







**36. Geographical location of workplace**

- 1  in the place (settlement) of enumeration → 37    2  in another settlement in the country → 36a    3  in another country → 36b

36a. Settlement

Rayon/Municipality \_\_\_\_\_

36b. Country

37. Did the person actively seek a job during the last 4 weeks?    1  yes → 38    2  no → 40

38. Since when the person is seeking a job?  year     month

39. Is the person available to start working in the next 2 weeks if finds a job now?    1  yes    2  no

40. Did the person work abroad during the last 12 months? 1  yes → number of months     2  no

41. Did the person perform any volunteer activities in the week 5th-11th May?    1  yes    2  no

**42. Indicate all sources of income during the last 12 months (multiple answer)**

- 1  salary
- 2  individual agricultural activity, auxiliary household
- 3  own activity (personal business)
- 4  pension
- 5  disability allowance
- 6  unemployment benefit
- 7  other social benefits (compensation, allowance, social aid, etc)
- 8  scholarships
- 9  transfers from abroad
- 10  income generated by property
- 11  another source of income
- 12  stay paid by state institutions
- 13  stay paid by other persons

42a. Indicate the main source of income   
(copy its number from 42)

**V. DIFFICULTIES IN PERFORMING BASIC DAILY ACTIVITIES FOR PERSONS WITH DISABILITY**

43. Indicate which of the difficulties listed below the person may have carried out in daily activities (as declared by the person)

Person has:	a. No, no difficulty	b. Yes, some difficulty	c. Yes, a lot of difficulty	d. Cannot do at all	e. Helping equipment
1 difficulty seeing, even if wearing glasses?	<input checked="" type="checkbox"/>	↓ <input checked="" type="checkbox"/>	↓ <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> ↓	<input checked="" type="checkbox"/>
2 difficulty hearing, even if using a hearing aid?	<input checked="" type="checkbox"/>	43a <input checked="" type="checkbox"/>	43a <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 43a	<input checked="" type="checkbox"/>
3 difficulty walking or climbing steps?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 difficulty remembering or concentrating?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5 difficulty (with self-care such as) washing all over or dressing?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6 Using his/ her usual (customary) language, does he/she have difficulty communicating, for example understanding or being understood?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

43a. Do you benefit from help of another person 1  da    2  nu

The information was provided by: **The recorded information corresponds to my statements:**

<input checked="" type="checkbox"/> respondent	The respondent:	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> a household member		<i>name, surname</i>	<i>signature</i>
<input checked="" type="checkbox"/> another person	Filled in by the enumerator:	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> from administrative sources		<i>name, surname</i>	<i>signature</i>