



International
Security and
Development Center



UNIVERSITY
OF CENTRAL ASIA

University
of Central Asia



SIAR Research
and Consulting



LIFE IN KYRGYZSTAN STUDY Wave 7 (2025)

Questionnaire for Individuals

Respondent

Surname

First name

Individual Code 2025

Household code 2025

Interviewer code

(from the household roster)

SURVEY RESULTS

Visit No.	Date of visit	Time of interview		Other person(s) present?	Interviewer assessment of the quality of information	Comments by the interviewer
		Start	Finish			
		(HH:MM)	(HH:MM)			
	(DD.MM)	(HH:MM)	(HH:MM)	1 Yes	On a scale from 1=Unreliable to – ► 5=Reliable	If "unreliable", please indicate reason here
				2 No		
1						
2						
3						

☐ Questionnaire is fully completed

1. SUBJECTIVE WELL-BEING ASSESMENT

Now I would like to ask you about your satisfaction with different aspects of your life.

		0	1	2	3	4	5	6	7	8	9	10	Not applicable (90)	
		0 (Completely dissatisfied) → 10 (Completely Satisfied)												
I100	Please rate from 0 (completely dissatisfied) to 10 (completely satisfied), how satisfied are you with your life, all things considered? Interviewer: SHOW SCALE I100													
I101	How satisfied are you today with the following areas of your life? Please rate them from 0 (completely dissatisfied) to 10 (completely satisfied). Interviewer: SHOW SCALE I100													
		0	1	2	3	4	5	6	7	8	9	10	Not applicable (90)	
1	Your health													
2	Your job (if employed)													
3	Your household income													
4	Your personal income													
5	Your dwelling													
6	Your family life													
7	The quality of education at your (grand) children's school													
8	Your security													
9	Young generation's future													
				Much worse		Worse		About the same		Better		Much better		Don't know
				1		2		3		4		5		99
I102	How do you think you will feel in one year from now (all things considered)?													
I103	If you look back 1 year, how has your overall feeling of satisfaction with your life changed since that date?													
I104	How do you think the economic situation of your household will be in one year from now?													
I105	If you look back 1 year, how has your household's economic situation changed since that date?													
I106	If all households in your community/town/area could be located on the scale from 1 to 10 based on degree of prosperity, starting from the least prosperous to the the most prosperous, where would you place your household?	1	2	3	4	5	6	7	8	9	10			
		1 (the least prosperous) → 10 (the most prosperous)												

2. EDUCATION, HEALTH AND RISK ATTITUDES

2.A. EDUCATION

2.A. EDUCATION						
I201	Which languages can you speak, write or speak? (Specify all languages the respondent knows)	Kyrgyz	1	Turkish	5	
		Uzbek	2	German	6	
		Russian	3	Chinese	7	
		English	4	Others	8	
I202	How fluently you can communicate in ...?	Can't communicate at all	Poorly	Inter-mediate	Well	Fluently
	Kyrgyz language	1	2	3	4	5
	Russian language	1	2	3	4	5
I203	Do you use computers / tablets for work, study, or any other purpose?	Yes	1	go to → I205		
		No	2			
I204	Approximately, how many hours per week do you use a computer / tablet?			_____ hours per week		
I205	Do you use Internet for work, study or leisure?	Yes	1			
		No	2			
I206	Do you have an account in a bank or in other financial institution?	Yes	1			
		No	2			
I207	Do you consider yourself a person that understands financial matters, for example, when getting a credit?	Yes	1			
		No	2			
		Not sure	3			
I208	What is your religion, if any?	Muslim	1			
		Christian	→ I210	2		
		Other	→ I210	3		
		No religion	→ I210	4		
I209	Did you fast during Ramadan in March 2025?	Yes	1			
		No	2			
I209A	How often do you go to the mosque for Friday prayers?	Every week	1			
		1-2 times per month	2			
		Few times per year	3			
		Never	4			
I210	Did you attend kindergarden before your primary school?	Yes	1			
		No	→ go to I215 2			
I211	During what ages did you attend kindergarten? (Enumerator: Mark all the ages that apply)	1 year old	1			
		2 years old	2			
		3 years old	3			
		4 years old	4			
		5 years old	5			
		6 years old	6			

INTERVIEWER: PLEASE CHECK IF THE RESPONDENT PARTICIPATED IN THIS SURVEY IN THE PREVIOUS WAVES. IF YES, PLEASE ASK QUESTION I215. IF THE RESPONDENT IS NEW TO THE INDIVIDUAL SURVEY, START FROM QUESTION I216

I215	ONLY FOR RESPONDENTS WHO PARTICIPATED IN THE PREVIOUS WAVES: Since last time, when you participated in this survey, has anything changed in your education? Maybe you enrolled or graduated from an educational institution or moved from one grade to a next?		Yes	1
			No → go to 2.B. RISK ATTITUDES	2
I216	Can you read?	Yes, easily	1	
		Yes, with difficulty	2	
		No	3	
I217	Can you write?	Yes, easily	1	
		Yes, with difficulty	2	
		No	3	
I218	Are you currently studying or enrolled at an educational institution?	Yes	1	
		No → go to I223	2	
I219	In what level are you enrolled in the current academic year (2024-2025)?	At a general school (grades 1-11)	1	
		Secondary special	2	
		Secondary technical	3	
		University (bachelor, diploma, master)	4	
		Postgraduate or Doctor's degree	5	
I220	In what grade/year are you enrolled in the current academic year (2024-2025)?	_____ grade/year		
I221	What is the regime of your study?	Full-time	1	
		Part-time	2	
		Distance learning	3	
I222	Are you currently attending this educational institution (not taking into account school holidays or breaks between semesters)?	Yes	1	
		No	2	

2.A. EDUCATION (cont.)

I223	What is the highest certificate / diploma / degree you obtained so far?	_____ Code form Box 2A <i>If the code of educational category is from 1 to 4 → go to I228</i>	
I224	What was the last subject area that you specialised in?	_____ Code from Box 2B	
I225	In total, how many years did you study in post-secondary or higher education such as technical college or university?	_____ years	
I226	What was the primary language of teaching at the above educational institution?	Kyrgyz 1 Uzbek 2	Russian 3 Other 4
I227	How many years, in total, did you study in secondary school?	_____ years	
I228	Where was located the secondary school that you graduated from?	Bishkek 1 Other city 2	Village 3 Other 4
I229	At the end of your secondary school, did you take the National Unified Test which has been conducted since 2002? (Exclude if I223 == 1, 2 or 3)	Yes 1 No → go to I231 2	
I230	What was your general score in the National Unified Test?	_____ points Do not know 999	
I231	Did you ever study abroad? (Including countries of the former Soviet Union)	Yes 1 No 2	

Box 2A: Educational Categories

Illiterate	1	Primary technical	5
Primary	2	Secondary technical / special	6
Basic	3	University (bachelor, diploma, master)	7
Secondary general	4	Postgraduate or Doctor's degree	8

Box 2B: Disciplines of Study

Natural sciences	1	Economics/Finance/Business	7
Education	2	Law	8
Medicine/Dentistry	3	International relations/Other social sciences	9
Technical sciences/Engineering	4	Languages/Arts	10
IT/Computer Sciences	5	Others	11
Agriculture/Veterinary services	6	Not applicable	90

2.B. RISK ATTITUDES

Now I would like to ask you about your risk taking attitudes.

		0	1	2	3	4	5	6	7	8	9	10	90
I240	How do you see yourself, are you generally a person who is fully willing to take risks or do you avoid taking risks? Interviewer: SHOW SCALE I240	(0) Completely unwilling to take risks → (10) Completely willing to take risks											Not applicable
I241	How would you rate your willingness to take risks in the following areas? Interviewer: SHOW SCALE I240												90-Not applicable
1	Driving (e.g., speeding, driving under adverse conditions)												
2	Financial matters (e.g., investing, gambling)												
3	Career decisions (e.g., changing jobs, starting a business)												
4	Health behaviors (e.g., trying new diets, extreme sports)												
5	Social situations (e.g., meeting new people, public speaking)												

2.C.1. HEALTH

Now, I would like to ask you about your state of health. I would like to start collecting information or measuring your height and weight.

I250	Respondent's height	____ cm	I250_1: Source:	Measured	1	
				According to the respondent	2	
I251	Respondent's weight with clothes	____ . ____ kg	I251_1: Source:	Measured	1	
				According to the respondent	2 → skip to I253	
I252	Interviewer: Estimate weight of the clothes on the respondent during weight-in, in grams				_____ grams	
I253	The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM Are you experiencing difficulties...			No problem	Yes, some difficulty	
				Yes, a lot of difficulty	Cannot do it at all	
				1	2	
				3	4	
1	with eyesight, even if wearing glasses?					
2	with hearing, even if using a hearing aid?					
3	when you walk or climb steps?					
4	with remembering or concentrating?					
5	with self-care such as taking a bath or dressing?					
6	when communicating with others, for example, you may not understand others, even using a simple language or others may not understand you?					
I254	Have you suffered from any of the following illnesses (non-chronic) in the last 12 months? (Multiple answers allowed)	Myocardial infarction (heart attack)	1	Gastrointestinal	8	
		High blood pressure	2	Liver disease	9	
		Stroke	3	Gynecological illness	10	
		Anemia	4	Injuries	11	
		Tuberculosis	5	Headaches, migraine	12	
		Kidney disease	6	Other	13	
		Flu/Cold	7	Haven't suffered from any of them	14	
I255	Do you have any kind of chronic illness? (Multiple answers allowed)	Heart disease	1	High blood pressure	7	
		Illness of lungs	2	Low blood pressure	8	
		Liver disease	3	Spinal problems	9	
		Kidney disease	4	Diabetes	10	
		Brucellosis	5	Other	11	
		Gastrointestinal	6	Don't have any	12	
I256	How many times have you visited a doctor/dentist for any illness, infection during the last 12 months? If 0 --> go to I258			_____ times		
I257	How many days did you spend in a hospital due to any illness or infection during the last 12 months?			_____ days		
I258	How many days, in total, did you miss from work, study or your household activities due to illness in the last 12 months? (Write 0, if not applicable)			_____ days		
I259	Please describe your experience with the COVID-19 virus (coronavirus):		I had been officially diagnosed with COVID-19		1	
			Had symptoms but not diagnosed		2	
			Never had COVID-19		3	
I260	Have you received a coronavirus (COVID-19) vaccination?		Yes (at least one dose)		1	
			No		2	
			Prefer not answer		3	
I261	Over the past 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several Days	More Than Half of the Time	Nearly Every Day
1	Little interest or pleasure in doing daily activities		0	1	2	3
2	Feeling down, depressed or hopeless		0	1	2	3
3	Trouble falling asleep, staying asleep, or sleeping too much		0	1	2	3
4	Feeling tired or having little energy		0	1	2	3
5	Poor appetite or overeating		0	1	2	3
6	Feeling bad about yourself - or that you're a failure or have let yourself or your family down		0	1	2	3
7	Trouble concentrating on daily activities, such as reading newspaper or watching TV		0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual		0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way		0	1	2	3

2.C.2. HEALTHY LIFESTYLE AND NUTRITION

Now, I would like to ask some questions about healthy lifestyle.

I265	Do you do any sport or any health supporting exercises?	Yes	1
		No → go to I267	2
I266	How many times per week you do any sport or any health supporting exercises?	Every day	1
		3-4 times	2
		1-2 times	3
I267	Do you smoke cigarettes/electronic cigarretes?	Yes	1
		No → go to I269	2
		Refused → go to I269	3
I268	How many cigarettes per day do you usually smoke?	_____ cigarettes per day	
		Smoke electronic cigarettes	
I269	Do you drink alcoholic beverages?	Yes	1
		No → go to I271	2
I270	How often did you drink alcoholic beverages in the last 30 days?	Every day	1
		3-5 times a week	2
		1-3 times a week	3
		1-3 times per month	4
		Didn't drink alcohol in the last 30 days	5

Now, I would like to ask some questions about your nutrition practice.

I271	Was there a period during the last 12 months when:	No, never	Yes, 1-2 times	Yes, many times	Don't know	Refuse to answer
		1	2	3	99	88
1	Were you worried that you wouldn't have enough food due to lack of money or other resources?					
2	Have you been unable to eat healthy and nutritious food due to lack of money or other resources?					
3	Have you eaten only a few types of food due to lack of money or other resources?					
4	Have you missed a meal because you don't have enough money or other resources to eat?					
5	Have you eaten less than you should have due to lack of money or other resources?					
6	Has your household run out of food due to lack of money or other resources?					
7	Were you hungry but unable to eat because you lacked money or other resources to eat?					
8	You have not eaten all day due to lack of money or other resources?					

3. LABOUR MARKET

3.A. CURRENT EMPLOYMENT STATUS

Now I would like to ask you about your employment status.

Now I would like to ask you about your employment status:			
I301	During the past 7 days, have you worked for someone who is not a member of your household, e.g. for an enterprise, company, farm, the government, or any other individual?	Yes	1
		No	2
I302	During the past 7 days, have you worked on a farm or in a business owned or rented by you or another member of your household, whether paid or unpaid?	Yes	1
		No	2
I303	Do you have a permanent job, own a business or conduct other income-generating activity where you were absent during the last 7 days but to which you will return?	Yes	1
		No	2
If at least one answer = Yes → go to Section 3.B.			
If all answers (I301- I303) = No → go to Section 3.C.			

3.B.OVERVIEW OF WORK DURING THE LAST 7 DAYS

SUBOVERVIEW OF WORK DURING THE LAST 7 DAYS	
I305	During the last 7 days, what was your work/occupation? For example, "Accountant at the company" or "Entrepreneur". If you had several different occupations, please name two the most important.(If you did not work during the last 7 days (if the answer to I303 is Yes), please refer to the last 7 days you worked.
1. Main employment	
2. Additional employment	

3.B.1. MAIN EMPLOYMENT

Now, I would like to ask you some questions about your work as ... (name the main occupation that the respondent indicated)

INTERVIEWER: If the answer to I305 on the main occupation is precise enough to answer I306 and I307 yourself, please enter the position and sector right away and go on with question I308. If it is not precise enough, read the answer options aloud to the respondent and ask to tell you his/her position and sector.

I306	In your work, which position do you hold (position,qualification)?	Senior official and manager	1	Skilled agricultural worker	6
		Highly qualified specialist	2	Skilled workers (other)	7
		Specialists of secondary qualification	3	Operators, machinists	8
		Clerk	4	Unskilled worker	9
		Service worker, shop or market sales worker	5	Armed forces	10
I307	In which sector is your main occupation?	Agriculture and fishing	1	Finance	9
		Mining	2	Real estate, renting and business activities	10
		Manufacturing	3	Public administration	11
		Electricity, gas and water production and distribution	4	Education	12
		Construction	5	Health and social work	13
		Trade and repair of cars, household goods	6	Utilities, social and personal services	14
		Hotels and restaurants	7	Private households with employed persons	15
		Transport and communications	8	Extra-territorial organizations (e.g. embassies)	16
I308	How many hours in total did you work on your main job during the last 7 days?			_____ hours/week	
I309	What is usual number of weekly hours of work on this job?			_____ hours/week	
I310	How many hours a week would you like to work on this job?			_____ hours/week	
I311	For how many months or years have you been working on this job? (Only indicate number of months if total time is less than 1 year)			Months: _____	1
				Years: _____	2
I312	In this work, what was your status (position)?	Employer	→ 3.B.1.A.	1	
		Own-account worker (entrepreneur, farmer)	→ 3.B.1.A.	2	
		Wage employee (clerk, craftsman)	→ 3.B.1.B	3	
		Contributing family worker (without pay)	→ 3.B.1.A.	4	
		Other	→ 3.B.1.C.	5	

3.B.1.A. Employers, own-account workers and contributing family workers

3.B.1.A. Employers, own-account workers and contributing family workers						
I313	Please state the type of your business	Individual entrepreneur	1	Small enterprise	4	
Farming (peasant) household		2	Medium enterprise	5		
Cooperative		3	Other types and forms	6		
I314	What is your share in the ownership status of this enterprise?	Solely owned by me	1	No ownership	3	
		Shared ownership	2	Don't know	99	
I315	Is your business officially registered?	Yes	1	Don't know	99	
		No	2	Not applicable	99	
I317	Do you have other household members or hired labor involved in this activity, other than yourself?	Yes		Yes	1	
		No		No → go to I320	2	
I318	How many hired workers, who are not household members, are involved in this activity? (write 0, if none)				_____ persons	
I319	How many household members are involved in this activity? (write 0, if none)				_____ persons	
I320	Do you have medical insurance?	Yes, self-insured			1	
		Yes, I have mandatory health insurance (OMS)			2	
		Yes, other			3	
		No			4	
		Don't know			99	
I321	In this work, what are your monthly profits? (specify in Soms per month)		_____ Soms per month			
→ go to 3.B.1.C.						

3.B.1.B. Wage workers

I322	Approximately, how many persons work in this organization?	_____ persons	
		Don't know - 99	
I323	When you started this work, did you sign a written contract?	Yes	1
		No	2
I324	Do you have a written contract now at this work?	Yes	1
		No → go to I326	2
I325	What type of work contract do you have?	Training and probationary contract	1
		A temporary contract for less than one year	2
		A definite or term contract for one to five years	3
		Permanent contract	4
		Don't know	99
I326	Do you use a "work book" for this job?	Yes	1
		No	2
I327	Do you have health insurance? If yes, who provides it? Specify by whom it is provided	Yes, from my employer	1
		Yes, from another source	2
		No, I do not have a health insurance	3
		Don't know	99
I328	Does your employer contribute to a pension to be paid after retirement?	Yes, my employer contributes to my pension fund	1
		No, I contribute myself to my pension fund	2
		No pension contributions made	3
		Don't know	99
		Not applicable	90
I329	Does your employer provide you a paid sick leave in case of illness?	Yes 1	Don't know 99
		No 2	Not applicable 90
I330	Do you receive any wage income for this work?	Yes	1
		No → go to I340	2
I331	How much do you earn per month after deduction of taxes and contributions? Please indicate in Soms per month	Soms per month	
		Refused to answer	

3.B.1.C. For all working respondents

S.B.T.C. For all working respondents						
I340	Does your job expose you to health risks (for example, entails heavy lifting or exposure to dangerous equipment or chemicals?)	Yes	1			
		No	2			
I341	Does your job require you to work at nights?	Yes	1			
		No	2			
I342	Are the tasks you do at your main work mostly manual or mostly cognitive?	Mostly manual tasks	1			
		Both	2			
		Mostly cognitive	3			
		Don't know	99			
I343	Are the tasks you perform at your main work mostly routine tasks or mostly creative tasks?	Mostly routine tasks	1			
		Both	2			
		Mostly creative	3			
		Not applicable	90			
I344	How much independence do you have in performing your tasks at your main work?	No independence at all	1			
		Limited independence	2			
		Some independence	3			
		Complete independence	4			
I345	Thinking about a good job for yourself, how important would be the following aspects of that job?	Not important at all	Not very important	Neither	Somewhat important	Absolutely essential
	1. Permanent contract/long term stability	1	2	3	4	5
	2. Pension after retirement	1	2	3	4	5
	3. Good income	1	2	3	4	5
	4. Convenient working hours	1	2	3	4	5
	5. Prestige and status	1	2	3	4	5
	6. Being valued	1	2	3	4	5
	7. Interesting tasks to do	1	2	3	4	5
	8. Autonomy at work	1	2	3	4	5
	9. Written contract	1	2	3	4	5
I346	Does your current job involves working on the outside, either sometimes or all the time?	Yes	1			
		No	2			
I347	When you in an outdoor location, how often do you use protection from sun, rain, and/or other elements?	Never	1	Almost all the time	4	
		Rarely	2	Always	5	
		Sometimes	3	Don't know	8	
I348	In your current job, do you have access to the following facilities at your workplace?	Yes	No	Don't know	Refused to answer	Not applicable
	1. Safely managed drinking water or safe drinking water	1	2	3	4	5
	2. Shade to protect you from the sun or rain at your workplace	1	2	3	4	5
	3. Separate toilets for men and women	1	2	3	4	5
	4. Access to electric fan	1	2	3	4	5
	5. Access to air conditioner	1	2	3	4	5
	6. Good ventilation	1	2	3	4	5

3.B.2. ADDITIONAL EMPLOYMENT

INTERVIEWER: Please check if the respondent has additional employment as indicated in question I305. If the respondent indicated having only one job, then proceed to the next section (3D).

Now, I would like to ask you some questions about your second (additional) work as... (name additional occupation the respondent indicated).			
I351	In which sector is your additional occupation?	Agriculture, forestry and fishing	1
		Mining	2
		Manufacturing	3
		Electricity, gas and water production and distribution	4
		Construction	5
		Trade and repair of cars, household goods	6
		Hotels and restaurants	7
		Transport and communications	8
		Finance	9
		Real estate, renting and business activities	10
		Public administration	11
		Education	12
		Health and social work	13
		Utilities, social and personal services	14
		Private households with employed persons	15
		Extra-territorial organizations (e.g. embassies, UN)	16
I352	For how many months or years have you been working in this job? (Only indicate number of months if total time less than 1 year)	Months: _____	1
		Years: _____	2
I353	In this work, what is your status (position)?	Employer → I354	1
		Own-account worker (Entrepreneur, Farmer) → I354	2
		Employee (clerk, craftsman) → I358	3
		Contributing family worker (without pay) → I354	4
		Other → I358	5
I354	Is your business officially registered?	Yes	1
		No	2
I355	Do you have any employees, except for yourself?	Yes	1
		No → go to I357	2
I356	How many employees do you have who are not members of your household? (write 0, if none)	_____ employees	
I357	In this work, what are your monthly profits? (specify in Soms)	_____ soms per month	
→ go to Section 3.D.			
I358	How many employees are working at your workplace?	_____ employees	
I359	When you started this work, did you sign a written contract?	Yes	1
		No	2
I360	Do you use a "work book" for this job?	Yes	1
		No	2
I361	Do you receive any wage income for this work?	Yes	1
		No → go to Section 3.D.	2
I362	How much do you earn per month in Soms (after deductions and taxes)?	_____ Soms	

3.C. CURRENT UNEMPLOYMENT OR INACTIVITY

I370	Have you ever had a job (in an enterprise, farm, household...) or your own business?		Yes	1	
			No	2 → go to I373	
I371	In which month and year did you leave your job?	Month _____	Year _____		
I372	Why did your last employment end?	Closure of enterprise	1	Retirement	6
		Reorganization or personnel reduction	2	Marriage	7
		Expiration of the employment contract	3	To take care of family members (incl. maternity leave)	8
		End of farming season	4	Other reason	10
		Illness or injury	5		
I373	Would you like to have a paid job?		Yes	1	
			No	2 → go to I375	
I374	Have you been looking for work during the past 7 days?		Yes	1 → go to I376	
			No	2	
I375	Specify the main reason you don't want to work or have not been looking for a job? (Mark only one)	Waiting for a job to start	1	Sick / handicapped	7
		Waiting for reply/recall from employer	2	No possibility to find a job	8
		Waiting for busy season	3	Discouraged to find a job after the long efforts	9
		Student	4	No need to work	10
		Housewife/ childcare	5	Moving abroad or elsewhere in Kyrgyzstan	11
		Too old/ retired	6	Other reasons	12
		→ go to section 3.D.			
I376	Which steps did you undertake to find a job or launch your own business during the last 30 days? (Multiple answers allowed)	Application to a state employment service	1		
		Application to a private employment service	2		
		Made a profile in an employment website, made a LinkedIn profile	3		
		Appeal to friends, relatives, acquaintants	4		
		Direct appeal to administration/an employer	5		
		Other ways	6		
		Have not undertaken any steps	7		
I377	Approximately how long have you been looking for a job or trying to organize your own business while being unemployed? (Select only one code)	Less than one month	1		
		1-3 months	2		
		3-6 months	3		
		6-12 months	4		
		More than 12 months	5		
I378	Have you been registered with a state employment service as unemployed currently?	Yes	1		
		No	2		
I379	Would you be able to start a job within 2 weeks, if you are offered a job?	Yes	1		
		No	2		
I380	What kind of job are you looking for? (Select only one code)	Full-time employment	1		
		Part-time employment	2		
		Own business or enterprise	3		
I381	Based on what kind of employment contract would you be ready to start working? (Only one answer)	Written employment contract on a permanent basis	1		
		Fixed-term employment contract for a definite period	2		
		Agreement for a duration of a particular work (services)	3		
		Oral agreement	4		
		Ready to take any job	5		

3.D. OVERVIEW OF WORK DURING THE LAST 12 MONTHS

Now, I would like to talk to you about your activity during the last 12 months. For each of the past 12 months, please tell me what your **main** activity has been, i.e. the occupation you spent most time in during that month. **Interviewer:** SHOW CARD 3D. (Programmer instruction: mark only 1 alternative per column)

I382		Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025
At school/ university	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, internship or retraining	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military service	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee in agriculture	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee in non-agricultural activities	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own-account worker in agriculture	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own-account worker in non-agricultural activities	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing family worker	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, caring for children (without maternity leave)	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, caring for other family members	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Leave	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation/Holiday/Leave	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickness/Disability	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.E. LABOUR MARKET CV SINCE 1990

If the respondent participated in this survey in 2019 or before, please ask only about 2020 and later years.

For new respondents, please ask about activities since 1990. **Interviewer:** SHOW CARD 3E. (Programmer instruction: mark only 1 alternative per column)

I391. In year...		1990	1995	2000	2005	2010	2015	2020	2021	2022	2023	2024
... were you ...? (Mark the main activity)												
Not yet born	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 0 to 6	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school / university	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, internship or retraining	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military service	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee in agriculture	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee in non-agricultural activities	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own-account worker in agriculture	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own-account worker in non-agricultural activities	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributing family worker	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, caring for children (without maternity leave)	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, caring for other family members	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired (also early retirement)	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Leave	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickness / disability	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not remember	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. RESIDENCE CHANGE

INTERVIEWER: IF THE RESPONDENT PARTICIPATED IN THIS SURVEY IN PREVIOUS WAVES (IN 2016 OR 2019), PLEASE START FROM THE QUESTION I413. IF THE RESPONDENT IS NEW TO THE SURVEY, START FROM THE QUESTION I401.

4.A. PREVIOUS RESIDENCE CHANGE

Now I would like to ask you a few questions on your previous residences and movements in Kyrgyzstan.

I401	Were you born in this oblast / city you currently live in?	Yes → go to I411	1
		No	2
I402	In which oblast or city of Kyrgyzstan were you born?	_____ code of the oblast / city (see Box 4B below) → go to I405	
		Outside of Kyrgyzstan	66
I403	In which country were you born?	_____ (see country codes in Table 4A below)	
I404	When did you leave this country?	_____ (YYYY)	
I405	Where did you live before coming to this current place of living?	_____ oblast/city code below(Box 4B below) → go to I407	
		Outside of Kyrgyzstan	66
I406	In which country have you lived before moving to Kyrgyzstan?	_____ (see country codes in Table 4A below)	
I407	What kind of area was your previous place of living?	Big city 1 Village of town type 3 Small city 2 Village 4	
I408	When did you move to your current place of living?	_____ (YYYY)	
I409	Why did you move from your previous place of residence to your current place of residence?	Due to family considerations 1 Threat of violence/conflict 6 Job change 2 Climate or environmental hazards (e.g. pollution, droughts, floods, landslides) 7 Looking for a job 3 Tensions with the community 8 School, study 4 Marriage 5 Other reason 9	
I410	How many times did you move during the last 5 years (for more than 1 month)? (Do not count movements within same city/town/village)	_____ times	

4.B. RESIDENCE CHANGE

I413	How many years in total have you lived in this city/town/village?	_____ years	
I414	Are you registered in this city/town/village?	Yes → go to I416	1
		No	2
I415	Are you registered in other city/town/village?	Yes	1
		No	2
I416	During the last 12 months, have you been elsewhere within Kyrgyzstan for more than 1 month, excluding vacation, visiting, business trips?	Yes	1
		No	2
I417	During the last 12 months, have you been abroad for more than 1 month, excluding vacation, visiting, business trips?	Yes	1
		No	2
I418	Are you planning to move within Kyrgyzstan in the following 12 months for more than 1 month, excluding vacation, family visits, business trips?	Yes	1
		No → I420	2
I419	Which oblast are you planning to move to? (see oblast codings at the Box 4B)	_____ code of oblast	
I420	Are you planning to move abroad within the following 12 months for more than 1 month, excluding vacation, family visits, business trips?	Yes	1
		No → next module	2
I421	Which country would you like to move to?	_____ country code from Box 4A	

Box 4A. Country codes

Russia	1
Kazakhstan	2
Tajikistan	3
Uzbekistan	4
USA	5
Turkey	6
China	7
European countries	8
Other CIS countries	9
Other	10

Box 4B. Codes of the oblasts

Issyk-Kul oblast	2
Jalal-Abad oblast	3
Naryn oblast	4
Batken oblast	5
Osh oblast	6
Talas oblast	7
Chui oblast	8
Bishkek	11
Osh city	21

5. FAMILY AND HOUSEHOLD

5.A. DECISION MAKING

Now I would like to ask you a few questions about the decision making process in your household.

I500	Activity / Process	Which member of the family had the main decision-making authority for the following activities in the last 12 months?
1	where male household member should work	
2	where female household member should work	
3	whether to buy major items (e.g. car, house)	
4	whether or not to lend money to others	
5	how much to save of household income	
6	how much money to present to relative on wedding / celebration/ funerals	
7	whether or not to borrow money from others	
8	how to use remittances	
9	marriage of male household members	
10	marriage of female household members	
11	children's education and health	
12	negotiating with neighbours	
13	participation to discuss community issues	
14	migration of a household member	
15	which crop(s) to cultivate	
16	when and at what price to sell the harvest or livestock	
17	which meal to cook for dinner	

Codes for I500

Myself	1	All female household members	7
My spouse	2	All household members together	8
I together with my spouse	3	The household member involved	9
My parents	4	My kids	10
My parents-in-law	5	Don't know	99
All male household members	6	Not applicable	90

5.B. VALUES AND ATTITUDES TOWARDS WOMEN

Now I want to ask about your values and attitude towards the role of females in the society.

1501 On a scale from 1 to 4, how much do you agree with the following statements? Interviewer: Show the corresponding scale.		Strongly disagree		Strongly agree		Don't know
		1	2	3	4	99
1	Important decisions should be made by the husband rather than the wife.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A good woman always supports her husband's opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A woman is really fulfilled only when she becomes a mother.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A university education is more important for a boy than for a girl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A man's job is to earn money; a woman's job is to look after the home and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	A husband's career should be more important than the wife's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A working woman can establish just as warm and secure relationship with her children as a mother who does not work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Being a housewife is just as fulfilling as working for pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Both the husband and the wife should contribute to the household income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Women and men should have equal control over income their household earns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Men and women should share household chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Having a son among children is very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Men should have the final word about decisions affecting the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	A preschool child suffers if her/his mother works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5C. Everyday household and community events

Ask only married women (incl. civil partnerships)

[Instruction to enumerators: Please ask this module only to female respondents. Furthermore, we group the respondents into two groups (group 1 and group 2). Please assign female respondents from odd households ID to group 1 and female respondents from even household ID to group 2. To all respondents, please present list A first and then list B and all questions should be read in the sequence presented below. Please read the following instruction out loud:

I will read you four (five) statements. I will then ask you HOW MANY of these statements you agree with. You should not tell me which specific statements you agree with but the number of statements that you agree with based on your experience over the last 6 months. Please think, recall the events, but do not inform me. At the end, I would like to know the total number of statements you agreed with. I will now read you the statements.

Group 1

Interviewer: SHOW CARD 5C. GROUP 1, LIST A

List A	
1	Over the last 6 months, I have taken care of a sick relative who is unable to care for themselves
2	Over the last 6 months, I used contraceptives to reduce the incidence of pregnancies
3	<i>Over the last 6 months, I have been slapped, beaten or physically harmed by my husband/partner</i>
4	Over the last 6 months, I ran out of the money I needed for basic things more often than before
5	Over the last 6 months, I attended the wedding celebration of a friend/relative
I510	What is your number? _____ number of agreed statements

Interviewer: SHOW CARD 5C. GROUP 1, LIST B

List B	
1	Over the last 6 months, I spent much more time working than I normally would have
2	Over the last 6 months, I thought about having more children
3	Over the last 6 months, I have attended a community gathering despite the weather
4	Over the last 6 months, I have stayed indoors more often because of the weather.
I511	What is your number? _____ number of agreed statements

Group 2

Interviewer: SHOW CARD 5C. GROUP 2, LIST A

List A	
1	Over the last 6 months, I have taken care of a sick relative who is unable to care for themselves
2	Over the last 6 months, I used contraceptives to reduce the incidence of pregnancies
3	Over the last 6 months, I ran out of the money I needed for basic things more often than before
4	Over the last 6 months, I attended the wedding celebration of a friend/relative
I512	What is your number? _____ number of agreed statements

Interviewer: SHOW CARD 5C. GROUP 2, LIST B

List B	
1	Over the last 6 months, I spent much more time working than I normally would have
2	Over the last 6 months, I thought about having more children
3	<i>Over the last 6 months, I have been slapped, beaten or physically harmed by my husband/partner</i>
4	Over the last 6 months, I have attended a community gathering despite the weather
5	Over the last 6 months, I have stayed indoors more often because of the weather.
I513	What is your number? _____ number of agreed statements

6. WORRIES

I would like to ask you now about worries you may have. I will name them and ask you to indicate the degree of your worry from 0 'No worry at all' to 10 'Extremely worried'.

I601	When you think about the following issues, how worried are you about them? Interviewer: SHOW SCALE I601	Not worried at all							Extremely worried				Not applicable
		0	1	2	3	4	5	6	7	8	9	10	90
1	General economics development (in Kyrgyzstan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Your own economic situation (unemployment, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Criminality/Vandalism in Kyrgyzstan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Your personal security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Inter-ethnic relations in Kyrgyzstan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The stability of of the political system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If you are employed: your job security (fear of losing your job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Energy supply to your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Environmental protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Climate change/extreme weather events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. SECURITY AND FRAGILITY

7.A. PERCEPTION OF SECURITY

Now, I will ask you how you feel about the security at your place of living.

I701 How much do you agree or disagree with the following statements on a scale from 1 to 5? <i>Interviewer: SHOW SCALE I701</i>		Strongly disagree=1			Strongly agree=5	
		1	2	3	4	5
1	I feel safe when walking alone in the neighbourhood during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel safe when walking alone in the neighbourhood during the night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I avoid using certain ways and certain areas that I think are dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My neighbourhood is overall peaceful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The level of violence increased a lot compared to one year ago.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	It is very likely that in the next 12 months I will become a victim of violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.B. PERCEPTION OF VIOLENCE

In the following I will ask you about any violent incidences you know about.

I702	Do you personally know anybody who experienced any of the following during the last 12 months? <i>(Multiple answers)</i> <i>(If respondent does not know anybody, take last answer option)</i>	Was verbally threatened	1
		Was threatened with a cold weapon/fired weapon	2
		Was attacked with a cold weapon/fired weapon	3
		Was beaten/ assaulted/ kicked	4
		Was injured or killed in gun shootings	5
		Was robbed	7
		Was kidnapped/ abducted (including bride kidnapping)	8
		I do not know anyone → go to I707	9
I703	Which of these experiences was the worst one? Indicate from answer options in I702.		_____
I704	With regard to this experience (as reported in I703), who was the person experiencing the harm? <i>(Only 1 answer)</i>	Household member	1
		Relatives	2
		Neighbours	3
		Friends	4
		Work contacts	5
		Far acquaintance	6
		Refuse to answer	88
I705	What was the gender of the referred person experiencing the harm (as reported in I703)?	Male	1
		Female	2
I706	Has the referred person suffered from any physical or psychological illness of prolonged nature, or any afflictions due to the experience described?	Yes, illness of prolonged nature / injury	1
		Yes, became handicapped	2
		Yes, psychological distress	3
		Yes, immediate death	4
		Yes, death in hospital / after discharge from hospital	5
		Yes, other problems	6
		No, did not suffer	7
		Don't know	99
I707	Do you know anyone in your community who had to move to some other place due to threat of violence during the last 12 months?	Yes	1
		No	2

7.C. DISCRIMINATION

Now I will ask you about any personal experience of discrimination or harassment in the last 12 months.

Discrimination is the unfair treatment of a person because of their appearance, background, faith or other reasons. It can limit access to work, education, health care and other opportunities.

	I710				
	In Kyrgyzstan, do you feel that you personally experienced any form of discrimination or harassment during the past 12 months, namely since March 2024 on the following grounds?				
	Yes		No		
1 Sex					
2 Age					
3 Disability or health status					
4 Ethnicity or language					
5 Migration status					
6 Socio-economic status					
7 Place of residence					
8 Religion					
9 Martial or family status					
10 Political opinion					
11 Other grounds					

8. SOCIAL LIFE

8.A. MEMBERSHIP IN DIFFERENT GROUPS

Now, I will ask you about your membership in any groups, such as professional, communal.

				1 Yes	2 No	I802: If Yes, how many hours per month did you spend with this group?
I801	As I read the following list of groups, please indicate whether you belong to such a group during the last 12 months?	1	Professional union or work-related group			_____ hours
		2	Religious or spiritual group			_____ hours
		3	Political party			_____ hours
		4	Local Kenesh (ayil, rayon) as an elected member			_____ hours
		5	Sherine			_____ hours
		6	Cultural club or association			_____ hours
		7	Festival society (yntymak)			_____ hours
		8	Credit or savings group (credit union / chernaya kassa)			_____ hours
		9	Sports club or group			_____ hours
		10	NGO or civic group			_____ hours
		11	Water user association			_____ hours
		12	Pasture users union or committee			_____ hours
		13	Women group			_____ hours
		14	Village health committee			_____ hours
		15	Other group			_____ hours
			16	No membership in any group --> go to I811		
I803	Which of these groups is the most important for you?			_____ № of group from the question uz I801		
I811	While I read the items, please indicate how important each of them is for your identity?	Not important at all	Not very important	Quite Important	Very important	Not applicable
1	Your ethnicity	1	2	3	4	90
2	Your citizenship	1	2	3	4	90
3	Your tribal belonging	1	2	3	4	90
4	Your faith	1	2	3	4	90

8.B. SOCIAL NETWORKS

Now I will ask you about people who you would ask for help or who you would help to solve financial or other problems.

I820	How likely is it that you will easily ask for help from your neighbours, friends, or co-workers?	Highly likely	1
		Quite likely	2
		Rather unlikely	3
		Highly unlikely	4
I821	If you suddenly needed 2000 Som, how many people do you know who would lend you the entire sum?	Nobody → go to I823	1
		Very few (1-2 people)	2
		Some (3-6 people)	3
		Many (more than 6 people)	4
		Don't know	5
I822	Whom of the following would you ask first to lend you the money? (Only one answer)	Relatives	1
		Neighbours	2
		Friends	3
		Work contacts	4
		Others	5
I823	To how many people did you give any financial help during the last 12 months? (If none, write 0).	_____	
I825	From how many people did you receive any financial help during the last 12 months? (If none, write 0).	_____	
I827	To how many people did you give any non-financial help (e.g. repairing house, preparing celebrations, homework help) during the last 12 months? (If none, write 0)	_____	
I828	From how many people did you receive any non-financial help (e.g. repairing house, preparing celebrations, homework help) during the last 12 months? (If none, write 0).	_____	

8.C. TRUST LEVEL

Now I want to ask about your perception of the level of trust to people and sources of information.

1830		On a scale from 1 to 4, how much do you agree with the following statements? Interviewer: SHOW SCALE 1830. Tick the respondent's answer.				
		Strongly disagree			Strongly agree	Don't know
		1	2	3	4	99
1	In general, you can trust people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Nowadays, you cannot rely on anybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Most people who live in this community can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	In this community, you have to be cautious, otherwise someone is likely to take advantage of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Most people in this community are willing to help if you need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In this community, people generally trust each other in matters of lending and borrowing money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1831		On a scale from 1 to 4, how much do you generally trust the following? Interviewer: SHOW SCALE 1831.				
		No trust at all			A lot of trust	Don't know
		1	2	3	4	99
1	Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	People in your surrounding village/city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	People in your country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	People who you do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	People from your own ethnic or linguistic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	People from other ethnic or linguistic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Court system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Universities and higher education institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Health institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	International organizations (like UN, World Bank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Informal community leaders (aksakals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Business leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.D. POLITICAL PARTICIPATION

Now I want to ask about your interest and participation in politics.

I840	In general, how interested in politics are you? (One answer)	Very interested	1	Not interested at all	4
		Fairly interested	2	Refused to answer	88
		Not very interested	3		
I841	In your opinion, what kind of political system is the most suitable for Kyrgyzstan? (One answer)	Soviet system			1
		Russian system, as it is now			2
		Kyrgyz system, as it was till 2010			3
		Kyrgyz system, as it is now			4
		Western type democracy			5
		Do not know			99
I842	Where do you seek information on politics, government and public administration? (Multiple answers possible)	Talking to family members	1	Newspapers	6
		Talking to neighbours or friends	2	Internet	7
		Local associations or NGOs	3	Other sources	8
		Radio	4	Do not get any information	9
		Television	5		
I844	How often do you vote in elections?	Always			1
		Sometimes			2
		Never		→ I850	3
		I cannot vote		→ I850	4
I845	Have you voted in the last elections in your Ayil Kenesh or city council?			Yes	1
				No	2

8.E. CIVIC PARTICIPATION

Now I want to ask about your civic engagement.

		I851: If yes, specify how many hours per month on average you have spent on each of this activities				
I850	Have you taken part in any of the following activities in the past 12 months? (Please select all that apply)	Participated in community-based initiatives	1	hours		
		Helped fundraising for charity	4	hours		
		Distributed information to raise public awareness	6	hours		
		Donated funds to poor and other vulnerable people	7	hours		
		Expressed my opinion during community meetings	8	hours		
		Have not taken part in any of these activities	9			
I853	If you were asked to cooperate with other people in your community / neighbourhood for social purposes, eg. charity marathon or fundraising, how likely would you cooperate?	Very unlikely	1			
		Rather unlikely	2			
		Rather likely	3			
		Very likely	4			
I854	How strongly do you agree or disagree with each of the following statements? Interviewer: SHOW SCALE I854	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not applicable
	In my community, ...	1	2	3	4	90
	1 People from different social backgrounds get on well together					
	2 I have meaningful interactions with people from different backgrounds					
	3 Ethnic differences between people are respected					
	4 People treat one another with respect and consideration					

8.F. PUBLIC OPINION AND SOCIAL VALUES

Interviewer: SHOW CARD 8F

List 1A - Adults

I857_1	<p>How many of these activities have you done in the past week? Insert number ____</p> <p>Enumerator: Do not ask specifically for each activity. Just show the list and let the respondent to say the number</p>	Had a meal with family members
		Watched a movie or TV show
		Received guests at home
		Felt tired during daytime
		Avoided interacting with people who don't observe Ramadan

List 1B - Adults

I857_2	<p>How many of these activities have you done in the past week? Insert number ____</p> <p>Enumerator: Do not ask specifically for each activity. Just show the list and let the respondent to say the number</p>	Played a game on your cell phone
		Had coffee/tea with friends or relatives
		Felt overwhelmed about something
		Changed plans unexpectedly
		Avoided discussing current issues with someone because of their political views

List 2A - Adults

I857_3	<p>How many of these activities have you done in the past week? Insert number ____</p> <p>Enumerator: Do not ask specifically for each activity. Just show the list and let the respondent to say the number</p>	Had coffee or tea with friends
		Chatted with a neighbor
		Gone shopping at local markets
		Used public transportation or taxi
		Walked away from or left a place where too many people who seem different from me were there

List 2B - Adults

I857_4	<p>I will read you a few statements. Please tell me how many of these statements you personally agree with (do not tell me which ones, just how many total) Insert number ____</p> <p>Enumerator: Do not ask specifically for each activity. Just show the list and let the respondent to say the number</p>	The government should invest more in infrastructure
		The education system in Kyrgyzstan needs significant improvement
		Healthcare services should be more affordable to everyone
		People of faith (religious people) should have a greater role in deciding the country's direction

8.F. PUBLIC OPINION AND SOCIAL VALUES (cont)

I858	In your view, how important is climate change for you? One response	Not at all important										1
		Slightly important										2
		Moderately important										3
		Very important										4
		Do not know										99
1 (absolutely not affected) → 10 (affected very strongly)												
I859	How strongly does climate change affect your life at the moment?	1	2	3	4	5	6	7	8	9	10	
1 (absolutely will not affect) → 10 (will affect very strongly)												
I860	How strongly do you think climate change will affect your life in the next five years?	1	2	3	4	5	6	7	8	9	10	
I861	Please indicate the level of agreement with the following statements	Strongly disagree		Somewhat disagree		Somewhat agree		Strongly agree		Don't know		
		1		2		3		4		99		
	1	Normal people (like myself) should take action to address climate change impacts										
2	Government should do more to address climate change impacts											
I862	Are you willing to contribute financially to initiatives or actions aimed at combating climate change?	Yes										1
		No										2
		Don't know										99
I863	How much of your income are you willing to contribute (eg: through a tax) if you were sure that the extra money was used to combat climate change?	Less than 1%										1
		1% and above										2
I864	To what extent would you be willing to adopt the following behaviors in order to mitigate the impacts of climate change?	Not at all		A little		Moderately		A lot		I am already doing it		
	1	Make more use of public transport/cycling/walking										
	2	Limit meat and dairy consumption										
	3	Avoid single-use plastics										
	4	Recycle										
	5	Grow your own food										

8.F. LOCAL GOVERNANCE AND PUBLIC SERVICES

Now I would like to ask your opinion and involvement in the process of budget decisions by local government authorities.

I865	How informed do you think you are about the work of your Aiyl Aimak or municipal government?	Very well	1	Badly	3
		Well	2	Absolutely not informed	4
I866	How informed do you think you are about the budget of your Aiyl Aimak or municipal government?	Very well	1	Badly	3
		Well	2	Absolutely not informed	4
I867	How interesting it is to you to know how your local government body (Aiyl Aimak or municipal government) spends your money from taxes and payments?	Very interesting	1	Little interest	3
		Interesting	2	No interest	4
I868	Please estimate, how accessible information about the Aiyl Aimak / municipal government budget is for the population?	Easily accessible	1	Accessible with difficulties	3
		Accessible	2	Inaccessible	4
I869	Did you or members of your household try to influence the budget process of your local government body (Aiyl Aimak or municipal government) during the last 12 months (i.e. since March 2024)??	Yes			1
		No			2
I870	Did you participate in the budget hearings of your Aiyl Aimak during the last 12 months (i.e. since March 2024)?	Yes			1
		No			2
I871	During the last 12 months, have you had at least one contact with a public official while obtaining a public service? For example, you could meet a public official while obtaining official documents, registering your assets, paying taxes, or stopped while driving your car?	Yes			1
		No → End questionnaire			2
I872	In the last 12 months, have you had any contact with an official who hinted at or asked you to pay a bribe?	Yes			1
		No			2
I873	Have you had any contact with an official to whom you have paid a bribe in the last 12 months??	Yes			1
		No			2

END OF SURVEY: Our survey is finished. Thank you so much for your participation and time. As we have mentioned before, any information about your responses is anonymous and confidential, and will be analyzed on the aggregate level.

INTERVIEWER: Don't forget to go back to the control page of the individual questionnaire to enter the end time of the interview and and give your assessment of the quality of responses.