electronic industry.....	18	Trade personnel (salespeople).....	41
Chemical, petrochemical and rubber industry.....	19	Public utilities and services personnel.....	42
Production of construction materials.....	20	Janitors, sick-nurses, etc.....	43
Wood yielding	21	Other physical labor related professions.....	44
Wood processing.....	22	Unspecified profession (vague job definition).....	45

Household Roster Flap

interviewer: Copy name, code, age and gender of all household members reported in the household roster section on page 5. Use it as, a reference for the other section where reference is made to a household member.

Name	Person Code	Age	Gender M/F

Name	Person Code	Age	Gender M/F