

# FEDERAL STATISTICAL SURVEY

**Confidentiality is guaranteed by the information recipient**

## QUESTIONNAIRE FOR HOUSEHOLD BUDGET SURVEY

SAMPLE SURVEY

Is presented	Provision term
By interviewers who carry out household budget survey to - to the territorial office of the Russian Federal State Statistics Service in the constituent of the Russian Federation at the address designated to them	On the 15 <sup>th</sup> calendar day following the reporting period

Form No.1
Order of the Russian Federal State Statistics Service: On adoption of the form as of 2.11.2010 No. 382 on introduction of modifications (if any) as of _____ No. ____ as of _____ No. ____

Quarterly

Territory \_\_\_\_\_

Community \_\_\_\_\_

Code of the form in accordance with the National Index of Administrative Documents	FILLED IN BY THE INTERVIEWER			
	Code of the RF constituent in accordance with Russian Administrative-Territorial Division Classification (1,2 digits)	Code of the community in accordance with Russian Administrative-Territorial Division Classification (3-11 digits)	Code of municipality in accordance with Russian Classifier of Municipal Unit Territories (8 digits)	Code of the community type (urban-1; rural-2)
1	2	3	4	5
0603013	_ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	_

FILLED IN BY THE INTERVIEWER			
Number of the micro-census (census) district (4 digits)	Household number within the territory (4 digits)	Month and year since the household is being surveyed	
		Month (2 digits)	Year (4 digits)
6	7	8	9
_ _ _	_ _ _	_	_ _ _

FILLED IN BY THE INTERVIEWER										Date of the survey		
Type of the community by the number of population (round-off the respective code)										Date (2 digits)	Month (2 digits)	Year (4 digits)
Urban population, thousands of persons.					Rural population, persons.							
Fewer than 50/0	50.0-99.9	100.0-249.9	250.0-499.9	500.0-999.9	1 mln and fewer	Up to 200	201 - 1000	1001- 5000	More than 5000			
1	2	3	4	5	6	7	8	9	10	11	12	13
_	_	_	_	_	_	_	_	_	_	_ _	_ _	_ _ _

Surname Name and Patronymic Name of the Interviewer\_\_\_\_\_

	14
Number of the interviewer	<input type="text"/>

**FEDERAL STATISTICAL SURVEY**

**Confidentiality is guaranteed by the information recipient**

**QUESTIONNAIRE  
FOR HOUSEHOLD BUDGET SURVEY**

As of the end of 20\_\_\_\_

SAMPLE SURVEY

Is presented:	Provision term
By interviewers who carry out household budget survey to - to the territorial office of the Russian Federal State Statistics Service in the constituent of the Russian Federation at the address designated to them	On the 15 <sup>th</sup> calendar day following the reporting period

**Form N 1-C**

on introduction of modifications (if any)  
as of \_\_\_\_\_ No. \_\_\_\_\_  
as of \_\_\_\_\_ No. \_\_\_\_\_

**Annual**

Territory \_\_\_\_\_

Community \_\_\_\_\_

Code of the form in accordance with the National Index of Administrative Documents	FILLED IN BY THE INTERVIEWER			
	Code of the RF constituent in accordance with Russian Administrative-Territorial Division Classification (1,2 digits)	Code of the community in accordance with Russian Administrative-Territorial Division Classification (3-11 digits)	Code of municipality in accordance with Russian Classifier of Municipal Unit Territories (8 digits)	Code of the community type (urban-1; rural-2)
1	2	3	4	5
0603015	_____	_____	_____	_____

FILLED IN BY THE INTERVIEWER			
Number of the micro-census (census) district (4 digits)	Household number within the territory (4 digits)	Month and year since the household is being surveyed	
		Month (2 digits)	Year (4 digits)
6	7	8	9
_____	_____	_____	_____

FILLED IN BY THE INTERVIEWER										Date of the survey		
Type of the community by the number of population (round-off the respective code)										Date (2 digits)	Month (2 digits)	Year (4 digits)
Urban community, thousands of persons.					Rural community, persons.							
Fewer than 50/0	50.0-99.9	100.0-249.9	250.0-499.9	500.0-999.9	1 mln and more	Up to 200	201 - 1000	1001-5000	More than 5000			
1	2	3	4	5	6	7	8	9	10	11	12	13
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

14

Surname Name and Patronymic Name of the Interviewer

Number of the interviewer

\_\_\_\_\_



## Section 1 COMPOSITION AND SOCIAL STATUS OF HOUSEHOLD MEMBERS

### 1A. HOUSEHOLD COMPOSITION

1. Please, name the persons who usually live in this apartment (this house) and who you, as a rule, keep house with irrespective of their kinship relations with you or their absence for any reason.

INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER	First name and patronymic name	1. GENDER  male ⇒ 1 female ⇒ 2	2. Number of complete years  Child younger than 1 year old ⇒ 0, person older than 99 year old ⇒ 99	3. Relation to the responsible person	4. INDIVIDUAL CODE OF MOTHER (FATHER)  If does not reside⇒ 99	5. How many days was absent during the LAST THREE MONTHS  For those absent during all three months ⇒ 99	6. Reason for absence
<b>01</b> [responsible person]		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>02</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>03</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>04</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>05</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>06</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>07</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>08</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>09</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>10</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>11</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES to questions 1.3		CODES to question 1.6	
01 – wife/husband	06 – brother/sister	1 – away on secondment or for study for the period of up to 1 year	5 – on a seagoing job
02 – son/daughter	07 – grandson/granddaughter	2 – left to get earnings in other communities (irrespective of the period)	6 – compulsory or under contract military service, call to military exercise
03 – son-in-law/mother-in-law	08 – grandfather/grandmother	3 – absence due to hospitalization, for vacation, to visit (irrespective of the period)	7 – member of the household included into its composition during registered period (except for newborns)
04 – father/mother	09 – other degree of kinship	4 – children under the age of 16 residing at boarding-schools or with relatives	8 – was born during the survey
05 – parents of wife/husband	10 – not relatives		9 – other (pretrial detention, compulsory treatment at the decision of the court)
			99 – REFUSAL TO ANSWER

INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER	FOR THE PERSONS AT HE AGE OF					12. DOES THIS PERSON GIVE ANSWERS QUESTIONS HIMSELF/HERSELF?  YES ⇒ 1 NO ⇒ 2	13. IF "NO". WHO GIVES ANSWERS ABOUT THIS PERSON?  INDIVIDUAL CODE OF THE RESPONDENT
	16 AND OLDER			10 AND OLDER	6 AND OLDER		
	7. Marital status	For married persons (code 1 or 2 in question 1.7)		10. What is your current education	11. Do you study now? (incl. additional professional education and lessons with tutors)  YES ⇒ 1 NOW ⇒ 2		
	8. Since when do you have this marital status?  INDICATE THE YEAR	9. INDIVIDUAL CODE OF THE SPOUSE					
01 [responsible 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"/>
02	<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"/>
03	<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"/>
04	<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"/>
05	<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"/>
06	<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"/>
07	<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"/>
08	<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"/>
09	<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"/>
10	<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"/>
11	<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"/>
12	<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"/>

CODES to question 1.7	CODES to question 1.71.10	
1 – I am in registered marriage 2 – I am in non-registered marriage 3 – widower /widow 4 - divorced) 5 - separated 6 – never was married	01 – does not have primary education 02 – primary education 03 – junior secondary education 04 – secondary education 05 – junior vocational education with certificate on secondary education	06 – junior vocational education without certificate on secondary education 07 – secondary professional education 08 – incomplete higher professional education 09 – higher professional education (higher) 10 – postgraduate education

## HOUSING CONDITIONS

ALL QUESTIONS OF THIS SECTION REFER TO THE MAIN ACCOMMODATION

**1 Could you please define housing conditions of your household**

Separate apartment .....	1 → 2
Shared apartment.....	2 → 2
(individual) house, part of a house .....	3 → 2
Dormitory .....	4 → 6
Other.....	5 → 6

**2 How many families reside in your apartment (house)?**

NUMBER OF FAMILIES..... |\_\_\_\_\_|

**3 Does this accommodation belong to ...**

Members of your family .....	1
Private person .....	2
State, municipality .....	3
Another legal entity .....	4
DIFFICULT OT ANSWER.....	-7

**4 When was your house built?**

YEAR OF CONSTRUCTION..... |\_\_\_\_\_|  
DIFFICULT OT ANSWER..... -7

**5 What material are outside walls of you house made of?**

Bricks. stones.....	1
Panels.....	2
Blocks .....	3
Monolith .....	4
Timber .....	5
Other material (including, mixed one).....	6
DIFFICULT OT ANSWER.....	-7

**6 Since what year does your family live in this accommodation facilities?**

GIVE THER ANSWER FO THE MEMBER OF THE HOUSEHOLD WHO LIVES IN THIS ACCOMMODATION FACILITIES FOR THE LONGEST PERIODOF TIME

INDICATE THE YEAR..... |\_\_\_\_\_|  
DIFFICULT OT ANSWER..... -7

**7 How many floor levels are there in your building?**

NUMBER OF FLOOR LEVELS .....

|\_\_\_\_\_|

DIFFICULT OT ANSWER..... -7

**8 Is there an elevator in your building?**

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

- 9 **Will you please indicate ...**  
**THE AREA OF YOUR ACCOMMODATION IN SQUARE METERS**
- 1 Total area of residential accommodation occupied by your household (sq. m)..... |\_\_\_\_\_|
  - 2 Including heated area (sq. m)..... |\_\_\_\_\_|
  - 3 Living space (sq. m.)..... |\_\_\_\_\_|
  - 4 Number of rooms in the apartment, house..... |\_\_|
  - 5 Of which isolated ..... |\_\_|
- 10 **What can you say about the size of your accommodation facilities?**  
**INDICATE ONE ANSWER**
- Do not suffer from lack of space..... 1
- Suffer from certain lack of space ..... 2
- Suffer from serious lack of space..... 3
- 11 **Where are the following facilities located ...**
- |                                  | In the house | In a separate building | Is not available |
|----------------------------------|--------------|------------------------|------------------|
| 1 Kitchen or kitchen corner..... | 1            | 2                      | 3                |
| 2 Bathroom and (or) shower....   | 1            | 2                      | 3                |
| 3 toilet.....                    | 1            | 2                      | 3                |
- 12 **Waste water disposal in your house is done through ...**  
**INDICATE ONLY ONE ANSWER**
- Common sewage system ..... 1
- Individual sewage system (including septic tank)..... 2
- Pipe system into dumb well and etc. .... 3
- No sewage system ..... 4
- 13 **Do you have the following at home ...**
- |                                       | YES | NO |
|---------------------------------------|-----|----|
| 1 electricity.....                    | 1   | 2  |
| 2 Floor mounted electric cooker ..... | 1   | 2  |
| 3 Piped gas .....                     | 1   | 2  |
| 4 Liquefied gas (bottled gas).....    | 1   | 2  |
| 5 rubbish duct.....                   | 1   | 2  |
| 6 Corded phone .....                  | 1   | 2  |
- 14 **What kind of water system you have in your accommodation facilities?**  
**INDICATE ONLY ONE ANSWER**
- Centralized water pipe..... 1 → 16
- Water pipe from individual system ..... 2 → 16
- Water pipe outside house ..... 3 → 16
- No water pipe ..... 4 → 15
- 15 **If you do not have any water pipe, where do you primarily take water for drinking and cooking from?**



## INDICATE ONLY ONE ANSWER

- From a well, pump water well in my yard..... 1  
 From a public pump water well..... 2  
 From a public well..... 3  
 From river, lake, pond, spring and etc..... 4  
 Delivered water ..... 5  
 Other..... 6

16 **Indicate the type of hot water supply in your accommodation facilities**  
INDICATE ONLY ONE ANSWER

- Centralized hot water supply ..... 1  
 Hot water supply from local (individual) heaters..... 2  
 There is no hot water supply ..... 3

17 **What type of heating do you have?**  
INDICATE ONLY ONE ANSWER

- Centralized heating..... 1 → 20  
 Heating from individual installations, boilers ..... 2  
 stove heating..... 3  
 Other type of heating..... 4

## QUESTIONS 18 AND 19 ARE ASKED TO THE HOUSEHOLD WITH INDIVIDUAL HEATING AND HOT WATER SUPPLY SYSTEMS

18 **What MAIN type of fuel do you use?**

- gas ..... 1  
 Liquid fuel, fuel oil, petroleum oil..... 2  
 Coal..... 3  
 Firewood, char coal..... 4  
 Electricity..... 5  
 Other ..... 6

19 **Do you have enough fuel for winter?**

- Yes, enough ..... 1  
 No, not enough because of lack of money ..... 2  
 No, not enough for other reasons..... 3

20 **Do you use additional electric sources of heating to heat your lodging?**  
YOU MAY INDICATE SEVERAL ANSWERS

- Yes, convector heater, radiator, thermal fan..... 1  
 Yes, underfloor heating ..... 2  
 Yes, other electric equipment ..... 3  
 No, we do not use ..... 4

21 **Is your lodging equipped with the following meters**

YES NO

21	<b>Is your lodging equipped with the following meters</b>	YES	NO
	1 Electric consumption meter – single-rate .....	1	2
	2 Electric consumption meter – multi-rate .....	1	2
	3 Net gas consumption .....	1	2
	4 Cold water consumption.....	1	2
	5 Hot water consumption .....	1	2
	6 Heat consumption.....	1	2

QUESTION 22 IS ASKED IF THE HOUSEHOLD DOES NOT USE MULTI-RATE ELECTRIC METERS AND WATER AND HEAT METERS

22 **Why have not you installed ...**

INDICATE ONE OF THE ANSWERS	Multi-rate electric meter	Water consumption meter	Heat consumption meter
1 Do not know about their existence.....	1	2	3
2 Their installation was not offered .....	1	2	3
3 It is expensive.....	1	2	3
4 Technical problems with installation .....	1	2	3
5 No need .....	1	2	3
6 Other [INDICATE]	1	2	3

23 **Will you please indicate how many of the following items you have in your lodging ...**

- 1 illumination lamps..... |\_\_\_\_|  
Of which  
2 filament lamps..... |\_\_\_\_|

QUESTION 24 IS ASKED IF THE HOUSEHOLD DOES NOT USE ENERGY-SAVING LAMPS

**Why don't you use energy saving lamps?**

YOU MAY INDICATE SEVERAL ANSWERS

I do not know about their existence.....	1
Not on sale .....	2
It is expensive .....	3
My lighting equipment is not designed for them.....	4
Poor light .....	5
Harmful for sight .....	6
No need.....	7
Other .....	8

- 25 **WITHIN THE LAST YEAR did you have any interruptions with the supply of ...**  
 26 **If "YES", whether those interruptions were regular (at least once a month for more than 2 hours)?**

	25. THERE WERE INTER- RUPTIONS		26. REGULARLY	
	YES	NO	YES	NO
1 Cold water .....	1	2	1	2
2 Hot water [EXCEPT FOR PLANNED DISCONNECTIONS] .....	1	2	1	2
3 Electricity [INCLUDING DROP OF NETWORK VOLTAGE] .....	1	2	1	2
4 Heat [DURING HEATING SEA- SON] .....	1	2	1	2
5 Broadcasting of the whole TV pack- age.....	1	2	1	2
6 Elevator service .....	1	2	1	2

27 **Do you face any difficulties or inconveniences in relation to ...**

	YES	NO
1 The need of current repair .....	1	2
2 The need of capital repairs .....	1	2
3 Insufficient heating .....	1	2
4 Excessive humidity .....	1	2
5 Insufficient light during day time.....	1	2
6 Malfunctioning of plumbing equipment .....	1	2
7 Malfunctioning of electric wiring .....	1	2
8 Poor sound insulation .....	1	2
9 Proximity of air pollution sources.....	1	2
10 Poor water quality .....	1	2
11 Bad accessibility of public transport.....	1	2
12 Poor lightning of house access and entryway .....	1	2
13 Public disorder near your house or in the entry hall .....	1	2
14 Other problems.....	1	2

QUESTION 28 IS ASKED TO THE RESIDENTS OF APARTMENT BUILDINGS

- 28 **Was the following conducted in you apartment building WITHIN THE LAST YEAR ...**  
**YOU MAY INDICATE SEVERAL ANSWERS**

	YES	NO
1 Centralized installation of water (heat) meters	1	2
2 Building insulation (repair or replacement of window frames, doors, hermetic sealing of seams etc.) .....	1	2
3 Replacement of electric equipment.....	1	2
4 Replacement of utility and communication lines .....	1	2
5 Other [INDICATE]	1	2

29 **How would you assess your lodging in general?**

- Perfect..... 1
- Good ..... 2
- Satisfactory ..... 3
- Bad..... 4
- Very bad ..... 5
- DIFFICULT OT ANSWER ..... -7

30 **Do you plan to change your living conditions in the next 2-3 years?**

- YES ..... 1 → 31
- NO ..... 2 → 32
- DIFFICULT OT ANSWER ..... -7 → 33

31 **If “YES”, indicate how?  
YOU MAY INDICATE SEVERAL ANSWERS**

	YES	NO
1 You are registered in the list of applicants for living conditions improvement .....	1	2
2 Plan to buy another lodging (or to swap it).....	1	2
3 Plan to buy additional lodging .....	1	2
4 Plan to inherit lodging .....	1	2
5 You are building a new house, extension .....	1	2
6 Other [INDICATE]	1	2

32 **If “NO”, what is the reason**

- We are not entitled to get registered in the list of applicants for living conditions improvement, do not have any other possibilities ..... 1
- Do not want to change the district..... 2
- It is close and convenient to get to work ..... 3
- Other [INDICATE] ..... 4

33 **Could you please indicate whether there is the following at the walking distance from your lodging ...**

34 **If you cannot get to the place you need by foot, how many minutes do you need to get there by transport?**

	33. CAN YOU GET THERE BY FOOT		34. TIME NEED BY TRANSPORT	
	YES	NO	MINUTES	MORE THAN AN HOUR
1 Food store, market	1	2	__	99
2 Non-food store	1	2	__	99
3 Post office.....	1	2	__	99

	33. CAN YOU GET THERE BY FOOT		34. TIME NEED BY TRANSPORT	
	YES	NO	MINUTES	MORE THAN AN HOUR
4 Saving Bank office .....	1	2	__	99
5 Drug store .....	1	2	__	99
6 Adult outpatient clinic .....	1	2	__	99
7 Children outpatient clinic .....	1	2	__	99
8 General education institution	1	2	__	99
9 Kindergarten.....	1	2	__	99
10 Pension fund office.....	1	2	__	99
11 Social protection office.....	1	2	__	99
12 Notary office.....	1	2	__	99
13 Legal consultation office .....	1	2	__	99

35 **How regular does the public transport that you usually use work?**

- Quite regularly..... 1
- Not regularly, there are frequent breaches of schedule ..... 2
- Transport comes very rarely (not more than 3 times per day)..... 3
- Transport comes several times per week..... 4
- Transport comes several times per month ..... 5

QUESTIONS 36 AND 37 ARE ASKED TO THE RESIDENS OF COMMUNITIES WITH NO FOOD STORE

36 **Is food delivered to your community by mobile store?**

- YES ..... 1
- NO ..... 2 → 38

37 **Will you please indicate how often the mobile store arrives**

- WITHIN A WEEK, times ..... |\_\_|
- SEVERAL TIMES PER MONTH..... 9

ASK QUESTIONS ABOUT AVAILABILITY OF DURABLE GOODS IN THE FOLLOWING ORDER: FIRST QUESTION 38 ON THE WHOLE LIST OF ITEMS, AND THEN QUESTIONS 39-41 ON THOSE ITEMS THAT ARE AVAILABLE IN THE HOUSEHOLD.

- 38 **What durable goods and in what amount do you have in your household?**
- 39 **How many of them are in good working order?**
- 40 **In what year did you buy this item?** IF YOU HAVE MORE THAN ONE OF THEM, THEN THIS AND THE NEXT QUESTIONS REFER TO THE NEWEST ITEM
- 41 THE QUESTION IS ASKED ABOUT HOUSEHOLD APPLIANCES. **Would you please indicate its energy efficiency class (A, B, C, D, E)?** IF YOU FIND IT DIFFICULT TO ANSWER THIS QUESTION, INDICATE "-7"

	38. AMOUNT	39. IN WORKING CONDITIONS	40. PURCHASE YEAR OF THE LATEST ITEM	41. EFFICIENCY CLASS
<b>Audiovisual equipment</b>				
1 Color TV asset.....	_	_	_ _ _ _	
2 Black and white TV set .....	_	_	_ _ _ _	
3 Video recorder, video player .....	_	_	_ _ _ _	
4 DVD-player .....	_	_	_ _ _ _	
5 Video camera.....	_	_	_ _ _ _	
6 Radio set .....	_	_	_ _ _ _	
7 Music system .....	_	_	_ _ _ _	
8 Audio player .....	_	_	_ _ _ _	
<b>Household appliances</b>				
9 Refrigerator.....	_	_	_ _ _ _	_
10 Freezer .....	_	_	_ _ _ _	_
11 Washing machine .....	_	_	_ _ _ _	_
12 Microwave stove .....	_	_	_ _ _ _	_
13 Dishwashing machine.....	_	_	_ _ _ _	_
14 Electrical vacuum cleaner.....	_	_	_ _ _ _	_
15 Sewing machine.....	_	_	_ _ _ _	_

<b>16</b> Knitting machine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Air conditioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Personal computer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Notebook .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Mobile pone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Means of transportation</b>				
<b>21</b> Bicycle (except for children) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Motorcycle (moto bicycle) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Motor vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24</b> Auto truck.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b> Motor boat (auto boat).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION 42 IS ASKED, IF THERE IS PERSONAL OR PORTABLE COMUTER IN THE HOUSEHOLD

42 **How many members of your household and of what age use home personal computer?**

	Under age of 16	16-35	36-55	Older than 55
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43 **Does your household have access to the Internet at home?**

YES .....	1
NO .....	2 → 47

44 **How many members of your household and at what age use home Internet?**

	Under age of 16	16-35	36-55	Older than 55
<b>1</b> Constantly (more than 1 time per week) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> From time to time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Do not use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> → 47

45 **For what purposes do members of your household use home Internet?**

	Under age of 16	16-35	36-55	Older than 55
Search for or execution of paid work, information distribution .....	1	1	1	1

Obtaining of information. Processing of documents on the web sites of state authorities, public institutions and departments .....	2	2	2	2
Search for information on goods and services for everyday life, ordering of goods (booking tickets), making announcements on sale of personal things	3	3	3	3
Execution of financial transactions (payment of services, transfer of money and etc.)	4	4	4	4
Distance learning on compulsory and extracurricular program .....	5	5	5	5
Reading news, articles, utilization of electronic libraries, encyclopedia and etc.	6	6	6	6
Communication in social networks to maintain personal contacts and exchange information, correspondence with friends and relatives.....	7	7	7	7
Discussion of social and political issues, participation in Internet-activities, public-opinion polls and etc.....	8	8	8	8
Downloading of films, music, games, online gaming and etc. ....	9	9	9	9
For other purposes. ....	10	10	10	10
46 THE QUESTION IS ASKED IF “2” IS INDICATED INRESPONSE TO QUESTION 45				
<b>How would you assess completeness and timeliness of the services received at the sites of state institutions?</b>				
Information was complete and timely .....			1	
It took a lot of time to find the information or the obtained information was not complete			2	
Failed to find necessary information.....			3	



## LAND UTILIZATION

- 47 **Could you please tell whether IN THE COURSE OF THE LAST YEAR your household use any land (garden plot, summer house plot, vegetable garden plot, household plot and etc.)?**
- YES ..... 1
- NO ..... 2 → 51
- 48 **What is the total area of all plots of land (including the area occupied by various constructions)? INDICATE IN ONE HUNDRED SQUARE METERS OR HECTARES**
- 1 ONE HUNDRED SQUARE METERS .....
- 2 HECTARES .....
- 49 **Does your household have ownership title in all or part of the land plot (plots)?**
- YES ..... 1
- NO ..... 2 → 51
- 50 **What is the total area of the land plot (plots) owned by your household? INDICATE IN ONE HUNDRED SQUARE METERS OR HECTARES**
- 1 ONE HUNDRED SQUARE METERS .....
- 2 HECTARES .....
- 51 **Were you involved in any agricultural activity WITHIN THE LAST YEAR?**
- YES ..... 1
- NO ..... 2
- 52 **What agricultural equipment and in what amount do you have in your household?**
- |                               | ITEMS                                     |                                | ITEMS                                     |
|-------------------------------|---|--------------------------------|---|
| 1 Tractor (mini tractor)..... | <input style="width: 50px;" type="text"/> | 6 Walking tractor .....        | <input style="width: 50px;" type="text"/> |
| 2 Harvester .....             | <input style="width: 50px;" type="text"/> | 7 Fertilizer distributor ..... | <input style="width: 50px;" type="text"/> |
| 3 Plough.....                 | <input style="width: 50px;" type="text"/> | 8 Milking unit.....            | <input style="width: 50px;" type="text"/> |
| 4 Sower.....                  | <input style="width: 50px;" type="text"/> | 9 Feed dispenser.....          | <input style="width: 50px;" type="text"/> |
| 5 Mowing-machine.....         | <input style="width: 50px;" type="text"/> | 10 Other .....                 | <input style="width: 50px;" type="text"/> |

## FOOD PRODUCT STOCKS

- 53 **What products and in what amount did you have in your household AS OF THE YEAR END?**
- |                      | kilograms, to<br>the accuracy<br>of 0.1   |                                 | kilograms, to the<br>accuracy of 0.1      |
|----------------------|---|---------------------------------|---|
| 1 Flour .....        | <input style="width: 50px;" type="text"/> | 11 Butter.....                  | <input style="width: 50px;" type="text"/> |
| 2 grits.....         | <input style="width: 50px;" type="text"/> | 12 Dairy preserves .....        | <input style="width: 50px;" type="text"/> |
| 3 Past products..... | <input style="width: 50px;" type="text"/> | 13 Dry milk .....               | <input style="width: 50px;" type="text"/> |
| 4 Beef.....          | <input style="width: 50px;" type="text"/> | 14 Dry cream.....               | <input style="width: 50px;" type="text"/> |
| 5 Pork.....          | <input style="width: 50px;" type="text"/> | 15 Vegetable oil .....          | <input style="width: 50px;" type="text"/> |
| 6 Poultry meat ..... | <input style="width: 50px;" type="text"/> | 16 Margarine and other fat..... | <input style="width: 50px;" type="text"/> |
| 7 Tinned meat.....   | <input style="width: 50px;" type="text"/> | 17 Sugar .....                  | <input style="width: 50px;" type="text"/> |
| 8 Fish.....          | <input style="width: 50px;" type="text"/> | 18 Sweets, chocolate.....       | <input style="width: 50px;" type="text"/> |
| 9 Tinned fish .....  | <input style="width: 50px;" type="text"/> | 19 Jam, marmalade .....         | <input style="width: 50px;" type="text"/> |
| 10 Milk, l.....      | <input style="width: 50px;" type="text"/> | 20 Biscuits, gingerbread.....   | <input style="width: 50px;" type="text"/> |

<b>ASSESSMENT OF FINANCIAL OF FINANCIAL SITUATION</b>
---

- 54 **Could you please indicate which of these statements describes current financial situation of your household best of all?**

INDICATE ONLY ONE ANSWER

- |  |    |
|--|----|
| We do not have enough money even for food .....  | 1  |
| We have enough money for food, but it is difficult to pay utility bills and buy clothes .....  | 2  |
| We have enough money for food and clothes, but we cannot afford to buy necessary durable goods (TV set, refrigerator, etc.) .....                  | 3  |
| We can afford to buy food, clothes, necessary durable goods, but do not have enough money to buy motor vehicles, apartments and summer houses..... | 4  |
| We have enough money to buy everything we believe necessary.....   | 5  |
| DIFFICULT OT ANSWER .....  | -7 |

- 55 **How much money do you believe your household needs PER MONTH to live ...**

INDICATE В РУБЛЯХ

RUBLES

- |   |   |       |
|---|---|-------|
| 1 | Very well, denying ourselves nothing..... | _____ |
| 2 | well.....                                 | _____ |
| 3 | Satisfactory.....                         | _____ |

- 56 **Does your household CURRENTLY have any outstanding debt, loan or other debt obligations to ...**

- |   |   | YES | NO |
|---|---|-----|----|
| 1 | banks .....   | 1   | 2  |
| 2 | Enterprise you are employed at.....   | 1   | 2  |
| 3 | Other organizations for services and goods (without bank participation) ..... | 1   | 2  |
| 4 | Private persons .....   | 1   | 2  |
| 5 | Other type of indebtedness.....   | 1   | 2  |

*THANK YOU FOR PARTICIPATION IN THE SURVEY*

I HEREBY CONFIRM THAT THE SURVEY HAS BEEN CARRIED OUT BY ME IN ACCORDANCE WITH THE INSTRUCTIONS ON THE WAY TO FILL IN THE FORM OF THE FEDERAL STATISTICAL SURVEY N 1-C "QUESTIONNAIRE FOR THE HOUSEHOLD BUDGET SURVEY" ADOPTED BY THE ORDER OF THE RUSSIAN FEDERAL STATE STATISTICS SERVICE NO 382 AS OF 2.11.2010 BY MEANS OF PERSONAL INTERVIEW.

**Signature of the Interviewer** \_\_\_\_\_

## 1B. EMPLOYEMENT

FOR HOUSEHOLD MEMBERS AT THE AGE OF 15 AND OLDER

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move o question	
		01	02	03	04	05		
<b>1.</b>	<b>Did you have any paid job or gainful activities IN THE COURSE OF THE LAST THREE MONTHS?</b> INDICATE ONLY ONE CODE							
	Yes, I did, I had an uninterrupted work during all three months	1	1	1	1	1	⇒ 7	
	Yes, I did in the course of all three months, but for various reasons I was absent from work for some time or all the time	2	2	2	2	2	⇒ 2	
	Yes, I did, but not during the whole period	3	3	3	3	3	⇒ 3	
	No, I did not have any work	4	4	4	4	4	⇒ 5	
<b>2.</b>	<b>Could you please indicate the main reason for which you were absent from work?</b>  INDICATE ONLY ONE CODE	1 – illness or injury, care for sick person 2 – annual leave, compensatory leave, administrative leave, study leave отпуск 3 – absence of clients, orders 4 – maternity leave 5 – leave for care for a child under 18 months 6 - leave for care for a child at the age of 18 – 36 months 7 – other reasons					⇒ 7	
<b>3.</b>	<b>Name the main reason for which you did not work for certain time?</b>  INDICATE ONLY ONE CODE	01 – change of place of work during the survey 02 – expiration of contract, termination of employment [did not start new work yet] 03 – retirement 04 – obtainment of disability group 05 – started study 06 – recruitment to the army 07 – seasonal work 08 – liquidation of own business 09 – as a rule, the work was occasional or one-off 10 – got employed during the period of the survey 11 – organization of own business 12 – other reasons					⇒ 4	
<b>4.</b>	<b>Could you please recollect, IN THE COURSE OF THE LAST THREE MONTHS ...</b> <b>How many weeks did you work?</b>	_____	_____	_____	_____	_____	⇒ 5	
<b>5.</b>	<b>How many weeks you did not work and were looking for job?</b>	_____	_____	_____	_____	_____	⇒ 6	
<b>6.</b>	<b>How many weeks you did not work and were not looking for job?</b>	_____	_____	_____	_____	_____	⇒ 7 or 15 or 17	
<b>QUESTION 7 IS ADDRESSED TO THOSE WHO HAD WORK FOR AT LEAST ONE WEEK IN THE COURSE OF THE LAST THREE MONTHS (QUESTIONS 1, 4)</b>								
<b>7.</b>	<b>What was your labor status at your MAIN place of work?</b> AT THE PLACE OF WORK WHERE THE RESPONDENT HAD THE LONGEST EMPLOYEMENT  INDICATE ONLY ONE CODE	_____	_____	_____	_____	_____	⇒ 8	
<b>8.</b>	<b>Did you have any paid job or any gainful activity even if you were temporarily absent from it?</b>	YES ⇒	1	1	1	1	1	⇒ 9
		NO ⇒	2	2	2	2	2	⇒ 11
<b>9.</b>	<b>What was your labor status at your ADDITIONAL place of work?</b> AT THE PLACE OF WORK WHERE THE RESPONDENT HAD THE LONGEST EMPLOYEMENT  INDICATE ONLY ONE CODE	_____	_____	_____	_____	_____	⇒ 10	

## CODES TO QUESTIONS 7, 9

<u>employed:</u>	5 – member of a production cooperative
1 - at an enterprise (institution, organization)	6 - self-employed
2 - by natural persons, private entrepreneurs	7 – works in household on production of products for sale
3 – owner or co-owner of an enterprise, company, etc., participates in management	
4 – farmer	

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question		
		01	02	03	04	05			
<b>10.</b>	Could you please recollect how many weeks you were employed at this work place IN THE COURSE OF THE LAST THREE MONTHS? NUMBER OF WEEKS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 11		
<b>11.</b>	Where was the MAIN workplace (gainful activity) located IN THE COURSE OF THE LAST THREE MONTHS ... BOTH CASES CAN BE INDICATED								
	1 In the republic, district, region where you live	1	1	1	1	1	⇒ 15 or 18		
	2 In the other region of the Russian Federation	2	2	2	2	2	⇒ 12		
	INDICATE THE NAME OF THE REGION								
<b>12.</b>	CODE OF THE RUSSIAN FEDERATION CONSTITUENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 13		
<b>13.</b>	If your workplace was located in another region, did you come back home every day?	YES ⇒	1	1	1	1	1	⇒ 14	
		NO ⇒	2	2	2	2	2		
<b>14.</b>	IN THE COURSE OF THE LAST THREE MONTHS, how much money was spent by you for purchase of goods and services in the region where you worked? INDICATE IN ROUBLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 15 or 18		
QUESTION 15 IS ADDRESSED TO THOSE WHO IN THE COURSE OF THE LAST THREE MONTHS DID NOT HAVE ANY WORK AND WAS LOOKING FOR IT FOR AT LEAST ONE WEEK (QUESTION 5)									
<b>15.</b>	Were you registered as unemployed in the Employment Service?	YES ⇒	1	1	1	1	1	⇒ 16	
		NO ⇒	2	2	2	2	2	⇒ 17 or 18	
<b>16.</b>	Was unemployment benefit assigned to you?	YES ⇒	1	1	1	1	1	⇒ 17 or 18	
		NO ⇒	2	2	2	2	2		
QUESTION 17 IS ADDRESSED TO THOSE WHO IN THE COURSE OF THE LAST THREE MONTHS DID NOT HAVE ANY WORK FOR AT LEAST A WEEK AND WAS NOT LOOKING FOR IT (QUESTION 6)									
<b>17.</b>	Which of the following categories describes you best of all during the period when you did not work and did not look for any job IN THE COURSE OF THE LAST THREE MONTHS? INDICATE ONLY ONE CODE	1 - student 2 - non-working pensioner 3 - not working person with lengthy (for more than a month) impairment of working ability as a result of illness without obtaining any disability group	4 - disabled person with limited working ability 5 - works at home, takes care of children or other persons 6 - person who does not work, does not study and does not look for work 7 - other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 18
QUESTION 18 FOR ALL PERSONS AT THE AGE OF 15 AND OLDER									
<b>18.</b>	Do you have state pension insurance certificate?	YES ⇒	1	1	1	1	1	⇒ 19	
		NO ⇒	2	2	2	2	2	⇒ 1B	
<b>19.</b>	Are you aware of the amount transferred by your employer to the Pension Fund?	YES ⇒	1	1	1	1	1	⇒ 1B	
		NO ⇒	2	2	2	2	2		

## 1C. INFORMATION ABOUT THE HOUSELD HEAD AND HIS (HER) SPOUSE

	1. HEAD OF THE HOUSEHOLD	2. SPOUSE OF THE HOUSEHOLD HEAD	Move to question
<b>1.</b> Name the member of the household who made the largest contribution to the common budget of your household IN THE COURSE OF THE LAST THREE MONTHS  INDIVIDUAL CODE <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	⇒ 2
QUESTIONS 2-5 ARE ADDRESSED TO THOSE WHO WORKED FOR AT LEAST ONE WEEK IN THE COURSE OF THE LAST THREE MONTHS (SECTION 1B QUESTIONS 1, 4)			
<b>2.</b> IN THE COURSE OF THE LAST THREE MONTHS, your (his/her) main work as a rule lasted ...?  Full-time working week and more	1	1	⇒ 3
Part-time working week	2	2	
<b>3.</b> The enterprise (organization) where you (he /she) work(s) IN THE COURSE OF THE LAST THREE MONTHS is owned ...?  By the state or municipality	1	1	⇒ 4
Is private or of other form of ownership	2	2	
<b>4.</b> Could you please name the main type of activity of the enterprise (organization, institution) of your (his/her) main place of employment or type of activity of the natural person who employed you (him/her)  PROVIDE NARRATIVE DESCRIPTION	1 – Agriculture, hunting and forestry sector 2 - Fisheries and aquaculture sectors 3 - Extraction of minerals 4 - Manufacturing activity 5 – Power, water and gas production and distribution 6 – Construction 7 – Wholesale and retail trade; repair of automobiles, motorcycles, household goods and personal appliances 8 – Hotels and restaurants 9 – Transport and communications	10 – Financial activity 11 – Real estate, leasing activity and services 12 – Public administration and public order enforcement; compulsory social insurance 13 – Education 14 – Health care and social services 15 – Other utility, social and personal services 16 – Provision on household keeping services 17 – Activity of international organizations	⇒ 5
	CODE <input type="text"/> <input type="text"/>	CODE <input type="text"/> <input type="text"/>	
<b>5.</b> What was your (his/her) position, occupation at the main place of work?  PROVIDE NARRATIVE DESCRIPTION	1 – Heads (representatives) of public administration bodies, including heads of institutions, organizations and enterprises 2 – High-level qualification specialists 3 – Medium-level qualification specialists 4 – Office workers responsible for preparation of information, drawing up of documents, record keeping and provision of services 5 – Employees of service sector, housing and communal sector, trade and related types of activity	6 – Qualified workers of agricultural, forestry, hunting, fishery and aquaculture sectors 7 – Qualified workers of large and small industrial enterprises, artisan craftwork, construction, transport, communication, geology and exploration sectors 8 – Operators, machinists and machine fitters 9 – Non-qualified workers 10 – Armed forces	⇒ 1Г
	CODE <input type="text"/> <input type="text"/>	CODE <input type="text"/> <input type="text"/>	

## 1G. SOCIAL SECURITY AND SOCIAL ASSISTANCE

		INDIVIDUAL CODE OF HOUSEHOLD MEMBER					Move to question	
		01	02	03	04	05		
<b>1.</b>	<b>Are you entitled to pension?</b>	YES ⇒	1	1	1	1	1	⇒ 2
		NO ⇒	2	2	2	2	2	⇒ 4
<b>2.</b>	<b>What type of pension is assigned to you?</b> INDICATE CODE OF PENSION TYPE. FOR THE PERSONS TO WHOM TWO TYPES OF PENSIONS ARE ASSIGNED INDICATE THE CODE OF EACH PENSION		Retirement pension 1 – old age 2 – disability 3 – survivors pension	State pension security pensions 4 – length-of-service pension 5 – old age 6 – disability 7 – survivors pension		8 – social		
	1	FIRST TYPE OF PENSION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 3
	2	SECOND TYPE OF PENSION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>3.</b>	<b>What is the amount of pension paid IN THE COURSE OF THE LAST THREE MONTHS?</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>4.</b>	<b>Do you belong to any of the following categories of persons entitled to social assistance?</b> INDICATE THE CODE OF THE RESPECTIVE CATEGORY ENTITLED TO BENEFITS. PERSONS BELONGING TO TWO CATEGORIES INDICATE THE CODE OF EACH OF THEM SEPARATELY		1 – disabled war veteran 2 – participant of the Great Patriotic War 3 – veterans of combat operations 4 – military personnel who served duty not in the army field forces 5 – persons awarded the "Resident of Sieged Leningrad" badge 6 – persons who worked at military facilities during the Great Patriotic War	7 – family members of disabled veterans and participants of the Great Patriotic War, veterans of combat operations Disabled persons of: 8 – group I 9 – group II 10 – group III 11 – disabled children 12 – persons exposed to radiation 13 – persons awarded state honorary degrees				
	1	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 5
	2	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	4	THE RESPONDENT DOES NOT BELONG TO ANY CATEGORY	99	99	99	99	99	
<b>5.</b>	<b>IN THE COURSE OF THE LAST THREE MONTHS, did you use benefits provided by SOCIAL SERVICES PACKAGE?</b>							
	Yes, I used the whole or part of the social services package		1	1	1	1	1	
	No, I received cash indemnity		2	2	2	2	2	⇒ 7
<b>6.</b>	<b>What particular benefits did you receive IN THE COURSE OF THE LAST THREE MONTHS?</b>							
	Pharmaceutical benefit		1	1	1	1	1	
	Free-of-charge health resort treatment		2	2	2	2	2	
	Free-of-charge intercity travel or travel privilege to the place of treatment and back		3	3	3	3	3	
	Free-of-charge travel by suburban railroad transport		4	4	4	4	4	
<b>7.</b>	<b>Do you belong to one of the following categories of persons entitled to social support measures?</b> INDICATE THE CODE OF THE RESPECTIVE CATEGORY ENTITLED TO BENEFITS. PERSONS BELONGING TO TWO CATEGORIES INDICATE THE CODE OF EACH OF THEM SEPARATELY		1- veteran of labor–pensioner 2 –military service veteran– pensioner 3 – home front worker 4 – rehabilitated or suffered from political repressions 5 – pensioner who does not belong to any welfare category	6 – child orphan or without parental custody 7 – specialist who works and resides in rural area 8 – person with honorary titles of the RF constituent 9 – student 10 – donor				
	1	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	2	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3	CATEGORY CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	4	THE RESPONDENT DOES NOT BELONG TO ANY CATEGORY	99	99	99	99	99	

		INDIVIDUAL CODE OF HOUSEHOLD MEMBER						
		01	02	03	04	05		
<b>8.</b>	<b>Please name types of social support you enjoyed IN THE COURSE OF THE LAST THREE MONTHS? [PREVIOUSLY MENTIONED BENEFITS FROM THE SOCIAL SERVICE PACKAGE ARE NOT INCLUDED]</b>							
1	Free of charge travel or travel privilege on municipal transport	1	1	1	1	1		
2	Free of charge travel or travel privilege on suburban transport	2	2	2	2	2		
3	Free of charge travel or travel privilege on intercity transport	3	3	3	3	3		
4	Free of charge or reduced price prescribed medicines	4	4	4	4	4		
5	Privileges for prosthetic dentistry	5	5	5	5	5		
6	Privileges for purchase of voucher for health resort treatment	6	6	6	6	6		
7	Provision of services by social protection bodies (at home and in day treatment centers)	7	7	7	7	7		
8	Provision of in-kind assistance in the form of food packages, clothes and other articles of daily necessity	8	8	8	8	8		
9	None of the aforementioned benefits were granted	9	9	9	9	9		
<b>QUESTIONS 9-11 ARE ADDRESSED TO THE RESPONSIBLE PERSON</b>								
<b>9.</b>	<b>What types of HOUSING AND UTILITY subsidies or compensations did your household receive IN THE COURSE OF THE LAST THREE MONTHS?</b>					<b>10.</b>		
INDICATE ALL POSSIBLE OPTIONS								
1	Subsidies to pay housing and utility services received as transfer to bank account	1				Yes	1	
2	included into the bill	2				No	2	
3	Other monetary compensations to pay housing and utility services	3				<b>11.</b>		
4	Privileges (discounts) for electricity bill payment	4				<b>Did your household receive any special-purpose assistance IN THE COURSE OF THE LAST THREE MONTHS?</b>		
5	Privileges (discounts) for telephone service payment	5				1	Social assistance to low income families or single persons	1
6	Privileges (discounts) fuel purchase	6				2	Assistance in emergency circumstances (need for medical assistance, loss or damage of property, death of close relatives ad etc.)	2
7	Payment privileges for garbage disposal and treatment of solid domestic waste	7				3	None of the aforementioned	3
8	One time assistance to repair accommodation and etc.	8						
9	None of the aforementioned	9						
<b>QUESTION 12 IS ADDRESSED TO THE HOUSEHOLD WITH THE CHILDREN UNDER THE AGE OF 16 (or 23 is they are full-time students)</b>								
<b>12.</b>	<b>What types of benefits, subsidies or compensations did members of your household receive (household /family as a whole) IN THE COURSE OF THE LAST THREE MONTHS?</b>					УКАЗАТЬ ВСЕ ВОЗМОЖНЫЕ ВАРИАНТЫ ОТВЕТОВ		
1	Single time monetary payment from maternity fund				1			
2	Monthly child benefit set forth in line with the current legislation				2			
3	Monthly benefit to the child of a conscript				3			
4	Benefits and payments to the children without one or both parents (except for survivors pension)				4			
5	Monthly compensation of the payment for preschool institutions or other institutions of main or additional education				5			
6	Free of charge lacteal products for infants				6			
7	Free of charge meals in educational institution				7			
8	Other benefits or subsidies to certain categories of families (large families, single-parent families and etc.)				8			
9	None of the aforementioned				9			

## 1E. HEALTH CARE

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question		
		01	02	03	04	05			
1.	Did you buy any medicines IN THE COURSE OF THE LAST THREE MONTHS?	YES ⇒	1	1	1	1	1	⇒ 2	
		NO ⇒	2	2	2	2	2	⇒ 5	
2.	If "YES",								
	you mainly paid for the medicines yourself	1	1	1	1	1	1	⇒ 3	
	you mainly got medicines free of charge or at reduced price	2	2	2	2	2	2		
3.	What were your average MONTHLY medicine expenditures within the last three months? INDICATE IN ROUBLES	_____	_____	_____	_____	_____	_____	⇒ 4	
4.	Could you please assess what were your AVERAGE MONTHLY savings from free of charge medicines or the medicines purchased at reduced prices IN THE COURSE OF THE LAST THREE MONTHS? INDICATE IN ROUBLES IF MEDICINES WERE NOT OBTAINED FREE OF CHARGE OR AT REDUCED PRICE INDICATE "0"	_____	_____	_____	_____	_____	_____	⇒ 5	
5.	Did you have to address medical institution prices IN THE COURSE OF THE LAST THREE MONTHS because of ...								
	1 Illness (acute or chronic)	1	1	1	1	1	1		
	2 Rehabilitation after disease, injuries, wounds	2	2	2	2	2	2		
	3 To get a prescription	3	3	3	3	3	3		
	4 To get health certificates, extracts and etc. n.	4	4	4	4	4	4	⇒ 6	
	5 Pediatric observation of an infant	5	5	5	5	5	5		
	6 Preventive examination	6	6	6	6	6	6		
	7 Other	7	7	7	7	7	7		
8 No need	8	8	8	8	8	8	⇒ 11		
6.	Did you seek medical assistance IN THE COURSE OF THE LAST THREE MONTHS?	YES ⇒	1	1	1	1	1	⇒ 7	
		NO ⇒	2	2	2	2	2	⇒ 10	
7.	If you did, what particular medical assistance ... ?								
		1 clinical outpatient (no inpatient treatment) [in polyclinic, outpatient department, consultative and diagnostic centers, medical and obstetrical station, maternity counselling center]	1	1	1	1	1	1	⇒ 7.2
		2 Stomatological [treatment, prosthodontia]	2	2	2	2	2	2	⇒ 7.3
		3 Emergency ambulance [acute state, for transportation to the place of treatment and back]	3	3	3	3	3	3	⇒ 7.4
4 Inpatient [hospitalization (at least for one night), maternity home]	4	4	4	4	4	4	⇒ 8		
8.	Did you have to make official payment (according to the receipt) or unofficial (personally to the health professional) for health care and other medical services IN THE COURSE OF THE LAST THREE MONTHS?	YES ⇒	1	1	1	1	1	⇒ 9	
		NO ⇒	2	2	2	2	2	⇒ 11	



		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question
		01	02	03	04	05	
<b>9.</b>	<b>If "Yes", could you please indicate what particular health care was paid for and how much was paid for this medical service?</b> CACH PAYMENT FROM THE HOUSEHOLD BUDGET IS ACCOUNTED, IRRESPECTIVE IF THESE EXPENSES WERE (OR CAN BE) COMPEMSATED BY SOMEBODY ELSE (EMPLOYER, INSURANCE ORGANIZATION, RELATIVES AND ETC. РОДСТВЕННИКАМИ)						
	OUTPATIENT, DISPENSARY AND INPATIENT CARE						
1	Visit and consultation of general practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Visit and consultation of general practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Surgical operation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Obstetric aid, hospitalization in maternity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Medical procedures (injections, drips, bandaging, vaccination and etc.), patient care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Laboratory tests and medical examinations (cardiograms, ultrasonography-ray examination, tests and etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7	Massage, manual therapy, therapeutic exercises, acupuncture, psychotherapy, visiting of homeopaths, and etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8	Medicines and medical materials during hospitalization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9	Other medical services (issuance of health certificates, transportation to the place of treatment and back, rent of therapeutic equipment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	STOMATOLOGICAL CARE						
10	Dental care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	Prosthodontia	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	Preventive examination and consultations of specialists (orthodontists, paradontists and etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	Stomatological surgeries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	EMERGENCY CARE						
14	Ambulance call-out and emergency treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15	Appointment for hospitalization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16	Medicines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17	Transportation to the place of treatment and back	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 11
<b>10.</b>	<b>If you did not seek any medical assistance, why so?</b> INDICATE ONE MAIN REASON						
	It was difficult to get an appointment at the necessary specialist	1	1	1	1	1	⇒ 12
	Necessary services are paid and I have no money to pay for them	2	2	2	2	2	
	Necessary medical service is not available at the place of residence (permanently or temporarily)	3	3	3	3	3	
	Other reasons (no time, self-treatment, addressed healers, and etc.)	4	4	4	4	4	
<b>11.</b>	<b>In what year did you last visit .....?</b> INDICATE TWO LAST FIGURES OF THE YEAR OF THE VISIT						
1	General practitioner (therapeutist)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 1E
2	Specialized doctors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Dentist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 1F. EDUCATION

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question
		01	02	03	04	05	
<b>QUESTIONS 1-11 FOR THE PERSONS AT THE AGE FROM 6 YEAR-OLD AND OLDER, WHO ANSWERED "YES" TO QUESTION 11 IN SECTION 1A</b>							
<b>1. Did you study IN THE COURSE OF THE LAST THREE MONTHS? INDICATE ONLY ONE CODE</b>	In general education institution (school, gymnasium, lyceum)	1	1	1	1	1	⇒ 2
	In basic vocational educational institution (vocational school, technical school)	2	2	2	2	2	
	In secondary professional educational institutions (secondary technical school, college, and etc.)	3	3	3	3	3	
	In higher professional educational institutions (institute, university, academy)	4	4	4	4	4	⇒ 11
	Postgraduate studies (residency training, post-graduate military course)	5	5	5	5	5	
	In the institutions of continuous professional training (training courses, upgrading skill courses, professional courses, and etc.) or individually with the tutor	6	6	6	6	6	
<b>2. Where is educational institution located?</b>	In the republic, oblast or region of your residence	1	1	1	1	1	⇒ 4
	In another regions of the Russian Federation	2	2	2	2	2	⇒ 3
	INDICATE WHERE SPECIFICALLY						
CODE OF THE RUSSIAN FEDERATION CONSTITUENT		___	___	___	___	___	
<b>4. Educational institution you study at is ...</b>	State or municipal	1	1	1	1	1	⇒ 5
	Non-state (private or other form of ownership)	2	2	2	2	2	
<b>5. Your study [OF THE BASIC CURRICULUM] is....</b>	Free of charge (funded from the budget)?	1	1	1	1	1	⇒ 8
	On a paid basis (basing on a contract with full or partial reimbursement of costs)?	2	2	2	2	2	⇒ 6
<b>6. Who paid for your education?</b>  FOR THE LAST ACADEMIC YEAR YOU CAN INDICATE MORE THAN ONE ANSWER	1 Yourself /your household	1	1	1	1	1	⇒ 7
	2 Enterprise, organization of (your or members of you household) employment	2	2	2	2	2	⇒ 8
	3 Sponsors (individuals or organizations), relatives who do not reside with you, and etc.	3	3	3	3	3	
	INDICATE IN ROUBLES						
<b>7. How much did your household pay for your education BASED ON A CONTRACT DURING LAST THREE MONTHS?</b>		___	___	___	___	___	⇒ 8

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question
		01	02	03	04	05	
<b>8.</b>	<b>How much did your expenses on the MAIN education constitute IN THE COURSE OF THE LAST THREE MONTHS?</b>	INDICATE IN ROUBLES					
1	Purchase of manuals, methodological and reference materials, training programs, stationery, and etc..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 9
2	Fee for after-school care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Purchase of uniform or work clothes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Payment for repeating a text or exam, additional classes on main learning program, and etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Purchase of materials or equipment for educational institution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Transport costs (organized transportation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7	Meals (organized)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8	Payment for cleaning, repair and guarding of educational /preschool institution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9	Payment for dormitory, rent of accommodation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	Sponsorship contributions, gifts to teachers, and etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>9.</b>	<b>Did you attend any extracurricular classes in educational institutions or in sport and art institutions IN THE COURSE OF THE LAST THREE MONTHS?</b>	<i>Extracurricular classes, catch-up classes in specialized school, lessons with coach, centers of additional education, Art schools (musical, choreographic, art, theater, and etc.) Children's activity centers – technical, environmental, and etc.</i>		<i>Sport schools, centers Preparatory courses (departments) Training courses (foreign language, computer skills, accounting, and etc.) On-the-job training,</i>			
	YES ⇒	1	1	1	1	1	⇒ 10
	NO ⇒	2	2	2	2	2	⇒ 12 or P.2
<b>10.</b>	<b>Were these classes paid for from the household budget IN THE COURSE OF THE LAST THREE MONTHS?</b>						
	YES ⇒	1	1	1	1	1	⇒ 11
	NO ⇒	2	2	2	2	2	⇒ 12
<b>11.</b>	<b>If "YES", how much did these costs constitute IN THE COURSE OF THE LAST THREE MONTHS?</b>	INDICATE IN ROUBLES					
EXPENSES RELATED TO EXTRACURRICULAR CLASSES							
1	Payment of classes under contract with educational institution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	⇒ 12 or P.2
2	Payment of classes under contract with private person (tutor, coach, and etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Purchase of manuals, methodological materials, books, stationary, games	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Purchase of materials or equipment for classes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Purchase of equipment, clothes and shoes for sport classes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Sponsorship fees, gifts to teachers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
EXPENSES RELATED TO ENTRANCE TO THE EDUCATIONAL INSTITUTION							
7	Payment for additional classes or courses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8	Payment to tutors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9	Purchase of manuals, methodological materials, books	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	Admission (sponsorship) fees, fees for processing and documentation, gifts to teachers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

		INDIVIDUAL CODE OF THE HOUSEHOLD MEMBER					Move to question
		01	02	03	04	05	
<b>ANSWERS TO QUESTIONS 12-26 ARE GIVEN FOR THE CHILDREN UNDER THE AGE OF 9 (NOT PUPILS)</b>							
<b>12.</b>	<b>Does your child attend any PRESCHOOL EDUCATIONAL INSTITUTIONS?</b>						
	Attends kindergarten	1	1	1	1	1	⇒ 13
	Attends short-term group	2	2	2	2	2	
	Does not attend	3	3	3	3	3	⇒ 18
<b>13.</b>	<b>What preschool institutions does your child attend?</b>						
	Municipal	1	1	1	1	1	⇒ 14
	Industry-sponsored	2	2	2	2	2	
Private	3	3	3	3	3		
<b>14.</b>	<b>On what basis [ACCORDING TO THE BASIC CURRICULUM] .... ?</b>						
	Free of charge	1	1	1	1	1	⇒ 17
	On a paid basis (with full or partial reimbursement of costs)	2	2	2	2	2	⇒ 15
<b>15.</b>	<b>Who currently pays for the child attendance of a pre-school educational institutions?</b>						
	YOU CAN GIVE MORE THAN ONE ANSWER						
	1 You yourself /your household	1	1	1	1	1	⇒ 16
	2 Enterprise, organization where you are employed (you or a member of your household)	2	2	2	2	2	⇒ 17
3 Sponsors, relatives who are not members of your household, and etc.	3	3	3	3	3		
<b>16.</b>	<b>How much did your household pay for pre-school educational institution IN THE COURSE OF THE LAST THREE MONTHS?</b>						
	INDICATE IN ROUBLES	_____	_____	_____	_____	_____	⇒ 17
<b>17.</b>	<b>How much did expenses related to attending of preschool institution constitute IN THE COURSE OF THE LAST THREE MONTHS?</b>						
		INDICATE IN ROUBLES					
	1 Purchase of educational programs, payment for materials or equipment for classes	_____	_____	_____	_____	_____	⇒ 21
	2 Meals (organized)	_____	_____	_____	_____	_____	
	3 Payment for cleaning, repair, and safeguard of the educational institution	_____	_____	_____	_____	_____	
4 Sponsorship fees, gifts to teachers, and etc.	_____	_____	_____	_____	_____		
<b>18.</b>	<b>If your child does not attend pre-school educational institutions, who takes care of the child?</b>						
	Parents, older children, relatives and other persons free of charge	1	1	1	1	1	⇒ 21
	Specially hired person for a fee	2	2	2	2	2	⇒ 19



## Section 2 HOUSEHOLD INCOME

1.	<p>Could you please indicate one main source of means of subsistence of your household FOR THE LAST THREE MONTHS?</p>	<p>1 - employment income (except for private subsidiary farming) 2 - private subsidiary farming 3 - scholarship 4 - pension 5 - benefits</p>	<p>6 - other type of social security 7 - savings 8 - income from property rent 9 - in dependence on other persons 10 - other source</p>	<p>Move to question</p>																																																			
				<input type="text"/> <input type="text"/>																																																			
⇒ 2																																																							
2.	<p>Could you please indicate what approximate AVERAGE MONTHLY CASH income of your household in the course of the last three months was</p> <p><u>TO TAKE INTO ACCOUNT:</u> payment for work, proceeds from sale of the products received as in-kind payment for work, income from entrepreneurship activity and private subsidiary farming, income from property, pensions, benefits, scholarship, alimony and other regular revenues</p> <p><u>DO NOT TAKE INTO ACCOUNT:</u> gifts, inheritance, insurance compensation, winnings and other irregular revenues</p>																																																						
				<input type="text"/> <input type="text"/>																																																			
⇒ 3																																																							
INDICATE RESPECTIVE INTERVAL CODE																																																							
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Up to 500 rubles	1	From 7500 to 10000 rubles	9																																																				
From 500 to 1000 rubles	2	From 10000 to 20000 rubles	10																																																				
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from 2000 to 3000 rubles	5	from 40000 to 50000 rubles	13																																																				
from 3000 to 4000 rubles	6	More than 50000 rubles	14																																																				
from 4000 to 5000 rubles	7	DIFFICULT TO ANSWER	-7																																																				
from 5000 to 7500 rubles	8	REFUSE TO ANSWER	-9																																																				
3.	<p>IN THE COURSE OF THE LAST THREE MONTHS, did your household have any of the following receipts...?</p>		<p>4. If "YES", what was the cash amount?</p> <table border="1" data-bbox="865 1137 1524 1482"> <thead> <tr> <th colspan="2">3. AVAILABILITY</th> <th colspan="2">4. AMMOUNT OF CASH RECEIPTS</th> </tr> <tr> <th>Yes ⇒ 1</th> <th>No ⇒ 2</th> <th>ROUBLES</th> <th>DIFFICULT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> </tbody> </table>	3. AVAILABILITY		4. AMMOUNT OF CASH RECEIPTS		Yes ⇒ 1	No ⇒ 2	ROUBLES	DIFFICULT TO ANSWER	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7																				
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1	Life insurance compensations																																																						
2	Compensations for other types of insurance (health, property, housing)																																																						
3	Assistance or gifts from children, relatives and other persons																																																						
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5	Winnings in lotteries and games																																																						
6	Assistance due to special circumstances and other non-regular receipts from an enterprise, public organizations and etc.																																																						
5.	<p>Did any member of your household receive IN THE COURSE OF THE LAST THREE MONTHS any goods, free of charge services or assistance [EXCEPT FOR MONETARY] as payment for work or as a social package AT THE PLACE OF WORK?</p>		<p>6. If received, can you provide approximate value</p> <table border="1" data-bbox="865 1617 1524 2110"> <thead> <tr> <th colspan="2">5. RECEIVED</th> <th colspan="2">6. EVALUATION OF THE RECIVED</th> </tr> <tr> <th>Yes ⇒ 1</th> <th>No ⇒ 2</th> <th>ROUBLES</th> <th>DIFFICULT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> <tr> <td>1</td> <td>2</td> <td><input type="text"/></td> <td>-7</td> </tr> </tbody> </table>	5. RECEIVED		6. EVALUATION OF THE RECIVED		Yes ⇒ 1	No ⇒ 2	ROUBLES	DIFFICULT TO ANSWER	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7	1	2	<input type="text"/>	-7
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1	2	<input type="text"/>	-7																																																				
1	2	<input type="text"/>	-7																																																				
1	Grain																																																						
2	Food products																																																						
3	Non-food products																																																						
4	Free of charge meals																																																						
5	Payment of transportation costs																																																						
6	Payment of housing and utility bills																																																						
7	Payment for repair, construction and purchase of housing																																																						
8	Payment of medical services and recreation																																																						
9	Payment of fees in childcare centers																																																						
10	Payment for education																																																						

7.	Could you please tell whether IN THE COURSE OF THE LAST THREE MONTHS in addition to your current income you had to spend your savings, to sell any property, take credit or borrow money [WE MEAN DEBTS OUTSTANDING AT THE MOMENT OF THE SURVEY]?		YES ⇒	1	⇒ 8
			NO ⇒	2	⇒ 10
			DIFFICULT TO ANSWER ⇒	-7	⇒ 10
8.	If "YES", could you please indicate what were specific sources of the additional funds  YOU MAY INDICATE SEVERAL CODES	1	Withdrew money from the bank account (except for wage, pension and benefits transferred to the account within the last three months)	1	
		2	Spent money savings made before the beginning of the survey or remaining income of the previous period	2	
		3	Sold securities (shares, bonds and etc.), foreign currency	3	
		4	Sold property or objects belonging to the household members	4	
		5	For CODE 4 SALE PROCEEDS ARE INDICATED IN ROUBLES <input type="text"/> DIFFICULT OT ANSWER -7		
		6	Sold real estate owned by the household members	6	
		7	Took loan, credit	7	
		8	Received back the money that you lent out before the reported quarter	8	
		9	Borrowed money	9	
		10	Other	10	⇒ 9
9.	Indicate the total amount of the additional cash funds  INDICATE IN ROUBLES <input type="text"/> DIFFICULT OT ANSWER -7			⇒ 10	
10.	If you purchased shares, foreign currency, deposited money in bank account, lent money, could you please indicate the amount spent by you for these purposes and the money remained with your debtors AT THE MOMENT OF THE SURVEY.  INDICATE IN ROUBLES <input type="text"/> DIFFICULT OT ANSWER -7			⇒ 11	
11.	If you have cash funds remained from the current income FOR THE LAST THREE MONTHS and from additional receipts, could you please indicate the unspent amount.  INDICATE IN ROUBLES <input type="text"/> DIFFICULT OT ANSWER -7			⇒ 12	
12.	Could you please indicate whether IN THE COURSE OF THE LAST THREE MONTHS your household received money from those who WORKED in other regions?  YES ⇒ <input type="text"/> 1 ⇒ 13 NO ⇒ <input type="text"/> 2 ⇒ 14	13.	If "YES", what was the share of this household member's income in the whole income of your household IN THE COURSE OF THE LAST THREE MONTHS?		
			Less than one third .....	<input type="text"/> 1	
		About a half .....	<input type="text"/> 2		
		Less than a half .....	<input type="text"/> 3		
		Practically, all .....	<input type="text"/> 4		
		DIFFICULT OT ANSWER.....	-7		

## Section 3 HOUSEHOLD EXPENDITURES

### 3A. EXPENSES FOR DURABLE GOODS

<b>1.</b>	<p><b>IN THE COURSE OF THE LAST THREE MONTHS</b> did you buy any household appliances, audio or TV equipment, computers, mobile phones, photo equipment or musical instruments? [GOODS RECEIVED AS PRESENT ARE NOT ACCOUNTED]</p>		<p><b>3.</b> What was the condition of the purchase object, was it new or second-hand?</p> <p><b>4.</b> Was this object purchased for the household or as a gift to someone?</p> <p><b>5.</b> What was the value of the purchase?</p> <p><b>6.</b> Did you pay for the purchase at once or did you buy it on credit?</p> <p><b>7.</b> Did you pay for delivery and installation services?</p> <p><b>8.</b> If YES, how much did you pay for the delivery or installation?</p>
<b>2.</b>	<p>COULD YOU PLEASE INDICATE THE NAME OF EACH PURCHASED OBJECT AND ITS CODE IN BOX 2. CODE OF THE OBJECT CAN BE REPEATED.</p>		

	1. NAME OF THE OBJECT	2. OBJECT CODE	3. CONDITION		4. PURCHASE		5. PURCHASE VALUE	6. PAYMENT TYPE		7. DELIVERY OR INSTALLATION		8. COST OF DELIVERY OR INSTALLATION
			new ⇒ 1 second-hand ⇒ 2		For yourself ⇒ 1 as a gift ⇒ 2		RUBLES	Full payment upon purchase ⇒ 1 on credit ⇒ 2		YES ⇒ 1 NO ⇒ 2		RUBLES
1		□□□	1	2	1	2	□□□	1	2	1	2	□□□
2		□□□	1	2	1	2	□□□	1	2	1	2	□□□
3		□□□	1	2	1	2	□□□	1	2	1	2	□□□
4		□□□	1	2	1	2	□□□	1	2	1	2	□□□
5		□□□	1	2	1	2	□□□	1	2	1	2	□□□

<b>9.</b>	<p><b>IN THE COURSE OF THE LAST THREE MONTHS</b>, did you have any expenditures related to maintenance of the durable goods in your household? [SPARE PARTS, APPLIANCIES, ACCESSORIES, PAYMENT OF SERVICES ACCORDING TO THE LIST OF EXPENSES]</p>								
<b>10.</b>	If YES, how much did you pay?								
<b>11.</b>	Did you have any expenses for repair and tuning of durable goods?								
<b>12.</b>	If YES, how much did you pay?								
		9. AVAILABILITY OF EXPENSES Yes ⇒ 1 No ⇒ 2		10. VALUE RUBLES		11. REPAIR AND TUNING Yes ⇒ 1 No ⇒ 2		10. VALUE RUBLES	
1	Household appliances	1	2	□□□	1	2	□□□		
2	Audiovisual equipment	1	2	□□□	1	2	□□□		
3	Personal computer	1	2	□□□	1	2	□□□		
4	Game console	1	2	□□□	1	2	□□□		
5	Photo and film equipment	1	2	□□□	1	2	□□□		
6	Mobile phones	1	2	□□□	1	2	□□□		
7	Musical instruments	1	2	□□□	1	2	□□□		

LIST OF OBJECTS TO QUESTION 1			
Household appliances	Code	Audiovisual equipment	Code
Refrigerator, freezer	01	TV set	09
Washing machine	02	Video-player, DVD-player, home theater	10
Microwave stove	03	Music system	11
Dishwashing machine	04	Recorder, CD-payer, audio-player	12
Electrical vacuum cleaner	05	Personal computer	13
Sewing or knitting machine	06	Game console	14
Air conditioner	07	Photo and film equipment	15
Small home electrical appliances	08	Mobile phone	16

LIST OF OBJECTS TO QUESTION 9
Garniture, appliances and household appliances care products
Speakers, microphones, headphones, antennas, cables, compact disks, Fees for receipt of broadcasting via additional antenna equipment, cable TV, video rental
Software, specialized literature, information media, modems, scanners, printers, keyboards, cables and etc.
Equipment for printing of photos, photo film, development and printing of photos
Payment for cellular phone communication, various accessories to mobile phones, chargers



		Musical instruments	17	Strings, fiddle bows, cases and etc.							
15.	Did members of your household use INTERNET services IN THE COURSE OF THE LAST THREE MONTHS ...?	1.	At home	2.	At work	3.	At the place of study	4.	Internet-café, post, library	5.	Other
		YES ⇒	1	1	1	1	1				
		NO ⇒	2	2	2	2	2				
16.	Did you pay for INTERNET services IN THE COURSE OF THE LAST THREE MONTHS ...?	YES ⇒	1	1	1	1	1				
		NO ⇒	2	2	2	2	2				
		17.	How much did these costs constitute?								
		INDICATE IN RUBLES	_____	X	_____	_____	_____				

### 3B. EXPENSES ON PERSONAL VEHICLES

1.	What vehicles and how many of them did your household used IN THE COURSE OF THE LAST THREE MONTHS?	3.	What was the condition of the purchased vehicle, was it new or second-hand?
2.	Did your household buy any vehicles IN THE COURSE OF THE LAST THREE MONTHS?	4.	What was the value of the purchase?
		5.	Did you pay for the purchase at once or did you buy it on credit?
		1.	DID YOU USE
		2.	DID YOU BUY
		3.	CONDITION
		4.	PURCHASE VALUE
		5.	PAYMENT TYPE
			UNITS
			Yes ⇒ 1 No ⇒ 2
			New ⇒ 1 Second-hand ⇒ 2
			RUBLES
			Full payment upon purchase ⇒ 1 on credit ⇒ 2
1	Motor-vehicle	_____	1 2
2	Auto truck	_____	1 2
3	Motorcycle , motor bicycle	_____	1 2
4	Motor boat, autoboat	_____	1 2
5	Bicycle (except for children)	_____	1 2
	IF SEVERAL VEHICLES WERE BOUGHT, INDICATE THE NAME	Code for box 1	
6		_____	1 2
7		_____	1 2
6.	IN THE COURSE OF THE LAST MONTH, did you have any expenses related to ...?	8.	IN THE COURSE OF TWO OTHER PREVIOUS MONTHS did you have about the same expenses on ...?
7.	If "YES", how much did they constitute?	9.	If "NO" can you evaluate them
		6.	PAYMENT
		7.	VALUE
			Yes ⇒ 1 No ⇒ 2
			RUBLES
1	Purchase of petroleum	1 2	_____
2	Purchase of spare parts	1 2	_____
3	Payment for repair services	1 2	_____
4	Payment for parking	1 2	_____
5	Car wash	1 2	_____
6	Other	1 2	_____
		8.	PAYMENT
		9.	VALUE
			Yes ⇒ 1 No ⇒ 2
			RUBLES
1	Purchase of petroleum	1 2	_____
2	Purchase of spare parts	1 2	_____
3	Payment for repair services	1 2	_____
4	Payment for parking	1 2	_____
5	Car wash	1 2	_____
6	Other	1 2	_____
10	IN THE COURSE OF THE LAST THREE MONTHS did you have expenses related to ...?	1.	motor vehicle inspection
		2.	civil liability insurance
		3.	voluntary insurance
		4.	Transport tax
		5.	Fines, compensation of damage
		YES ⇒	1
		NO ⇒	2
11	How much did these expenses constitute?		
	INDICATE IN RUBLES	_____	_____

## 3B. EXPENSES ON PUBLIC TRANSPORT

1. What kind of transport (except for personal) did members of your household use IN THE COURSE OF THE LAST THREE MONTHS to get to work, to place of study, for shopping and etc.?		3. DURING TWO PREVIOUS MONTHS, did members of your household had approximately the same expenses on ...?	
2. How much was approximately spent on regular trips DURING THE LAST MONTH by all members of the household? IN CASE THERE WERE NO EXPENSES, BUT THIS SERVICE WAS USED, INDICATE «0»		4. If "NO", try to assess them. IN CASE THERE WERE NO EXPENSES, BUT THIS SERVICE WAS USED, INDICATE «0»	
		1. USED Yes ⇒ 1 No ⇒ 2	2. EXPENSES RUBLES PER MONTH
		3. USED Yes ⇒ 1 No ⇒ 2	4. EXPENSES RUBLES FOR THE 1 AND 2 MONTHS OF THE QUARTER
1	Public bus, trolley-bus, tram	1 2	_____
2			_____
3			_____
4			_____
5	Metro	1 2	_____
6			_____
7			_____
8			_____
9	Fixed route taxi-bus	1 2	_____
10			_____
11			_____
12			_____
13	Suburban bus	1 2	_____
141			_____
15			_____
16			_____
17	Suburban railroad transport	1 2	_____
18			_____
19			_____
20			_____
21	Taxi, private cabbng	1 2	_____
22			_____
23			_____
24			_____
5. Did members of your household use any intercity type of transport of irregular trips (for vacation, visits, etc) IN THE COURSE OF THE LAST THREE MONTHS?			
6. Provide approximate assessment how much was spent on intercity transport IN THE COURSE OF THE LAST THREE MONTHS? IN CASE THERE WERE NO EXPENSES, BUT THIS SERVICE WAS USED, INDICATE «0»		5. USED Yes ⇒ 1 No ⇒ 2	6. EXPENDITURES RUBLES PER QUARTER
1	Intercity bus	1 2	_____
2	Suburban railroad transport	1 2	_____
3	Long distance trains	1 2	_____
4	Air passenger transport	1 2	_____
5	Other types of transport	1 2	_____

## 3D. PURCHASE, CONSTRUCTION AND MAINTENANCE OF HOUSING

<b>1. Who owns your main dwelling?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">State, municipality</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">⇒ 2</td> </tr> <tr> <td>Your household</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other form of ownership</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Is rented from a private person</td> <td style="text-align: center;">4</td> </tr> </table>	State, municipality	1	⇒ 2	Your household	2	Other form of ownership	3	Is rented from a private person	4	<b>2. Expenses on payment of housing and utility services are made from the household budget ....</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">In full</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">⇒ 4</td> </tr> <tr> <td>Partially</td> <td style="text-align: center;">2</td> <td style="text-align: center;">⇒ 3</td> </tr> <tr> <td>Are not paid from the household budget</td> <td style="text-align: center;">3</td> <td style="text-align: center;">⇒ 3</td> </tr> </table>	In full	1	⇒ 4	Partially	2	⇒ 3	Are not paid from the household budget	3	⇒ 3																																						
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<b>3. How provides assistance to pay for housing and utility services?</b> <p style="text-align: center;">SEVERAL OPTIONS OF THE ANSWER MAY BE GIVEN</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">1</td> <td style="width: 75%;">State, municipality</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">⇒ 4</td> </tr> <tr> <td>2</td> <td>Enterprise (organization) at the place of work</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3</td> <td>Other household</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4</td> <td>Charity or other organization</td> <td style="text-align: center;">4</td> </tr> </table>	1	State, municipality	1	⇒ 4	2	Enterprise (organization) at the place of work	2	3	Other household	3	4	Charity or other organization	4	<b>4. Did you make payments for your main dwelling and utility services WITHIN THE LAST THREE MONTHS?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">YES ⇒</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">⇒ 6</td> </tr> <tr> <td>NO ⇒</td> <td style="text-align: center;">2</td> <td style="text-align: center;">⇒ 5</td> </tr> <tr> <td>DIFFICULT TO ANSWER</td> <td style="text-align: center;">-7</td> <td style="text-align: center;">⇒ 6</td> </tr> </table>	YES ⇒	1	⇒ 6	NO ⇒	2	⇒ 5	DIFFICULT TO ANSWER	-7	⇒ 6																																		
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<b>5. If no payment for housing was made IN THE COURSE OF THE LAST THREE MONTHS, what was the reason for that?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">It was paid earlier</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">⇒ 6</td> </tr> <tr> <td>Do not have necessary funds</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">3</td> </tr> </table>	It was paid earlier	1	⇒ 6	Do not have necessary funds	2	Other	3	<b>6. If you rented your main dwelling from a private person, how much you paid for rent DURING THE LAST THREE MONTHS.</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">_____</td> <td style="width: 10%; text-align: center;">⇒ 7</td> </tr> <tr> <td>DIFFICULT TO ANSWER</td> <td style="text-align: center;">-7</td> </tr> </table>	_____	⇒ 7	DIFFICULT TO ANSWER	-7																																													
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Other	3																																																								
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DIFFICULT TO ANSWER	-7																																																								
<p>NOW THE QUESTION ARE ASKED IN THE FOLLOWING ORDER: FIRST QUESTION 7 ON HE LIST OF EXPENSES, THEN 8 FOR HOSE POSITIONS FOR WHICH CODE "1" WAS INDICATED IN QUESTION 7 (IF RESPONDENT INDICATED ABSENCE OF PAYMENT FOR THE MAIN DWELLING, SKIP LINE 1)</p>																																																									
<b>7. Did you have any expenses on the main dwelling maintenance that were not recorded in the Diary and the Log IN THE COURSE OF THE LAST THREE MONTHS ...?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">1</td> <td style="width: 75%;">Payment for housing and utility services</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>Electricity</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Payment for fixed telephone</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>Home insurance</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>Purchase of heating fuel</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>Repayment of loan, debt taken to purchase, construct or repair housing</td> <td></td> <td></td> </tr> </table>	1	Payment for housing and utility services			2	Electricity			3	Payment for fixed telephone			4	Home insurance			5	Purchase of heating fuel			6	Repayment of loan, debt taken to purchase, construct or repair housing			<b>8. If "YES", indicate the non-recorded amount</b> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: left;">7. AVAILABILITY OF EXPENSES</th> <th colspan="2" style="text-align: left;">8. NON-RECORDED AMOUNT</th> </tr> <tr> <th colspan="2" style="text-align: left;">Yes ⇒ 1 No ⇒ 2</th> <th style="text-align: center;">RUBLES</th> <th style="text-align: center;">DIFFICULT TO ANSWER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">-7</td> </tr> </tbody> </table>	7. AVAILABILITY OF EXPENSES		8. NON-RECORDED AMOUNT		Yes ⇒ 1 No ⇒ 2		RUBLES	DIFFICULT TO ANSWER	1	2	_____	-7	1	2	_____	-7	1	2	_____	-7	1	2	_____	-7	1	2	_____	-7	1	2	_____	-7
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<b>9. Do you own, rent or jointly own ...?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">1</td> <td style="width: 75%;">Other dwelling in addition to the main one (separate apartment, room)</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;">⇒ 10</td> </tr> <tr> <td>2</td> <td>Private house or part of the house</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3</td> <td>Summer house</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4</td> <td>Garage</td> <td style="text-align: center;">4</td> </tr> <tr> <td>5</td> <td>Other premises</td> <td style="text-align: center;">5</td> </tr> </table>	1	Other dwelling in addition to the main one (separate apartment, room)	1	⇒ 10	2	Private house or part of the house	2	3	Summer house	3	4	Garage	4	5	Other premises	5	<b>10. Did you have any expenses related to maintenance of other real estate that were not recorded in the Diary and the Log IN THE COURSE OF THE LAST THREE MONTHS ...?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">YES ⇒</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">⇒ 11</td> </tr> <tr> <td>NO ⇒</td> <td style="text-align: center;">2</td> <td style="text-align: center;">⇒ 13</td> </tr> <tr> <td>DIFFICULT TO ANSWER</td> <td style="text-align: center;">-7</td> <td style="text-align: center;">⇒ 13</td> </tr> </table>	YES ⇒	1	⇒ 11	NO ⇒	2	⇒ 13	DIFFICULT TO ANSWER	-7	⇒ 13																															
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<b>11.</b>	If "Yes", indicate what specific expenditures they were	<b>12. .... And in what amount?</b>			
		<b>11. AVAILABILITY OF EXPENSES</b>		<b>12. NON-RECORDED AMOUNT</b>	
		Yes ⇒ 1 No ⇒ 2		RUBLES	DIFFICULT TO ANSWER
		1	2	_____	-7
		2	2	_____	-7
		3	2	_____	-7
		4	2	_____	-7
		5	2	_____	-7
		6	2	_____	-7
		7	2	_____	-7
8	2	_____	-7		
9	2	_____	-7		
<b>13.</b>	Did you have any expenses related to real estate purchase that were not recorded in the Diary and the Log IN THE COURSE OF THE LAST THREE MONTHS ...?	YES ⇒	1	⇒ 14	
		HET ⇒	2	⇒ 15	
		DIFFICULT TO ANSWER	-7	⇒ 15	
<b>15.</b>	Was your household constructing or repairing real estate IN THE COURSE OF THE LAST THREE MONTHS ...?	YES ⇒	1	⇒ 16	
		NO ⇒	2	⇒ 3E	
		DIFFICULT TO ANSWER	-7	⇒ 3E	
<b>17.</b>	Indicate type of works ...	Current repair	1	⇒ 18	
		Capital repair	2		
		Construction and /or reconstruction	3		
<b>14.</b>	If "YES", indicate the approximate non-recorded amount	THOUSAND OF RUBLES	_____	⇒ 15	
		DIFFICULT TO ANSWER	-7		
<b>16.</b>	Indicate the type of construction where the main works were carried out ...	Dwelling suitable for permanent housing	1	⇒ 17	
		Summer houses or allotment cottage	2		
		Garages and other household outbuildings	3		
		Industrial buildings	4		
<b>18.</b>	Could you tell whether the main construction and repair works were performed by ...?	Construction company	1	⇒ 19	
		Housing maintenance and repair administration	2		
		Private persons for fee	3		
		Family members, relatives and other non-paid workers	4		
<b>19.</b>	Did you have any expenses related to construction and repair that were not recorded in the Diary and the Log?	<b>20. If "YES", indicate the non-recorded amount</b>			
		<b>19. AVAILABILITY OF EXPENSES</b>		<b>20. NON-RECORDED AMOUNT</b>	
		YES ⇒ 1 NO ⇒ 2		RUBLES	DIFFICULT TO ANSWER
		1	2	_____	-7
		2	2	_____	-7
		3	2	_____	-7
4	2	_____	-7		
5	2	_____	-7		
6	2	_____	-7		



7	Automobiles and other vehicles	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐
8	Other non-food products and souvenirs	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐
9	Other expenditures	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐	┌───┐

## Section 4 PRODUCTION ACTIVITY

No types of activity		1. WERE INVOLVED		2. NUMBER OF PERSONS INVOLVED	3. THE PRODUCTS ARE AIMED		4. WAS SOLD		5. SALES PROCEEDS		
		Yes ⇒ 1	No ⇒ 2		Primarily for own consumption ⇒ 1	Part of the products is regularly sold ⇒ 2	Yes ⇒ 1	No ⇒ 2	RUBLES	Difficult to answer	
1	Private plot activities	1	2	<input type="text"/>	1	2	1	2	<input type="text"/>	-7	
2	Collection of wild forest products, fur production, fowling, logging	1	2	<input type="text"/>	1	2	1	2	<input type="text"/>	-7	
3	fishing, fish-farming	1	2	<input type="text"/>	1	2	1	2	<input type="text"/>	-7	
4	Processing of agricultural products (from private plot, collected or purchased)	1	2	<input type="text"/>	1	2	1	2	<input type="text"/>	-7	
6. If your household was producing and processing agricultural products WITHIN THE LAST THREE MONTHS, could you please indicated the amount and the types of agricultural products produced by you.					7. Were you selling food products produced by you IN THE COURSE OF THE LAST THREE MONTHS?						
					8. How much did you sell?		9. What were your sale proceeds?				
		6. PRODUCED		7. SALES	8. SOLD	9. EARNED					
		KG (L)				Yes ⇒ 1	No ⇒ 2	RUBLES	DIFFICULT TO ANSWER		
1	Meat (beef, pork, lamb, and etc)	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
2	Milk	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
3	Flour	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
4	Grits	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
5	Sausage products	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
6	Smoked meat products	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
7	Meat and vegetal preserves	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
8	Salted, dry fish, including herrings	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
9	Fish preserves	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
10	Cream	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
11	Sour cream	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
12	Butter	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
13	Cottage cheese	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
14	Cheese and fet cheese	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
15	Mil preserves	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
16	Vegetable oi	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
17	Dry fruits and berries	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
18	Fruit and berry preserves	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
19	Dry vegetables	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
20	Vegetable preserves	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
21	Dry mushrooms	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
22	Marmalade, jam, fruit paste	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			
23	Home-made wine and vodka	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	-7			

10.	Was any member of your household involved in any other business activity IN THE COURSE OF THE LAST THREE MONTHS (independently or together with other members of the household) with the aim of gaining profit or further barter?		11. If "Yes", what type of activity was this?		12. How many members of the household were involved in this activity?		13. Was this activity paid in full?		14. If "Yes", how much did you receive?		15. How many days were you and /or members of your family involved in this activity?					
	<p><u>To account for:</u> production of all non-food products, irrespective of the fact whether they were sold or not, various services provided outside the household, including trade, intermediary, and etc.</p> <p><u>No to account for:</u> services provided for own consumption (household work), production of food products</p>		10.		<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>		YES	NO	1	2						
	YES	NO														
	1	2														
	No		11.		12.		13.		14.		15.					
	Types of activity		CODE OF RUSSIAN NATIONAL CLASSIFIER OF ECONOMIC ACTIVITIES		NUMBER OF PERSONS INVOLVED		WAS IT PAID		RECEIVED		TIME PERIOD					
PROVIDE VERBAL DESCRIPTION						Yes ⇒ 1 No ⇒ 2		RUBLES      Difficult to answer		Days						
5		_____		_____		1      2		_____ -7		_____						
6		_____		_____		1      2		_____ -7		_____						
7		_____		_____		1      2		_____ -7		_____						
8		_____		_____		1      2		_____ -7		_____						
9		_____		_____		1      2		_____ -7		_____						
TO FILL IN THE TABLE. MOVE THE RESPECTIVE NUMBERS OF THE TYPES OF ACTIVITY THE HOUSEHOLDERS ARE INVOLVED IN FROM QUESTIONS 1 AND 11, AND INTERVIEW FOR EACH OF THESE TYPES OF ACTIVITY SEPARATELY FOLLOWING THE BELOW LIST OF QUESTIONS				<b>NUMBER OF THE TYPE OF ACTIVITY</b> (from questions 1 and 11)												
				_____		_____		_____		_____		_____				
16.	Were non-members of your household involved into this production activity on a paid basis?		Yes ⇒	1	1	1	1	1	1	1	1	1				
			No ⇒	2	2	2	2	2	2	2	2	2				
17.	If YES, indicate															
	...how many persons you involved? NUMBER OF PERSONS		_____		_____		_____		_____		_____					
18.	...what were your labor compensation costs? INDICATE TOTAL AMOUNT IN RUBLES		_____		_____		_____		_____		_____					
19.	Did you have any material expenditures related to business activity IN THE LAST THREE MONTHS?		Yes ⇒	1	1	1	1	1	1	1	1	1				
			No ⇒	2	2	2	2	2	2	2	2					
20.	How much did these expenditures constitute? INDICATE IN RUBLES															
	1	Purchase of equipment, machinery and instruments, cattle and poultry	_____		_____		_____		_____		_____					
	2	Purchase of raw materials, fodder, seeds, fertilizers	_____		_____		_____		_____		_____					
	3	Purchase of goods for resale	_____		_____		_____		_____		_____					
	4	Purchase of petrol and other fuel, purchase of electricity	_____		_____		_____		_____		_____					



5	Purchase of certain services in the course of production	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Rent and other payments (without taxes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Did your household use services of other self-employed persons for any permanent or temporary activities for the HOUSEHOLD IN THE COURSE OF THE LAST THREE MONTHS? If YES, what kind of works were these? EXCEPT FOR SERVICES RELATED TO PRODUCTION ACTIVITY		22. How many persons were involved in these activity?		23. Did you pay for these services IN THE COURSE OF THE LAST THREE MONTHS?		24. If "YES", how much was paid for this work (service) (without cost of materials)?		25. For which period of time was the payment made?	
		21. TYPE OF SERVICES Yes ⇒ 1 No ⇒ 2	22. PERSONS INVOLVED	23. WAS IT PAID FOR Yes ⇒ 1 No ⇒ 2	24. AMMOUNT OF PAYMENT RUBLES DIFFICULT TO ANSWER	25. TIME PERIOD Days			
1	Design and construction of housing and other premises belonging to the household	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
2	Repair of housing and other premises belonging to the household	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
3	Transportation services (persons)	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
4	Transportation services (cargo)	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
5	Examination, repair and technical maintenance of automobiles and other vehicles	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
6	Repair, installation and technical maintenance of household appliances, radio equipment	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
7	Repair of computers, installation of software and accessory equipment	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
8	Repair and production of furniture	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
9	Production and repair of clothes and shoes for the household members	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
10	Hairdresser, cosmetological, funeral and other services	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
11	Intermediary, legal services	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
12	Tutoring, private lessons	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
13	Housekeeping (cleaning, laundry and etc., child care, nursing of sick and elderly persons)	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
14	Medical services	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
15	Veterinary services	1 2	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
16	Other types of services provided by self-employed persons GIVE VERBAL DESCRIPTION]	CODE OF RUSSIAN NATIONAL CLASSIFIER OF ECONOMIC ACTIVITIES  <input type="text"/>	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
17		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			
18		<input type="text"/>	<input type="text"/>	1 2	<input type="text"/> -7	<input type="text"/>			

## Section 5 STATUTORY PAYMENTS AND OTHER EXPENSES

1. Did you have any expenses related to the following IN THE COURSE OF THE LAST THREE MONTHS ...?		2. Indicate the spent amount.			
		1. DID YOU HAVE ANY EXPENSES		2. SPENT AMOUNT	
		Yes ⇒ 1	No ⇒ 2	RUBLES	DIFFICULT TO ANSWER
1	Payment of taxes and other statutory payments (licenses, membership fees, and etc.)	1	2	<input type="text"/>	-7 ⇒ 1.2
2	Payment of fees, fees for issuance of certificates, visas, document forms, and etc.	1	2	<input type="text"/>	-7 ⇒ 1.3
3	Payment of alimony and other payments at the decision of the court	1	2	<input type="text"/>	-7 ⇒ 1.4
4	Provision of financial assistance and monetary presents to relatives and other persons who are not members of your household, alms, transfer of funds to charity funds	1	2	<input type="text"/>	-7 ⇒ 3
3. Did you have any expenses related to payment of the following insurance IN THE COURSE OF THE LAST THREE MONTHS ...?		4. Indicate the spent amount.			
		3. DID YOU HAVE ANY EXPENSES		4. SPENT AMOUNT	
		Yes ⇒ 1	No ⇒ 2	RUBLES	DIFFICULT TO ANSWER
1	Life insurance	1	2	<input type="text"/>	-7 ⇒ 3.2
2	Voluntary health insurance, accident and illness insurance	1	2	<input type="text"/>	-7 ⇒ 3.3
3	insurance of civil liability for damage caused to third parties (except for insurance of liability of vehicle owners)	1	2	<input type="text"/>	-7 ⇒ 5
5. Did you have any expenses related to the following IN THE COURSE OF THE LAST THREE MONTHS ...?		6. Indicate the spent amount.			
		5. DID YOU HAVE ANY EXPENSES		6. SPENT AMOUNT	
		Yes ⇒ 1	No ⇒ 2	RUBLES	DIFFICULT TO ANSWER
1	Repayment of loans and credits	1	2	<input type="text"/>	-7 ⇒ 5.2
2	Payment of credit and loan interests	1	2	<input type="text"/>	-7 ⇒ 5.3
3	Lotteries and games with monetary prizes	1	2	<input type="text"/>	-7
					The survey is finished

**THANK YOU FOR TAKING PART IN THE SURVEY!**

## Section 6 INTERVIEWER'S CARD

1. Attitude of the respondent to the interview		2. How did the respondent perceive the questions of the questionnaire		3. Rapport (openness, sincerity) for the respondent during the interview		4. Reliability of the obtained information	
Friendly, interested	1	well, quickly, appropriately	1	Quite open, sincere	1	Quite reliable	1
Not very interested, rather indifferent	2	Not very well, had to repeat, provide explanations	2	Rather open, sincere	2	Rather reliable	2
Impatient, anxious	3	With difficulty, had to explain	3	Rather closed, not sincere	3	Rather unreliable	3
Irritable, unfriendly	4			Very closed, not sincere	4	Not reliable at all	4

5. How much time did it take you for the interview?  minutes

No page.	No of the section of the survey form	Indicate the question numbers of the survey form sections that														
		6. were difficult for perception by the respondent					7. caused negative emotions of the respondent					8. caused reluctance to answer (refusal to answer)				
	A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1																
2																
3																
4																

I hereby certify that the survey was conducted by me in accordance with the Instructions on the way to fill in the form of the federal statistical survey No 1 "Survey form for the household budget survey" approved by Decree of the Russian Federal State Statistics Service as of 01.07.2008 No 151 by means of personal interview.

Interviewer's signature \_\_\_\_\_

**FEDERAL STATISTICAL SURVEY**

**Confidentiality is guaranteed by the information recipient**

**HOUSEHOLD LOG BOOK**

SAMPLE SURVEY

Is presented:	Provision term
By interviewers who carry out household budget survey to - to the territorial office of the Russian Federal State Statistics Service in the constituent of the Russian Federation at the address designated to them	On the 15 <sup>th</sup> calendar day following the reporting period

<b>Form No. 1-B</b>
Order of the Russian Federal State Statistics Service: On adoption of the form as of 01.07.2008 No 151 on introduction of modifications (if any) as of _____ No. ____ as of _____ No. ____
Quarterly

Territory \_\_\_\_\_

Community \_\_\_\_\_

Code of the form in accordance with the National Index of Administrative Documents	FILLED IN BY THE INTERVIEWER						
	Code of the RF constituent in accordance with Russian Administrative-Territorial Division Classification (1,2 digits)	Code of the community in accordance with Russian Administrative-Territorial Division Classification (3-11 digits)	Code of the community type (urban-1; rural-2)	Number of the micro-census (census) district (4 digits)	Household number within the territory (4 digits)	Month and year since the household is being surveyed	
						Month (2 digits)	Year (4 digits)
1	2	3	4	5	6	7	8
0603012	____	_____	__	_____	_____	____	_____

Type of the community by the number of population (round-off the respective code)									
9									
Urban population, thousands of persons.						Rural population, persons			
Fewer than 50/0	50.0-99.9	100.0-249.9	250.0-499.9	500.0-999.9	1 mln and more	Up to 200	201 - 1000	1001-5000	More than 5000
1	2	3	4	5	6	7	8	9	10

Period of the diary keeping	1 period	Beginning	10			End	11		
			____ ____ ____ date month year	____ ____ ____ date month year					
	2 period		12				13		
			____ ____ ____ date month year	____ ____ ____ Date month year					

Surname First Name and Patronymic Name of the Interviewer

\_\_\_\_\_

Number of the interviewer	□□
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## HOW TO KEEP THE LOG BOOK

**The Журнал** предназначен для учета расходов на покупку непродовольственных товаров, на оплату услуг и других денежных расходов в домохозяйстве, кроме расходов на продукты, алкогольные напитки и табачные изделия.

**Журнал** заполняется тем членом домохозяйства, в руках которого сосредоточены все или часть общих денег, кто больше всех занимается ведением хозяйства и знает о расходах других членов семьи. Желательно также, чтобы ответственным за ведение Журнала был тот человек, который вел или будет вести Дневник.

**The log book** is kept during those days when household is free from keeping a diary in accordance with the dates indicated on the cover page.

**The log book** is kept in household during the whole quarter. Upon the completion of the survey the Interviewer takes the log book, and clarifies some records, if necessary.

**We request the person responsible for keeping the Diary to take a close look at the rules how to fill it in**

### WHAT TO FILL INTO THE DIARY

All expenses related to purchase of non-food products, payment of services, taxes, fees, contributions, assistance to vulnerable people, money donated free of charge, lent or as debt repayment, rental payment and etc, is recorded in **Part A.**

**В части Б** следует записать непродовольственные товары, поступившие в домохозяйство в период ведения Журнала в счет оплаты труда, в результате обмена на другие товары или за оказанные услуги, подарки от других людей.

**В части В** запишите названия непродовольственных товаров, покупка которых была ранее учтена в Журнале, и которые Вы передали в качестве подарка родственникам, знакомым и другим людям, не являющимся членами Вашего домохозяйства, продали или обменяли на другой товар.

### HOW TO MAKE RECORDS

- записывайте расходы по мере того, как они были осуществлены, не откладывая все записи на конец недели или месяца.
- записи должны быть как можно точнее и подробнее (допускаются понятные сокращения).
- When you record purchase of clothes or shoes you must indicate who it was purchased for. For instance,  
**Winter female coat, fur male hat; sport wear for the son, etc.**
- You must record expenses on payment of all types of housing and utility bills, transport and medical services, as well as expenses on entertainment events and recreation activity, payment for children education. For instance,  
**value of all transport fare with the day (or value of transport pass if it was purchased in that day), minor repairs, visit of sauna, hairdresser,**

**movie-theater, paid visit to a doctor, payment for kindergarten, etc.**

- каждый вид расхода фиксируйте в рублях и копейках. Обратите внимание на правильность записи, особенно, для дорогостоящих товаров и услуг. При покупке товаров в кредит или в долг укажите их полную стоимость.
- записывайте также расходы **на уплату налогов, штрафов, различных сборов, алиментов, помощь малоимущим, деньги, отданные безвозмездно, в долг или в счет погашения долга, арендные платежи, потери.**

**Пожалуйста, не забывайте записывать повседневные расходы на покупку**

**newspapers, magazines, lottery tickets, one-trip public transport tickets, telephone tokens, small goods offered in kiosks, in suburban trains, etc.**

**Try to fill in all the boxes of the Diary except the ones marked as “filled in by the interviewer”.**

А	▼ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕ- РОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
			руб.	коп.
101				
102				
103				
104				
105				
106				
107				
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109				
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127				
128				
129				
130				
199		КС (ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ)		

А	▼ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
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204				
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224				
225				
226				
227				
228				
229				
230				
299		КС (ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ)		



А	▼ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
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302				
303				
304				
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330				
399		КС (ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ)		

А	▼ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
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499		КС (ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ)		

А	▼ ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕ- РОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
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530				
599		КС (ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ)		

А	▼ ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕ- РОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
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625				
626				
627				
628				
629				
630				
699		КС (заполняется интервьюером)		

А	▼ ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	наименование и характер расходов	СТОИМОСТЬ	
			руб.	коп.
701				
702				
703				
704				
705				
706				
707				
708				
709				
710				
711				
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716				
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719				
720				
721				
722				
723				
724				
725				
726				
727				
728				
729				
730				
799		КС (заполняется интервьюером)		

▼ ЗДЕСЬ СЛЕДУЕТ ЗАПИСАТЬ **НЕПРОДОВОЛЬСТВЕННЫЕ ТОВАРЫ**, ПОСТУПИВШИЕ В ВАШЕ ДОМАШНЕЕ ХОЗЯЙСТВО БЕЗ ОПЛАТЫ В ПЕРИОД ВЕДЕНИЯ ЖУРНАЛА (ТОВАРЫ, РАНЕЕ БЫВШИЕ В УПОТРЕБЛЕНИИ В ДОМОХОЗЯЙСТВЕ ДАРИТЕЛЯ, ЗАПИСЫВАТЬ НЕ СЛЕДУЕТ)

Б	▼ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	НАИМЕНОВАНИЕ ТОВАРА	примерная стоимость		подарок	-1
			руб.	коп.	в счет оплаты труда	-2
					по обмену и из других источников	-3
801					1	2 3
802					1	2 3
803					1	2 3
804					1	2 3
805					1	2 3
806					1	2 3
807					1	2 3
808					1	2 3
809					1	2 3
810					1	2 3
811					1	2 3
812					1	2 3
813					1	2 3
814					1	2 3
815					1	2 3
816					1	2 3
817					1	2 3
818					1	2 3
819					1	2 3
820					1	2 3
821					1	2 3
822					1	2 3
823					1	2 3
824					1	2 3
825					1	2 3
826					1	2 3
827					1	2 3
828					1	2 3
829					1	2 3
830					1	2 3
899		КС (заполняется интервьюером)				

▼ ЗДЕСЬ ЗАПИСЫВАЮТСЯ **НЕПРОДОВОЛЬСТВЕННЫЕ ТОВАРЫ**, КУПЛЕННЫЕ ВАМИ В ПЕРИОД ВЕДЕНИЯ ЖУРНАЛА И ПРОДАННЫЕ ИЛИ ПОДАРЕННЫЕ РОДСТВЕННИКАМ И ЗНАКОМЫМ, ОТДАННЫЕ В ОБМЕН НА ДРУГИЕ ТОВАРЫ ИЛИ ЗА УСЛУГИ, ОКАЗАННЫЕ ВАШЕМУ ДОМОХОЗЯЙСТВУ

В	▼ ЗАПОЛНЯЕТСЯ ИНТЕРВЬЮЕРОМ код расхода	НАИМЕНОВАНИЕ ТОВАРА	СТОИМОСТЬ		подарок -1		
			руб.	коп.	продано -2		
					в обмен и на другие цели -3		
901					1	2	3
902					1	2	3
903					1	2	3
904					1	2	3
905					1	2	3
906					1	2	3
907					1	2	3
908					1	2	3
909					1	2	3
910					1	2	3
911					1	2	3
912					1	2	3
913					1	2	3
914					1	2	3
915					1	2	3
916					1	2	3
917					1	2	3
918					1	2	3
919					1	2	3
920					1	2	3
921					1	2	3
922					1	2	3
923					1	2	3
924					1	2	3
925					1	2	3
999		КС (заполняется интервьюером)					

КС (заполняется интервьюером)					
777	сумма строк 199, 299, 399, 499, 599, 699, 799, 899, 999 по графе 2		888	сумма строк 199, 299, 399, 499, 599, 699, 799, 899, 999 по графе 3	

**Записи домохозяйства мною полностью проверены и закодированы в соответствии с КИПЦ-ДХ**

Подпись интервьюера \_\_\_\_\_

Дата \_\_\_\_\_

**FEDERAL STATISTICAL SURVEY**

**Confidentiality is guaranteed by the information recipient**

**HOUSEHOLD DIARY**

SAMPLE SURVEY

Is presented:	Provision term
By interviewers who carry out household budget survey to - to the territorial office of the Russian Federal State Statistics Service in the constituent of the Russian Federation at the address designated to them	On the 15 <sup>th</sup> calendar day following the reporting period

<b>Form No. 1-A</b>
Order of the Russian Federal State Statistics Service: On adoption of the form as of 01.07.2008 No 151 on introduction of modifications (if any) as of _____ No. ____ as of _____ No. ____
Biweekly

Territory \_\_\_\_\_

Community \_\_\_\_\_

Code of the form in accordance with the National Index of Administrative Documents	FILLED IN BY THE INTERVIEWER						
	Code of the RF constituent in accordance with Russian Administrative-Territorial Division Classification (1,2 digits)	Code of the community in accordance with Russian Administrative-Territorial Division Classification (3-11 digits)	Code of the community type (urban-1; rural-2)	Number of the micro-census (census) district (4 digits)	Household number within the territory (4 digits)	Month and year since the household is being surveyed	
						Month (2 digits)	Year (4 digits)
1	2	3	4	5	6	7	8
0603011	_____	_____	_____	_____	_____	_____	_____

FILLED IN BY THE INTERVIEWER												
Type of the community by the number of population (round-off the respective code)										Period of the diary keeping		
Urban population, thousands of persons.						Rural population, persons.					Beginning	Completion
Fewer than 50/0	50.0-99.9	100.0-249.9	250.0-499.9	500.0-999.9	1 mln and more	Up to 200	201 - 1000	1001-5000	More than 5000			
1	2	3	4	5	6	7	8	9	10	9	10	11
											_____	_____
											date month year	date month year

Surname First Name and Patronymic Name of the Interviewer \_\_\_\_\_

12
Number of the interviewer _____



## ***HOW TO KEEP THE DIARY***

**The Diary is designed** to record all monetary expenses and the amount of products consumed in a household.

**The Diary is kept** on a daily basis within two weeks in accordance with the dates indicated on its cover page.

**The Diary is filled in** by household member who holds all or part of common funds, who is most involved in housekeeping and knows about the expenses of other members of the family.

**We request the person responsible for keeping the Diary to take a close look at the rules how to fill it in**

## ***WHAT TO FILL INTO THE DIARY***

Food products that were purchased earlier and remained in the household as of the first day of the Diary should be indicated in the box "as of the beginning" in **Part A**. Food products that remained in the household on the last day of the Diary irrespective of the time of their purchase should be indicated in the box "as of the end".

All expenses related with the purchase of food products, alcoholic drinks, non-food products, payment for services, expenses related to payment of taxes, fees, contributions, alimony, assistance to vulnerable persons, money given free of charge, lent out or spent as debt repayment, rent payment, and etc. should be indicated in **Part B**.

When expenses on food products and alcoholic drinks are recorded, weight (amount) of the purchased products (alcoholic drinks) should be indicated.

In case you purchased several packages (bottles) of food products (alcoholic beverages) and find it hard to calculate the total weight (volume) of the purchase, you can indicate the number of packages and the weight of each of them in the separate box on the right in the respective line. The total weight will be calculated by the interviewer.

**When you indicate the number of persons who had meals in the household** (in the upper right part of the page), indicate all the members of the household and the guests who had meals in your household on that day.

Food products from the household farm lot, collected in the forest, obtained at hunting or fishing, as a result of processing of agricultural products, bartered for other

products or services provided by the members of your household, as well as products received as payment for work or as presents from other people should be recorded in **Part C**.

Name and amount of food products that you have given on that day to relatives, acquaintances or used for preparation of preserves or other non-perishable food products, fodder, sold, etc. should be indicated in **Part D**. It should be also indicated whether these products were purchased before you started to keep the Diary or during the period when you were keeping the Diary.

Non-food products that were received by the household while the Diary was kept as payment for work, as a result of barter for other goods or received as payment for provision of services, received as presents from other people should be indicated in **Part E**.

Non-food products the purchase of which was indicated in the Diary and that you presented to relatives, acquaintances and other people who are not members of your household, that you have sold or exchanged for other goods or gave as payment for the services provided to you should be recorded in **Part F**.

## ***HOW TO MAKE RECORDS***

- It is better to make records immediately after shopping while you sort the purchases out or shortly after shopping.

- The records should as precise as possible. For instance,

Not correct	Correct
<del>Meat</del>	Boneless beef
<del>Fish</del>	Live carp

- When you record purchase of clothes or shoes you must indicate who it was purchased for. For instance,

**Winter female coat, fur male hat; sport wear for the son, etc.**

- You must record expenses on payment of all types of housing and utility bills, transport and medical services, as well as expenses on entertainment events and recreation activity, payment for children education. For instance,

**value of all transport fare with the day (or value of transport pass if it was purchased in that day), minor repairs, visit of sauna, hairdresser, movie-theater, paid visit to a doctor, payment for kindergarten, etc.**

- Each type of expense should be recorded in rubles and kopecks. Pay attention to the correctness of the record, especially in case of expensive goods and services. If you purchase goods on credit, indicate their full value.

- The weight of purchased food products is indicated in kilograms and liters. For instance,

**rice – 1.50 kg, wholesale milk 3.5% fat – 0.50 l, lemon – 0.15 kg.**

For canned food net weight should be indicated. For instance,

**sprat – 0.16 kg.**

The number of purchased eggs is indicated in units.

- Weight of the food products available in the household should be recorded within the accuracy of 10 grams. For instance,

**Flour – 1.50 kg, potatoes – 50.00 kg.**

- Do not put off the records for the next day! When you record the name of the expense, you can use the accepted abbreviations.

- If you do not have enough lines when there are many purchases and payments, you can record them in the line for the next day.

- At the end of the day check your records once again whether you have not miss the expenses on purchase of

**bread, newspapers, magazines, lottery tickets, one-trip public transport tickets, telephone tokens, matches, chocolates, rolls, chewing-gums, ice-cream and other small goods offered in kiosks, in suburban trains, etc..**

**Try to fill in all the boxes of the Diary except the ones marked as “filled in by the interviewer”.**

**In case you had any difficulties, put down your question on the margin of the Diary. Answers to these and any other question can be obtained from the interviewer.**

▼ INDICATE HERE THE AMOUNT OF REMAINED **PURCHASED FOOD PRODUCTS** AS OF THE BEGINNING OF THE FIRST DAY OF THE DIARY IS KEPT AND AS OF THE END OF THE LAST DAY THE DIARY IS KEPT IS

A	Name of products	kg (1)	
		As of beginning	As of the end
1		2	3
101	Flour		
102	Rice		
103	Other grits		
104	Croutons, bagels		
105	Biscuits, ginger-bread, waffle		
106	Pasta products		
107	Oat flakes, muesli		
108	Beef		
109	Pork		
110	Lamb and goat meat		
111	Chicken and other poultry		
112	Meat of other domestic and wild animals		
113	By-products		
114	Cooked and smoked sausage		
115	Smoked meat products, lard		
116	Meat and vegetable preserves		
117	Prefabricated and frozen fabricated meat products		
118	Frozen fish and sea products		
119	Salted, smoked and dried fish and sea products		
120	Fish preserves		
121	Sterilized milk		
122	Dry milk and ream		
123	Dairy preserves		
124	Yogurt		
125	Cheese and feta cheese		
126	Cottage cheese		

A	Name of products	kg (1)	
		As of beginning	As of the end
1		2	3
127	Eggs (units)		
128	Butter		
129	Margarine		
130	Vegetable oil		
131	Tallow		
132	Fresh fruit		
133	Water-melon, melon		
134	Dry fruit, nuts		
135	Frozen, soused fruit		
136	Cabbage		
137	Marrow, squash, pumpkin		
138	Edible roots		
139	Onion and garlic		
140	Potato		
141	Frozen vegetables and mushrooms		
142	Dried vegetables and mushrooms		
143	Peas, beans		
144	Vegetable and mushroom preserves		
145	Sour and salted vegetables and mushrooms (not preserved)		
146	Sugar, including xylitol, sorbite		
147	Jam, marmalade, fruit paste		
148	Fruit preserves		
149	Natural honey		
150	Chocolate sweets and chocolate		
151	Caramel, toffee, marshmallow and etc.		
152	Fruit and vegetable juice		

198	CHECK SUM (FILLED IN BY THE INTERVIEWER)		
-----	--	--	--

199	CHECK SUM (FILLED IN BY THE INTERVIEWER)		
-----	--	--	--

DAY OF THE WEEK  DATE  2011

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY
	<input type="text" value="3"/>

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES AND ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	Name and type of expenditure	Value		For food and alcoholic products	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE, INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.
			rub.	kop.		
	Expenditure code					THE INTERVIEWER WILL CALCULATE THE TOTAL WEIGHT OF THE PACKAGE
						NUMBER OF PACKAGES Items
						WEIGHT OF 1 PACKAGE kg [I]
201		Wheat bread	8	50	0.40	
202		Sugar	24	00	1.00	
203		Dry wine	80	00	0.75	
204		High-fat cottage cheese (9%)	33	00	0.25	
205		Whole milk	33	60		4
206		Canned salmon	66	00	0.27	0.125
207		Lunch at canteen at work	30	00		
208		Payment for housing	121	60		
209		Heating	186	20		
210		Hot water	89	70		
211		Cold water	95	80		
212		Garbage removal	13	20		
213		TV antenna (utilization)	43	00		
214		Wired-radio outlet	11	80		
215		Entry phone	30	00		
216		Insurance contribution (apartment)	19	00		
217		Bus fare	10	00		
218		Newspaper, magazine	45	00		
219		Cigarettes	20	00		
220		Lunch of the husband in a canteen	50	00		



507				1	2			1	2	3	4	5	6
508				1	2			1	2	3	4	5	6
509				1	2			1	2	3	4	5	6
510				1	2			1	2	3	4	5	6
599													

DAY OF THE WEEK

DATE / /  20\_\_

301

NUMBER OF PERSONS WHO HAD  
MEALS IN THE HOUSEHOLD ON THAT  
DAY

▼ INDICATE HERE **ALL EXPENSES** RELATED WITH PURCHASE OF FOOD, ALCOHOLIC, TOBACCO, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVI EWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.	
			rub	kopecks		kg [!]	kg [!]
	Expenditu re code					NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [!]
201							
202							
203							
204							
205							
206							
207							
208							
209							
210							
211							
212							
213							
214							
215							
216							
217							
218							

219					
220					
221					
222					
223					
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)			

X	X

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

B	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [l]	From household plot, prefabricated and preserved products - 1			
				present - 2	as payment for work - 3	As barter and from other sources - 4	
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [l]	Purchased:		For the products purchased while the diary was kept							
			While the diary was kept - 1	Before starting to keep diary - 2	value	For barter and other purposes	Present - 1	For processing - 2	Sold - 3	For cattle fodder - 4	For domestic animals food - 5	For barter and other purposes - 6
501			1	2			1	2	3	4	5	6
502			1	2			1	2	3	4	5	6
503			1	2			1	2	3	4	5	6

504				1	2			1	2	3	4	5	6
505				1	2			1	2	3	4	5	6
506				1	2			1	2	3	4	5	6
507				1	2			1	2	3	4	5	6
508				1	2			1	2	3	4	5	6
509				1	2			1	2	3	4	5	6
510				1	2			1	2	3	4	5	6
599													

DAY OF THE

WEEK

DATE  /  /  20\_\_

301

NUMBER OF PERSONS WHO HAD  
MEALS IN THE HOUSEHOLD ON THAT  
DAY

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.
			rub	kopecks		
	Expenditure code					TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER
201						
202						
203						
204						
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						



216							
217							
218							
219							
220							
221							
222							
223							
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)				X	X

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER	NAME OF THE PRODUCT	Product weight	From household plot, prefabricated and preserved products - 1			
				present - 2			
Product code			kg [!]	as payment for work - 3			
				As barter and from other sources - 4			
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER	Product weight	Purchased:	For the products purchased while the diary was kept	Present - 1	
					For processing - 2	
Product code		kg [!]	While the diary was kept - 1	value	Sold - 3	
					For cattle fodder - 4	
			Before starting to keep diary - 2	rub kopeks	For domestic animals food - 5	
					For barter and other purposes - 6	

501				1	2			1	2	3	4	5	6
502				1	2			1	2	3	4	5	6
503				1	2			1	2	3	4	5	6
504				1	2			1	2	3	4	5	6
505				1	2			1	2	3	4	5	6
506				1	2			1	2	3	4	5	6
507				1	2			1	2	3	4	5	6
508				1	2			1	2	3	4	5	6
509				1	2			1	2	3	4	5	6
510				1	2			1	2	3	4	5	6
599													

DAY OF THE

WEEK DATE  20\_\_

301

NUMBER OF PERSONS WHO HAD  
MEALS IN THE HOUSEHOLD ON THAT  
DAY

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.	
			rub	kopecks			kg [I]
	Expenditure code					NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [I]
201							
202							
203							
204							
205							
206							
207							
208							
209							
210							
211							
212							

213								
214								
215								
216								
217								
218								
219								
220								
221								
222								
223								
299		<b>CHECK SUM (FILED IN BY THE INTERVIEWER )</b>					X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [!]	From household plot, prefabricated and preserved products - 1			
				1	2	3	4
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		<b>CHECK SUM (FILED IN BY THE INTERVIEWER )</b>					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight	Purchased:  While the diary was kept- 1	For the products purchased while the diary was kept	- 1	
					Present	1
						-
					For processing	2
						-
					Sold	3
						-
					For cattle fodder	4

			kg [I]	Before starting to keep diary - 2	value		For domestic animals - food					
					rub	kopeks	- 5					
							For barter and other purposes - 6					
501				1 2			1	2	3	4	5	6
502				1 2			1	2	3	4	5	6
503				1 2			1	2	3	4	5	6
504				1 2			1	2	3	4	5	6
505				1 2			1	2	3	4	5	6
506				1 2			1	2	3	4	5	6
507				1 2			1	2	3	4	5	6
508				1 2			1	2	3	4	5	6
509				1 2			1	2	3	4	5	6
510				1 2			1	2	3	4	5	6
599												

DAY OF THE

WEEK DATE  20\_\_

301

NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY

▼ INDICATE HERE ALL EXPENSES RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.	
			rub	kopecks			kg [I]
	Expenditure code					NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [I]
201							
202							
203							
204							
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222							
223							
299		CHECK SUM (FILED IN BY THE INTERVIEWER )				X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [l]	From household plot, prefabricated and preserved products - 1			
				1	2	3	4
				present - 2			
				as payment for work - 3			
				As barter and from other sources - 4			
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM (FILED IN BY THE INTERVIEWER )					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [l]	Purchased:		For the products purchased while the diary was kept  value  rub      kopeks		-						
			While the diary was kept- 1	Before starting to keep diary - 2			Present	1	For processing	2	Sold	3	For cattle fodder
501			1	2			1	2	3	4	5	6	
502			1	2			1	2	3	4	5	6	
503			1	2			1	2	3	4	5	6	
504			1	2			1	2	3	4	5	6	
505			1	2			1	2	3	4	5	6	
506			1	2			1	2	3	4	5	6	
507			1	2			1	2	3	4	5	6	
508			1	2			1	2	3	4	5	6	
509			1	2			1	2	3	4	5	6	
510			1	2			1	2	3	4	5	6	
599													

DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY  <input type="text"/>
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▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER  Expenditure code	name and type of expenditures	value		For food products and alcoholic drinks  kg [l]	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.  TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER	
			rub	kopecks		NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [l]
201							
202							
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222							
223							
299		CHECK SUM ( FILLED IN BY THE INTERVIEWER )				X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [l]	From household plot, prefabricated and preserved products - 1			
				1	2	3	4
				present - 2			
				as payment for work - 3			
				As barter and from other sources - 4			
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4

410				1	2	3	4
499		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER	Product code	Product weight  kg [!]	Purchased:		For the products purchased while the diary was kept													
				While the diary was kept- 1	Before starting to keep diary - 2	value				Present	For processing	Sold	For cattle fodder	For domestic animals food	For barter and other purposes				
						rub	kopeks	1	2	3	4	5	6	1	2	3	4	5	6
501				1	2			1	2	3	4	5	6	1	2	3	4	5	6
502				1	2			1	2	3	4	5	6	1	2	3	4	5	6
503				1	2			1	2	3	4	5	6	1	2	3	4	5	6
504				1	2			1	2	3	4	5	6	1	2	3	4	5	6
505				1	2			1	2	3	4	5	6	1	2	3	4	5	6
506				1	2			1	2	3	4	5	6	1	2	3	4	5	6
507				1	2			1	2	3	4	5	6	1	2	3	4	5	6
508				1	2			1	2	3	4	5	6	1	2	3	4	5	6
509				1	2			1	2	3	4	5	6	1	2	3	4	5	6
510				1	2			1	2	3	4	5	6	1	2	3	4	5	6
599																			

DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY
	<input type="text"/>

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.
			rub	kopecks		
				kg [!]		
201	Expenditure code					



202							
203							
204							
205							
206							
207							
208							
209							
210							
211							
212							
213							
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220							
221							
222							
223							
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)				X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight	From household plot, prefabricated and preserved products - 1			
			kg [l]	present - 2			
				as payment for work - 3			
				As barter and from other sources - 4			
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402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4

407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM ( FILLED IN BY THE INTERVIEWER )					

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D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [l]	Purchased:		For the products purchased while the diary was kept  value  rub      kopeks		-					
			While the diary was kept- 1	Before starting to keep diary - 2			Present	For processing	Sold	For cattle fodder	For domestic animals food	For barter and other purposes
501			1	2			1	2	3	4	5	6
502			1	2			1	2	3	4	5	6
503			1	2			1	2	3	4	5	6
504			1	2			1	2	3	4	5	6
505			1	2			1	2	3	4	5	6
506			1	2			1	2	3	4	5	6
507			1	2			1	2	3	4	5	6
508			1	2			1	2	3	4	5	6
509			1	2			1	2	3	4	5	6
510			1	2			1	2	3	4	5	6
599												

DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY  <input type="text"/>
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▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER	name and type of expenditures	value		For food products and alcoholic drinks	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.
			rub	kopecks		
201	Expenditure code					
202						
203						
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223						
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)				X X



DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY
<input style="width: 100%; height: 20px;" type="text"/>	

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER  Expenditure code	name and type of expenditures	value		For food products and alcoholic drinks  kg [!]	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.  TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER
			rub	kopecks		
201						
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221						
222						
223						

299	CHECK SUM (FILLED IN BY THE INTERVIEWER)				X	x
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▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [l]	From household plot, prefabricated and preserved products - 1			
				present - 2	as payment for work - 3	As barter and from other sources - 4	
401				1	2	3	4
402				1	2	3	4
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404				1	2	3	4
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406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
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					value							
					rub	kopeks						
501			1	2			1	2	3	4	5	6
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507			1	2			1	2	3	4	5	6
508			1	2			1	2	3	4	5	6
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599													

DAY OF THE WEEK

DATE  /  /  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY  <input style="width: 100px; height: 20px;" type="text"/>
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			rub	kopecks			
201							
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221					
222					
223					
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)			

X	x

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C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [l]	From household plot, prefabricated and preserved products - 1			
				present - 2			
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402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
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410				1	2	3	4
499		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

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					value							
					rub	Kopeks						
501			1	2			1	2	3	4	5	6
502			1	2			1	2	3	4	5	6
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507				1	2			1	2	3	4	5	6
508				1	2			1	2	3	4	5	6
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599													

DAY OF THE WEEK

DATE  20\_\_

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B	▼ IS FILLED IN BY THE INTERVIEWER  Expenditure code	name and type of expenditures	value		For food products and alcoholic drinks  kg [!]	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.  TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER	NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [!]
			rub	kopecks				
201								
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210								
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219					
220					
221					
222					
223					
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)			

X	x

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D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [l]	Purchased:		For the products purchased while the diary was kept							
			While the diary was kept - 1	Before starting to keep diary - 2			Present - 1	For processing - 2	Sold - 3	For cattle fodder - 4	For domestic animals food - 5	For barter and other purposes - 6
					value							
					rub	kopeks						
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					rub	Kopeks						
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505				1	2			1	2	3	4	5	6
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DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY  <input style="width: 100px; height: 20px;" type="text"/>
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			rub	kopecks				
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222							
223							
299		CHECK SUM (FILLED IN BY THE INTERVIEWER)				X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [!]	From household plot, prefabricated and preserved products - 1			
				present - 2	as payment for work - 3	As barter and from other sources - 4	
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [!]	Purchased:  While the diary was kept- 1	<i>For the products purchased while the diary was kept</i>	
				Present - 1	For processing - 2
				Sold - 3	
				For cattle fodder - 4	
			Before	For domestic animals food - 5	value

				starting to keep diary - 2		rub kopeks		For barter and other purposes - 6					
				1	2			1	2	3	4	5	6
501				1	2			1	2	3	4	5	6
502				1	2			1	2	3	4	5	6
503				1	2			1	2	3	4	5	6
504				1	2			1	2	3	4	5	6
505				1	2			1	2	3	4	5	6
506				1	2			1	2	3	4	5	6
507				1	2			1	2	3	4	5	6
508				1	2			1	2	3	4	5	6
509				1	2			1	2	3	4	5	6
510				1	2			1	2	3	4	5	6
599													

DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY  <input style="width: 100px; height: 20px;" type="text"/>
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▼ INDICATE HERE ALL EXPENSES RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER  Expenditure code	name and type of expenditures	value		For food products and alcoholic drinks  kg [!]	IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.  TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER	NUMBER OF PACKAGES units	WEIGHT 1 PACKAGE kg [!]
			rub	kopecks				
201								
202								
203								
204								
205								
206								
207								
208								
209								
210								

211							
212							
213							
214							
215							
216							
217							
218							
219							
220							
221							
222							
223							
299		CHECK SUM (FILED IN BY THE INTERVIEWER)				X	x

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER  Product code	NAME OF THE PRODUCT	Product weight  kg [!]	From household plot, prefabricated and preserved products - 1			
				1	2	3	4
				present - 2			
				as payment for work - 3			
				As barter and from other sources - 4			
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4
499		CHECK SUM (FILED IN BY THE INTERVIEWER)					



▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER  Product code	Product weight  kg [I]	Purchased:		For the products purchased while the diary was kept  value  rub      kopeks		-					
			While the diary was kept- 1	Before starting to keep diary - 2			Present	For processing	Sold	For cattle fodder	For domestic animals food	For barter and other purposes
501			1	2			1	2	3	4	5	6
502			1	2			1	2	3	4	5	6
503			1	2			1	2	3	4	5	6
504			1	2			1	2	3	4	5	6
505			1	2			1	2	3	4	5	6
506			1	2			1	2	3	4	5	6
507			1	2			1	2	3	4	5	6
508			1	2			1	2	3	4	5	6
509			1	2			1	2	3	4	5	6
510			1	2			1	2	3	4	5	6
599												

DAY OF THE WEEK

DATE  20\_\_

301	NUMBER OF PERSONS WHO HAD MEALS IN THE HOUSEHOLD ON THAT DAY
<input style="width: 100px; height: 20px;" type="text"/>	

▼ INDICATE HERE **ALL EXPENSES** RELATED TO PURCHASE OF FOOD, ALCOHOLIC, TOBACCO PRODUCTS, NON-FOOD PRODUCTS, SERVICES, ETC.

B	▼ IS FILLED IN BY THE INTERVIEWER  Expenditure code	name and type of expenditures	value		For food products and alcoholic drinks  kg [I]
			rub	kopecks	
201					
202					
203					
204					

IF IT IS DIFFICULT FOR YOU TO INDICATE THE TOTAL WEIGHT OF THE PURCHASE INDICATE THE NUMBER OF PACKAGE UNITS AND WEIGHT OF ONE PACKAGE UNIT IN THESE BOXES.	
TOTAL PURCHASE WEIGHT WILL BE CALCULATED BY THE INTERVIEWER	
NUMBER OF PACKAGE UNITS	WEIGHT 1 PACKAGE kg [I]
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						
216						
217						
218						
219						
220						
221						
222						
223						
299		CHECK SUM ( FILLED IN BY THE INTERVIEWER )				X X

▼ INDICATE HERE **PRODUCTS** PRODUCED BY YOU OR OBTAINED BY YOUR HOUSEHOLD WITHOUT ANY PAYMENT AND USED TODAY TO PREPARE BREAKFAST, LUNCH OR DINER

C	▼ IS FILLED IN BY THE INTERVIEWER	NAME OF THE PRODUCT	Product weight	From household plot, prefabricated and preserved products - 1			
	Product code			present - 2			
				as payment for work - 3			
				As barter and from other sources - 4			
			kg [l]	1	2	3	4
401				1	2	3	4
402				1	2	3	4
403				1	2	3	4
404				1	2	3	4
405				1	2	3	4
406				1	2	3	4
407				1	2	3	4
408				1	2	3	4
409				1	2	3	4
410				1	2	3	4

499	CHECK SUM (FILED IN BY THE INTERVIEWER)		
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▼ INDICATE HERE **FOOD PRODUCTS** PURCHASED BY YOU WHILE THE DIARY WAS KEPT OR EARLIER AND USED TO PREPARE NON-PERISHABLE FOOD PRODUCTS (PRESERVES, JAM), FOR FODDER, SOLD OR PRESENTED TO RELATIVES AND FRIENDS, SWAPPED FOR OTHER GOODS OR SERVICES

D	▼ IS FILLED IN BY THE INTERVIEWER	Product code	Product weight  kg [I]	Purchased:		For the products purchased while the diary was kept														
				While the diary was kept- 1	Before starting to keep diary - 2			value	rub	kopeks	Present	For processing	Sold	For cattle fodder	For domestic animals food	For barter and other purposes				
501				1	2			1	2	3	4	5	6							
502				1	2			1	2	3	4	5	6							
503				1	2			1	2	3	4	5	6							
504				1	2			1	2	3	4	5	6							
505				1	2			1	2	3	4	5	6							
506				1	2			1	2	3	4	5	6							
507				1	2			1	2	3	4	5	6							
508				1	2			1	2	3	4	5	6							
509				1	2			1	2	3	4	5	6							
510				1	2			1	2	3	4	5	6							
599																				

▼ INDICATE HERE **NON-FOOD PRODUCTS** OBTAINED BY THE HOUSEHOLD FREE OF CHARGE DURING THE PERIOD WHEN THE DIARY WAS KEPT (DO NOT INDICATE THE GOODS THAT WERE USED IN THE HOUSEHOLD OF THE DONATOR)

E	▼ IS FILLED IN BY THE INTERVIEWER	NAME OF THE GOOD	Approximate value		present					
			rub	kopecks	as payment for work	As barter and from other sources				
701					1	2	3	-1	-2	-3
702					1	2	3			
703					1	2	3			
704					1	2	3			
705					1	2	3			
706					1	2	3			
707					1	2	3			
708					1	2	3			
709					1	2	3			
710					1	2	3			

799		CHECK SUM (FILLED IN BY THE INTERVIEWER)			
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▼ INDICATE HERE **NON-FOOD ITEMS** PURCHASED BY YOU WITHIN THE PERIOD WHEN THE DIARY WAS KEPT AND SOLD OR PRESENTED TO RELATIVES AND FRIENDS, BARTERED FOR OTHER GOODS OR SERVICES PROVIDED TO YOUR HOUSEHOLD

F	▼ IS FILLED IN BY THE INTERVIEWER	NAME OF THE GOOD	value		present	-1	
			rub	kopecks	Sold	-2	
					For barter and other purposes		-3
	Code of the good				1	2	3
801							
802							
803							
804							
805							
806							
807							
808							
809							
810							
899		CHECK SUM (FILLED IN BY THE INTERVIEWER)					

CHECK SUM (FILLED IN BY THE INTERVIEWER)						
399	NUMBER OF MAN-DAY OF ALIMENTATION (number of lines 301)			999	NUMBER OF DAYS DURING WHICH THE ENTRIES WERE ACTUALLY MADE TO THE DIARY	

**Records of the household have been checked and coded by me in line with Classifier of individual consumption of household by objectives**

Interviewer's signature \_\_\_\_\_

DATE \_\_\_\_\_