

*Strengthening of the National
Statistical System of Armenia – Phase II*

*Mission on Poverty and Social Exclusion Statistics
Activity 4.2: Testing pilot survey results*

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Proposal for the 2017 revision

INTEGRATED LIVING CONDITIONS SURVEY QUESTIONNAIRE

Form # 1-TT

Approved by the Order No73-A, from November 07. 2014
of the State Council on Statistics of RA

General notes:

- modifications in green;
- questions' enumeration is not changed with respect to 2015 official version;
- new questions are identified according to the proposed positioning: the two new questions between existing C3 and C4 will be enumerated C3a and C3b;
- when changes in answers' modalities are proposed, they are reported both old and new values.

Changes occur in Sections C, J, K, M. The short form of the present document, annexed to the Mission Report, includes only these sections, the others being unchanged.

Data will be used for statistical analysis only
and are not subject to disclosure

Form # 1-TT

Approved by the Order No73-A, from November 07. 2014
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INTEGRATED LIVING CONDITIONS SURVEY QUESTIONNAIRE

Number of the questionnaire

Identification number of h/h

Observation Period 2015
month

Settlement

name

code

Marz

name

code

Interviewer's ID number

Date of interview

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
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|----------------------|----------------------|----------------------|----------------------|----------------------|

I visit

II visit

III visit

IV visit

V visit

VISIT 1.

**Section A.
HOUSEHOLD MEMBER’S ROSTER.**

A1. I would like to make a complete list of all the members of your household, both present and absent. By saying a household I mean people who usually live together, share the same housekeeping and have the same budget. At first, I would like to write down the the household head’s name, then his spouse, their children and then other members of the household. Do not include the visitors.

Table 1.

| No of h/h member | Name | Sex 1.male 2.female | Relationship to head of h/h 1.head 2.spouse 3.daughter/ son 4.daughter in law / son in law 5.grandchild 6.mother / father of head / spouse 7.other relatives of head other relative 8.have no relationship to head no relative | Date of birth | | Marital status (from 16 years of age) 1.married 2.never married 3.widowed 4.divorced/ separated 5.cohabiting (without being registered as married) | Place of birth 1. Yerevan 2. town in Armenia 3. village in Armenia 4. Russia 5. Other CIS country 6. Other European country 7. USA and Canada 8. Other (specify) | If during the whole survey month some members of the household are absent, then mark the respective line by putting: 1.less than 3 month 2 3 and more month | The main reason for the absence 1.education 2.treatment 3.work 4.marriage 5.other family reasons 6.military service 7.to live there 8. other (specify) | What is the level of education completed? (from 6 years and over) 1. no primary, illiterate 2. no primary,literate 3. primary 4. general(basic) 5. secondary 6. preliminary vocational (handicraft, industrial) 7. middle vocational (technical college, college) 8. higher (bachelor degree, master degree) 9. post-graduate () |
|------------------|------|---------------------------|--|---------------|------|---|--|---|--|---|
| | | | | month | year | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
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| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |

VISIT 1

Section A.

HOUSEHOLD MEMBER'S ROSTER
(continued)

A2. Are there any persons within your household who belong to any of the following social groups? If yes, mention the code of the corresponding group. Three answers are allowed.

Table 2.

| ID number of h/h member | Social groups | | | | | |
|--|--|---|---|---|---|--|
| | <p>Disabled</p> <p>1. Disabled category 1 2. Disabled category 2 3. Disabled category 3 4. Disabled child under 18 years of age</p> | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Pensioners labor</p> <p>5. Age 6. Privileged 7. For long service 8. Disabled 9. Loss of bread-winner pensioners 10. partially</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Social beneficiaries</p> <p>11. for old age 12. Disabled 13. Loss of bread-winner pensioners</p> <p>Military service</p> <p>14. For long service 15. Disabled 16. Loss of bread-winner pensioners</p> </td> </tr> </table> | | | | | <p>Pensioners labor</p> <p>5. Age 6. Privileged 7. For long service 8. Disabled 9. Loss of bread-winner pensioners 10. partially</p> | <p>Social beneficiaries</p> <p>11. for old age 12. Disabled 13. Loss of bread-winner pensioners</p> <p>Military service</p> <p>14. For long service 15. Disabled 16. Loss of bread-winner pensioners</p> |
| <p>Pensioners labor</p> <p>5. Age 6. Privileged 7. For long service 8. Disabled 9. Loss of bread-winner pensioners 10. partially</p> | <p>Social beneficiaries</p> <p>11. for old age 12. Disabled 13. Loss of bread-winner pensioners</p> <p>Military service</p> <p>14. For long service 15. Disabled 16. Loss of bread-winner pensioners</p> | | | | | |
| <p>Children</p> <p>17. Child with one parent (under 21 years of age) 18. Single mother child (under 18 years old) 19. Child of divorced parents (under 18 years old) 20. Child without parents care (under 21 years old)</p> | | | | | | |
| <p>Other groups</p> <p>21. Pregnant woman (12 and more weeks) 22. Student (under 23 years of age) 23. Unemployed 24. Unemployed, who has not more than 5 years to reach right of old-age pension 25. Single (childless) pensioner</p> | | | | | | |
| | 1 | 2 | 3 | 4 | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |

HOUSING CONDITIONS

I would like to ask you some questions about your housing. By saying housing I mean all rooms and all separate constructions, which are used by the members of your household.

C.1. Type of housing

1. private house
2. apartment
3. hostel
4. railcar/ container, other temporary lodging
5. other _____(specify)

[NEW FILTERS TO ACCOUNT FOR NEW QUESTIONS FOR 2017: c3.a & c3.b]

C.2. Does the household own this dwelling or is it rented?

1. owned ⇒ **C. 3.a**
2. state or municipality (community) rented ⇒ **C. 3.b**
3. private person rented
4. departmental rented ⇒ **C. 3.b**
5. other _____(specify) ⇒ **C. 3.b**

C.3 If the household rents the dwelling from a private person (question B2, point 3), then how much is the monthly rent ⇒ C. 3.b

Dram

Dollar

Euro

[NEW QUESTIONS FOR 2017: c3.a & c3.b]

C.3.a If the household owns the dwelling, has it taken a mortgage for purchasing this dwelling?

1. Yes, not yet entirely re-paid
2. Yes, already entirely paid back ⇒ **C. 4**
3. No ⇒ **C. 4**

[NEW QUESTIONS FOR 2017: c3.a & c3.b]

C.3.b In the past twelve months, has the household been in arrears, i.e. has been unable to pay rent or mortgage payments of the main dwelling on time due to financial difficulties (question C2, point 2-5; question C3a, point 1)?

1. Yes, once
2. Yes, twice or more
3. No

C.4. How many rooms does the household occupy (exclude bathroom, toilet, kitchen)?

rooms

C.5. Indicate the total space

m²

C.6. Did you change your place of dwelling during the last 5 years?

1. yes
2. no ⇒ question C.8.
- 3.

C.7. Why did you move?

1. to improve housing conditions
2. for family reasons
3. because of debts
4. job reasons
5. because of earthquake
6. refugees (if you consider yourself a refugee)
7. other _____(specify)

[CURRENT VERSION]

C.8. Do you have the following housing utilities, information and communication means:

| N | Item | 1. yes 2. no 3. yes, but not operating |
|----|--|--|
| 1 | Centralized water supply | |
| 2 | Hot running water (tank, Ariston, geyser) | |
| 3 | Centralized sanitation compaund | |
| 4 | Local sanitation compaund /hole with waste products/ | |
| 5 | Outside toilet | |
| 6 | Centralized gas supply | |
| 7 | Bathtub or shower | |
| 8 | Kitchen | |
| 9 | Fixed telephone | |
| 10 | Mobile phone | |
| 11 | Radioreceiver | |
| 12 | Electricity | |
| 13 | Computer | |
| 14 | Internet connection | |

[NEW VERSION FOR 2017: C8a & C8b, C8c]

C.8.a Do you have the following housing utilities, information and communication means:

| (N old) N new | Item | 1. yes 2. no 3. yes, but not operating |
|------------------|--|--|
| (1)1 | Centralized water supply | |
| (2)2 | Hot running water (tank, Ariston, geyser) | |
| (3)3 | Centralized sanitation compaund | |
| (4)4 | Local sanitation compaund /hole with waste products/ | |
| (5)5 | Outside toilet | |

| | | |
|--------|------------------------|--|
| (6)6 | Centralized gas supply | |
| (7)7 | Bathub or shower | |
| (8)8 | Kitchen | |
| (11)9 | Radioreceiver | |
| (12)10 | Electricity | |

[NEW VERSION FOR 2017: C8a & C8b, C8c]

C.8.b Do you have the following housing utilities, information and communication means:

| (N old) N new | Item | 1. yes 2. no, because cannot afford 3. no, for any other reason 4. yes, but not operating (former 3) |
|------------------|---------------------|---|
| (9)1 | Fixed telephone | |
| (10)2 | Mobile phone | |
| (13)3 | Computer | |
| (14)4 | Internet connection | |
| (-)5 | Colour TV | |
| (-)6 | Washing machine | |

[NEW VERSION FOR 2017: C8a & C8b, C8c]

C.8.c Can you replace worn-out furniture if needed (including separate items of furniture, as well as second-hand furniture):

1. yes
2. no, because cannot afford
3. no, for any other reason

C.9. What are the sources of water you use?

4. centralized water supply
5. spring water, wells ⇒ C. 12
6. own system of water supply
7. river, lake ⇒ C. 12
8. delivered (imported) water ⇒ C. 12
9. bought water (Noy, Byuregh, etc) ⇒ C. 12
10. rainwater ⇒ C. 12
11. other _____ (specify) ⇒ C. 12

C.10. Where is your water tap located?

(respondents are points 1 and 3 of item C. 9)

1. indoor
2. in the yard
3. in the street

C.10.a. If your water tap is located in the street than what is the distance?

 metre

C.11. If you have centralized water delivery system

(respondent is point 1 of item C. 9.)

1. how many days a month do you have potable water?

 day

2. how many hours a day do you have potable water (all day = 24 hours)?

hours

C.12. What type of heat source do you use to heat your house (one answer in each column)?

| Type of heat source | main | supplementary |
|---------------------|----------|---------------|
| Central heating | 1 | 1 |
| Electricity | 2 | 2 |
| Natural gas | 3 | 3 |
| Liquefied gas | 4 | 4 |
| Oil and diesel | 5 | 5 |
| Wood | 6 | 6 |
| Other | 9 | 9 |
| None → C.15 | 0 | 0 |

C.13. What equipment did you mostly use to heat your house?

| N | Name | If yes, take in a circle |
|---|--|--------------------------|
| 1 | Electric stove | 1 |
| 2 | Electric heater (oil battery) | 2 |
| 3 | Gas stove (kitchen) | 3 |
| 4 | Self-made heater | 4 |
| 5 | Manufactured heater (Iranian, European, other) | 5 |
| 6 | Local-individual boiler (BAXI, and the like) | 6 |
| 7 | Local-collective boiler for the block | 7 |
| 8 | Centralized heating | 8 |
| 9 | Other, specify----- | 9 |

C.14. How much money did you spend on the heating of your house during the last winter? (If you didn't spend the money mention 7).

Dram

[NEW VERSION FOR 2017: C14a]

C.14.a Can your household afford to keep home adequately warm?

1. Yes
2. No

C.15. How is the garbage of the household disposed?

1. rubbish evacuation system
2. collected by a dust-cart
3. dumped by household members
4. burned by household members

5. buried by household members
6. other _____(specify)

[NEW VERSION FOR 2017: C15a]

C.15.a In the past twelve months, has the household been in arrears, i.e. has been unable to pay the utility bills (heating, electricity, gas, water, garbage disposal, etc.) of the main dwelling on time due to financial difficulties?

1. Yes, once
2. Yes, twice or more
3. No

C.16. Do you have any complaints about your housing and its environment from those mentioned below:

(take in a circle)

| | Yes | No | Not applicable |
|---|-----|----|----------------|
| 1. Not enough floor space | 1 | 2 | 3 |
| 2. Noise from neighbors and from outside | 1 | 2 | 3 |
| 3. Lack of light | 1 | 2 | 3 |
| 4. Lack of heating | 1 | 2 | 3 |
| 5. Humidity | 1 | 2 | 3 |
| 6. Leaking roof | 1 | 2 | 3 |
| 7. Dilapidated walls and floor | 1 | 2 | 3 |
| 8. Dilapidated window frames and doors | 1 | 2 | 3 |
| 9. Heavy traffic | 1 | 2 | 3 |
| 10. Industrial pollution | 1 | 2 | 3 |
| 11. The elevator is frequently out of order | 1 | 2 | 3 |
| 12. Bad water supply | 1 | 2 | 3 |
| 13. Bad garbage evacuation | 1 | 2 | 3 |
| 14. Bad service of common use areas and yard areas in multiple dwelling | 1 | 2 | 3 |
| 15. Lack of green areas | | | |
| 16. Other (specify) | 1 | 2 | 3 |

C.17. Please, evaluate your housing conditions:

1. very good
2. good
3. satisfactory
4. bad
5. very bad

C.18. Did you renovate your dwelling (i.e., construction work, carpentry, painting)?

1. yes during the last year ⇒ C. 20
2. yes, many years ago
2. no ⇒ C. 21

C. 19. How many years ago did you renovate your dwelling?

Years ⇒ C. 21

C.20. How much money did you spend?

_____ **Dram**
 _____ **Dollar**
 _____ **Euro**

C.21. Are you at the moment building a new house for your permanent living?

1. yes
 2. no ⇒ C. 23

C. 22. How much money have you spent for building the new house from the beginning of construction up to now?

_____ **Dram**
 _____ **Dollar**
 _____ **Euro**

C.23. Do you have another owned dwelling, besides the one, where are you living?

1. Yes, I give it for rent
 2. Yes, it is used as an area for our own use ⇒ C.25
 3. Other ⇒ C.25
 4. No ⇒ C.25

C. 24. If you rent it out, mention the amount of the monthly rent:

_____ dram
 _____ dollar
 _____ euro

C. 25. During the last 3 months did someone of household members have the access to computer and Internet? (Yes-1)

| No of household members | Someone of h/h members has access to computer | | Someone of h/h members has access to Internet | | Someone of h/h members has access to Internet | | | | | | |
|-------------------------|---|------------------------|---|-----------------------|---|----------------------------|---------------|--|--|-------------------------------------|-------------------------------------|
| | at home | other place, (specify) | at home permanent | at home non permanent | at working place | at educational institution | at others h/h | at public centre of Internet access (free) | at public centre of Internet access (paid) | through cellphone from any locality | from other place through moving set |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
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| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |

[CURRENT VERSION]

To the interviewer: C26-C30 questions are for rural households.

C26. Does someone in your household own a car, truck or the other mode of transportation?

- 1. Yes
- 2. No

[NEW VERSION FOR 2017: ONLY THE ANSWERS' MODALITIES ARE CHANGED]

C26. Does someone in your household own a car, truck or the other mode of transportation?

- 1. Yes
- 2. No, because cannot afford
- 3. No, for any other reason

[NEW VERSION FOR 2017: THE FILTER HAS TO EXCLUDE C26]

To the interviewer: C27-C30 questions are for rural households.

C27. Approximately how much did you spend on the following vehicle-related costs during the last 12 months?

| | | Total Expenses (AMD) |
|-----|--|----------------------|
| 1 | Fuel e.g., | |
| 1.1 | Petrol | |
| 1.2 | Diesel oil | |
| 1.3 | Compressed gas | |
| 3. | Maintenance, including spare parts and labor | |
| 4. | Fares for buses, minibuses, and taxis | |

C.28. How many days in a typical month does someone in your household (including all members) use road transportation for the below-identified purposes, and how far do you travel?

| | | Transportation Mode 1.Car 2.Minivan/Buses 3.Taxi 4.Train 5.Carts 6.Horse/donkey 7. Bicycle Without Transportation 8. Walking | Days per Month | Distance (km) | |
|----|---|--|----------------|---------------|---|
| | | | 1 | 2 | 3 |
| 1. | Buying fertilizers, seedlings, seeds, etc. | | | | |
| 2. | Selling agricultural products or production | | | | |
| 3. | Getting to working place outside of your community* | | | | |
| | 3.1 | | | | |
| | 3.2 | | | | |
| | 3.3 | | | | |
| 4. | Other (specify) _____ | | | | |

**If in h/h more than one member work , then for everyone fill in separate row.*

C 29. How far are the nearest services from your household, how long does it take you to get there and mode of transportation?

| N | Services | Transportation Mode | Distance (km) | Duration (minutes) |
|-----------|-----------------------------------|---|---------------|--------------------|
| | | 1.Car 2.Minivan/Buses 3.Taxi 4.Train 5.Carts 6.Horse/donkey 7. Bicycle Without Transportation 8. Walking | | |
| | | 1 | 2 | 3 |
| 1. | Health Post | | | |
| 2. | Hospital (Emergency) | | | |
| 3. | Pharmacy | | | |
| 4. | Village office | | | |
| 5. | Kindergarden | | | |
| 6. | Complete secondary school | | | |
| 7. | Primary/ general (basic) school * | | | |
| 8. | Agricultural market | | | |
| 9. | Bank/Financial Services | | | |

To the interviewer: Do not ask about the primary/general school, if there is a secondary school in the village.

C.30. How would you rate the quality of below-mentioned type of Road/Transport:

To the interviewer: mark the answers in each row putting 1 in the respective column.

| Type of Road/Transport | Poor | Average | Good | Excellent |
|---|------|---------|------|-----------|
| 1. Roads within your settlement or community | | | | |
| 2. Roads to regional towns or markets | | | | |
| 3. Buses, minivans, and any other available transportation services | | | | |

PRE-SCHOOL EDUCATION
for children at pre-school age (< 6 years old)

Table 1

| HH member's ID numbers | Does your child attend any pre-school institution (including a baby-sitter)? 1. yes → column 4 2. no | If no, why? 1. too expensive 2. bad nutrition 3. danger of infectious diseases 4. the kindergarten is closed 5. working hours are not suitable 6. the quality of the service is low 7. the mother does not work 8. other (specify) 9. there are no kindergarten 10. already goes to school → table 2 If answered 1-9 → next section | If yes, what is the type of this pre-school establishment? 1. community kindergarten 2. in-house kindergarten 3. private 4. baby-sitter (2 answers are allowed) | | How much on average did you pay for pre-school education during the last 12 months (including a baby-sitter)? dram (or foreign currency expressed in dram) | How many months did your child attend the pre-school institution during the last 12 months (including baby-sitter)? |
|------------------------|--|--|--|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
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To the Interviewer: If the child under 6 years of age attends a pre-school institution (answer “yes” in the column 2) then the interview about this child’s education ends in this section.

VISIT 4

Section F.

AGRICULTURE

To the interviewer: section F is filled out for both rural and urban households

LAND USE

F.1. Does any member of your household own or work on the land (including back yards and the summer-house plots)?

- 1. yes
- 2. no ⇒ Table 2

F.2. What is the total area of the land currently owned or rented by your household?

| Type of rights in land ? | Area in sq.m | from which | |
|-----------------------------------|--------------|--|-------------------------|
| | | In fact used for crop production, sq.m | In fact irrigated, sq.m |
| 1. Own land | | | |
| 1.1 including <i>kitchen plot</i> | | | |
| 2. Rented/other cultivated land | | | |

F.3. If there is any part of your land that you do not use for cultivation, please indicate why? If you don't use your land for cultivation fully or partially, then why?

To the interviewer: Check all applicable answers by putting 1 in the appropriate box.

- 1. Too far -----
- 2. Land is of very poor quality -----
- 3. No irrigation available -----
- 4. Not profitable to cultivate -----
- 5. No funds for cultivation -----
- 6. I'm not in good health, I am old -----
- 7. Other _____(specify) -----

F4. During the past year, was any farming or irrigation training offered in your village or near villages?

- 1. Yes
- 2. No =>F6(if do not use for cultivation, move to the table 2)
- 3. Don't know =>F6 (if do not use for cultivation, move to the table 2)

F5. Did you attend any of the trainings?

- 1. Yes
- 2. No

To the interviewer: if the household does not fully cultivate its land move to the Table 2.

F.6. How much of your land do you water/irrigate through the following ways (sq. m.)?

| | Kitchen plot | Other plots |
|--|--------------|-------------|
| 1. Irrigation water (pipeline/canal) | | |
| 2. Deep or other well or drinking water/move to the table 1/ | | |
| 3. Exclusively natural sources, rivers/ rain water /move to the table 1/ | | |
| 4. Irrigation water and wells or other drinking water | | |
| 5. Irrigation and natural sources, rivers/rain water | | |
| 6. Do not water | | |
| 7. Collect rain water, thaw water /move to the table 1/ | | |
| 8. Only rain water /move to the table 1/ | | |

activities (fertilizers, seedlings and seeds etc.)?

F.7. Are you a member of a water users' association?

1. yes ⇒ *F9*
2. no

F.8. If not, please specify why?

1. There is no such association in our village
2. I don't want to join the association
3. Other _____ (specify)

F.9. Did you get enough irrigation water in time?

1. yes, enough and timely ⇒ *F11*
2. enough, but not timely
3. timely, but not enough
4. not timely and not enough
5. no

F.10. If you had an interruption in the supply of irrigation water, what do you think the reasons were?

To the interviewer: Prioritize the most significant 3 reasons.

1. Pump accidents
2. The poor condition of the pipes
3. Failure to pay
4. No inter-community supply schedule
5. Arbitrary approach by the system representatives
6. Local system issues
7. Other (specify)

| | | |
|--|--|--|
| | | |
|--|--|--|

F.11. Did you pay for irrigation water?

1. Yes ⇒ *F.13.*
2. Partially
3. No

F.12. If you did not pay fully or paid partially, please indicate why

To the interviewer: Indicate the reasons and list up to three most important ones.

1. Incorrect fee estimates
2. Insufficient water supply
3. Not timely supply
4. Lack of confidence in supplier
5. Lack of funds
6. Other

| | | |
|--|--|--|
| | | |
|--|--|--|

To the interviewer: Say to respondent “Now I would like to ask you about changes you made in **2014** agricultural season compared to your **2013** agricultural season”.

F.13. Do you find that the operation of your irrigation system in **2014 has changed compared to **2013**?**

1. yes
2. no ⇒ F15

F.14. In what way did it change?

1. Improved significantly
2. Improved some
3. Worsened some
4. Worsened significantly

F.15. Did the area of land you irrigated in **2014 has change compared to **2013**?**

1. yes
2. no ⇒ table 1

F.16. In what way did it change?

1. Enlarged significantly
2. Enlarged to some extent
3. Somewhat reduced
4. Significantly reduced

VISIT 4

Section F.
AGRICULTURE
Crop production and utilization

Table 1

| N | Item | * | Size of the land area cultivated in 2014**. | Size of irrigated land area. | Remained from the last season as of January 01.2014 | Total amount of the harvest received in last 2014 season | Columns 3+4=5+7+8+9+10+11+12+13+14) | | | | | | | | | | |
|----|------------------------------------|---|---|------------------------------|---|--|-------------------------------------|-------|---|---|------------------------|---|---------------------|---------------------------|--------------------------------------|---|--|
| | | | | | | | How much was sold (exchanged)? | | Has been processed food production for sale | Was paid in kind from the agricultural products for work and services, land rent, fuel and etc. | Was leaved as a seeds. | Was consumed used as a food) in the household | Was used as fodder. | The losses by any reasons | Was used by other ways (gifts, etc.) | Remained at the end of the season (31.12 2014)? | What proportion of the yield was gain from the watered land (besides the rainwater)? |
| | | | | | | | kg | dra m | Kg | Kg | kg | kg | kg | kg | kg | kg | % |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 | Wheat | | | | | | | | | | | | | | | | |
| 2 | Barley | | | | | | | | | | | | | | | | |
| 3 | Spelt | | | | | | | | | | | | | | | | |
| 4 | Other cereals | | | | | | | | | | | | | | | | |
| 5 | Beans | | | | | | | | | | | | | | | | |
| 6 | Peas | | | | | | | | | | | | | | | | |
| 7 | Other legumes | | | | | | | | | | | | | | | | |
| 8 | Tobacco | | | | | | | | X | | X | | X | | | | |
| 9 | Flowers (pieces) | | | | | | | | X | | X | | X | | | | |
| 10 | Potatoes | | | | | | | | | | | | | | | | |
| 11 | Vegetables(including green hariot) | | | | | | | | | | | | | | | | |
| 12 | Crops(watermelons, melons) | | | | | | | | | | | | | | | | |
| 13 | Grapes | | | | | | | | | | X | | X | | | | |
| 14 | Fruits | | | | | | | | | | X | | | | | | |
| 15 | Grass and hay | | | | | | | | X | | | X | | | | | |
| 16 | Other (specify) | | | | | | | | X | | | | | | | | |

* mark 1, if the crop is cultivated on already used (during last season) land

** If the land has been used twice or multiple times, then the TOTAL landplot size can be more than the number recorded in F2.

1.a. Who in the household take part in this activity?(To the interviewer: mention the ID number of household members).

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

VISIT 4

Section F.
AGRICULTURE
CATTLE BREEDING

F.17. Were you engaged in cattle breeding during the last 12 months?

- 1. Yes
- 2. No → table 3

Table 2

| N | Item | Heads of cattle at present | How many of each livestock mentioned did you buy during the last 12 months? | | | How many livestock did you sell during the last 12 months? | | How many livestock did you slaughter during the past 12 months (hooked in case of fish)? | Slaughtered cattle (column 6) of which: | | | | Main sale places 1. roadside 2. directly from field or house 3. myself in market 4. through an intermediary in the market 5. in wholesale / retail market 6. direct recultivation 7. consumer cooperative 8. barter for other goods or services 9. other places (3 answers allowed) | How much slaughtered stored meat do you have currently (hooked in case of fish)? | |
|----|---------------------------|----------------------------|---|------|-------|--|-------|--|---|-------------------------|------|---------------------------|---|--|----|
| | | | head | head | drams | head | drams | | head | Sale (including barter) | | Consumed by the household | | | |
| | | | | | | | | kg | dram | kg | dram | code | code | code | kg |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 | Cattle, of which | | | | | | | | | | | | | | |
| 2 | cows | | | | | | | | | | | | | | |
| 3 | draught ox | | | | | | | | | | | | | | |
| 4 | calf | | | | | | | | | | | | | | |
| 5 | ox | | | | | | | | | | | | | | |
| 6 | Pigs, of which | | | | | | | | | | | | | | |
| 7 | sow | | | | | | | | | | | | | | |
| 8 | young pigs | | | | | | | | | | | | | | |
| 9 | Sheeps and goats | | | | | | | | | | | | | | |
| 10 | Horses, dankies and mules | | | | | | | | | | | | | | |
| 11 | Poultry, of which | | | | | | | | | | | | | | |
| 12 | layers and roosters | | | | | | | | | | | | | | |
| 13 | Fur game, of which | | | | | | | | | | | | | | |
| 14 | rabbits | | | | | | | | | | | | | | |
| 15 | nutria | | | | | | | | | | | | | | |
| 16 | marshotter | | | | | | | | | | | | | | |
| 17 | sable | | | | | | | | | | | | | | |
| 18 | silver fox | | | | | | | | | | | | | | |
| 19 | Families of bees (units) | | | | | | x | x | x | x | x | | | | x |
| 20 | Fish, lobster (kg) | | | | | | | | | | | | | | |

2.a. Who in the household take part in this activity? To the interviewer: mention the ID number of household members.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

VISIT 4

Section F.
AGRICULTURE
(Agricultural Equipment)

Table 3

| N | Equipment | How many of the mentioned equipment is owned by the household? (peace) | How many years ago was the most recent equipment bought? 1. up to 1 year 2. 1-2 years 3. 3-5 years 4. 6-10 years 5. 11 years and over | Does it operate? 1. yes 2. partially 3. no | Did you sell any equipment during the last 12 months? 1. yes | If yes, mention the cost of sold equipment dram (or foreign currency in drams) |
|----|------------------------|---|--|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | Tractors, Mini tractor | | | | | |
| 2 | Truck | | | | | |
| 3 | Grain combines | | | | | |
| 4 | Tractors trailer | | | | | |
| 5 | Hay-mower | | | | | |
| 6 | Harvesting combain | | | | | |
| 7 | Grain separator | | | | | |
| 8 | Seeders | | | | | |
| 9 | Plows | | | | | |
| 10 | Cultivators | | | | | |

To the interviewer: if the household has no land and is not engaged in cattle-breeding, pass on to section H

VISIT 4

Section F.
AGRICULTURE
AGRICULTURAL EXPENDITURES

To the interviewer: fill out each row

Table 4

| N | Name of articles | How much was spent on the mentioned items during the last season? dram (or foreign currency in drams) | From which sources did you get it? 1. at by retail 2. state/community, organization 3. cooperative 4. union of local farmers 5. commercial firm 6. private person 7. international organization 8. other (specify) |
|----|----------------------------------|--|---|
| | | 1 | 2 |
| 1 | All types of fertilizers | | |
| 2 | Herbicides | | |
| 3 | Seeds, seedlings | | |
| 4 | Irrigation | | |
| 5 | Spare parts | | |
| 6 | Hired workers | | |
| 7 | Transport | | |
| 8 | Rented livestock | | |
| 9 | Rented equipment etc. | | |
| 10 | Tools | | |
| 11 | Repair / maintenance | | |
| 12 | Fodder | | |
| 13 | Veterinary services and medicine | | |
| 14 | Land tax | | |
| 15 | Payment for rent of land | | |
| 16 | Bags, containers, strings etc. | | |

F.18. Which were the 3 main difficulties you experienced during the last season?

1. lack of wholesale and retail markets
2. paying irrigation fees
3. purchasing acquisition of agricultural techniques
4. acquisition of seeds or seedlings
5. shortage of seeds
6. lack of work force
7. remuneration for work
8. transportation of products to the market
9. dealing with intermediary
10. sale of food products
11. other _____ (specify)
12. did not experience

| | | |
|--|--|--|
| | | |
|--|--|--|

F.19. Did you take credit or debt for agricultural activities during the last season (2014 January-December)?

1. yes
2. no → next section

F.20. If yes, how much?

Dram (or foreign currency in drams)

F.21. If yes, whom from?

1. bank
2. state guaranteed project
3. international organization
4. parents
5. friends or others
6. other _____ (specify)

VISIT 4
Table 1

Section G
Food Production

| N | Item | Measurement unit | Total quantity produced during last 12 months | from which (1=2+4+6+7) | | | | | | Main places of sale 1. roadside 2. home 3. myself in wholesale/retail market 4. through an intermediary in wholesale /retail market 5. consumer cooperative 6. barter for other goods or services 7. other places (3 answers allowed) | | | |
|----|--|------------------|---|--|----------|---|----------|--------------------------------------|-----------------------------------|---|----------|-------|------|
| | | | | Total quantity sold during the last 12 months? | | Consumed by household from own production during the last 12 months*? | | Losses by any reasons , gifts, etc.? | Total quantity of stored products | | | | |
| | | | | quantity | quantity | dram | quantity | | dram | quantity | quantity | drams | code |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1 | Bread (lavash) | kg | | | | | | | | | | | |
| 2 | Ghaurma | kg | | | | | | | | | | | |
| 3 | Smoked meat (cold boiled pork, meat loaf) | kg | | | | | | | | | | | |
| 4 | Basturma | kg | | | | | | | | | | | |
| 5 | Sujukh (meat) | kg | | | | | | | | | | | |
| 6 | Sausage | kg | | | | | | | | | | | |
| 7 | Milk non-processed | liter | | | | | | | | | | | |
| 8 | Cheese | kg | | | | | | | | | | | |
| 9 | Sour cream | kg | | | | | | | | | | | |
| 10 | Matsoun | liter | | | | | | | | | | | |
| 11 | Butter | kg | | | | | | | | | | | |
| 12 | Vodka | liter | | | | | | | | | | | |
| 13 | Wine | liter | | | | | | | | | | | |
| 14 | Preserved fruit (jam, sweet syrup, dried, freezed fruit) | liter | | | | | | | | | | | |
| 15 | Preserved vegetable | liter | | | | | | | | | | | |
| 16 | Cookies | liter | | | | | | | | | | | |
| 17 | Honey | kg | | | | | | | | | | | |
| 18 | Smoked fish | liter | | | | | | | | | | | |
| 19 | Eggs | kg | | | | | | | | | | | |
| 20 | Other (specify) | kg | | | | | | | | | | | |

*) columns 1-7 include sugar and other constituents

3.a. Who in the household participate in this activity? To the interviewer: mention the ID number of household members

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

II Household Incomes

Table2

I.2. Did the household receive money or goods (as a gift or assistance) from an absent household member or any other person during the last 12 months?

1. yes

2. no → Section I

| N | Number of the household member whom the money or goods were received from For the none HH members <i>To the interviewer:</i> Put code 77 if this member was not absent from Armenia, or was absent only for a period up to one year. Put code 99 if he/she was permanently absent for more that a year or never resided in Armenia. | Where does he/she live? 1. Yerevan 2. other city in Armenia 3. village in Armenia 4. Russia 5. other CIS country 6. any European country 7. USA, Canada 8. Other (speciry) | The regularity of these transfers. 1. monthly 2. quarterly 3. annually | How much money did you receive during the last 12 months? | | If you received money outside the country, then how did you get it? 1. bank 2. post 3. other (specify) | How was used the received money? 1. To take care of routine consumption expenses(including expenses on health, education and other expenses) 2. For one's own construction or acquisition of real estate/movable property 3. To acquire real estate or do construction for the sender | What was the total value of food or goods received during the last 12 months? (dram) | |
|---|---|--|---|---|--|---|--|---|-----------|
| | | | | amount | 1. dram 2. rouble 3. dollar 4. euro | | | foods | non-foods |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |

VISIT 5

Section J. ?I

HEALTH (general) and HEALTHCARE

Table 1 *To the interviewer:* all members of the household are interviewed, questions related to children should be asked to their parents.

| No of h/h member | How would you evaluate your state of health? 1. Very good 2. Good 3. Neither good nor bad 4. Bad 5. Very bad | During the last 30 days, for how many days were you ill? | Did you terminate your usual activities during the last 30 days because of illness, injury, or bad state of health? 1. Yes 2. No → 5 | If yes, for how many days did you terminate your usual activities? | During the last 30 days, did you apply for medical assistance from a family doctor, ambulatory, polyclinic or village health center? 1. Yes 2. No → 18 | How many times did you apply for medical assistance from one of these places during the last 30 days? | To whom did you apply for medical assistance during the <u>last visit</u> ? 1. Family doctor 2. Pediatrician 3. Obstetrician/ gynecologist 4. Therapist 5. Narrow specialist 6. Stomatologist 7. Private doctor 8. Diagnostic centre 9. Ambulance 10. Other (specify) | Did you have to pay the medical personnel to whom you applied according to price list during the <u>last visit</u> ? 1. Yes 2. No → 10 | How much did you pay to anyone from the medical staff ? (dram) | Did you make any <u>gifts</u> (food, etc.) or provide any service to this person, besides the payment? If yes, what was the value of the gift or service? (dram) If no gift, write zero |
|------------------|---|--|--|--|--|---|---|--|---|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |

VISIT 5

Section J. ? I

HEALTH (general) and HEALTHCARE

Table 1 (continuation)

| ID of the h/h member | During the last visit did you have to make any other payments, including payments for laboratory tests and x-rays, in connection with the consultation? If yes, how much was paid? (dram) | | During the last 30 days, how much did you pay totally for medical assistance? (dram) | Have you been diagnosed with hypertension? | During your last visit, did you receive a cholesterol test? | During your last visit, did you receive electrocardiogram? | What was your opinion of the service received during your last visit to this health facility? | If you did not seek medical advice during the last 30 days, what was the reason why not? | During the last 30 days, have you purchased any medicines for treatment? | How much did you pay in total for medicines during the last 30 days? (dram) | During the past 12 months, did you apply for either outpatient or inpatient medical assistance from a hospital? | During the past 12 months, how many times did you stay overnight at a hospital? | During the past 12 months, how many times did you visit a hospital for outpatient care? |
|----------------------|---|------------|--|--|---|--|---|--|--|---|---|---|---|
| | for laboratory tests | for x-rays | | | | | | | | | | | |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |

VISIT 5

Section J. ?I

HEALTH (general) HEALTH CARE

Table 1 (continuation)

| No of the h/h member | During your last visit to a hospital, did you stay overnight? 1. Yes 2.No→26 | For how long did you stay at a hospital during the last visit? (number of days) | Was your last visit to a hospital in the observed month? 1.yes 2. no | What type of specialist was your main provider of medical assistance during your last visit to the hospital? 1. Surgeon 2. Emergency doctor 3. Therapist 4. Cardiologist 5. Obstetrician-Gynecologist 6. Urologist 7. Gastroenterologist 8. Oncologist 9. Endocrinologist 10. Neurologist 11. Other (specify) | How much did you pay to the hospital cashier during your last visit to a hospital? (dram) | How much did you pay directly to medical staff (doctors, nurses, etc.)? (dram) | Did you make any gift (food, etc.) or provide any service to anyone from the medical staff besides the payment? If yes, what was the value of the gift or service? (dram) If no gift, write zero | Did you have to make any other payments, including payments for laboratory tests, x-rays, or medicines, during your last visit to the hospital? If yes, how much was paid? (dram) If no payment, write zero | | | How much did you pay in total for hospital services during the last year? (dram) | What was your opinion of the service received during your last visit to hospital? 1. Fully satisfied 2. Partly satisfied 3. Not satisfied | Do you have a right to use BBP? 1. Yes 2. No 3. I don't know | Does your health insure? 1.yes 2. no |
|----------------------|--|--|--|--|--|---|--|---|--------|-----------------|---|--|---|--|
| | | | | | | | | laboratory tests | x-rays | drugs medicines | | | | |
| | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |

VISIT 5

Section J. ? I

HEALTH (postnatal consultancy)
(children between 0 and 5 years)

Table 2

| No of h/h member | Did you take the child to the polyclinics for preventive examination or postnatal consultancy during the last 30 days? 1. yes 2. no → 9 | If yes, how many times? | Were the weight of your child measured during the last 30 days in polyclinic? 1. Yes 2. No 3. I don't know | Were the height of your child measured during the last 30 days in polyclinic? 1. Yes 2. No 3. I don't know | Did you receive any consultation on your child's growth and development during your 30 days in polyclinic? 1. Yes 2. No 3. I don't remember | Did your child receive a blood test during the last 30 days? 1. Yes 2. No | Did your child receive an immunization during the last 30 days? 1. Yes 2. No | Where did you deliver your child? 1. hospital or other health care facility 2. at home 3. other place | How much did you pay in total for the delivery of your child? (drams) If paid nothing, write zero | Did you breastfeed? 1. yes 2. no → 13 | If yes, for how many months? | Who is taking care of your kids usually when you are not at home? 1. a household member 2. relative 3. neighbor, friend 4. paid baby-sitter 5. nursery or , kindergarten 6. they stay alone 7. other (specify) | If the answer to question 2 is "no", please specify why did not you go to postnatal consultations? 1. health care facility is closed 2. too expensive 3. too far away 4. services were not necessary 5. there is no medical facility 6. the quality of medical care is unsaficient 7.other (specify) |
|------------------|---|-------------------------|---|---|--|---|--|--|---|---|------------------------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

VISIT 5

Section J. ?

DEBTS

J. 1. Did any of household members lend money within the last 12 months?

- 1. yes
- 2. no → J3

J.1.1. If yes, please specify (two answers are possible) from which`

1.To RA residents- legal entity and natural person (not absent from the RA or was absent for one year)

2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA)

J. 2. If yes, how much?

(Four answers are possible)

J.2.1 To RA residents

- legal entity and natural person

(not absent from the RA or was absent for one year)

| | |
|--------|---|
| dram | <input style="width: 50px; height: 20px;" type="text"/> |
| ruble | <input style="width: 50px; height: 20px;" type="text"/> |
| dollar | <input style="width: 50px; height: 20px;" type="text"/> |
| euro | <input style="width: 50px; height: 20px;" type="text"/> |

J.2.2 To RA non- residents

legal entity and natural person

(absent from the RA for more than a year or have never resided in the RA year)

| | |
|--------|---|
| dram | <input style="width: 50px; height: 20px;" type="text"/> |
| ruble | <input style="width: 50px; height: 20px;" type="text"/> |
| dollar | <input style="width: 50px; height: 20px;" type="text"/> |
| euro | <input style="width: 50px; height: 20px;" type="text"/> |

J.3. How much debt does your family have at the moment (including agricultural credits) _____ (dram, or other currency in drams)

From which`

1.To RA residents - legal entity and natural person (not absent from the RA or was absent for a year) **dram**

2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA) **dram**

J. 4. Did any of household members barrow money within the last 12 months?

- 1. yes
- 2. no → Table 1 (column 6)

J.4.1. If yes, please specify (two answers are possible) from which`

1.To RA residents - legal entity and natural person (not absent from the RA or was absent for a year)

2.To RA non-residents - legal entity and natural person (absent from the RA for more than a year or have never resided in the RA)

J. 5. If yes, how much? (Four answers are possible)

| | |
|--------|---|
| dram | <input style="width: 50px; height: 20px;" type="text"/> |
| ruble | <input style="width: 50px; height: 20px;" type="text"/> |
| dollar | <input style="width: 50px; height: 20px;" type="text"/> |
| euro | <input style="width: 50px; height: 20px;" type="text"/> |

VISIT 5

SECTION J.

DEBTS

[NEW ITEM FOR FOR 2017: TABLE 1 ITEM 12]

Table 1

| N | | Did any member of the household borrow money for the following purposes during the last 12 months? yes no → column 6 If yes, mention the number of the h/h member | | What is the total borrowed amount? | | Where was it borrowed from? 1. family 2. friends/ other persons 3. bank 4. other | If you paid any debts during the last 12 months, specify the amount | |
|----|---|--|---|------------------------------------|---|--|---|---|
| | | | | amount | 1. dram 2. ruble 3. dollar 4. euro | | amount | 1. dram 2. ruble 3. dollar 4. euro |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | Purchase of a house / flat/summer house | | | | | | | |
| 2 | Purchase of a car, van | | | | | | | |
| 3 | Purchase of furniture | | | | | | | |
| 4 | For medical treatment | | | | | | | |
| 5 | For education | | | | | | | |
| 6 | Fridge, washing machine and other equipment | | | | | | | |
| 7 | Computer | | | | | | | |
| 8 | Wedding | | | | | | | |
| 9 | Funeral | | | | | | | |
| 10 | Other special events | | | | | | | |
| 11 | Entrepreneurship (including agricultural credits) | | | | | | | |
| 12 | For any other purpose | | | | | | | |

[NEW QUESTION FOR FOR 2017: J1.a]

J1.a In the past twelve months, has the household been in arrears on hire purchase instalments or other loan payments borrowed by banks or financial institutions, i.e. has been unable to pay these on time due to financial difficulties?

Please don't consider arrears on mortgage payments for the main dwelling; they are covered by question C.3b.

- 1. Yes, once
- 2. Yes, twice or more
- 3. No

VISIT 5

Section K.
SUBJECTIVE ESTIMATION OF THE LIVING STANDARD

[NEW TABLE 1 FOR 2017]

Table 1
FOR ALL THE HOUSEHOLDS

| Can your household afford... | | | Is your household's total income enough to pay the required minimal expenses? |
|--|---|---|--|
| | | | |
| 1. Yes | 2. No | | |
| ...an unexpected required expense of 40.000 dram and pay through its own resources (without borrowing or asking for financial help)? | ...to have a meal with meat, chicken, fish (or vegetarian equivalent) every second day? | ...to go for a week's annual holiday, away from home, including stays in a second dwelling or with friends/relatives (entire household) | 1. With great difficulty 2. With difficulty 3. With some difficulty 4. Fairly easily 5. Easily 6. Very easily |
| 1 | 2 | 3 | 4 |

[RELOCATION OF FORMER QUESTION M15 FOR 2017]

K. 1. (former M15) How much money does your family need monthly to live very well, well and to 'make ends meet' (survive)?

| | | Amount (put zero if it is difficult to answer) | 1. dram 2. ruble 3. dollar 4. euro |
|----|------------|---|---|
| 1. | Very well | | |
| 2. | Well | | |
| 3. | To survive | | |

[NEW TABLE 2 FOR 2017]

Table 2
INDIVIDUALS AT THE AGE OF 16 AND OLDER

| Could you tell me if they have or do the following? |
|---|
| 1. Yes |

| | | | | |
|--|--|---|---|--|
| | | 2. No, because cannot afford 3. No, for any other reason | | |
| have two pairs of properly fitting shoes (including a pair of all weather shoes) | Replace worn-out clothes (including old-fashioned ones) by some new (not second-hand) ones | Get-together with friends/family (relatives) for a drink/meal at least once a month | Regularly (several times per year) participate in a paid leisure activity outside home such as sport, cinema, concert | Spend a small amount of money each week on him/herself (without having to consult with any other person) |
| 1 | 2 | 3 | 4 | 5 |
| | | | | |

Table 3 (former Table 1)
INDIVIDUALS AT THE AGE OF 16 AND OLDER

| | | | | | | |
|----|---|--|---|---|---|---|
| No | What are the main problems in your households? Range them according to their importance. | What category do you think your family belongs to? | What are your plans to improve your living standards? | Do you think the new generation will live better than you? | | |
| | <ol style="list-style-type: none"> 1. don't have money even for every day meal food 2. have money for food, but not for clothes 3. housing problems 4. can't ensure good education 5. can't solve health problems 6. other (specify) 7. have no problems <p>3 answers are possible</p> | <ol style="list-style-type: none"> 1. rich 2. over middle 3. middle 4. below middle 5. poor 6. very poor | <ol style="list-style-type: none"> 1. my living standards are acceptable for me 2. plan to open my own business (enlarge it, if it already exists) in Armenia 3. plan to open my own business (enlarge it, if it already exists) outside Armenia 4. looking for a profitable job in Armenia 5. looking for a profitable job outside Armenia 6. nothing depends on me, the government must guarantee good conditions and work places 7. I have no expectations at all and must leave Armenia 8. I don't know how to get out of this situation 9. no plans | <ol style="list-style-type: none"> 1. yes, I'm sure about it 2. yes, I hope so 3. no, they will live the same way 4. no, their life will be worse 5. difficult to answer | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
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VISIT 5

**SECTION L.
PROVISION OF SERVICES**

L1. Please indicate what is your opinion on the following public services?

Table 1

| N | Item | Are you satisfied with provided services? 1. yes 2. no 3. don't know | Were there any changes in the delivery of these services during the last 12 months? 1. yes, improved 2. yes, worsened 3. no change 4. don't know | Did you apply the administration in case these services were not operating? 1. yes 2. no → Section N ? M | If yes, did the administration take any steps to improve these services? 1. yes 2. no 3. don't know |
|----|------------------------|---|--|---|--|
| | | 1 | 2 | 3 | 4 |
| 1 | Water supply | | | | |
| 2 | Sanitation | | | | |
| 3 | Garbage collection | | | | |
| 4 | Telephone fixed | | | | |
| 5 | Electricity supply | | | | |
| 6 | Post | | | | |
| 7 | Banking | | | | |
| 8 | Irrigation | | | | |
| 9 | Health services | | | | |
| 10 | Education | | | | |
| 11 | Public transportation | | | | |

VISIT 5

**SECTION M.
SOCIAL ASSISTANCE**

M.1. Is your family registered in the poverty family benefit system?

1. yes, my family receives benefit (not counting the delays) →M3
2. yes, but my family doesn't receive benefit →M4
3. yes, my family receives non regular benefit quarterly emergency benefit →M4
4. no →M2

M.2. If no, what is the main reason?

1. I considered myself well-off
2. has no information
3. in any case, I wouldn't get anything
4. bad attitude of the social workers
5. difficult to get the required documents
6. I have been rejected once
7. other _____(specify)

Go to the question M.11

M.3.If family receives benefit, please specify for how many years you were entitled to?

Go to the question M7.

M.4 If family receives quarterly emergency benefit during the last 12 months, please specify for how many times you were entitled to? (if did not receive during mentioned period put 99)

M.5. Did they inform you about the reasons for the termination/refusal of the benefits?

1. yes, verbally
2. yes, in written form
3. no
4. difficult to answer

M.6. Were the reasons for the termination/refusal of the benefits clear to you?

1. yes, I accepted the explanation
2. yes, but I appealed
3. no, I applied for further explanations
4. difficult to answer

M.7. Was it easy to collect the documentation necessary for the application?

1. yes
2. not so easy
3. very difficult

M.8.Did you pay for documents and certificates you were asked to provide?

1. yes
2. no
3. do not want to answer

M.9. Were you satisfied with the work of your regional social inspector?

1. yes, I have received explanations to all my questions
2. at some extent
3. no
4. difficult to answer

M.10. Did you inform the Social Security Service about the changes, which occurred in your household after the registration?

1. yes
2. no
3. there were no changes

M.11. Do you consider that the poverty family benefit system is fair?

1. yes
2. no
3. not sure
4. don't know

M.12. In your opinion, what part of the families receiving poverty family benefits are really vulnerable?

1. almost all
2. more than the half
3. half of them
4. less than the half
5. a few of them
6. don't know

M.13. Did you receive humanitarian assistance during the last 12 months?

1. yes
2. no →M15

M.14. If yes, what kind of assistance ?

| | yes (record 1) | For how many times? |
|----------------|----------------|---------------------|
| 1. food | | |
| 2. wearing | | |
| 3. stationery | | |
| 4. medications | | |
| 5. other | | |

[DROPPED FROM THIS SECTION FOR 2017; IT IS RELOCATED IN SECTION K, QUESTION K1]

M. 15. How much money does your family need monthly to live very well, well and to 'make ends meat' (survive)?

| | | Amount (put zero if it is difficult to answer) | 1. dram 2. ruble 3. dollar 4. euro |
|----|------------|---|---|
| 1. | Very well | | |
| 2. | Well | | |
| 3. | To survive | | |

SECTION N
**Activities of private households as employers and undifferentiated
production activities of private households**

N.1. During the last 12 months have you used hired laborforce in the household?

- 1. Yes**
- 2. No → Section O**

Table 1.

| <i>Type of works</i> | <i>How much have you paid for the specific job (dram)?</i> | <i>From whom got services when hired laborforce</i> |
|--|--|---|
| 1. <i>House cleaners, laundry washing, maids, cooks</i> | | |
| 2. <i>Waiters</i> | | |
| 3. <i>Drivers</i> | | |
| 4. <i>Gardeners</i> | | |
| 5. <i>Tutors</i> | | |
| 6. <i>Guards</i> | | |
| 7. <i>Care givers/baby sitters (for kids, the elderly, the sick)</i> | | |
| 8. <i>Governesses</i> | | |
| 9. <i>Other (specify).....</i> | | |
| 1 | 2 | 3 |
| | | |
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SECTION O

Monthly consumption of energy carriers in households

O.1. Consumption of liquid gas (propane)

1.1. How much liquid gas did you consume? (excluding quantity purchased for cars)

kg

O.2. Consumption of kerosene

2.1. How much kerosene (in liters) did you consume?

liter

O.3. Consumption of diesel oil

3.1. How much diesel oil did you consume? (excluding quantity purchased for cars)

liter

O.4 Consumption of coal

4.1. How much coal did you consume?

kg

O.5. Consumption of firewood

5.1. How much firewood (in m³) did you consume

m³

5.2. from which stored up by household

m³

O.6. Consumption of pressed dung

6.1. How much pressed dung (in kg) did you consume?

kg

O.7. Consumption of other energy carriers

7.1. How much other energy carriers (in kg) did you consume?

kg

O.8. Cars

8.1. Do you have car(s)?

1. yes

2. no → finish interview

8.2. If yes, what kind of fuel do you consume for your car?

| Type of fuel | Unit of measurement | Consumed quantity |
|--------------|---------------------|-------------------|
| 1. Petrol | liter | |

| | | |
|-------------------|-------|--|
| 2. Diesel oil | liter | |
| 3. Compressed gas | dram | |

Annex 1 List of European and CIS countries

| European countries | CIS countries |
|---------------------------|----------------------------|
| Belgium | Russia |
| Bulgaria | Ukraine |
| Czech Republic | Belarus |
| Denmark | Moldova |
| Germany | Armenia |
| Estonia | Kazakhstan |
| Ireland | Uzbekistan |
| Greece | Turkmenistan |
| Spain | Kyrgyzstan |
| France | Tajikistan |
| Italy | Georgia |
| Cyprus | Azerbaijan ? Թուրքմենիստան |
| Latvia | |
| Lithuania | |
| Luxembourg | |
| Hungary | |
| Malta | |
| Netherlands | |
| Austria | |
| Poland | |
| Portugal | |
| Romania | |
| Slovenia | |
| Slovakia | |
| Finland | |
| Sweden | |
| United Kingdom | |
| Croatia | |
| Macedonia | |
| Turkey | |
| Iceland | |
| Liechtenstein | |
| Norway | |
| Switzerland | |
| Albania | |
| Andorra | |
| Bosnia and Herzegovina | |
| Gibraltar | |
| Vatican City/Country | |
| Monaco | |
| Montenegro | |
| San Marino | |
| Serbia, including Kosovo | |

Annex 2

CLASSIFIER OF TYPES OF ECONOMIC ACTIVITY

| Codes | Sections Titles |
|-------|---|
| 01 | Crop and animal production, hunting and related service activities |
| 02 | Forestry and logging |
| 03 | Fishing and aquaculture |
| 05 | Mining of coal and lignite |
| 06 | Extraction of crude petroleum and natural gas |
| 07 | Mining of metal ores |
| 08 | Other mining and quarrying |
| 09 | Other mining and quarrying |
| 10 | Manufacture of food products |
| 11 | Manufacture of beverages |
| 12 | Manufacture of tobacco products |
| 13 | Manufacture of textiles |
| 14 | Manufacture of wearing apparel |
| 15 | Manufacture of leather and related products |
| 16 | Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials |
| 17 | Manufacture of paper and paper products |
| 18 | Printing and reproduction of recorded media |
| 19 | Manufacture of coke and refined petroleum products |
| 20 | Manufacture of chemicals and chemical products |
| 21 | Manufacture of basic pharmaceutical products and pharmaceutical preparations |
| 22 | Manufacture of rubber and plastic products |
| 23 | Manufacture of other non-metallic mineral products |
| 24 | Manufacture of basic metals |
| 25 | Manufacture of fabricated metal products, except machinery and equipment |
| 26 | Manufacture of computers, electronics and optical products |
| 27 | Manufacture of electrical equipment |
| 28 | Manufacture of machinery and equipment n.e.c. |
| 29 | Manufacture of motor vehicles, trailers and semi-trailers |
| 30 | Manufacture of other transport equipment |
| 31 | Manufacture of furniture |
| 32 | Other manufacturing |

| | |
|----|--|
| 33 | Repair and installation of machinery and equipment |
| 35 | Electricity, gas, steam and air conditioning supply |
| 36 | Water collection, treatment and supply |
| 37 | Sewerage |
| 38 | Waste collection, treatment and disposal activities; materials recovery |
| 39 | Remediation activities and other waste management services |
| 41 | Construction of buildings |
| 42 | Civil engineering |
| 43 | Specialised construction activities |
| 45 | Wholesale and retail trade and repair of motor vehicles and motorcycles |
| 46 | Wholesale trade, except of motor vehicles and motorcycles |
| 47 | Retail trade, except of motor vehicles and motorcycles |
| 49 | Land transport and transport via pipelines |
| 50 | Water transport |
| 51 | Air transport |
| 52 | Warehousing and support activities for transportation |
| 53 | Postal and courier activities |
| 55 | Accommodation |
| 56 | Food and beverage service activities |
| 58 | Publishing activities |
| 59 | Motion picture, video and television programme production, sound recording and music publishing activities |
| 60 | Programming and broadcasting activities |
| 61 | Telecommunications |
| 62 | Computer programming, consultancy and related activities |
| 63 | Information service activities |
| 64 | Financial service activities, except insurance and pension funding |
| 65 | Insurance, reinsurance and pension funding, except compulsory social security |
| 66 | Activities auxiliary to financial services and insurance activities |
| 68 | Real estate activities |
| 69 | Legal and accounting activities |
| 70 | Activities of head offices; management consultancy activities |
| 71 | Architectural and engineering activities; technical testing and analysis |
| 72 | Scientific research and development |
| 73 | Advertising and market research |
| 74 | Other professional, scientific and technical activities |
| 75 | Veterinary activities |

| | |
|----|---|
| 77 | Rental and leasing activities |
| 78 | Employment activities |
| 79 | Travel agency, tour operator and other reservation service and related activities |
| 80 | Security and investigation activities |
| 81 | Services to buildings and landscape activities |
| 82 | Office administrative, office support and other business support activities |
| 84 | Public administration and defence; compulsory social security |
| 85 | Education |
| 86 | Human health activities |
| 87 | Residential care activities |
| 88 | Social work activities without accommodation |
| 90 | Creative, arts and entertainment activities |
| 91 | Libraries, archives, museums and other cultural activities |
| 92 | Gambling and betting activities |
| 93 | Sports activities and amusement and recreation activities |
| 94 | Activities of membership organisations |
| 95 | Repair of computers and personal and household goods |
| 96 | Other personal service activities |
| 97 | Activities of households as employers of domestic personnel |
| 98 | Undifferentiated goods- and services-producing activities of private households for own use |
| 99 | Activities of extraterritorial organisations and bodies |

