

|_|_|_|_| CODE OF HOUSEHOLD

KIEV INTERNATIONAL INSTITUTE OF SOCIOLOGY

HOUSEHOLD QUESTIONNAIRE

UKRAINIAN LONGITUDINAL MONITORING SURVEY 2012

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SECTION A. INTERVIEWER'S REMARKS

A01	_ _ _	CODE OF HOUSEHOLD IN 2003
	_ _ _	CODE OF HOUSEHOLD IN 2004
	_ _ _	CODE OF HOUSEHOLD IN 2007
	_ _ _	CODE OF HOUSEHOLD IN 2012
A02	PLACE OF INTERVIEW (HOME)	
	_____ Address	
	_____ Settlement	
	_____ Raion	
A03	DATE OF INTERVIEW	DATE OF CONTINUATION
A	_ _ DAY	_ _ DAY
B	_ _ MONTH	_ _ MONTH
A04	STARTING TIME OF INTERVIEW	STARTING TIME OF CONTINUATION
A	_ _ HOUR	_ _ HOUR
B	_ _ MINUTES	_ _ MINUTES

Good Morning/Afternoon/Evening (IN UKRAINIAN)

My name is _____. I work for the Kiev International Institute of Sociology. We are conducting research on four thousand households in all regions of Ukraine.

IN UKRAINIAN:

A) Tell me please is it more convenient for you to speak Ukrainian (*asked in Ukrainian*) or maybe, it is more convenient for you to speak Russian (*asked in Russian*)?

IN RUSSIAN:

Tell me please is it more convenient for you to speak Russian (*asked in Russian*) or maybe, it is more convenient for you to speak Ukrainian (*asked in Ukrainian*)?

Ukrainian... 1 → USE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND TAKE INTERVIEW IN UKRAINIAN

Russian...2 → MARK THE ANSWER AND TAKE INTERVIEW IN RUSSIAN

all the same, it does not
matter (in Ukrainian)



all the same, it does not
matter (in Russian)



B) And which of these languages do you speak more often, Ukrainian or Russian?

And which of these languages do you speak more often Ukrainian or Russian?

Ukrainian...3 → USE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND TAKE INTERVIEW IN UKRAINIAN

Russian..... 4 → MARK THE ANSWER AND TAKE INTERVIEW IN RUSSIAN

Your family, as well as other families in Ukraine, was randomly chosen by computer (nine years ago, when we conducted our first interview. Now we are conducting a follow-up survey to understand how the life of Ukrainian citizens has changed).

We need to talk to you and all members of your family without excluding anyone who is 15 and older and younger than 73. We ask you to answer the questions on this questionnaire. Our discussion will cover how you live, how you work, how you worked before, and whether anything has changed in the recent years or not. All information collected in the course of this research will be used only in synthesized form. No one, except the organizers of this research and myself, will know about our discussion.

SECTION B. HOUSEHOLD SECTION

Subsection 1 "Structure of Household"

We would like to find out information about your household. The household consists of persons usually living together and sharing a common household budget. Those household members who are temporarily away because of studies, work, military service, etc. also belong to the household.

Please determine the reference person, who will answer the questions about the household. The reference person is an adult who knows the most about all members of the household and household expenditures and income. This person will answer the first section of the interview about household members and other information.

Please tell me your name and the first names of the members of your household and their relation to you.

BX	NUMBER OF THE HOUSEHOLD MEMBER	1 REFERENCE PERSON	2	3	4	5	6-15
B01	First name
B02	Gender: 1 male, 2 female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	How old are you (he/she)? (in completed years) IF LESS THAN 12 MNTHS, WRITE '0'	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
B04	What is [NAME'S] date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A	Year of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B	Month of birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	INTERVIEWER! COMPARE TO AGE RECORDED IN B03 AND RESOLVE ANY DISCREPANCIES!						
B05	Who is he/she to you? [RELATION TO REFERENCE PERSON] CHART B05 1 Spouse or partner 2 Son/daughter (also adopted, stepchild) 3 Spouse's or partner's son/daughter (also stepchild) 4 Mother/father (also step-parents) 5 Partner's parent (also step-parents) 6 Son's/daughter's spouse or partner 7 Grandchild 8 Grandparent (also step-grandparents) 9 Sister/brother 10 Spouse's or partner's sister/brother 11 Nephew/niece 12 Other relative 13 Non-relative [RECORD] 14 REFERENCE PERSON	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	
	
	
B06	Is [NAME] living 1 together with the household → SKIP TO B08 2 separately	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B07	Why is <u>he/ she</u> living separately? 01 Studies 02 Work 03 Temporary (seasonal) job 04 Vacation 05 Hospitalization 06 Military service 07 Imprisonment 08 OTHER [RECORD] DS...97 RA...99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	INTERVIEWER: IS [NAME] BETWEEN 15 AND 64 YEARS OLD? 1 Yes 2 No → SKIP TO B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	INTERVIEWER: HAS [NAME] BEEN IN THE HOUSEHOLD AT LEAST 9 MONTHS OF THE LAST 12 MONTHS AND CONSIDERS THIS HIS/HER USUAL RESIDENCE? 1 Yes 2 No → SKIP TO B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	INTERVIEWER: IS THIS PERSON MENTALLY CAPABLE TO ANSWER INDIVIDUAL QUESTIONNAIRE? 1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	INTERVIEWER: NUMBER THE PERSON (SEQUENTIALLY) AS ELIGIBLE TO BE SELECTED FOR STEP SURVEY.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B12	What is the marital status of [NAME]? 01 Married 02 Divorced 03 Living together 04 Separated 05 Widow/er 06 Never married 07 OTHER [RECORD] DS...97 RA...99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	INTERVIEWER: FOR EACH MEMBER OF HOUSEHOLD: WRITE THE NUMBER OF SPOUSE OR PARTNER – SEE NUMBEROF COLUMN. WRITE 0 WHEN N/A A B NUMBER OF MOTHER (not step-mother) C NUMBER OF FATHER (not step-father)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B14	INTERVIEWER: IS [NAME] 6 YEARS OR OLDER? 1 Yes 2 No → SKIP TO B20 DS...7 RA...9 → SKIP TO B20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Has [NAME] ever attended school? Yes...1 No...2 → SKIP TO B18 DS...7 RA...9 → SKIP TO B18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B16	Is [NAME] presently attending school?] 1 Yes...2 No DS...7 RA...9						
▲	0 No formal education						
	1 Pre- primary education						
	2 Primary education						
	3 Basic secondary education						
	4 Full secondary education (obtained a high school 'attestat')						
	5 Obtained qualification diploma and attestat of completion of completion of full secondary education from PTU, FZU, FZO etc. (which you entered upon completion of basic secondary education)						
	6 Qualification diploma of PTU, FZU, FZO etc. (which you entered upon completion of full secondary education)						
	7 Secondary special education that you entered upon completion						
	8 Secondary special education that you entered upon completion						
	9 Complete higher education (without specification of the dipl						
	10 Degree of junior specialist combined with full general secon						
	11 Degree of junior specialist from institute, university, acad						
	12 Bachelor degree from institute, university, academy or other						
	13 Diploma of specialist from institute, university, academy or						
	14 Master degree from institute, university, academy or other						
	15 Candidate of sciences, doctor of sciences						
16 OTHER [RECORD]							

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B17	<p>What is the highest level of formal education [NAME] has completed? CHART B17 0 No formal education 1 Less than primary education 2 Primary education → SKIP TO B20 3 Basic secondary education → SKIP TO B20 4 Full secondary education (obtained a high school 'attestat') → SKIP TO B20 5 Obtained qualification diploma and attestat of completion of full secondary education from PTU, FZU, FZO etc. (which you entered upon completion of basic secondary education) → SKIP TO B20 6 Qualification diploma of PTU, FZU, FZO etc. (which you entered upon completion of full secondary education) → SKIP TO B20 7 Obtained qualification diploma (professional education) upon completion of basic secondary education (do not have full secondary education)) → SKIP TO B20 8 Degree of junior specialist from technical, medical, music, pedagogical, art, etc. colleges → SKIP TO B20 9 Bachelor degree from technical, medical, music, pedagogical, art, etc. colleges → SKIP TO B20 10 Degree of junior specialist from institute, university, academy → SKIP TO B20 11 Bachelor degree from institute, university, academy → SKIP TO B20 12 Diploma of specialist from institute, university, academy → SKIP TO B20 13 Master degree from institute, university, academy → SKIP TO B20 14 Candidate of sciences, doctor of sciences → SKIP TO B20 15 OTHER [RECORD] DS...97 RA...99</p>	_ _	_ _	_ _	_ _	_ _	_ _
B18	<p>Can [NAME] read a short simple statement? 1 Yes without difficulty 2 Yes but with difficulty 3 No DS...7 RA...9</p>	_	_	_	_	_	_
B19	<p>Can [NAME] write a short simple statement? 1 Yes without difficulty 2 Yes but with difficulty 3 No DS...7 RA...9</p>	_	_	_	_	_	_

B20	During the past 7 days, did [NAME] work at least one hour, for wage or salary in cash or in kind or work on his/her own account for profit or family gain or work in a family business or on a farm? 1 Yes → SKIP TO B23 2 No DS...7 RA...9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	During the past 4 weeks, did [NAME] actively look for work and was [NAME] available to start a job if he/she found one? 1 Yes → SKIP TO B24 2 No DS...7 RA...9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Which of the following best describes the present situation of [NAME] today? 01 Housework /housewife 02 Student 03 Retired 04 Ill, disabled 05 Not working and not looking for work 06 Other [RECORD] DS...07 RA...09 → SKIP TO B24	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B23	For the main work done in the past 7 days, what was the employment type of the work? 01 Employee 02 Self-employed, owner without hired labor 03 Self-employed, owner with hired labor 04 Unpaid worker in family business 05 Other [RECORD] DS...07 RA...09						
B24	Who is the head of your household? [INTERVIEWER! TICK THE CORRESPONDING BOX IN LINE B24. IF RESPONDENT MENTIONS SEVERAL PERSONS MAKING MAJOR DECISIONS IN THIS HOUSEHOLD, MARK ALL CORRESPONDING BOXES IN LINE B24]	1	2	3	4	5	6

INTERVIEWER CHECKPOINT. ARE ALL THE DATA IN THE TABLE?
IF NOT, RETURN TO B01 AND REPEAT QUESTIONS UNTIL ALL DATA ABOUT EACH MEMBER OF THE HOUSEHOLD ARE FILLED IN.

Subsection 2 "Housing Conditions"

B25	<p>Think about the place where you and your household live most of the time. Which of the following groups does your present place of residence belong to?</p> <p>CHART B25</p> <p>01 One-family house 02 Part of a house 03 Separate apartment in building with less than 10 dwellings 04 Separate apartment in building with 10 or more dwellings 05 Part of an apartment/communal apartment 06 Room in an apartment / dormitory room 07 Part of a room / place in dormitory 08 OTHER [RECORD] DS...97 RA...99</p>
B26	<p>INTERVIEWER: What is the major construction material of the external walls of building?</p> <p>1 Bricks 2 Stone 3 Concrete 4 Wood, Logs 5 OTHER [RECORD] 6 Adobe, clay 7 Slag stone 97 DS 99 RA</p>
B26	<p>INTERVIEWER: What is the major construction material of the external walls of building?</p> <p>01 Baked Bricks 02 Abode 03 Stone 04 Concrete 05 Wood, Logs 06 OTHER [RECORD] DS...97 RA...99</p>
B27	<p>INTERVIEWER: What is the major construction material of the roof?</p> <p>01 Slate 02 Metal Sheeting 03 Thatch 04 Tiles 05 Bitumised Concrete Slab 06 OTHER [RECORD] DS...97 RA...99</p>
B28	<p>What is the major covering/construction material of the floor?</p> <p>01 Parquet 02 Wood Boards/Planks 03 Linoleum 04 Concrete 05 Laminated plastic' 06 Carpeting 07 Clay / Earthen Floor 08 Tile 09 OTHER [RECORD] DS...97 RA...99</p>
B29	<p>Since when has any of the current member of the household lived at this address?</p> <p>____ Year DS...9997 RA... 9999</p>
B30	<p>How many rooms does your household use? Do not consider kitchen, hall, bathroom and toilet rooms OR ROOMS USED EXCLUSIVELY FOR A FAMILY BUSINESS.</p> <p>____ Number of rooms DS...97 RA... 99</p>
B31	<p>How many rooms of the dwelling are used for sleeping?</p> <p>____ Number of rooms DS...97 RA... 99</p>
B32	<p>How much total space does your household have? How many square meters? Total space or the total area of rooms, kitchen, bathroom, toilet, hall, pantries in the apartment (house) is</p> <p>____ m (square meters) 997.. DS 999 ..RA</p>

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B33	Is your place of residence equipped with the following facilities? [INTERVIEWER! CIRCLE OR MARK THE RELEVANT ANSWER.]					
			Yes	No	DS	RA
	1	Electricity	1	2	7	9
	2	Centralized gas supply	1	2	7	9
	3	Sewerage or indoor toilet	1	2	7	9
	4	Cold water supply	1	2	7	9
	5	Hot water supply	1	2	7	9
	6	Central heating or radiators	1	2	7	9
	7	Bath, shower or sauna	1	2	7	9
	8	Gas or electrical stove	1	2	7	9
	9	Elevator	1	2	7	9
	10	Fixed telephone line	1	2	7	9
11	Internet connection	1	2	7	9	
B34	What is the main source of drinking water for this household?					
	<input type="checkbox"/> 01 water pipe into the dwelling or in the compound <input type="checkbox"/> 02 water pipe outside the compound <input type="checkbox"/> 03 well <input type="checkbox"/> 04 bottled water <input type="checkbox"/> 09 other					
B34	What is the main source of drinking water for this household?					
	01 Water pipe into dwelling 02 Water pipe into compound 03 Water pipe outside compound 04 Well 05 Spring 06 Surface water (Stream, Lake) 07 Rain 08 Tanker truck 09 Bottled water 10 Other [RECORD] DS...97 RA...99					
B35	Does your household treat water in any way such as boiling, filtering or otherwise before drinking?					
	1 Yes 2 No 7 DS 9 RA					
B36	Where is the cooking usually done?					
	1 In a special room in the house 2 In the house in no special room 3 In separate building 4 Outdoors 5 We do not cook at this household 6 OTHER [RECORD] DS...7 RA...9					
B37	What source of energy does your household mainly use for cooking?					
	<input type="checkbox"/> 01 Electricity <input type="checkbox"/> 02 LPG (liquefied petroleum gas) <input type="checkbox"/> 03 Natural gas <input type="checkbox"/> 04 Charcoal <input type="checkbox"/> 05 Wood <input type="checkbox"/> 06 None <input type="checkbox"/> 07 Paraffin <input type="checkbox"/> 09 Other					
B37	What source of energy does your household mainly use for cooking?					
	01 Electricity 02 LPG (Liquefied Petroleum Gas) 03 Natural Gas 04 Biogas 05 Kerosene 06 Charcoal 07 Wood 08 Straw/Shrubs/Grass 09 Animal Dung 10 OTHER [RECORD] DS...97 RA...99					

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B38	What source of energy does your household mainly use for lighting? <u>01 Electricity from public, private or cooperative network</u> <u>02 Electricity from generator (privately owned or shared)</u> <u>03 Electricity from alternative energy (wind, solar)</u> <u>04 Kerosene or oil lamp</u> <u>05 None</u> <u>09 Other</u>
B38	What source of energy does your household mainly use for lighting? 01 ELECTRICITY FROM PUBLIC NETWORK 02 ELECTRICITY FROM COOPERATIVE NETWORK 03 ELECTRICITY FROM PRIVATE NETWORK 04 ELECTRICITY FROM HOUSE GENERATOR 05 ELECTRICITY FROM SHARED GENERATOR 06 SOLAR ENERGY 07 WIND ENERGY 08 KEROSENE LAMP 09 GAS LAMP 10 PARRAFIN 11 WOOD 12 STRAW / SHRUBS / GRASS 13 FLASHLIGHT/ TORCH 14 CANDLES 19 OTHER (RECORD) DS...97 RA...99
B39	What kind of toilet facility members of this household usually use? 01 Flush/pour type toilet connected to piped sewer system 02 Flush/ pour type toilet connected to septic tank 03 Flush/ pour type toilet connected to pit latrine 04 Flush/ pour type toilet connected elsewhere/connection unknown 05 Ventilated improved pit latrine (VIP) 06 Pit latrine with slab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Open pit 08 Composting toilet 09 Bucket toilet 10 Closet over sea or water 11 No facility (bush, field, etc.) 12 OTHER [RECORD] DS...97 RA...99
B40	Is this toilet shared with one or more other households? 1 Yes 2 No <input type="checkbox"/> <input type="checkbox"/> 7 DS 9 RA
B41	Which of the following best describes your situation in this place of residence? The house/apartment/room is ... [CHART B41] 01 Owned by this household with a mortgage or loan 02 Owned free and clear (without a mortgage or loan) 03 Employer provides/pays rent → SKIP TO B45 04 Free – authorized → SKIP TO B45 05 Free – unauthorized → SKIP TO B45 06 Rented from the state/municipality/enterprise → SKIP TO B45 07 Rented from a private person for cash rent → SKIP TO B45 08 OTHER [RECORD] → SKIP TO B45 DS...97 RA...99
B42	How did your household become the owner of your housing? 1 Privatized 3 Built 2 Bought 4 Inherited <input type="checkbox"/> <input type="checkbox"/> 5 OTHER [RECORD] DS...7 RA...9
B43	If you had to rent a similar dwelling from a private person, how much, do you think, would you have to pay for rent? [INTERVIEWER! RECORD VALUE ONLY IN ONE CURRENCY!] DS...997 RA... 999 US dollars OR hryvnias

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B44	<p>What is the market value of a residence similar to yours (including, if applicable, a plot of land on which your house stands)? Or, if you were to sell your apartment/house last month how much money could you receive?</p> <p>[INTERVIEWER! RECORD VALUE <u>ONLY IN ONE CURRENCY!</u>]</p> <p>DS...997 RA... 999 _____ US dollars OR _____ hryvnias</p> <p>INTERVIEWER: → SKIP TO B46</p>
B45	<p>Tell me please, who at the present time is the owner of the dwelling in which you live?</p> <p>CHART B45</p> <p>01 Municipality, government department</p> <p>02 Housing cooperative</p> <p>03 State enterprise/organization</p> <p>04 Private enterprise/organization</p> <p>05 Private person</p> <p>06 Our household</p> <p>07 OTHER [RECORD]</p> <p>DS...97 RA...99</p>

B46	<p>Excluding textbooks used at school, how many books do you have in this household?</p> <p>1 None 2 One to 10 3 Eleven to 50 4 Fifty-one or more 5 Don't know – few 6 Don't know – many DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B47	<p>Does any member of your household have a bank account?</p> <p>1 Yes 2 No DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B48	<p>Does any member of your household have a life insurance?</p> <p>1 Yes 2 No DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B49	<p>Do you have any of the following items in your household?</p> <p>1 Yes 2 No 7 DS 9 RA</p> <p>8 Radio <input type="checkbox"/></p> <p>9 Clock <input type="checkbox"/></p> <p>12 Bicycle <input type="checkbox"/></p> <p>2 Microwave oven <input type="checkbox"/></p> <p>3 Water heater <input type="checkbox"/></p> <p>4 Air conditioner <input type="checkbox"/></p> <p>15 Boat with motor <input type="checkbox"/></p> <p>16 Boat without motor <input type="checkbox"/></p> <p>17 Animal-driven cart <input type="checkbox"/></p> <p>Do you have any of the following items in your household? If you have more than one item of a certain kind, tell me about the newest one. In which year did you buy/receive it?</p> <table border="0"> <tr> <td>1 Refrigerator</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>5 Washing machine</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>6 Black and white television</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>7 Color television</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>10 Computer (desktop/ laptop/ ipad, etc)</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>11 Mobile phone</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>13 Car, truck</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> <tr> <td>14 Motorcycle, moped, scooter</td><td>1 Yes</td><td>2 No</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 DS</td><td>9 RA</td></tr> </table>	1 Refrigerator	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	5 Washing machine	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	6 Black and white television	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	7 Color television	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	10 Computer (desktop/ laptop/ ipad, etc)	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	11 Mobile phone	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	13 Car, truck	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	14 Motorcycle, moped, scooter	1 Yes	2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 DS	9 RA	
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B50	<p>Do you own dacha, garden cottage, or summer house?</p> <p>1 Yes 2 No DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B51	<p>Do you own another house, apartment or part of an apartment?</p> <p>1 Yes 2 No → SKIP TO B53 DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B52	<p>In the last 12 months did you rent out this apartment(s)/house(s) in part or as a whole?</p> <p>1 Yes 2 No DS...7 RA...9</p>	<input type="checkbox"/>																																																																								
B53	<p>Does anyone in your household use or have at his/her disposal any land?</p> <p>1 Yes 2 No → SKIP TO B62 DS...7 → SKIP TO B62 RA...9 → SKIP TO B62</p>	<input type="checkbox"/>																																																																								
B54	<p>How many sotkas (ares) does this land constitute?</p> <p>INTERVIEWER! TRANSLATE HECTARES TO SOTKAS IF NECESSARY (1 hectare=100 sotkas). DS...997 RA... 999</p>	<input type="text"/> sotkas																																																																								

B55	Was this land owned, rented or used free of charge? 1 All the land was owned by our household → SKIP TO B57 2 All the land was rented by our household → SKIP TO B57 3 All the land was used free of charge → SKIP TO B57 4 Partly owned and/or partly rented and/or partly used for free 5 OTHER [RECORD] DS...7 RA...9	<input type="checkbox"/>
B56	What part of the land was owned, rented or used free of charge? [INTERVIEWER! CHECK THAT THE SUM OF B56a, B56b, B56c EQUALS THE TOTAL AREA OF THE LAND IN B54!] a Owned <input type="text"/> sotkas DS...997 RA...999 NOT APPLICABLE...998 b Rented <input type="text"/> sotkas DS...997 RA...999 NOT APPLICABLE...998 c Used for free <input type="text"/> sotkas DS...997 RA...999 NOT APPLICABLE...998	
B57	Which of the following options describes your land best (largest plot of land in the case of several)? 1 Farm 2 Plot adjacent to rural house 3 Garden adjacent to dacha/summer house 4 Vegetable garden, garden 5 OTHER [RECORD] DS...7 RA...9	<input type="checkbox"/>
B58	Does your household use this land to grow food or raise animals? 1 Food 2 Animals 3 Both 4 None of these → SKIP TO B62 DS...7 → SKIP TO B62 RA...9 → SKIP TO B62	<input type="checkbox"/>
B59	How many of each of these animals are owned by the household? 1 Cows, oxen and bulls <input type="text"/> 2 Horses, donkeys and mules <input type="text"/> 3 Rabbit / Nutria <input type="text"/> 4 Goats <input type="text"/> 5 Sheep <input type="text"/> 6 Poultry <input type="text"/>	
B60	Is this food/animals for your own consumption or to sell? 1 Own consumption → SKIP TO B60 2 Sell 3 Both DS...7 RA 9	<input type="checkbox"/>
B61	How much money have you received over the last year from selling this food or these animals? <input type="text"/> hryvnias DS...97 RA... 99	

B62	In the last month how much did you and other members of the household receive in the form of money, goods or services?		
	01 Any payments after taxes from main and additional jobs of all household members in the form of money, goods or services <input type="text"/> hryvnias DS...97 RA...99		
	02 Income from sale of own produced products, including food and animals not included in 01 <input type="text"/> hryvnias DS...97 RA...99		
	03 Help and gifts from relatives and friends in the form of money, goods or services <input type="text"/> hryvnias DS...97 RA...99		
	04 Any type of pension <input type="text"/> hryvnias DS...97 RA...99		
	05 Stipend <input type="text"/> hryvnias DS...97 RA...99		
	06 Unemployment benefits <input type="text"/> hryvnias DS...97 RA...99		
	07 Income from sale of personal property (assets) <input type="text"/> hryvnias DS...97 RA...99		
	08 Income from renting room(s)/apartment(s)/house(s) <input type="text"/> hryvnias DS...97 RA...99		
	09 Income from renting other personal property <input type="text"/> hryvnias DS...97 RA...99		
	10 Income from capital investment <input type="text"/> hryvnias DS...97 RA...99		
	11 Alimony <input type="text"/> hryvnias DS...97 RA...99		
	12 Benefits for children <input type="text"/> hryvnias DS...97 RA...99		
	13 Other forms of social support (maternity benefits, low-income family benefits, etc.) <input type="text"/> hryvnias DS...97 RA...99		
	14 Other types of income [RECORD]..... <input type="text"/> hryvnias DS...97 RA...99		
15 Total household income (sum 01-14) <input type="text"/> hryvnias DS...97 RA...99			
B63	In the last month, what was the monetary net income of your entire household, i.e. the money that was at your disposal? Sum all the wages and salaries of household members, pensions, grants, subsistence allowances, social support and all other income after taxes? Do not include the income in the form of goods and services, which you mentioned above. <input type="text"/> hryvnias DS...97 RA...99		

B64	During the past 12 months, has this household received transfers from individuals not currently living in the household? 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> DS...7 RA...9		
B65	During the past 12 months, has this household provided transfers to individuals not currently living in the household? 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> DS...7 RA...9		
B66	During the past 12 months, has anyone in this household received any of these benefits? 1 Yes 2 No 7 DS 9 RA 1 Pensions (insurance; state / private); social pensions, merit pensions (ie, veterans) <input type="checkbox"/> 2 Unemployment benefit (insurance), non-contributory unemployment allowances or (re)insertion support <input type="checkbox"/> 3 Disability benefits <input type="checkbox"/> 4 Child and family benefits <input type="checkbox"/> 5 Social Assistance/welfare benefits/cash transfers ("poverty") income-support benefit <input type="checkbox"/> 6 Public Works <input type="checkbox"/> 7 Scholarships <input type="checkbox"/> 8 Housing/utility allowances (including heating benefits, financial support to pay electricity, water bills, etc.); In-kind benefits (school feeding, social canteens) vouchers and coupons for food, fuel, transport etc.; fee waivers; <input type="checkbox"/> 9 Other benefits/allowances <input type="checkbox"/>		

SECTION C. HOUSEHOLD EXPENDITURES

Subsection 1. "Products purchases, production and consumption"

Let's now talk about how you and your family feed yourself. I will be asking about the products that you or anyone of your household used during the last 14 days.

I would like to remind you that when talking about a household you should include everyone living together with you and having common incomes and expenses with yours.

I realize that you may not remember all the exact figures. Then please give an approximate answer.

INTERVIEWER!

BEFORE ASKING QUESTIONS **C01-C05**, CAREFULLY READ THE FOLLOWING RULES OF FILLING OUT THE TABLE **C01-C05**:

FOR QUESTIONS **C01-C05**, USE CARDS **PROD1-PROD11** FOR EVERY OF THE TEN GROUPS OF PRODUCTS.

BEFORE PROCEEDING WITH THE FOLLOWING GROUP, ASK QUESTIONS ON EVERY FOODSTUFF GROUP ALONG ALL TABLE COLUMNS (QUESTIONS **C01-C05**).

ENTER THE INDICATED PRODUCT AMOUNTS INTO THE CORRESPONDING TO QUESTIONS **C01-C05** COLUMNS.

IF ANY PRODUCT OF THE FOODSTUFF GROUP WAS NOT BOUGHT, PRODUCED, RECEIVED OR CONSUMED, PUT '0' (NOUGHT)

IF THERE IS AN 'NA' (NOT APPLICABLE) SIGN IN ANY LINE OF THE **C03** COLUMN, DO NOT ASK QUESTION **C03** FOR THIS PRODUCT GROUP AND DO NOT MARK ANYTHING IN THIS PLACE OF TABLE.

C01	Have you (or your family members) bought anything of these products (SHOW CARD OF THE PRESENT FOODSTUFF GROUP) during the last 14 days? If yes, how much has been bought of each kind of products? IF A CERTAIN KIND OF PRODUCTS HAS NOT BEEN BOUGHT, PROCEED WITH QUESTION C03 . DS...97 RA... 99
C02	How much (in HRYVNIAS) has been paid for the given kind of products? DS...997 RA... 999
C03	Has your household been producing at its subsidiary farm, land lot anything of the same products (THE SAME CARD) during the last 14 days? If yes, how much has been produced of each kind of products? DS...97 RA... 99
C04	During the last 14 days, have you received anything of the same products (THE SAME CARD) from other people or organizations (free of charge, borrowed, as a pay, etc.)? If yes, how much has been received of every kind of products? DS...97 RA... 99
C05	How much of these products (THE SAME CARD) has been spent by the household on its own consumption during the last 14 days? DS...97 RA... 99

TABLE C01-C05

Foodstuff groups	Received				Used
	C01 Bought	C02 Paid (HRVNIAS)	C03 Produced	C04 Received	C05 Consumed
1. Flour, bread, macaroni foods:					
1 wheat bread	kg		kg	kg	kg
2 rye or other bread	kg		kg	kg	kg
3 wheat flour	kg		kg	kg	kg
4 rye or other flour	kg		kg	kg	kg
5 Macaroni products	kg		kg	kg	kg
2. Cereals and beans					
6 beans	kg		kg	kg	kg
7 Rice	kg		NA	kg	kg
8 Buckwheat	kg		kg	kg	kg
9 Manna-croup	kg		NA	kg	kg
10 Millet	kg		kg	kg	kg
11 Oatmeal	kg		NA	kg	kg
12 Other cereals	kg		kg	kg	kg
3. Potatoes, vegetables, mushrooms					
13 Potatoes	kg		kg	kg	kg

Foodstuff groups	Received				Used C05 Consumed
	C01 Bought	C02 Paid (HRYVNIAS)	C03 Produced	C04 Received	
14 Cabbage (fresh and pickled)	kg		kg	kg	kg
15 Cucumbers (fresh and pickled)	kg		kg	kg	kg
16 Tomatoes, all kinds, tomato pastes	kg		kg	kg	kg
17 Beets, carrot, other root-crops	kg		kg	kg	kg
18 Onions, garlic	kg		kg	kg	kg
19 Other vegetables, melons, etc.	kg		kg	kg	kg
20 Canned vegetables	kg		kg	kg	kg
4. Fruit, berries, juices, soft drinks					
21 Citrus fruit	kg		kg	kg	kg
22 Other fresh fruit	kg		kg	kg	kg
23 Fresh berries	kg		kg	kg	kg
24 Dried fruit and berries	kg		kg	kg	kg
25 Canned fruit, berries	kg		kg	kg	kg
26 Juices and soft drinks	l		l	l	l
5. Milk and dairies					
27 Unskimmed and baked milk	l		l	l	l
28 Skimmed milk	l		l	l	l
29 Cream, sour cream	l		l	l	l
30 Sour milk, fermented baked milk	l		l	l	l
31 Curds, cottage cheese	kg		kg	kg	kg
32 Hard cheese, sheep's milk cheese	kg		kg	kg	kg
33 Milk concentrates, etc.	kg		kg	kg	kg
6. Meat, meat products, eggs					
34 Beef and veal	kg		kg	kg	kg
35 Pork	kg		kg	kg	kg
36 Poultry	kg		kg	kg	kg
37 Pork fat	kg		kg	kg	kg
38 Boiled sausage, frankfurters	kg		kg	kg	kg
39 Smoked sausage, smoked meat	kg		kg	kg	kg
40 Subproducts, bone sets	kg		kg	kg	kg
41 Other meat products	kg		kg	kg	kg
42 Tinned meat	kg		kg	kg	kg

Foodstuff groups	Received				Used
	C01 Bought	C02 Paid (HRYVNIA S)	C03 Produced	C04 Received	C05 Consumed
and meat with vegetables					
43 Eggs	pcs		pcs	pcs	pcs
7. Butter, margarine, fats, sauces					
44 Oil	kg		kg	kg	kg
45 Butter	kg		kg	kg	kg
46 Margarine	kg		NA	kg	kg
47 Pork or other animal fat	kg		kg	kg	kg
48 Mayonnaise, vinegar, ketchup, other sauces:	kg		kg	kg	kg
8. Fish and fish products					
49 Fresh and frozen fish:	kg		kg	kg	kg
50 Dried and salted fish:	kg		kg	kg	kg
51 Other fish products, tinned fish:	kg		kg	kg	kg
9. Tea, coffee, sugar, jams, confectionery					
52 Tea	kg		NA	kg	kg
53 Coffee, cocoa	kg		NA	kg	kg
54 Sugar	kg		NA	kg	kg
55 Honey, jam	kg		kg	kg	kg
56 Biscuits, wafers	kg		kg	kg	kg
57 Cakes, pastry, other baking	kg		kg	kg	kg
58 Chocolate, chocolate sweets	kg		NA	kg	kg
59 Caramel, paste of nuts, sugar and oil (halvah), etc.	kg		NA	kg	kg
10. Hard drinks and tobacco products					
60 beer	kg		NA	kg	kg
61 wines	kg		kg	kg	kg
62 vodka	kg		kg	kg	kg
63 other spirits	kg		kg	kg	kg
64 tobacco	pack		NA	pack	pack
65 weighted tobacco	kg		kg	kg	kg

C06	<p>Had been the products we've not mentioned used in your household? If yes, which ones? ENTER THE NAMES OF PRODUCTS INTO THE TABLE C06 USING QUESTIONS C01-C05 FOR THEM. REMEMBER TO MENTION MEASURES!</p> <p>Yes.....1 No.....2 → SKIP TO C07 DS...97 RA... 99</p>
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TABLE C06

Other products:	Received				Used
	Bought	Paid(HRYVNIA S)	Produced	Received	Consumed

C07	During the last 14 days, have you or your household members eaten out? 1 Yes _____ 2 No → SKIP TO C09-C257 DS9RA
C08	How much money has been approximately spent by all your household members on eating out during the last 14 days? _____ hryvnias DS...997 RA...999

Subsection 2 “Non-food expenditures”

C09-C25	Tell me please, has anything of the following goods been purchased by your household during the last 30 days? If yes, how much has been spent on that then, altogether? READ OUT THE ITEMS OF THE TABLE C09-C25. IF NOTHING HAS BEEN PURCHASED, PUT '0' (NOUGHT).DS...997 RA... 999
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TABLE C09-C25

		Paid (HRYVNIAS)	DS	RA
C09	Soap, washing liquids and powders, detergents, chemicals		997	999
C10	Perfumes, cosmetics, hygienic means		997	999
C11	Medicines		997	999
C12	Stockings, socks, haberdashery (bags, goods for needlework, etc.)		997	999
C13	Clothes, footwear, underwear		997	999
C14	Fabrics, bed linen		997	999
C15	Tableware, kitchen utensils		997	999
C16	Everyday goods (locks, lamps, matches, etc.)		997	999
C17	Books, newspapers, magazines, stationery		997	999
C18	Toys, sport equipment		997	999
C19	Watches, clocks, small electric goods (shaver, etc.), photographic, video, audio equipment		997	999
C20	Radio equipment, electronics, musical instruments		997	999
C21	Carpets		997	999
C22	Repair/construction materials for a house, flat; tools, spare parts		997	999
C23	Firewood, bottled gas, coal, peat, kerosene, black mineral oil		997	999
C24	Petrol, diesel engine fuel, lubricants		997	999
C25	Other goods[SPECIFY]:		997	999

C26A	In the last 12 months did you buy any of the following items?
C26B	Did you buy it new or used?
C26C	How much did you pay for it?

	Did you buy...?	New ...?	How much did you pay?
1 Furniture	1 Yes 2 No → next row	1 New 2 Used	_____ hryvnias DS...97RA...99
2 Electronic, radio, audio or video equipment	1 Yes 2 No → next row	1 New 2 Used	_____ hryvnias DS...97RA...99

3 Refrigerator or washing machine	1 Yes 2 No → next row	1 New 2 Used	hryvnias DS...97RA...99
4 Cars or trucks	1 Yes 2 No → next row	1 New 2 Used	hryvnias DS...97RA...99
5 Motorcycle, moped	1 Yes 2 No → next row	1 New 2 Used	hryvnias DS...97RA...99
6 Dacha/land	1 Yes 2 No → next row	1 New 2 Used	hryvnias DS...97RA...99
7 House/apartment	1 Yes 2 No → next row	1 New 2 Used	hryvnias DS...97RA...99

C27-C44	Now I will ask you several questions about services expenditures. Tell me please, Has anything of the following services been used by you or anyone of your household members <u>during the last 30 days</u> ? If yes, how much has been paid for that then, altogether? READ OUT THE ITEMS OF THE TABLE C27-C44. IF A CERTAIN SERVICE HAS NOT BEEN USED, PUT '0' (NOUGHT).DS...997 RA... 999
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TABLE C27-C44

		Paid (HRYVNIAS)	DS	RA
C27	Municipal or local transportation		997	999
C28	Interurban and international transportation		997	999
C29	Personal vehicles repair and services (incl. parking)		997	999
C30	Flat/house or other buildings repair/construction		997	999
C31	Radio, TV, electronic, house equipment repair		997	999
C32	Small electric goods (shavers, etc.), clocks, watches repair		997	999
C33	Tailor's, shoemaker's services		997	999
C34	Laundry, dry-cleaning, bath-house, barber's shop, photo studio services		997	999
C35	Communications services (post-office, telegraph services, long-distance telephone calls)		997	999
C36	Satellite or cable television services		997	999
C37	Cinema, theater, museums, concerts, discos, etc.		997	999
C38	Children's allowance at kindergartens, school classes, interest circles, sections pay; private lessons, tutors pay		997	999
C39	Pay for classes in interest circles, sections, and tutors for adult family members		997	999
C40	Accommodation in sanatoriums, children camps, tourist tours, etc., excluding transportation services, restaurants, cafés		997	999
C41	Medical treatment, examination, excluding medicines purchase		997	999
C42	Keeping, purchase, medical treatment of pets		997	999
C43	Ritual services (registry office, undertakers' etc.)		997	999
C44	Other services [SPECIFY]:		997	999

C45-C55	During the last 30 days, did your family have the following expenses? If yes, how much has been paid for that then, altogether? READ OUT THE ITEMS OF TABLE C45-C55. IF A CERTAIN SERVICE HAS NOT BEEN USED, PUT '0' (NOUGHT).DS...997 RA... 999
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TABLE C45-C55

		Paid (HRYVNIAS)	DS	RA
C45	For purchase of bonds, shares and other securities		997	999
C46	Insurance payments: life, health, vehicles, dwelling insurance, etc.		997	999
C47	Credit, loans, debts return		997	999
C48	Alimonies pays		997	999
C49	Documents registration, patent tax, activity allowance		997	999

C50	Vehicles tax, technical examination		997	999
C51	To lend somebody		997	999
C52	For pecuniary aid to a family member who lives separately		997	999
C53	For pecuniary aid to other people (not members of your family)		997	999
C54	For gifts to other people (on birthdays, wedding, etc.)		997	999
C55	Donation to public foundations or churches, religious organizations		997	999

C56	<p>How much money is your household supposed to pay for your housing rent/mortgage and utilities per month?</p> <p>1 Average monthly utilities payments hryvnias DS...997 RA...999 NB! <i>Average monthly utilities payments include kvartplata (payments for the use of apartment), payments for cold and hot water, metered gas, central heating, radio reception, electricity, cable television, and for use of telephone including local and long-distance calls</i></p> <p>2 Average monthly rent/mortgage payment (paid to the owner of apartment/to your bank) hryvnias DS...997 RA...999</p>		
C57	<p>Is your household now getting subsidies or remissions for utilities?</p> <p>1 Yes 2 No → SKIP TO C59</p> <p> DS...7 RA...9</p>		
C58	<p>How much were these subsidies and remissions for your household during the last 30 days? hryvnias DS...997 RA...999</p>		
C59	<p>Does your household have unpaid bills for rent/mortgage and utilities?</p> <p>1 Yes 2 No → SKIP TO C61 7 DS9 RA</p>		
C60	<p>How many hryvnias does your household owe for the housing rent/mortgage and/or utilities in unpaid bills?</p> <p>1 Utility payment arrears hryvnias DS...997 RA...9992 2 Rent/mortgage arrears hryvnias DS...997 RA...999</p>		
C61	<p>Does your household have any (other) monetary debts?</p> <p>1 Yes 2 No → SKIP TO C63 DS...7 RA...9</p> <p> </p>		
C62	<p>How many hryvnias does your household owe?</p> <p> hryvnias DS...997 RA...999</p>		
C63	<p>During the last 12 months has your household received subsidies or remissions for fuel: bottled gas, kerosene, coal, firewood, peat, etc.?</p> <p>1 Yes 2 No → SKIP TO C65 DS...7 RA...9</p> <p> </p>		
C64	<p>How much were these subsidies and remissions for your household during the last 12 months? hryvnias DS...997 RA...999</p>		
C65	<p>During the last 30 days has any member of your household received remissions for transportation services?</p> <p>1 Yes 2 No → SKIP TO C67 DS...7 RA...9</p> <p> </p>		
C66	<p>How much were these remissions for your household during the last 30 days?</p> <p> hryvnias DS...997 RA...999</p>		
C67	<p>During the last 12 months has your household received payments for trips to sanatoriums, rest homes, tourist bases, children camps, tourist tours, etc.?</p> <p>1 Yes 2 No → FILL IN SECTION A AND GO TO THE INDIVIDUAL QUESTIONNAIRE 7 DS 9 RA</p>		
C68	<p>How much were these payments for your household?</p> <p> hryvnias DS...997 RA...999</p>		

SECTION D: FILTER INSTRUCTIONS

CHOOSE THE RESPONDENT TO BE ADMINISTERED THE EXTENDED INDIVIDUAL QUESTIONNAIRE AS FOLLOWS:

- 1 Check the number of qualifying household members 15-64 YEARS OLD in Module 1(A), Question B11.
- 2 Write the number of persons who are qualified from Question B11: _____ CALL THIS **NUMBER A**.
- 3 Look at the random number table on the cover of the questionnaire, and search for the first number on the list, reading across, that is less than or equal to NUMBER A.
- 4 Write the number from the random number table that is less than or equal to A: _____ CALL THIS **NUMBER B**.
- 5 Go back to Question B11 and find the sequential number that corresponds to the NUMBER B above.

This is the sequential number of the eligible person you will interview.

- 6 Check the roster ID number for the person that corresponds to the sequential number in Question B11 that you have identified and record their ID number and their name below.

ID CODE (FROM ROSTER) OF THE PERSON SELECTED:

--	--

NAME OF PERSON
SELECTED: _____

- 7 Set up a day and time to meet with this person to complete the extended version of the individual questionnaire.

SECTION A. INTERVIEWER'S REMARKS (CONTINUATION)

A05	FINISHING TIME OF INTERVIEW _____ Finishing time of continuation _____ ____ Hour _____ HOUR ____ Minutes _____ MINUTES
A06	WHO ELSE WAS PRESENT AT THE INTERVIEW? [NOTE ALL PERSONS] 1 Nobody 2 Children under 6 years 3 Children aged 6 and older 4 Spouse (partner) 5 Other relatives 6 Other adults (non-relatives)
A07	Assess the respondent's attitude toward the interview. the respondent was: 1 Friendly, interested 2 Not particularly interested 3 Impatient, worried 4 Hostile
A08	Note how the respondent understood the questions 1 Well 2 Not very well 3 Poorly
A09	Assess the respondent's behavior during the interview. The respondent 1 Was nervous 2 Was occasionally nervous 3 Felt comfortable
A10	Assess the respondent's appearance. The respondent: 1 was not pleasant 2 as pleasant as the majority of respondents 3 very good looking
A11	Assess the respondent's sharpness. the respondent was: 1 very slow-witted 2 slow-witted, needed additional explanations 3 as bright as the majority of respondents 4 notably brighter than the majority of respondents
A12	Assess the sincerity and openness of the respondent. The respondent was: 1 very introverted, insincere 2 as sincere and open as most respondents 3 more sincere and open than most respondents
A13	REMARKS CONCERNING THE INTERVIEW [WRITE ABOUT ALL THE PROBLEMS].....
A14	LANGUAGE OF THE QUESTIONNAIRE: Ukrainian – 1 Russian – 2
A15	TYPE AND SIZE OF THE SETTLEMENT: 1 Village 2 Urban settlement 3 Small town (up to 20 thds.) 4 Medium Town (20 - 99 thds.) 5 City (100 - 499 thds.) 6 Large city (more than 500 thds.)

A16 OBLAST:

Respublika Krym	1	Zaporozhskaja	10	Sumskaja	19
G.Kiev	2	Ivano-Frankovskaja	11	Ternopolskaja	20
Kievskaja	3	Kirovogradskaja	12	Harkovskaja	21
Vinnickaja	4	Luganskaja	13	Hersonskaja	22
Volynskaja	5	Lvovskaja	14	Hmelnickaja	23
Dnepropetrovskaja	6	Nikolaevskaja	15	Cherkasskaja	24
Doneckaja	7	Odesskaja	16	Chernovickaja	25
Zhitomirskaja	8	Poltavskaja	17	Chernigovskaja	26
Zakaroatskaja	9	Rovenskaja	18		

A17 SETTLEMENT _____

CODE OF BRIGADE

INTERVIEWER! Read this statement and sign it. *I confirm that the interview was done according to the Instruction by face-to-face method with the respondent selected by instruction*

A18 NAME AND CODE OF THE INTERVIEWER _____ | | | |
SIGNATURE _____

A19 DATE OF RECEIVING THE QUESTIONNAIRE FROM THE BRIGADIER
« ____ » _____ 2004

A20 NAME OF BRIGADIER AND SIGNATURE _____

A21 CODE OF CODER (WILL BE ENTERED BY CODER) _____

A22 CODE OF OPERATOR (WILL BE ENTERED BY OPERATOR) _____

THANK YOU VERY MUCH, DEAR COLLEAGUES!

Kiev International Institute of Sociology