

Approved by National Statistical Office, Mongolia  
2000. Order No

Form: CD1

## SURVEY OF "CHILD AND DEVELOPMENT"

**THE PURPOSE OF THIS SURVEY IS TO ANALYZE THE WOMEN'S AND CHILDREN'S HEALTH, EDUCATION AND THEIR LIVING CONDITIONS. BY STATISTICAL LAW YOUR FAMILY AND PERSONAL SECRETS WILL RELIABLY BE KEPT BY THE OFFICIALS WHO ARE CONDUCTING THIS SURVEY.**

## HI . Household questionnaire

1. IDENTIFICATION		
1.	Cluster number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	Household number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Data of interview: ddmmyyy	/ / 2000
4.	Identification code interview	<input type="checkbox"/> <input type="checkbox"/>
5.	Name of household head:	
6.	Household location : Capital-1 ; Aimag center-2 Soman center-3; Rural- 4	<input type="checkbox"/>
7.	Name of province /code/:	
HOUSING CONDITION		
8.	A Type of house: Apartment-1; hostel-2; dormitory-3 Ger-4; Other/..... /-5	<input type="checkbox"/>
	B Type of ownership: Government-1; Private-2; Other/..... /-5	<input type="checkbox"/>
	C Living area, by square meter:	m <sup>2</sup>
	D Main construction material of walls: Brick-01; reinforced-02; stone-03; wood-04; straw-05; earth clay-06; Panel of GER: Single-07; Double-08; DK-99	<input type="checkbox"/> <input type="checkbox"/>
	E Main construction material of floor: Brick-01; reinforced-02; stone-03; wood-04; straw-05; earth clay-06; Cement-07	<input type="checkbox"/> <input type="checkbox"/>
	F Number of room:	
	H Number of walls of GER:	
	9	A Type of heating : Centralized-1; uncentralized-2; Simple-3
B Type of fuel use for cooking: Electricity-01; Charcoal-06; Firefood-07; Dung-08; Other/..... /-09 DK-99		<input type="checkbox"/> <input type="checkbox"/>

9	C	Does your household have: Electricity - 1 Radio - 2 Television - 3 Refrigerator - 4 ;	Yes 1 2 3 4
	D	Does any member of your household own: Bicycle - 1 Motorcycle or scooter - 2 Car or truck - 3	Yes 1 2 3
	E	Does your household owns farm livestock: Number: U50 - 1 51-100 - 2 101-200 - 3 201< - 4 ; No one - 0	<input type="checkbox"/>
	F	Does your household owns farm land: Size: U lga - 1 1- 3 - 2 3< - 3 ; No one - 0	<input type="checkbox"/>
	H	Consumption per person /months thous.tog	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER CHECKLIST			
10		Result of household interview: Completed-1; Refused-2; Not at home-3; Household not found-4; Other/..... /-5	<input type="checkbox"/>
11		Number of women eligible for interview:	---
12		Of which completed:	---
13		Number of child under 5 ages:	---
14		Of which completed:	---
15		Number of disability child between 0 and 18	---
16		Of which completed:	---
17		Number of household members	---

MICS-2. MONGOLIA.

Cluster no.

Household no.

**HL . HOUSEHOLD ROSTER**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.

(Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

					Eligible for:			For persons age 15 or over ask Qs. 8 and 9				For children Under age 17 years Ask Qs. 10-13					
					WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES										
1. Line No.	2. Name	2A RELATION SHIP TO HEAD HH*	3. IS (name) MALE OR FEMALE ?		4. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	5. Circle Line no. if woman is age 15-49	6. For each Child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?	9. WHAT IS THE MARITAL STATUS OF (name)?**	10. IS (name's) NATURAL MOTHER ALIVE?	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	12. IS (name's) NATURAL FATHER ALIVE?	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?			
			1 MALE 2 FEM.		Record in Completed years 99=DK*	Record Line no. of mother/ caretaker	Record Line no. of mother/ caretaker	1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1 YES 2 NO 9 DK } Q12	1 YES 2 NO	1 YES 2 NO } Next 9 DK } Line	1 YES 2 NO				
LINE	NAME	R	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK	Y N DK	Y N	Y N DK	Y N				
01		1	1	2		01			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
02			1	2		02			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
03			1	2		03			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
04			1	2		04			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
05			1	2		05			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
06			1	2		06			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
07			1	2		07			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
08			1	2		08			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
09			1	2		09			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
10			1	2		10			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
11			1	2		11			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
12			1	2		12			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
13			1	2		13			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
14			1	2		14			1 2 3 9	1 2 9	1 2	1 2 9	1 2				
15			1	2		15			1 2 3 9	1 2 9	1 2	1 2 9	1 2				

\* HEAD-1, SPOUSE-2, CHILD-3, PARENTS-4, PARENT-IN-LAW -5, BROTHER & SISTERS-6, GRANDCHILD-7, GRANDMOTHER & FATHER-8, NEPHEW / NIECE -9, OTHER FAMILY-10, NON RELATED-11

MICS-2. MONGOLIA.

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

ED . EDUCATION MODULE																												
If interview takes place between two school years, use alternative wording found in Appendix 1.																												
For persons age 5 or over ask Qs. 15 and 16					For children age 5 through 18 years, continue on, asking Qs. 17-22																							
14. Line no.	15. HAS (name) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 2. PRIMARY 3. SECONDARY 4. HIGHER 5. OTHER  9. DK GRADE: 99. DK <i>If less than 1 grade, enter 00.</i>					17. Is (name) CURRENTLY ATTENDING SCHOOL?		18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME?		19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: 1. PRESCHOOL 2. PRIMARY 3. SECONDARY 5. OTHER  9. DK GRADE: 99. DK			21. DID (name) ATTEND SCHOOL LAST YEAR?  1. YES  2. NO ↗ NEXT LINE 9. DK ↗ NEXT LINE			22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR?  LEVEL: 1. PRESCHOOL 2. PRIMARY 3. SECONDARY 5. OTHER  9. DK GRADE: 99. DK										
LINE	Y	NO	LEVEL					GRADE	YES	NO	YES	NO	DAYS	LEVEL			GRADE	Y	N	DK	LEVEL					GRADE		
01	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
02	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
03	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
04	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
05	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
06	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
07	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
08	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
09	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
10	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
11	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
12	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
13	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
14	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____
15	1	2	2	3	4	5	9	_____	1	2	1	2	_____	1	2	3	5	9	_____	1	2	9	1	2	3	5	9	_____

MICS-2. MONGOLIA.

Cluster no. \_\_\_\_\_

Household no. \_\_\_\_\_

CL . CHILD LABOUR MODULE																									
To be administered to caretaker of each child resident in the household age 5 through 17 years.																									
Copy line number of each eligible child from household listing.																									
Now I would like to ask about any work children in this household may do.																									
1. Line no.	2. Name	3. DURING THE PAST WEEK DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HH ? <i>If yes: FOR PAY?</i>			3 A <i>If yes:</i> WHAT KIND WORK DID HE/ SHE DO?  ESTABLISHMENT - 1  LIVESTOCK-2 FARM-3 MARKET-4  IN THE STREET-5  RESTAURANT-6 HOUSE WORKER-7 OTHER-8  DK-99			4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇒ Q.6</i>			5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY?</i>			5 A <i>If yes:</i> WHAT KIND WORK DID HE/ SHE DO?  ESTABLISHMENT - 1  LIVESTOCK-2 FARM-3 MARKET-4  IN THE STREET-5 RESTAURANT-6 HOUSE WORKER-7 OTHER-8  DK-99			6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ Q.8		7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)?  1 YES 2 NO ⇒ NEXT LINE		9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		10. <i>If yes:</i> WHAT KIND WORK DID HE/ SHE DO?  ESTABLISHMENT-1 LIVESTOCK-2 FARM-3 TRADE, MARKET-4 SERVICE-10 OTHER- 8  DK-99
LINE NO.	NAME	YES			NO. HOURS	YES			YES	NO	NO. HOURS	YES	NO	NO. HOURS											
		PAID	UNPAID	NO		PAID	UNPAID	NO																	
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											
—		1	2	3	—	1	2	3	1	2	—	1	2	—											

MICS-2. MONGOLIA.

MM . OPTIONAL MATERNAL MORTALITY MODULE									
<i>Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in column 3, and insert line number of proxy respondent in column 4</i>									
1.LINE NO (FROM HH LIST)	2.NAME	3. IS THIS A PROXY REPORT?		4. LINE NO. OF PROXY RESPONDENT	5. HOW MANY SISTERS (BORN TO SAME MOTHER) HAVE YOU EVER HAD?	6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15**?	7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?*
		1- YES							
		2-NO ⇒ Q. 5			99-DK ⇒GOTO NEXT	99-DK	99-DK	99-DK	99-DK
LINE NO	NAME	YES	NO	LINE NO					
---		1	2						
---		1	2						
---		1	2						
---		1	2						
---		1	2						
---		1	2						
---		1	2						
---		1	2						
---		1	2						

WHEN ALL CHILDREN IN THE AGE RANGE HAVE BEEN COVERED, *go to water and sanitation module* ⇒

MICS-2. MONGOLIA.

Cluster no. \_\_\_\_\_

Household no. \_\_\_\_\_

DM . DISABILITY CHILD MODULE																									
To be administered to caretaker of each child resident in the household age under 18. Copy line number of each eligible child from household listing.																									
1. LINE NO	2. NAME	3. DOES HE/SHE... HAVE ANY SERIOUS DELAY?  1-YES 2-NO ⇒ GOTO NEXT		4. DOES HE/SHE... HAVE SERIUOS DELAY IN SITTING, STANDING OR WALKING & MOVING  1-YES 2-NO		5. DOES HE/SHE... HAVE DEFICULTY SEEING, EITHER IN THE DAYTIME, AT NIGHT?  IF YES : 1- BAD SIGHTED 2- BLIND  3-NO			6. DOES HE/SHE... HAVE DEFICULT Y HEARING ?  IF YES : 1- USES HEARING AID 2- HEARS WITH DEFFICULT Y  3-COMPLETLY DEAF 4-NO				7. DOES HE/SHE .... HAVE MIND PROBLEM ?  1-YES 2-NO		8. DOES HI/SHE . . . . SOMETIMES HAVE FITS, BECOME RIGED OR LOSS CONSCIOUSNESS ?  1-YES 2-NO		9. HAVE YOU EVER HAD A TREATMENT ?  1-YES 2-NO		10. HAVE YOU ANY RESULT / EFFECTIVE ?  1-GOOD 2-FAIR 3-NO			11. CAN YOU LIVE WITHOUT ANY SUPPORT OR BODY IN THE FUTHER?  1-YES 2-NO		12. HAVE YOU USE ANY AIDS?  1-YES 2-NO	
LINE NO	NAME	YES	NO	YES	NO	BA	BL	NO	U	H	C	N	YES	NO	YES	NO	YES	NO	G	F	NO	YES	NO	YES	NO
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2

MICS-2. MONGOLIA.

Cluster no. \_\_\_\_\_

Household no. \_\_\_\_\_

WS . WATER AND SANITATION MODULE	
<p><i>This module is to be administered once for each household visited. Record only one response for each question. If more than one response is given, record the most usual source or facility.</i></p>	
<p><b>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</b></p> <ul style="list-style-type: none"> <li>• With centralized water supply system ..... 01</li> <li>• Piped into yard or plot ..... 02</li> <li>• Public tap ..... 03</li> <li>• Tubewell / borehole with pump ..... 04</li> <li>• Protected dug well ..... 05</li> <li>• Protected spring ..... 06</li> <li>• Rainwater collection ..... 07</li> <li>• Bottled water ..... 08</li> <li>• Unprotected dug well ..... 09</li> <li>• Unprotected spring ..... 10</li> <li>• Pond, river or stream ..... 11</li> <li>• Tanker-truck, vendor ..... 12</li> <li>• Other (specify) _____ 13</li> <li>• NO ANSWER OR DK ..... 99</li> </ul>	<p><b>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?*</b></p> <p>Yes, in dwelling/yard/compound ..... 1 No, outside dwelling/yard/compound ..... 2 DK ..... 9</p>
<p><b>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</b></p> <ul style="list-style-type: none"> <li>• No. of minutes ..... _____</li> <li>• Water on premises ..... 888</li> <li>• DK ..... 999</li> </ul>	<p><b>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</b></p> <ul style="list-style-type: none"> <li>• Children always use toilet or latrine ..... 1</li> <li>• Thrown into toilet or latrine ..... 2</li> <li>• Thrown outside the yard ..... 3</li> <li>• Buried in the yard ..... 4</li> <li>• Not disposed of or left on the ground ..... 5</li> <li>• Other (specify) _____ 6</li> <li>• No young children in household. .... 8</li> </ul>
<p><b>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</b></p> <ul style="list-style-type: none"> <li>• Flush to sewage system or septic tank ..... 01</li> <li>• Pour flush latrine (water seal type) ..... 02</li> <li>• Improved pit latrine (e.g., VIP) ..... 03</li> <li>• Traditional pit latrine ..... 04</li> <li>• Open pit ..... 05</li> <li>• Bucket ..... 06</li> <li>• Other (specify) _____ 07</li> <li>• NO FACILITIES OR BUSH OR FIELD. .... 08 ⇒Q.5</li> <li>• DK ..... 09</li> </ul>	<p><b>SI . SALT IODIZATION MODULE</b></p> <p><b>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? Once you have examined the salt, circle number that corresponds to test outcome.</b></p> <ul style="list-style-type: none"> <li>• Not iodized 0 PPM (no colour) ..... 1</li> <li>• Less than 15 PPM (weak colour) ..... 2</li> <li>• 15 PPM or more (strong colour) ..... 3</li> <li>• No salt in home ..... 8</li> <li>• Salt not tested ..... 9</li> </ul>
<p><b>go to women's questionnaire ⇒</b></p>	
<p><i>Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire. You should now have a separate questionnaire for each eligible woman and child in the household.</i></p>	