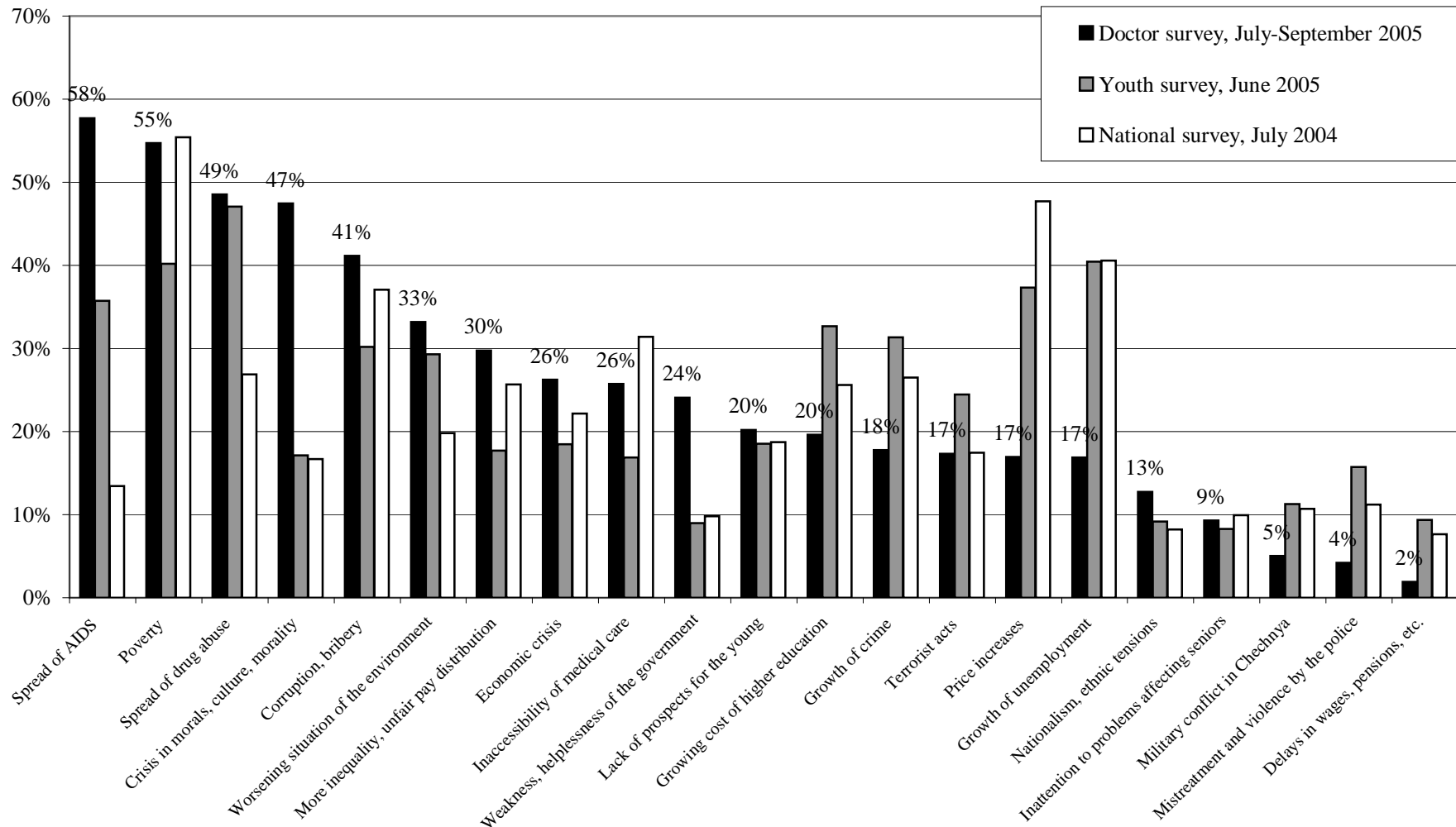


TABLE 1. Basic Sample Characteristics, Survey of Russian Doctors

	<i>AIDS Center (N=404)</i>	<i>Hospital (N=804)</i>	<i>Overall (N=1208)</i>
Prevalence of HIV in region			
High: 200+ per 100k	32%	35%	34%
Medium: 60-199 per 100k	36%	31%	33%
Low: under 60 per 100	32%	35%	34%
Has training in AIDS epidemiology, treatment, or prevention	82%	55%	64%
Specialty			
Dermatologist, venerologist	9%	18%	15%
Infectionist	41%	16%	24%
Narcologist	1%	19%	13%
Gynecologist	5%	24%	18%
Pulmonary specialist	1%	11%	8%
Immunologist	5%	0%	2%
Epidemiologist	23%	1%	8%
Laboratory doctor	6%	3%	4%
Other	8%	8%	8%
How satisfied are you with your job?			
Completely satisfied	24%	24%	24%
Mostly satisfied	61%	55%	57%
Mostly unsatisfied	15%	17%	17%
Completely unsatisfied	1%	4%	3%
Age			
22 to 29	10%	12%	11%
30 to 39	26%	24%	24%
40 to 49	32%	34%	33%
50 to 59	24%	22%	23%
60 and over	8%	9%	9%
Female	77%	70%	72%

**Figure 1: Which problems are among the 5-6 most serious?
Results from three recent surveys of different populations***



*Note: Loss of human rights, conflict within leadership, other problems, and "hard to say" received 4% or lower in all surveys and are not shown.

Figure 2: Percent citing HIV/AIDS as one of the top problems in Russia, by institution type and regional prevalence

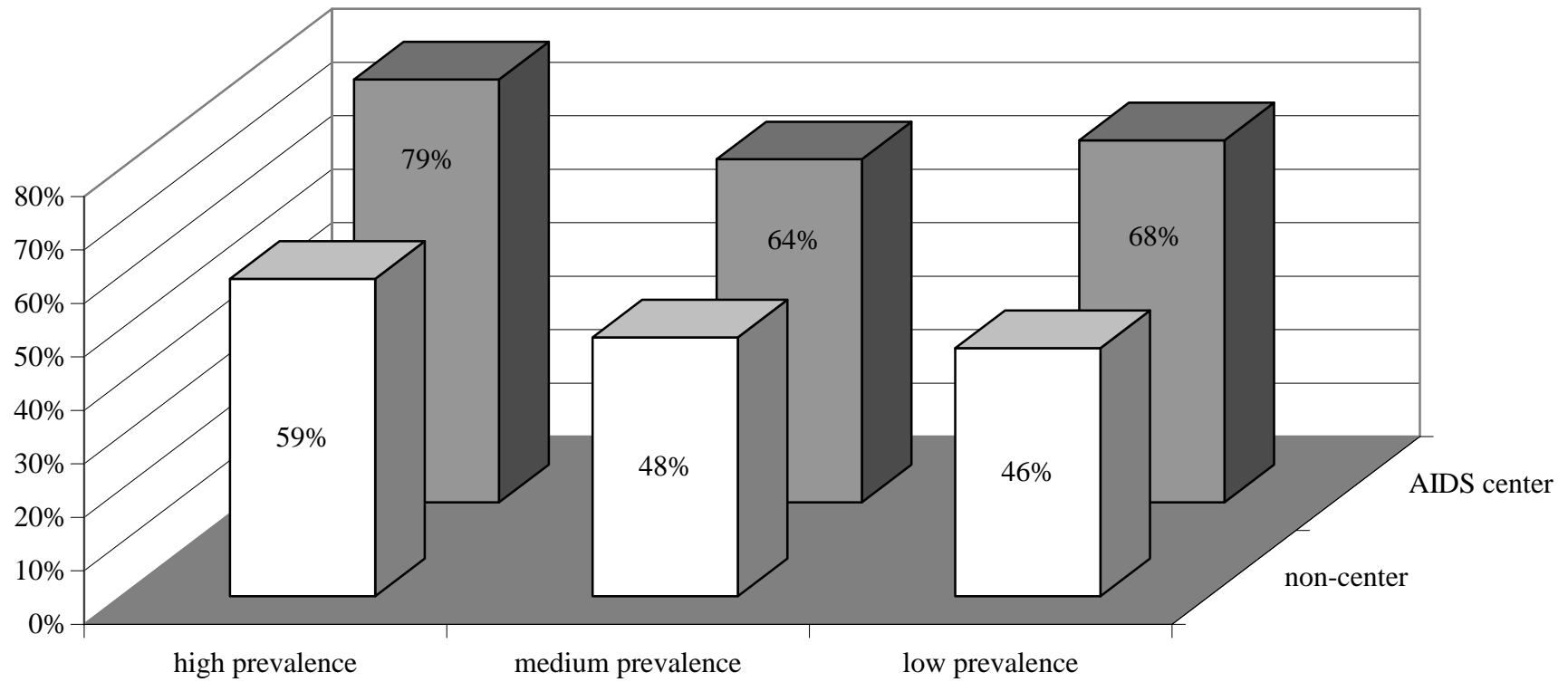


TABLE 2. Which is the most, second most, and third most serious health problem in Russia?

	The most serious health problem*		
	<i>AIDS Center</i>	<i>Non- Center</i>	<i>Overall</i>
Alcoholism	23%	27%	26%
Cancer	18%	23%	21%
Cardio-vascular disease	22%	20%	21%
HIV/AIDS	19%	13%	15%
Narcotics use	11%	10%	10%
Tuberculosis	4%	2%	3%
Hepatitis	2%	2%	2%
Poor child nutrition	1%	2%	1%
Accidents	0%	1%	1%
Tobacco smoking	0%	0%	0%

	One of the three most serious health problems*		
	<i>AIDS Center</i>	<i>Non- center</i>	<i>Overall</i>
HIV/AIDS	66%	51%	56%
Cardio-vascular disease	52%	49%	50%
Cancer	44%	52%	49%
Alcoholism	44%	51%	49%
Narcotics use	42%	44%	43%
Tuberculosis	31%	17%	22%
Hepatitis	10%	11%	10%
Poor child nutrition	4%	7%	6%
Tobacco smoking	3%	5%	5%
Accidents	2%	5%	4%

*Note: suicide, diabetes, other infectious diseases, and other problems had entries below 3% in all columns and are not shown.

Figure 3: Percent citing HIV/AIDS as the most serious health problem in Russia, by institution type and regional prevalence

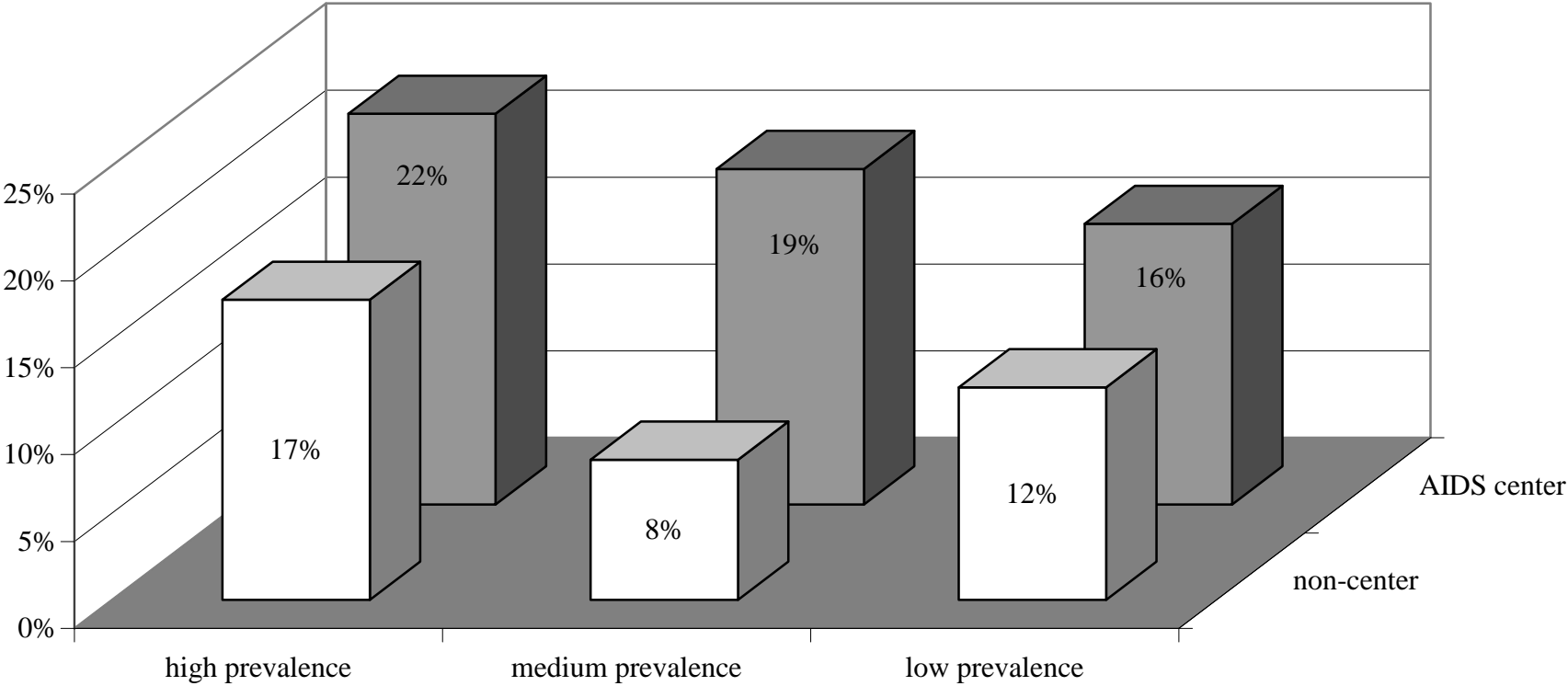


TABLE 3. Severity and Meaning of the Epidemic

	Fully agree	Mainly agree	D/K	Mainly disagree	Fully disagree
<i>Statements regarding the severity of the epidemic:</i>					
D5a. The fight against HIV/AIDS should be our government's most important priority	22%	42%	2%	26%	8%
D5b. HIV/AIDS is important, but Russia has other more serious health problems	49%	36%	2%	11%	2%
D5c. No reason to treat AIDS differently than other serious health problems	35%	27%	3%	17%	18%
D35e. The HIV/AIDS epidemic poses a serious threat to our national security	59%	29%	2%	8%	2%
D36a. The AIDS epidemic has already reached catastrophic proportions in Russia	30%	35%	4%	26%	5%
D36b. Unless the government takes more decisive preventive measures 5% or more of Russia's population will be HIV+ by 2007	32%	42%	8%	14%	3%
D36f. Most Russian politicians underestimate the seriousness of the AIDS epidemic	57%	33%	4%	4%	2%
D36c. AIDS will not be widespread in Russia because it mainly affects drug addicts	2%	6%	2%	36%	54%
<i>Statements regarding the meaning of the epidemic:</i>					
D35a. HIV was brought to Russia by foreigners in order to weaken the Russian people	3%	7%	4%	30%	56%
D35c. HIV/AIDS would be as big a problem even if the Soviet Union did not collapse	47%	32%	3%	14%	4%
D35b. The spread of HIV/AIDS reflects the moral and cultural decline of our people	41%	40%	1%	11%	6%

Figure 4: Percent who agree that the government should make fighting HIV/AIDS its top priority, by institution type and regional prevalence

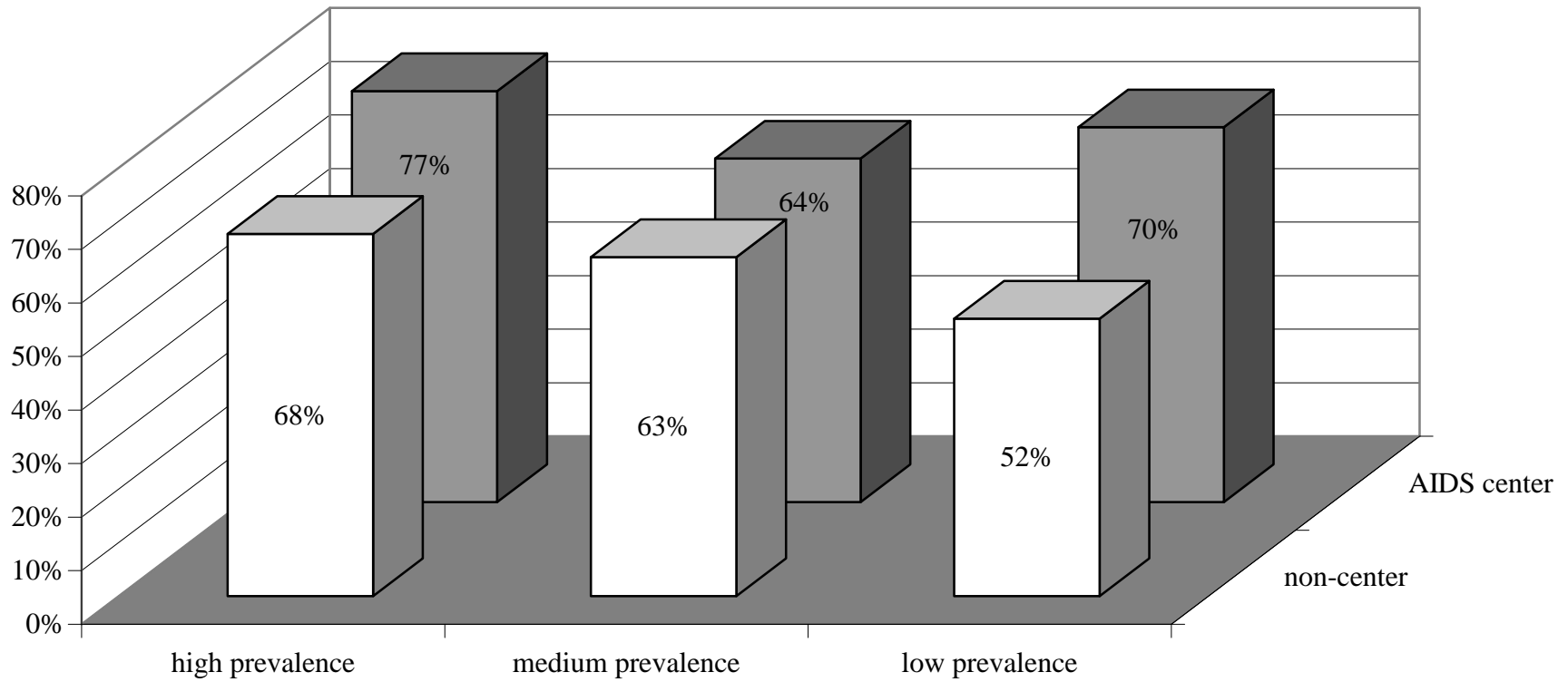


Figure 5: Percent who agree that HIV/AIDS is important but Russia has other more serious health problems, by institution type and regional prevalence

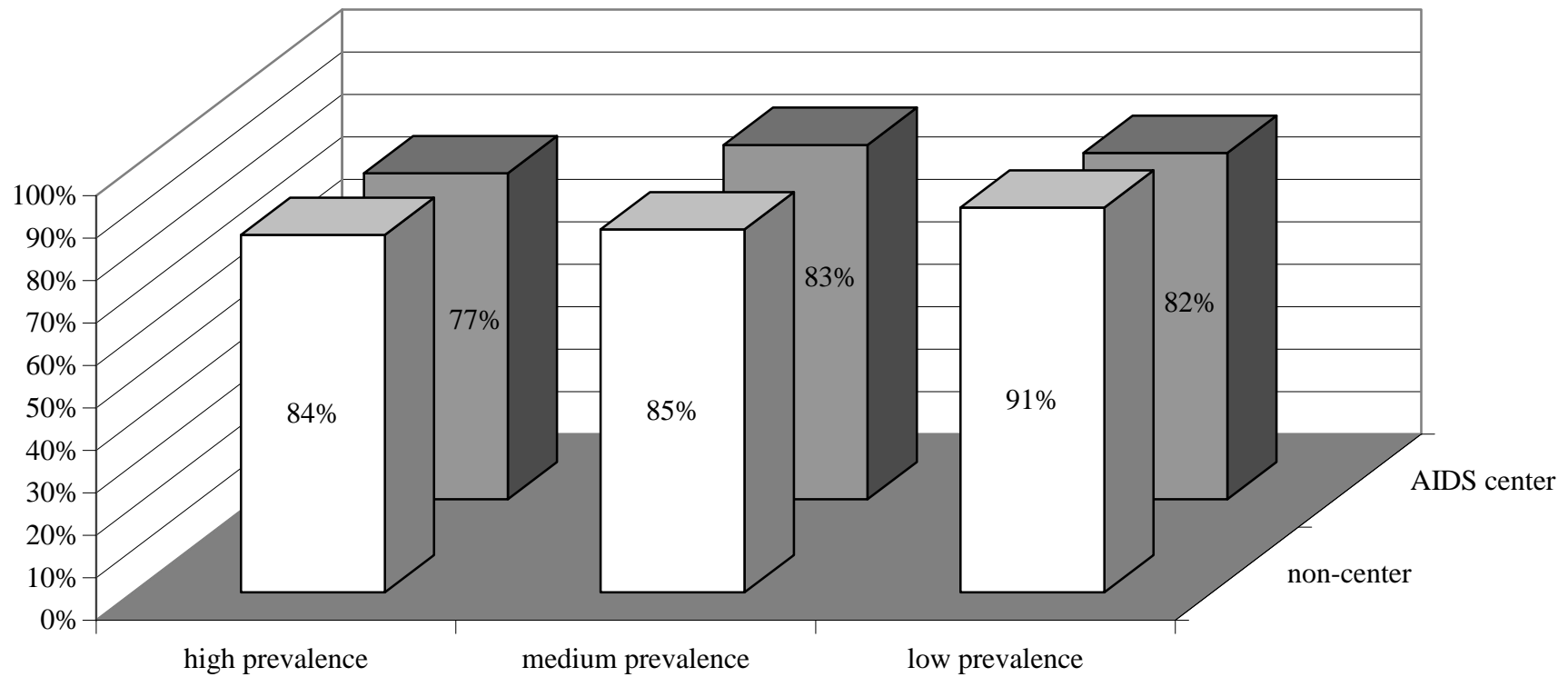


Figure 6: Percent who agree that there is no reason to treat HIV/AIDS differently than other serious health problems, by institution type and regional prevalence

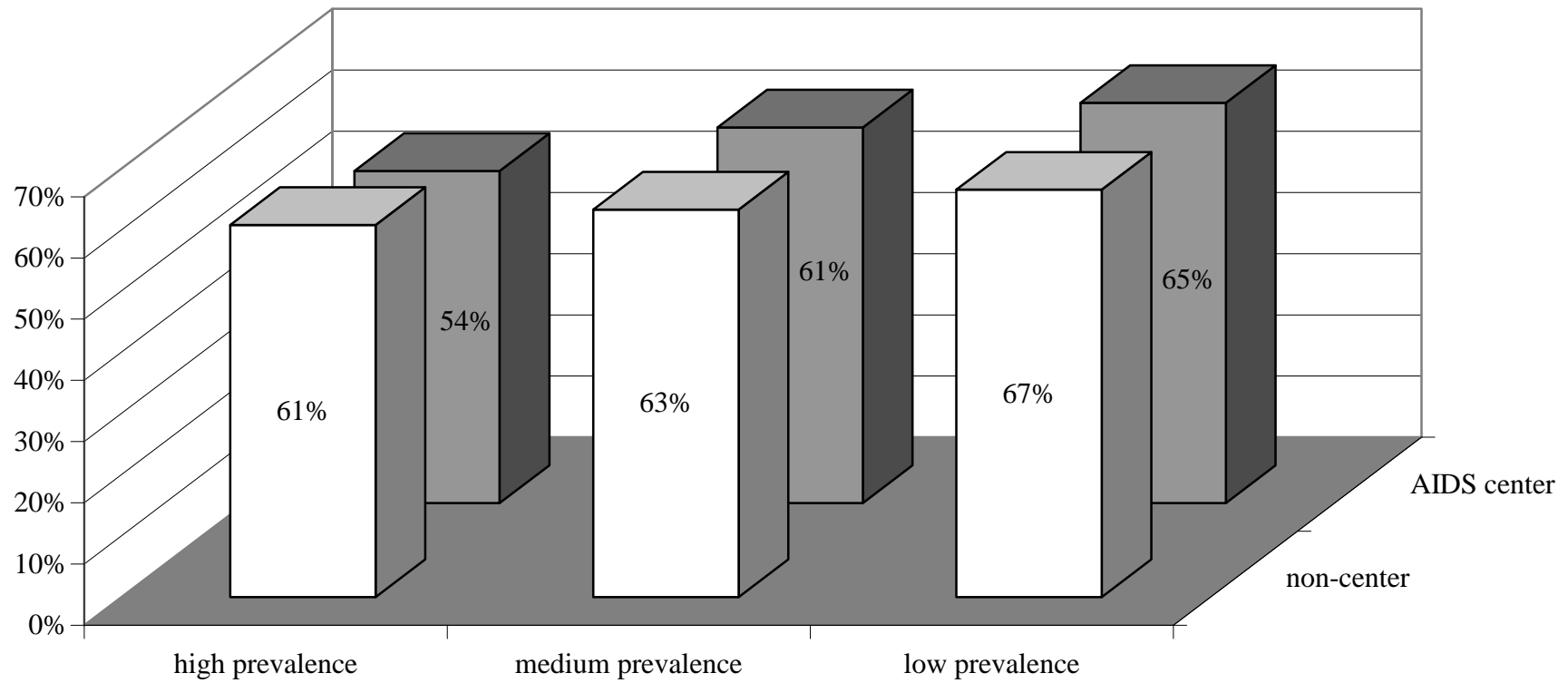


TABLE 4. Frequency of contact with HIV+ patients, AIDS patients, and AIDS deaths

D21. How often in the last year have you treated patients with HIV?

	<i>High prevalence</i>		<i>Medium prevalence</i>		<i>Low prevalence</i>	
	Non-center	Center	Non-center	Center	Non-center	Center
Daily	18%	74%	7%	67%	1%	36%
Weekly	17%	13%	15%	15%	4%	36%
Monthly	28%	8%	30%	6%	21%	17%
Less than monthly	31%	3%	38%	5%	51%	6%
Never	6%	2%	10%	7%	22%	5%

D22. How often in the last year have you treated patients with AIDS?

	<i>High prevalence</i>		<i>Medium prevalence</i>		<i>Low prevalence</i>	
	Non-center	Center	Non-center	Center	Non-center	Center
Daily	5%	16%	3%	13%	0%	5%
Weekly	3%	27%	5%	13%	0%	7%
Monthly	12%	23%	10%	17%	5%	28%
Less than monthly	32%	16%	32%	29%	28%	28%
Never	47%	18%	50%	27%	67%	32%

D23. How many of your patients have died from AIDS-related complications?

	<i>High prevalence</i>		<i>Medium prevalence</i>		<i>Low prevalence</i>	
	Non-center	Center	Non-center	Center	Non-center	Center
None	50%	12%	51%	19%	67%	18%
1 to 10	23%	43%	23%	38%	18%	52%
11 to 20	4%	12%	3%	12%	0%	18%
21 to 50	2%	10%	2%	8%	0%	3%
51 to 100	1%	9%	2%	3%	0%	1%
More than 100	1%	1%	0%	6%	0%	0%
Hard to say	18%	12%	18%	13%	14%	9%

TABLE 5. ARVs: effectiveness and treatment standards

	<i>AIDS Center</i>	<i>Non-AIDS Center</i>
D11. What are ARVs?		
Never heard of them	1%	16%
Treat a wide spectrum of viruses, including HIV	25%	51%
Treat only HIV	73%	30%
Treat a wide spectrum of viruses, but not HIV	1%	4%
<i>Among those who have heard of ARVs...</i>		
D12. Does research show ARVs to be effective treatments for HIV?		
They are effective	87%	36%
They are not effective	1%	4%
Research is inconclusive	8%	30%
I don't know the research findings	4%	30%
D18. How long can uninterrupted treatment with ARVs delay death from HIV-related complications?		
Indefinitely/more than ten years	61%	38%
From 4 to 10 year	22%	25%
From 1 to 4 years	7%	10%
Less than 1 year	1%	1%
Not at all	1%	4%
Hard to say	10%	22%
D19. What level of compliance with ARV treatment regime is necessary for it to be effective?		
100% compliance	78%	61%
80% or lower	1%	6%
From 81% to 95%	2%	4%
At least 95% compliance	16%	12%
No level of compliance makes ARVs effective	0%	1%
Hard to say	3%	16%
D23. How important is uninterrupted treatment for ARVs to be effective		
It is important that ARV treatment be uninterrupted	28%	18%
It is good to give patients breaks from ARVs	17%	15%
Every case is different and we cannot generalize	49%	46%
Hard to say	6%	21%
D27. How often do you monitor whether your HIV+ patients follow the treatment you prescribe?		
Always	62%	44%
Sometimes	17%	14%
Not very often	11%	15%
Never	10%	27%

TABLE 6. Access to ARVs*Among those who have heard of ARVs...*

	Overall	High prevalence regions	Middle prevalence regions	Low prevalence regions
D13. How available are ARVs in your locality?				
There is a sufficient supply of ARVs for all who need them	19%	16%	15%	28%
ARVs are widely available, but not in sufficient quantity	27%	32%	27%	20%
ARVs can sometimes be obtained, but only episodically	19%	21%	20%	14%
ARVs are available in my locality, but there is no need for them	1%	1%	0%	2%
ARVs are not available in my locality, despite the need for them	8%	12%	8%	4%
I do not know how available ARVs are in my locality	26%	18%	29%	32%
D14. How many patients receive ARVs for free?				
All patients who need ARVs receive them for free	50%	48%	52%	50%
Some patients receive ARVs for free and some pay	24%	28%	22%	21%
Only patients who pay receive ARVs	7%	8%	7%	6%
Hard to say	19%	16%	19%	23%
D15. How available are ARVs in these sites?				
Federal or oblast AIDS Centers	90%	93%	88%	89%
Other state clinics and hospitals	15%	14%	19%	13%
Private clinics	9%	10%	11%	6%
Independent pharmacies	13%	16%	12%	11%

TABLE 7. Treatment components in theory and practice

D24. How important are the following for successful treatment of HIV?

	Indispens- able	Important, but not indispens- able	Not important, but useful	Not useful	Hard to say
Support groups	60%	28%	8%	2%	2%
Psychological counseling	77%	17%	5%	1%	1%
Monthly monitoring of T-cells	42%	32%	10%	4%	12%
Monthly monitoring of viral load	34%	32%	11%	5%	18%

D25. What percentage of HIV patients receive the following in your establishment?

	All of them	Most of them (75% or more)	From 50% to 75%	Fewer than 50%	None
Support groups	9%	6%	6%	36%	43%
Psychological counseling	26%	10%	8%	27%	29%
Monthly monitoring of T-cells	11%	6%	6%	26%	52%
Monthly monitoring of viral load	7%	3%	5%	24%	60%

D26. If you treat HIV+ patients, how often do you usually meet with them?

	Center	Non-center	Overall
At least once a month	22%	41%	34%
Every other month	10%	11%	11%
Every 3-6 months	63%	22%	38%
Once a year	3%	13%	9%
Less than once a year	1%	12%	8%

TABLE 8. Needs and personal safety**D9. How often does your establishment experiences shortages of the following (if they are needed)?**

	Always	Often	Sometimes	Rarely	Never
Latex gloves	5%	7%	12%	10%	67%
Disposable syringes	4%	4%	7%	8%	78%
Medicine	12%	22%	25%	16%	26%
Blood supply	10%	15%	19%	15%	41%

	<i>Center</i>	<i>Non-center</i>	<i>Overall</i>
D8. Does your establishment have a sufficient number of doctors?			
Yes	53%	64%	60%
No	47%	36%	40%

D10. Do you have a personal supply of medicine, in case your establishment runs out?

Yes	15%	21%	19%
No	85%	79%	81%

D29. How much do you think your risk of getting HIV is elevated by treating HIV+ patients?

Treating HIV+ patients does not elevate the risk of getting HIV	35%	15%	22%
Treating HIV+ patients might elevate the risk, but not by much if standard practices in my establishment are followed	60%	58%	59%
Treating HIV+ patients substantially increases the risk in the conditions of my establishment	4%	24%	17%
Hard to say	1%	3%	2%

D42. How much do you worry personally about getting HIV?

A great deal	7%	24%	18%
Some	36%	43%	41%
Very little	33%	21%	25%
Not at all	24%	12%	16%

D43. How often, if at all, have you been tested for HIV?

Never	3%	6%	5%
Once	2%	7%	6%
Several times, but irregularly	5%	16%	12%
Regularly	89%	71%	77%

TABLE 9. Doctor and patient

	<i>Center</i>	<i>Non-center</i>	<i>Overall</i>	
D28. The government should pay for ARV treatment for HIV+ patients who are...				
Homosexuals	69%	54%	59%	
Children	100%	99%	99%	
Prisoners	76%	70%	72%	
Drug addicts	57%	58%	57%	
Prostitutes	64%	52%	56%	
Women/men who infect their spouses	87%	73%	77%	
Patients infected via blood transfusion	99%	98%	99%	
All of these groups	53%	44%	47%	
D30. Is it okay for a doctor to refuse treatment to an HIV+ patient?				
It is completely acceptable	2%	3%	3%	
It is sometimes acceptable	9%	22%	18%	
It is never acceptable	88%	72%	77%	
Hard to say	1%	3%	3%	
D31. Have you heard of doctors refusing to treat HIV+ patients in your establishment?				
Have heard of many such cases	1%	1%	1%	
Have heard of a few cases	5%	11%	9%	
Have not heard of any cases	94%	88%	90%	
D32. What do you think is the main reason doctors sometimes refuse to treat HIV+ patients?				
Fear of contracting HIV	55%	55%	55%	
No experience treating HIV/fear of error	17%	14%	15%	
Sharp hostility toward HIV+ patients	6%	4%	5%	
Other reason	10%	4%	6%	
I don't think doctors ever refuse	10%	19%	16%	
Hard to say	2%	3%	3%	
D45. How many doctors in your establishment demand extra payments from patients?				
Half or more	0%	2%	1%	
Only a few	2%	13%	10%	
None	91%	71%	78%	
Hard to say	6%	13%	11%	
D41. Should a doctor have a right or a duty to disclose an HIV diagnosis to the following?				
	Should have the right to disclose	Has a duty to disclose	Should have no right to disclose	Hard to say
Parents of patients under 18	37%	49%	12%	2%
Spouse of the patient	33%	33%	30%	4%
Employer of the patient	6%	2%	87%	5%
Director of the patient's school (if student)	6%	3%	88%	4%
The local press	1%	1%	96%	2%
Caregivers of the patient	35%	32%	28%	5%

TABLE 10. Factors behind Russia's health problems and HIV/AIDS

D3. The most important cause of Russia's health problems

	<i>Center</i>	<i>Non-center</i>	<i>Overall</i>
Inadequate financing of health care system	46%	48%	47%
Low salaries of doctors	22%	26%	25%
Inaccessibility of health care for the majority	7%	6%	6%
Poverty	7%	5%	6%
Poor health education of the population	6%	5%	5%
Moral/cultural decline	3%	2%	3%
Inadequate training of doctors	2%	3%	2%
Ecological problems	2%	2%	2%
Corruption in the health care system	2%	2%	2%
Poor diet of the population	1%	1%	1%
Other	1%	1%	1%
Growth of private medical practice	1%	0%	0%

One of the three most important causes of Russia's health problems

	<i>Center</i>	<i>Non-center</i>	<i>Overall</i>
Inadequate financing of health care system	82%	82%	82%
Low salaries of doctors	56%	58%	57%
Inaccessibility of health care for the majority	40%	33%	36%
Poor health education of the population	31%	31%	31%
Poverty	23%	22%	22%
Ecological problems	17%	15%	16%
Inadequate training of doctors	14%	15%	15%
Moral/cultural decline	16%	13%	14%
Poor diet of the population	7%	14%	11%
Corruption in the health care system	9%	10%	10%
Growth of private medical practice	2%	3%	3%
Other	1%	2%	2%

D4/D6. Does the government spend enough on health care/the fight against AIDS?

	<i>Health care: overall</i>	<i>AIDS: center doctors</i>	<i>AIDS: non- center doctors</i>
Government spends enough	2%	11%	16%
Government should spend more	96%	83%	70%
D/K	2%	6%	14%

D7. Irrespective of the level of spending, is the government's program to fight AIDS adequate?

	<i>Center</i>	<i>Non-center</i>
The program is basically adequate	21%	16%
The program needs fundamental changes	70%	64%
Hard to say	8%	20%

TABLE 11. Specific policy measures

D38. Should the government take the following steps to fight the spread of AIDS?

	Definitely should	Probably should	D/K	Probably should not	Definitely should not
Free needle exchange for intravenous drug users	41%	33%	3%	14%	9%
Isolate HIV-positive people from others	2%	7%	3%	27%	60%
Legalize methadone treatment for heroin addicts	11%	22%	23%	17%	26%
Introduce sex education into the curriculum for 6th-8th graders	65%	27%	2%	4%	2%
Legalize prostitution	18%	29%	12%	18%	23%
Demand that all foreigners entering the country show proof they are HIV-negative	60%	18%	3%	14%	5%
Conduct a campaign promoting abstinence prior to marriage	56%	27%	3%	10%	4%
Conduct a campaign promoting sexual fidelity within marriage	54%	29%	5%	8%	5%
Strengthen the penalties for illegal drug use	33%	28%	7%	22%	11%
Conduct a wide campaign promoting the use of condoms	69%	25%	2%	3%	1%

D40. Have you received enough training in the area of epidemiology and/or prevention of AIDS, or would you like more?

Received enough	28%
Want more	72%

D44. How much information on HIV do you receive from the following sources?

	a lot	some, but not enough	a little	none
Journal articles	27%	49%	22%	3%
Websites	11%	19%	24%	46%
List-servs	5%	12%	21%	62%
Conferences, seminars	29%	49%	17%	4%
Special courses	26%	45%	20%	8%
Mass media	11%	22%	53%	14%
Informal discussions with colleagues	26%	31%	36%	7%

TABLE 12. Views regarding role of the West in Russia's fight against HIV/AIDS

Accept Western assistance/advice?

	Fully agree	Mainly agree	D/K	Mainly disagree	Fully disagree
D35d. Foreigners who finance Russian organizations that fight the spread of AIDS only want to help Russia	30%	45%	8%	14%	3%
D35f. Russian can learn lessons from the experiences of other countries in the fight against AIDS	72%	22%	2%	3%	1%
organizations like WHO or UNAIDS often exaggerate the extent of AIDS in Russia	3%	12%	11%	42%	32%
D36e. Our government is capable of controlling the spread of AIDS without advice from abroad	12%	25%	6%	35%	23%

D37. Should Russia deal with HIV/AIDS independently or accept foreign assistance?

should accept foreign assistance	77%
should not accept foreign assistance	11%
hard to say	12%

TABLE A1: Multivariate models

	Cites AIDS as one of top problems		Cites HIV/AIDS as the top health problem		Says that ARVs are effective		100% compliance with ARV necessary	
	B	RSE	B	RSE	B	RSE	B	RSE
Medium prevalence	-.444 **	.155	-.557 **	.212	-.108	.179	-.342 **	.158
Low prevalence	-.468 **	.160	-.329	.214	-.178	.187	-.376 **	.167
AIDS Center Cohort (23 to 29)	.602 **	.191	.325	.259	1.750 **	.211	.477 **	.190
30 to 39	-.802 **	.237	-.728 **	.289	-.449 *	.271	-.346	.237
40 to 49	-.526 **	.229	-.558 **	.268	-.596 **	.271	-.507 **	.229
50 to 59	-.606 **	.242	-.692 **	.297	-.239	.274	-.362	.241
60 and older	-.100	.302	-.732 **	.370	-.968 **	.338	-.601 **	.296
received training	.025	.138	.177	.194	.456 **	.157	.257 *	.136
Woman	.663 **	.146	.214	.201	.357 **	.160	.349 **	.145
Orthodox	-.039	.132	-.256	.174	.133	.157	-.022	.133
Ethnic Russian	-.370 **	.176	-.349	.219	.386 *	.204	.247	.179
Frequency treating HIV patients	-.048	.044	.001	.063	-.121 **	.049	-.133 **	.044
Frequency treating AIDS patients	-.016	.050	-.041	.067	-.129 *	.066	-.012	.052
Specialty (infectionists)								
Dermatologist, venerologist	.457 **	.216	.352	.269	-1.023 **	.255	-.493 **	.213
Narcologist	.074	.234	-.666 *	.375	-1.420 **	.264	-.691 **	.237
Gynecologist	.174	.213	.163	.267	-1.568 **	.237	-.129	.212
Pulmonary specialist	-.139	.273	-.586	.440	-.624 **	.292	.224	.270
Epidemiologist	.569 **	.284	.323	.328	-.478	.360	.422	.308
Other	.186	.218	-.177	.296	-.848 **	.249	-.136	.215
Constant	1.044 **	.454	-.236	.584	2.305 **	.543	1.744 **	.466
Regression type	Logit		Logit		Logit		Logit	
N	1193		1193		1193		1193	
Log-likelihood	-758.9		-478.5		-589.1		-730.5	

TABLE A1 (cont.) Multivariate models

	Importance of support groups^A		Anti-discrimination		Never ok to refuse treatment		Want foreign assistance	
	B	RSE	B	RSE	B	RSE	B	RSE
Medium prevalence	.007	.155	.273 *	.140	-.115	.187	-.527 **	.180
Low prevalence	.704 **	.160	.360 **	.144	-.426 **	.190	-.337 *	.192
AIDS Center	.146	.181	.280	.178	.714 **	.245	-.073	.212
Cohort (23 to 29)								
30 to 39	-.003	.206	-.029	.200	.226	.243	.270	.277
40 to 49	.152	.200	-.219	.194	.306	.232	-.390	.254
50 to 59	.157	.220	-.161	.207	.714 **	.265	-.635 **	.264
60 and older	-.342	.287	.036	.252	.472	.325	-.606 *	.320
Received training	-.278 **	.136	.022	.127	.269 *	.155	.119	.156
Woman	-.383 **	.140	-.286 **	.131	.183	.163	-.188	.168
Orthodox	-.115	.126	.112	.120	.033	.153	-.039	.148
Ethnic Russian	-.059	.174	.322 **	.163	.482 **	.189	.111	.190
Frequency treating HIV patients	-.060	.043	-.045	.039	-.009	.054	-.051	.049
Frequency treating AIDS patients	.007	.046	.041	.044	-.013	.067	-.029	.057
Specialty (infectionists)								
Dermatologist, venerologist	-.251	.208	-.298	.204	-.196	.253	-.067	.244
Narcologist	-.441 **	.224	-.428 *	.220	-.413	.265	-.147	.258
Gynecologist	-.490 **	.207	-.523 **	.197	-.491 **	.249	.282	.247
Pulmonary specialist	-.387	.276	.253	.236	.151	.332	.141	.305
Epidemiologist	.147	.230	.001	.227	.386	.408	-.015	.287
Other	-.534 **	.202	-.518 **	.187	-.398	.254	.172	.251
Constant			3.113 **	.432	1.036 *	.578	2.470 **	.544
Regression type	Ordinal logit		OLS		Logit		Logit	
N	1168		1186		1193		1193	
R-squared or Log-likelihood	-1072.3		.033		-602.1		-621.3	

^ALower values denote more important.

	Doctor survey, July- September 2005	Youth survey, June 2005	National survey, July 2004
Spread of AIDS	58%	36%	13%
Poverty	55%	40%	55%
Spread of drug abuse	49%	47%	27%
Crisis in morals, culture, morality	47%	17%	17%
Corruption, bribery	41%	30%	37%
Worsening situation of the environment	33%	29%	20%
More inequality, unfair pay distribution	30%	18%	26%
Economic crisis	26%	18%	22%
Inaccessibility of medical care	26%	17%	31%
Weakness, helplessness of the government	24%	9%	10%
Lack of prospects for the young	20%	19%	19%
Growing cost of higher education	20%	33%	26%
Growth of crime	18%	31%	27%
Terrorist acts	17%	24%	17%
Price increases	17%	37%	48%
Growth of unemployment	17%	40%	41%
Nationalism, ethnic tensions	13%	9%	8%
Inattention to problems affecting seniors	9%	8%	10%
Military conflict in Chechnya	5%	11%	11%
Mistreatment and violence by the police	4%	16%	11%
Delays in wages, pensions, etc.	2%	9%	8%
Restrictions on civil rights	3%	2%	2%
Conflicts within the leadership of the country	2%	2%	2%
Other problems	2%	1%	2%
Hard to say	0%	1%	1%

fearaids
 high preval medium pr low prevalence
non-center 0.593525 0.483871 0.464029
AIDS cente 0.790698 0.641379 0.676923

aidstop
 high preval medium pr low prevalence
non-center 0.172662 0.080645 0.122302
AIDS cente 0.224806 0.193103 0.161539

aidsno1
 high preval medium pr low prevalence
non-center 0.676259 0.633065 0.517986
AIDS cente 0.767442 0.641379 0.7

othmore
 high preval medium pr low prevalence
non-center 0.841727 0.854839 0.906475
AIDS cente 0.767442 0.834483 0.815385

nodiff
 high preval medium pr low prevalence
non-center 0.607914 0.633065 0.665468
AIDS cente 0.542636 0.613793 0.653846

0.041309

Has other work aside from main job			
<i>Yes, regular work</i>	22%	21%	26%
Yes, occasional work	14%	15%	12%
	Ethnicity		
	Russian	85%	84%
	Tatar	3%	3%
Ukrainian		3%	3%
Other		8%	9%
	Refuse to say	1%	1%
	Religion		
	No religion	29%	28%
	Russian Orthodox	61%	62%
Islam		3%	3%
	Other religion	2%	1%
	Hard to say	6%	6%
	Mean Income (rubles per month)	6205	6235
	SD Income	4036	4219
Mean hours worked per week		44	47
SD hours worked		15	16