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Law of the republic of Moldova N 412-XV as of 09.12.2004 On Official Statistics

Adopted by Decree No. 122 of the National Bureau of Statistics on 22.11.2013

Household Budget Survey

MAIN QUESTIONNAIRE



Year of the survey					
Month					
Code of the territory					
Place of residence (urban-1, rural-2)					
Participation in panel survey (yes-1, no-0)					
Household number					

Interviewer's name _____

First visit	viz1	Day	Month	Year
Second visit	viz2	Day	Month	Year
Third visit	viz3	Day	Month	Year

2014

NATIONAL BUREAU OF STATISTICS OF THE REPUBLIC OF MOLDOVA

MD 2019, Chisinau, Grenoble str, 106, tel: (+373 22) 731 520, 403 078, 241 501, fax: (+373 22) 226 146

e-mail: moldstat@statistica.md; www.statistica.md

Section 1. Household Dwelling

Is filled in during the 2 visit

1. Who is the owner of the dwelling you live in? <div style="text-align: right;">prloc</div>	Code
State1 Company.....2 Private.....3 Rent from a private owner.....4 Other5	
2. In what type of building is the dwelling of your household? <div style="text-align: right;">tiploc</div>	Code
Separate apartment1 Dormitory2 Separate house3 Part of the house.....4 Other5	
3. What construction materials are the walls of your dwelling made of? <div style="text-align: right;">matcon</div>	Code
Concrete, monolith blocks, panels.....1 Bricks, limestone, vibripressed blocks.....2 Straw-brick, clay.....3 Other4	
4. When was your dwelling built? <div style="text-align: right;">percon</div>	Code
Prior to 19461 1946 – 1960.....2 1961 – 19803 1981 – 19904 1991 – 19955 1996 – 20056 2006 and later7	
5. Number of rooms occupied by you? <div style="text-align: right;">numcam</div>	
6. Area of total (usable) space in the dwelling <div style="text-align: right;">suprtot</div>	
7. Living space of the dwelling <div style="text-align: right;">suprloc</div>	
8. Electricity	Code
Yes.....1 No.....2	
9. is there water pipe-line <div style="text-align: right;">apa</div>	Code
Water pipe-line is in the house, apartment.....1 Water pipe-line is outside the house.....2 No.....3	
9.1 Sources of water supply <div style="text-align: right;">apas</div>	
Central water pipeline1 Well.....2 Other.....3	
10. Sewage <div style="text-align: right;">siscan</div>	Code
Central.....1 Local.....2 No.....3	

11. Toilet <div style="text-align: right;">wc</div>	Code
In the house, apartment.....1 Outside the house.....2 No.....3	
12. Hot water <div style="text-align: right;">apacal</div>	Code
Centralized supply.....1 Gas, electric water heater.....2 Coal, wood boiler.....3 No.....4	
13. Gas <div style="text-align: right;">gaz</div>	Code
Centralized.....1 Gas bottle.....2 No3	
14. Floor-mounted electric cooker <div style="text-align: right;">pelect</div>	Code
Yes.....1 No.....2	
15. Type of heating <div style="text-align: right;">incalz</div>	Code
Centralized.....1 Autonomous.....2 Central gas furnace heating3 Coal, wood, fuel oil stove heating.....4 Heater, convector.....5 No.....6	
16. Bath or shower <div style="text-align: right;">baie</div>	Code
Yes.....1 No.....2	
17. Telephone <div style="text-align: right;">telef</div>	Code
Yes.....1 No.....2	
17.1. Mobile phone (indicate the total number of working mobile phones) <div style="text-align: right;">telem</div>	_ _
18. Do you have a garage? <div style="text-align: right;">garaj</div>	Code
Yes.....1 No.....2	
19. Does your household have another dwelling? <div style="text-align: right;">altloc</div>	Code
1. Apartment/house <div style="float: right;">Yes.....1 No.....2</div>	
2. Summer, winter country house <div style="float: right;">Yes.....1 No.....2</div>	
20. What do you think is an approximate current value of your apartment (house), MDL? <div style="text-align: right;">costloc</div>	_ _ _ _ _ _ _
21. If you rented this dwelling (without furniture), what would be the monthly rent payment, MDL? <div style="text-align: right;">costrent</div>	_ _ _ _ _ _ _



Section 2. Land, equipment, tools and cattle

Is filled in during the 2nd visit

1.	Does your household have a land-plot?	Code
		lot
	Yes 1 ➔ 2	
	No.....2 ➔ 3	

2.	Indicate type of the land-plot	Total area of the plot (sq. m.)	Including land (sq. m.)		
			Cultivated for agricultural purposes	leased	Not cultivated
		pamtot	pamprel	pamaren	pamnpre
1	Household plot, including kitchen-garden located outside the village (according to Articles 11 and 39 of the Land Code of the RM)				
2	Quota – an allocated equivalent land share (according to Article 12 of the Land Code of the RM and Article 2 of the Law on Amending the Land Code)				
3	Allotment, garden, kitchen-garden plot				
4	Land under lease				
5	Other (indicate) _____			X	X

3.	Utilization of agricultural equipment	Does your household have the following equipment		Have you provided any services with this equipment within the last 12 months?	
		Yes	No	Yes	No
		echip		servic	
1	Truck	1	2	1	2
2	Tractor	1	2	1	2
3	Tractor plough	1	2	1	2
4	Combine	1	2	1	2
5	Trailer, carriage	1	2	1	2
6	Seeder	1	2	1	2
7	Equipment for processing of agricultural products	1	2	1	2
8	Premises for cattle (cattle barn)	1	2	1	2
9	Premises for sheep and goats (shed)	1	2	1	2
10	Premises for poultry (henhouse)	1	2	1	2
11	Other (indicate) _____	1	2	1	2

Is filled in during the 3rd visit

4.	Domestic animals in the household	If there are any domestic animals in the household, indicate their number, please
		animal
1	Cattle	
2	Sheep	
3	Goats	
4	Pigs	
5	Poultry	
6	Other domestic animals (bees, rabbits, horses and etc.) indicate _____	



5.	If you have a quota, indicate the land bonitet in line with the	scores
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Section 3. Household composition including temporary absent members

A*. Is filled at the beginning of the month for all household members									B**. Is filled in at the end of the month								
Pag e N	Name of the household member <i>(Please indicate the names of all the members of the household starting from the household head)</i>	Kinship relation with the household head	No. of mother's line If the household does not have, indicate0	No. of father's line If the household doesn't have, indicate0	No. of spouse's line If the household doesn't have, indicate0	Gender male...1 Female...2	Age (number of full)	Marital status	Education	Study in educational institution	Studies on the basis of a fee-based contract ? Yes.....1 No.....2	Was the household member absent during the whole surveyed month? Yes.....1 No.....2	Reason of absence	Indicate the country	Indicate the period of absence	Main source of income	Supplementary source of income
cod		relat	mama	tata	part	sex	virsta	sciv	nived	studii	contr	absent	cabsent	tara	pabsent	sprin	ssupl
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	Head of the household	1															
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
3. Kinship relations with the head of the household			10. Education			11. Study in educational institution			14. Reason for absence			17-18. Source of income					
Head of the household.....1 husband/wife, partner.....2 Son/daughter (including adopted).....3 Father /Mother.....4 Brother/sister.....5 Son-in-law/daughter-in-law.....6 Mother-in-law/father-in-law.....7 Grandfather/grandmother.....8 Grandson/Granddaughter.....9 Other degree of kinship.....10 Not a relative.....11			Preschool or without primary....1 Primary.....2 Incomplete/gymnasium.....3 General secondary / lyceum.....4 Secondary vocational.....5 Secondary specialized / college.....6 Higher university..7			Nursery school, kindergarten.....1 Primary school (I-IV).....2 Gymnasium (V-IX).....3 Lyceum.....4 Vocational schools.....5 Colleges.....6 Higher educational institutions.....7 Courses.....8 No.....9			Study1 end In a hospital, convalescent home.....2 end Vacations, holidays, visiting relatives.....3 end Work abroad.....4 15 Other reasons.....5 end			Self-employed in agricultural sector.....1 Employed in public sector in agricultural sector.....2 Employed in private sector in agricultural sector.....3 Entrepreneurship.....4 Self-employed in non-agricultural sector.....5 Employed in public sector in non-agricultural sector.....6 Employed in private sector in non-agricultural sector.....7 Free-lance professional activity8 Unemployment allowance.....910 Pension11 Social payments.....12 Dependant.13 Income from abroad14 Other sources of income....15					
9. Marital status			15. Indicate country			16. Indicate the period of absence											
Mot married1 Married.....2 Non-registered marriage3 Widow(er)4 Divorced/do not live together 5			Russia..... 1 Ukraine..... 2 Italy..... 3 Portugal..... 4 Israel..... 5 Turkey.....6			< 6 Months.....1 6-12 Months.....2			end								

	Greece.....7 Other..... 8	> 12 Months.....3	
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Section 4. Employment of household members (15 years old and older)

NOTE! It is filled in for all members of the household except for the ones working abroad

Is filled in during the 3rd visit

No. of the page <i>(from the 1st column of the 3rd Section)</i>	Did you work for wage or any other cash or in-kind remuneration for at least 1 hour during the last week? Yes.....1 No...2	If no, why?	Indicate your employment status	What kind of contract have you concluded you're your employer?	Would you like to work more hours if there were any work? Yes.....1 No.....2	Were you in an active job search during last 4 weeks? Yes.....1 No...2	Would you be able to start work within the next 15 days if you were offered a job? Yes.....1 No.....2	Are you registered in the employment office? Yes.....1 No....2	This column is filled only by employed members of the household (question 2 = 1 «Yes» or question 3 = 1-3)		
									Economic activity of the enterprise (organization) that is your primary place of employment	Your profession (position) at your primary place of employment	Please indicate the number of working hours during the last 7 days (total number of hours)
cod	lucr	nulucr	statoc	contmun	more	caut	inclucr	fortmun	statecon	profes	nrore
1	2	3	4	5	6	7	8	9	10	11	12

3. If you did not work for wage or any other cash or in-kind payment during the last week, indicate the reason, please

Maternity leave / on leave to attend to a child up to the age of 1.5 (3) years.....1	☛ 4
Annual holiday or sick leave2	
Unfavorable weather conditions.....3	
Seasonal work.....4	☛ 7
Military service.....5	
Have found a job and will start work in the nearest future....6	
Look for job/unemployed.....7	
Study or professional training.....8	
Pensioner.....9	
Housewife.....10	
Other.....11	

4. Employment status

Employee.....	1
Employer (have employed workers).....	2
Self-employed in non-agricultural sector.....	3
Self-employed in agricultural sector.....	4
Unpaid assistant in a family company.....	5
Member of a cooperative.....	6

5. What type of contract/agreement have you concluded with the employer?

Fixed-term contract	1
Contract for indefinite term	2
Fixed-term agreement.....	3
Agreement for indefinite term.....	4



Is filled in during the 3rd visit

5



Section 5. Health and health related expenditures

NOTE! It is filled in for all members of the household except for the ones working abroad

Is filled in during the 3rd visit

No of the page	Health										
	Where were medical services provided ?	Please, indicate cash expenditures on medical services during last 4 weeks, including gifts: (if there were no expenditures, indicate 0)							If you were hospitalized within the last 12 months , indicate the total number of cases (if you were not hospitalized, indicate 0)	Indicate the total number of days in the hospital and the total amount of related expenditures during the last 12 months	
		Medical consultations, laboratory tests, physiotherapy, diagnostics		Payment for hospital treatment, including payment for staying in the hospital, consultations, surgeries tests and etc.		Dentist services		Purchase of medicines		days	Costs, MDL
		Official payment	Unofficial payment	Official payment	Unofficial payment	Official payment	Unofficial payment				
ajutmed	consmed	consmen	station	stationn	dentist	dentistn	medic	intspit	zispit	costspit	
10	11	12	13	14	15	16	17	18	19	20	21

11. Where were medical services provided?

At the patient's home.....1

At medical aid post, doctor's office.....2

At the family doctors' center (polyclinic), in medical, diagnostic center
.....3

In a hospital.....4

At a pharmacy.....5

Other (indicate).....6

Section 6. Purchase of goods and payment for the services during the last 6-12 months

Is filled in during the 1st visit

No page	Name of a good	Amount, MDL marfa
	GOODS PURCHASED DURING THE LAST 6 MONTHS	
	Clothes	
1	Men's outward (fur clothes, coats, short overcoat, jackets, raincoats, suits, sweaters)	
2	Women's outward (fur clothes, coats, short overcoat, jackets, raincoats, suits, sweaters)	
3	Children's outward (fur clothes, coats, short overcoat, jackets, raincoats, suits, sweaters)	
	Footwear	
4	Men's footwear (shoes, sandals, sneakers, boots, ankle boots, except for rubber and felt boots)	
5	Women's outward (shoes, sandals, sneakers, boots, ankle boots, except for rubber and felt boots)	
6	Children's outward (shoes, sandals, sneakers, boots, ankle boots, except for rubber and felt boots)	
	Household wares	
7	Glassware, crockery-ware, chinaware, ovenware (plates, saucers, glasses, shot glasses, teapots, dishware, vases, china and ceramic ware)	
8	Kitchen utensils (cooking pots, frying pans, saucepans, kettles, buckets, trays, cullendars, washbowls, graters, sieve, water butts, barrels, water cans, thermos, siphons)	
	GOODS PURCHASED DURING LAST 12 MONTHS	
9	Textile household goods (bedspreads, plaids, duvets, pillows, duvet covers, pillow-cases, bed-sheets, towels, tablecloths, curtains)	
10	Household mechanical utensils (mixers, juice squeezers, meat grinders, coffee grinders and etc.)	
11	Small domestic electric appliances (irons, mixers, juice squeezers, meat grinders, coffee grinders and etc.)	
	Furniture	
12	Dinner, kitchen tables, desks	
13	Sofas, beds, couches, davenport	
14	Armchairs, convertible armchair beds, chairs	
15	Wardrobes, bookcases, cupboards, etc.	
16	Dining rooms set, kitchen set, bedroom set, etc.	
	White goods	
17	Refrigerators and freezers	
18	Washing and dishwashing machines	
19	Electric stoves, microwave cookers, electric oven, etc.	
20	Gas stoves	
21	Heaters, fans, air-conditioners	
22	Vacuum-cleaners	
	Transport means	
23	Motorcars, minivans	
24	Motorcycles, scooters, mopeds	
25	Bicycles	
	Recreation goods	
26	Recorders, players	
27	Home entertainment systems, audio system	
28	TV sets	
29	Videotape recorders, video players	
30	Photo camera	
31	Video camera	
32	Personal computers, laptops, tablets	
	Domestic and international travel	
33	Payment for package tours at the resorts, spas, children camps, excursions, etc.	
	TUITION FEE FOR THE CURRENT ACADEMIC YEAR	
34	Tuition fee for primary education	

35	Tuition fee for secondary education	
36	Tuition fee for vocational and college education	
37	Tuition fee for higher education	



Section 7 Cultural and household goods

Is filled in during the 3^d visit

No. of the line	Name of the item	Amount at the time of the survey	Was one of the purchased items second- hand? Yes.....1 No.....2	Of which the number of items in use for the following number of years						Indicate please the current tentative value of these items (MDL)
				Less than 2	3-5	6-10	11-15	16-20	Over 20	
bunuri		cantbun	shbun	an2	an5	an610	an1115	an1620	an20	costbun
1	2	3	4	5	6	7	8	9	10	11
CULTURAL AND RECREATION GOODS										
1	TV set									
2	Tape recorder									
3	Video recorder, video player, DVD									
4	Home entertainment system									
5	Audio system									
6	Photo camera									
7	Video camera									
8	Personal computer, laptop, tablet									
9	Satellite dish									
HOUSEHOLD ELECTRIC APPLIANCES										
10	Refrigerator, freezer									
11	Automatic washing machine									
12	Mechanical washing machine									
13	Dish washing machine									
14	Electric vacuum cleaner									
15	Microwave stove									
TRANSPORTATION MEANS										
16	Bicycle for adults									
17	Motorcycle, scooter									
18	Motor car, minivan									

Section 8 Living standards assessment

Is filled in during the 3^d visit

1. How do you assess living standards of your household?		condit		
<ul style="list-style-type: none"> • Very good..... • Good..... • Satisfactory..... • Bad..... • Very bad..... 	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
2. How does you household live in comparison with the previous year?		ctrai		
<ul style="list-style-type: none"> • Much better • Better • The same..... • Worse • Much worse..... 	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
3. What income would be sufficient to meet monthly needs of your household, MDL? <small>decent</small>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
4. What minimal income would be sufficient to meet minimum monthly needs of your household, i.e. to make to ends meet, MDL? <small>minim</small>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
5. Can your household afford the following: <small>permit</small>		Yes	No	Do not know
1. Unexpected expenses in the amount of 5000 MDL?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
2. To have meat or fish every second day (if you wish)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
3. To buy clothes and footwear when needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
4. To have sufficient heating at home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
5. To replace old worn out furniture?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
6. To purchase medicines prescribed by a doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
7. To have one-week holiday per year away from home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
8. To host friends and relatives at least once a month?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
6. Did your household have any debts during last 12 months due to financial difficulties: <small>difserv</small>		Yes, once	Yes, several times	No
1. To pay utility bill?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
2. To pay bank credit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

Section 9, Access to social allowances

Is filled in during the 3rd visit

1. Have you ever heard about <u>social allowance</u>?	
auz	
<ul style="list-style-type: none"> • Yes • No 	1 <input type="checkbox"/> 2 <input type="checkbox"/> end
2. Who have you heard about the <u>social allowance</u> from?	
sursa	
<ul style="list-style-type: none"> • From family members..... • From friends, neighbors • From mass media (radio, television, etc.) • From a social worker 	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

<ul style="list-style-type: none"> From local authorities (mayor's office)..... Other (indicate) _____ 	5 <input type="checkbox"/> 6 <input type="checkbox"/>
3. Has any member of your household applied for <u>social allowance within the last 12 months?</u> (including the month of the survey) <div style="text-align: right;">adr</div>	
<ul style="list-style-type: none"> Yes No 	1 <input type="checkbox"/> end 2 <input type="checkbox"/>
4. Why did not you submit documents for a <u>social allowance?</u> <div style="text-align: right;">cauz</div> <div style="text-align: center;">©</div>	
<ul style="list-style-type: none"> I do not qualify I do not need any assistance I do not have all necessary documents..... Social security office is too far away Procedure for social assistance assignment is very complicated Social worker believes that I do not qualify..... Other (indicate) _____ 	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>

Comments
