

Approved by Resolution #... of the Chairman of the National  
Statistical Office of Mongolia.

Form MICS4-1



## HOUSEHOLD QUESTIONNAIRE

Mongolia

1. HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number	<input type="text"/> <input type="text"/> <input type="text"/>	HH6. Location Urban Capital city ..... 1 Aimag center ..... 2 Rural Soum center ..... 3 Rural ..... 4
HH2. Household number	<input type="text"/> <input type="text"/>	
HH3. Interviewer name and number	<input type="text"/> <input type="text"/>	
HH4. Supervisor name and number	<input type="text"/> <input type="text"/>	HH7A. Aimag/ city name and code <input type="text"/> <input type="text"/>
HH5. Date of interview (year/month/day)	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	HH7B. Soum/ district name and code <input type="text"/> <input type="text"/>
		HH7C. Bag/ khoroo name and code <input type="text"/> <input type="text"/>
		HH7D. Kheseg name and code <input type="text"/> <input type="text"/>

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS NEARLY 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

- Yes, permission is given → Go to HH18. Record the time and then begin the interview.  
 No, permission is not given → Fill in HH9. Discuss the result with the supervisor.

Fill in HH8A-HH12, HH14, HH15A, and HH15C once you have completed the Household Questionnaire. Fill in HH13, HH15, HH15B, and HH15D once you have completed all individual interviews in the household.

HH8A. Address	<input type="text"/>
HH8. Name of household head	<input type="text"/>
HH9. Result of interview	
Completed..... 01	HH14. Number of children under age of 5 years <input type="text"/> <input type="text"/>
No household member or no competent respondent at home at time of visit..... 02	HH15. Number of children under age of 5 years whose questionnaires are completed <input type="text"/> <input type="text"/>
Entire household absent for certain period of time ..... 03	HH15A. Number of men aged 15-49 years <input type="text"/> <input type="text"/>
Refused ..... 04	HH15B. Number of men aged 15-49 years whose questionnaires are completed <input type="text"/> <input type="text"/>
Dwelling vacant/ address not a dwelling ..... 05	
Dwelling destroyed..... 06	HH10. Respondent name and line number <input type="text"/> <input type="text"/>
Dwelling not found..... 07	HH15C. Number of children under aged 2-14 <input type="text"/> <input type="text"/>
Household not found..... 08	HH11. Total number of household members <input type="text"/> <input type="text"/>
Other (specify) ..... 96	HH12. Number of women aged 15-49 years <input type="text"/> <input type="text"/>
	HH16. Field editor name and number <input type="text"/> <input type="text"/>
	HH13. Number of women aged 15-49 years whose questionnaires are completed <input type="text"/> <input type="text"/>
	HH17. Data entry clerk name and number <input type="text"/> <input type="text"/>

MICS4.HH.1

HH18. Interview started at		<b>2. HOUSEHOLD LISTING FORM</b>										<b>HL</b>	
Hour.....		For children aged 0-17 years											
Minute.....		For children aged 5-17 years											
		For men aged 15-49 years											
		For women aged 15-49 years											
		For children under age of 5 years											
Line number	HL2	HL3	HL4	HL5	HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD.  <i>Probe:</i> ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATIONSHIP OF (name) TO THE HOUSEHOLD HEAD?	IS (name) MALE OR FEMALE?  Male = 1 Female = 2	PLEASE TELL ME (name)'S DATE OF BIRTH?  Don't know = 9998 Don't know = 9898	HOW OLD IS (name)?  Record in completed years.  If age is 95 or above, record 95.	Circle line number if woman's age is 15-49 years.  01 02 03 04 05 06 07 08 09 10	Circle line number if man's age is 15-49 years.  01 02 03 04 05 06 07 08 09 10	WHO IS THE MOTHER/CARE-TAKER OF (name)?  Record line number of mother/caretaker.	WHO IS THE MOTHER/CARE-TAKER OF (name)?  Record line number of mother/caretaker.	IS (name)'S NATURAL MOTHER ALIVE?  Yes = 1 No = 2 HL13 Don't know = 8 HL13	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  If yes, record line number of natural mother. No = 00	IS (name)'S NATURAL FATHER ALIVE?  Yes = 1 No = 2 Next line Don't know = 8 Next line	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  If yes, record line number of natural father. No = 00
Line	Name	Relation*	M F	Year	Month	Day	Age	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2							1 2 8		1 2 8	
02			1 2							1 2 8		1 2 8	
03			1 2							1 2 8		1 2 8	
04			1 2							1 2 8		1 2 8	
05			1 2							1 2 8		1 2 8	
06			1 2							1 2 8		1 2 8	
07			1 2							1 2 8		1 2 8	
08			1 2							1 2 8		1 2 8	
09			1 2							1 2 8		1 2 8	
10			1 2							1 2 8		1 2 8	

MICS4.HH12

APPENDIX F. QUESTIONNAIRES

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
Line number	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD.  <i>Probe:</i> ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATIONSHIP OF (name) TO THE HOUSEHOLD HEAD?	IS (name) MALE OR FEMALE?  Male = 1 Female = 2	PLEASE TELL ME DATE OF BIRTH?  Don't know = 9998 Year Month Day Don't know = 9898	HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record age is 15-49 years.	Circle line number if woman's age is 15-49 years.	Circle line number if man's age is 15-49 years.	WHO IS THE MOTHER/CARE-TAKER OF (name)?  Record line number of mother/caretaker.	WHO IS THE MOTHER/CARE-TAKER OF (name)?  Record line number of mother/caretaker.	IS (name)'S NATURAL MOTHER ALIVE?  Yes = 1 No = 2 Next line Don't know = 8 Next line	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  If yes, record line number of natural mother. No = 00	IS (name)'S NATURAL FATHER ALIVE?  Yes = 1 No = 2 Next line Don't know = 8 Next line	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  If yes, record line number of natural father. No = 00
Line	Name	Relation*	M F	Year	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11		— —	1 2		11		11	— —	— —	1 2 8	— —	1 2 8	— —
12		— —	1 2		12		12	— —	— —	1 2 8	— —	1 2 8	— —
13		— —	1 2		13		13	— —	— —	1 2 8	— —	1 2 8	— —
14		— —	1 2		14		14	— —	— —	1 2 8	— —	1 2 8	— —
15		— —	1 2		15		15	— —	— —	1 2 8	— —	1 2 8	— —

Tick here if additional listing form used

*Probe to see if there are any other members of the household, especially infants or small children not listed, and others who may not be members of the family such as friends, servants but who usually live in the household. If there is any, insert names of the members and complete the listing form accordingly.*

*If there are more than 15 members in the household, use additional listing form.*

*For each woman aged 15-49 years, copy her name, line number and other identifying information in the information panel of a separate "Questionnaire for Woman aged 15-49".*

*For each child under age of 5 years, copy his/her name, line number and other identifying information in the information panel of a separate "Questionnaire for Child under 5".*

*For each man aged 15-49 years, copy his name, line number and other identifying information in the information panel of a separate "Questionnaire for Man aged 15-49".*

\* Codes for relationship to household head

Household head	01	Grandchild	05	Brother-in-law/ sister-in-law	09	Adopted/ step child	13
Wife/ husband	02	Parent	06	Uncle/ aunt	10	Not related	14
Son/ daughter	03	Parent-in-law	07	Nephew/ niece	11	Grandparent	15
Son-in-law/ daughter-in-law	04	Brother/ sister	08	Other relative	12	Don't know	98

MICS4.HH.L3

2A. INTERNAL MIGRATION		For household all members				MI	
MI1	MI2	MI3	MI4	MI5	MI6	For household members aged 5 or above years	
Line number	Name, age Copy the information recorded in HL2 and HL6.	WHAT IS (NAME)'S PLACE OF BIRTH?	IN THE PRESENT PLACE OF USUAL RESIDENCE, HAVE (NAME) LIVED SINCE BIRTH OR MOVED IN?  Төрснөөсөө хойш = 1 <input checked="" type="checkbox"/> Дараагийн мөр Өөр газар байнга амьдарч байгаад буцаж ирсэн = 2 Өөр газраас шилжиж ирсэн = 3	WHAT WAS THE PLACE OF (NAME)'S PREVIOUS RESIDENCE?	WHAT WAS THE PLACE OF (NAME)'S USUAL RESIDENCE IN JANUARY 2007?	Name of province/ capital city/ foreign country	Code
Line	Name	Age	Name of province/ capital city/ foreign country	Code	Year	Name of province/ capital city/ foreign country	Code
01			1 2 3				
02			1 2 3				
03			1 2 3				
04			1 2 3				
05			1 2 3				
06			1 2 3				
07			1 2 3				
08			1 2 3				
09			1 2 3				
10			1 2 3				
11			1 2 3				
12			1 2 3				
13			1 2 3				
14			1 2 3				
15			1 2 3				

MICS4.HH.4

3. EDUCATION		For household members aged 5 or above years				For household members aged 5-24 years				ED
		ED2	ED3	ED4	ED5	ED6	ED7	ED8		
Line num-ber	Name, age	Has (name) ever attended school/ pre-school?	What is the highest level of school (name) attended?	During the school year of 2011/2012, which level of school and grade is (name) attending?	During the school year of 2010/2011, did (name) attend school/ pre-school at any time?	During the school year of 2010/2011, which level of school and grade did (name) attend?				
	Age	Y N	Level of school	Grade	Y N	Level of school	Grade	Level of school	Grade	
01		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
02		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
03		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
04		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
05		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
06		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
07		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
08		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
09		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
10		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
11		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
12		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
13		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
14		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		
15		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		0 1 2 3 4 8		

MICS4:HH.5

4. WATER AND SANITATION			WS
Nº	QUESTION	RESPONSE CODE	STEP
WS1	WHAT IS THE <b>MAIN</b> SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into public water kiosk..... 14 Tube well, borehole..... 21 Dug well Protected ..... 31 Unprotected..... 32 Spring Protected ..... 41 Unprotected..... 42 Rain, snow water..... 51 Tanker-truck..... 61 Cart with small tank/ drum..... 71 Surface water (river, stream, lake, pond) ..... 81  Bottled water ..... 91  Other ( <i>specify</i> ) ..... 96	11 → WS6 14 → WS3 21 → WS3  31 → WS3 32 → WS3  41 → WS3 42 → WS3 51 → WS3 61 → WS3 71 → WS3 81 → WS3  96 → WS3
WS2	WHAT IS THE <b>MAIN</b> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES?	Piped water Piped into dwelling ..... 11 Piped into public water kiosk..... 14 Tube well, borehole..... 21 Dug well Protected ..... 31 Unprotected..... 32 Spring Protected ..... 41 Unprotected..... 42 Rain, snow water..... 51 Tanker-truck..... 61 Cart with small tank/ drum..... 71 Surface water (river, stream, lake, pond) ..... 81  Other ( <i>specify</i> ) ..... 96	11 → WS6
WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard/ plot ..... 2 Elsewhere ..... 3	1 → WS6 2 → WS6
WS4	ON AVERAGE, HOW MANY MINUTES DOES IT TAKE TO GO THERE, GET THE WATER, AND COME BACK?	Minutes ..... <input type="text"/> <input type="text"/> <input type="text"/> Don't know ..... 998	
WS5	WHO USUALLY GOES TO COLLECT THE WATER FROM THIS SOURCE FOR YOUR HOUSEHOLD?  <i>Probe:</i> HOW OLD IS THAT PERSON?  IS THAT PERSON MALE OR FEMALE?	Adult woman (aged 15 or above years) ..... 1 Adult man (aged 15 or above years) ..... 2 Female child (under age of 15 years) ..... 3 Male child (under age of 15 years)..... 4  Don't know ..... 8	

MICS4.HH.6

## APPENDIX F. QUESTIONNAIRES

N <sup>o</sup>	QUESTION	RESPONSE CODE	STEP
WS6	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER?	Yes ..... 1 No..... 2  Don't know ..... 8	2 → WS7A  8 → WS7A
WS7	WHAT DO YOU DO TO MAKE THE WATER SAFER TO DRINK?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	Boil..... A Add bleach/ chlorine..... B Strain through a cloth..... C Use water filter..... D Solar disinfection ..... E Let stand and settle..... F  Other ( <i>specify</i> )..... X Don't know ..... Z	
WS7A	ON AVERAGE, HOW MANY LITERS OF WATER DOES YOUR HOUSEHOLD USE PER DAY FOR DRINKING AND OTHER PURPOSES?	Liters ..... <input type="text"/> <input type="text"/> <input type="text"/> Don't know ..... 998	
WS8	WHAT TYPE OF TOILET FACILITY DOES YOUR HOUSEHOLD USUALLY USE?	Flush/ pour flush toilet Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit latrine ..... 13 Flush to unknown place ..... 15 Pit latrine Ventilated improved pit latrine ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab, open pit ..... 23  Mobile latrine ..... 61  Open defecation ..... 95  Other ( <i>specify</i> ) ..... 96	95 → Module HC
WS9	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH OTHERS?	Yes ..... 1 No..... 2	2 → Module HC
WS10	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE TOILET FACILITY OPEN TO THE USE OF GENERAL PUBLIC?	Other households only (not public)..... 1 Public toilet facility ..... 2	2 → Module HC
WS11	INCLUDING YOUR HOUSEHOLD, HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	Number of households (if less than 10) ..... 0 <input type="text"/>  10 or more households ..... 10  Don't know ..... 98	

MICS4.HH.7

5. HOUSEHOLD CHARACTERISTICS			HC
№	QUESTION	RESPONSE CODE	STEP
HC1C	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh..... 11 Kazakh ..... 12 Durvud ..... 13 Buriad..... 14 Bayad ..... 15 Dariganga ..... 16 Uriankhai..... 17 Zakhchin ..... 18  Other ( <i>specify</i> ) ..... 96 Don't know ..... 98	
HC1A	DOES THE HEAD OF YOUR HOUSEHOLD HOLD ANY RELIGION?  <i>If yes, probe:</i> WHAT IS THE RELIGION OF HIS/HER?	Does not hold any religion ..... 1 Holds a religion Buddhist..... 2 Christian..... 3 Muslim ..... 4 Shamanist..... 5  Other ( <i>specify</i> ) ..... 6 Don't know ..... 8	
HC1D	Type of dwelling  <i>Record observation.</i>	Apartment, condominium ..... 1 Convenient single family house ..... 2 Single family house ..... 3 Public accommodation, dormitory ..... 4 Ger ..... 5  Other ( <i>specify</i> ) ..... 6	5→HC2A
HC1E	WHAT IS THE SIZE OF THE LIVING AREA OF YOUR DWELLING?  <i>The size of kitchen, corridor/ hallway, and bathrooms are included.</i>	Sq. meter ..... <input type="text"/> <input type="text"/> <input type="text"/>	
HC1F	HOW MANY ROOMS DOES YOUR DWELLING HAVE?  <i>Kitchen, corridor/ hallway, and bathrooms are not included in the number of rooms.</i>	Number of rooms ..... <input type="text"/> <input type="text"/>	
HC2	HOW MANY ROOMS IN YOUR DWELLING ARE USED FOR SLEEPING?  <i>Those rooms, which are not called as bedrooms, but used for sleeping in a regular basis are included.</i>	Number of rooms used for sleeping ..... <input type="text"/> <input type="text"/>	→ HC3
HC2A	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls..... <input type="text"/> <input type="text"/>	
HC3	Main material of dwelling floor  <i>Record observation.</i>	Earth, sand, soil ..... 11 Dung ..... 12 Wood planks ..... 21 Concrete, vinyl or asphalt strips ..... 32 Cement ..... 34  Other ( <i>specify</i> ) ..... 96	

MICS4.HH.8



## APPENDIX F. QUESTIONNAIRES

N <sup>o</sup>	QUESTION	RESPONSE CODE	STEP
HC4	Main material of dwelling roof  <i>Record observation.</i>	Wood planks ..... 23 Metal ..... 31 Concrete, cement fibre ..... 33  Ger roof Single ..... 41 Double ..... 42  Other ( <i>specify</i> ) ..... 96	
HC5	Main material of dwelling walls  <i>Record observation.</i>	Straw-bale with mud ..... 21 Stone with mud ..... 22 Raw bricks, blocks ..... 23 Cement ..... 31 Bricks ..... 33 Blocks ..... 34 Wood planks ..... 36 Concrete ..... 37  Ger walls Single ..... 41 Double ..... 42  Other ( <i>specify</i> ) ..... 96	
HC5A	WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?	Central heating system ..... 1 Electric heater ..... 2 Boiler ..... 3 Stove ..... 4  Other ( <i>specify</i> ) ..... 6	1 → HC6 2 → HC6
HC5B	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR HEATING?	Coal (stone coal, lignite, wood coal) ..... 06 Charcoal ..... 07 Wood ..... 08 Straw, shrubs, grass ..... 09 Dung ..... 10 Sawdust ..... 11 Tire, rubber ..... 12  Other ( <i>specify</i> ) ..... 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied petroleum gas ..... 02  Coal (stone coal, lignite, wood coal) ..... 06 Charcoal ..... 07 Wood ..... 08 Straw, shrubs, grass ..... 09 Dung ..... 10 Sawdust ..... 11 Tire, rubber ..... 12  Other ( <i>specify</i> ) ..... 96	1 → HC8 2 → HC8

MICS4.HH.9

№	QUESTION	RESPONSE CODE	STEP																																				
HC7	WHERE DO YOU USUALLY COOK?  <i>If in own dwelling, probe:</i> DO YOU COOK IN A SEPARATE ROOM DESIGNATED AS KITCHEN?	In own dwelling In a separate room designated as kitchen..... 1 In an area used for living ..... 2 In a separate dwelling ..... 3  Other ( <i>specify</i> ) _____ 6																																					
HC8	DOES YOUR HOUSEHOLD HAVE THE FOLLOWING THINGS?  [A] ELECTRICITY [F] A RENEWABLE-ENERGY GENERATOR [G] A COMPUTER [H] INTERNET CONNECTION [C] A TELEVISION [B] A RADIO [D] A NON-MOBILE TELEPHONE [E] A REFRIGERATOR [J] A WASHING MACHINE [K] A VACUUM CLEANER [L] A LIBRARY	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] Renewable-energy generator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] Internet connection</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] Non-mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] Refrigerator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] Washing machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[K] Vacuum cleaner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[L] Library</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] Electricity	1	2	[F] Renewable-energy generator	1	2	[G] Computer	1	2	[H] Internet connection	1	2	[C] Television	1	2	[B] Radio	1	2	[D] Non-mobile telephone	1	2	[E] Refrigerator	1	2	[J] Washing machine	1	2	[K] Vacuum cleaner	1	2	[L] Library	1	2	
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[J] Washing machine	1	2																																					
[K] Vacuum cleaner	1	2																																					
[L] Library	1	2																																					
HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THE FOLLOWING THINGS?  [A] A WATCH [B] A MOBILE TELEPHONE [G] A CAMERA [C] A BICYCLE [D] A MOTORCYCLE [E] AN ANIMAL-DRAWN CART [F] A CAR OR TRUCK [H] A TRACTOR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] Mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] Camera</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] Motorcycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] Animal-drawn cart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] Car or truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] Tractor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] Watch	1	2	[B] Mobile telephone	1	2	[G] Camera	1	2	[C] Bicycle	1	2	[D] Motorcycle	1	2	[E] Animal-drawn cart	1	2	[F] Car or truck	1	2	[H] Tractor	1	2										
	Yes	No																																					
[A] Watch	1	2																																					
[B] Mobile telephone	1	2																																					
[G] Camera	1	2																																					
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[E] Animal-drawn cart	1	2																																					
[F] Car or truck	1	2																																					
[H] Tractor	1	2																																					
HC10	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THIS DWELLING?  <i>If owned by others, probe:</i> DO YOU RENT THIS DWELLING?	Own..... 1 Owned by others Rent ..... 2 Not rented..... 6																																					

## APPENDIX F. QUESTIONNAIRES

№	QUESTION	RESPONSE CODE	STEP
HC11	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN ANY AGRICULTURAL LAND?	Yes ..... 1 No..... 2	2→HC13
HC12	WHAT SIZE OF AGRICULTURAL LAND DO MEMBERS OF YOUR HOUSEHOLD OWN?	Hectares..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sq.m ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know ..... 9998	
HC13	DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK OR OTHER FARM ANIMALS?	Yes ..... 1 No..... 2	2→HC15
HC14	HOW MANY OF THE FOLLOWING ANIMALS DOES YOUR HOUSEHOLD HAVE?  [A] CATTLE [B] HORSES [C] GOATS [D] SHEEP [H] CAMELS [E] POULTRY [F] PIGS [X] OTHERS  <i>If none, record 0000. If unknown, record 9998.</i>	[A] Cattle ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [B] Horses ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [C] Goats ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [D] Sheep ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [H] Camels ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [E] Poultry..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [F] Pigs..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [X] Others ( <i>specify</i> ) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HC15	DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY SAVINGS, CARD OR CURRENT ACCOUNTS IN A BANK?	Yes ..... 1 No..... 2	

MICS4.HH.11

6. CHILD LABOR									
Questions of this module are to be administered for children in the household aged 5-17 years. For household members under age of 5 years or aged 18 or more years, leave rows blank.									
I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-17 YEARS IN YOUR HOUSEHOLD MAY DO.									
CL1	CL2	CL3	CL4	CL7	CL8	CL8A	CL8B	CL8C	CL
Line number	Name, age Copy the information recorded in HL2 and HL6.	DURING THE LAST 7 DAYS, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes, probe: FOR PAY IN CASH OR KIND?  Yes, for pay = 1 Yes, unpaid = 2 No = 3 → CL7	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (name) WORK?  If more than one job, include all hours at all jobs.	DURING THE LAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET?  Yes = 1 No = 2 → CL8A	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (NAME) WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET?  If more than one job, include all hours at all jobs.	EVEN THOUGH (name) DID NOT DO ANY WORK DURING THE LAST 7 DAYS, DOES HE/ SHE HAVE A JOB OR BUSINESS TO WHICH HE/ SHE WILL RETURN TO WORK?  Yes = 1 No = 2 → CL8C	PER A WEEK, HOW MANY HOURS DOES (name) WORK ON AVERAGE?  If more than one job, include all hours at all jobs.	If did any work during the last 7 days, ask: DURING THE LAST 7 DAYS, WHAT PRIMARY OCCUPATION DID (name) WORK IN?  If have a job to return, ask: WHAT PRIMARY OCCUPATION DO (name) WORK IN?  If more than one job, ask the question for the main one.	Code
01		Yes Paid 1 2 3 No Unpaid	Hours	Yes No 1 2	Hours	Yes No 1 2	Hours	Occupation description	
02		1 2 3	— — —	1 2	— — —	1 2	— — —		
03		1 2 3	— — —	1 2	— — —	1 2	— — —		
04		1 2 3	— — —	1 2	— — —	1 2	— — —		
05		1 2 3	— — —	1 2	— — —	1 2	— — —		
06		1 2 3	— — —	1 2	— — —	1 2	— — —		
07		1 2 3	— — —	1 2	— — —	1 2	— — —		
08		1 2 3	— — —	1 2	— — —	1 2	— — —		
09		1 2 3	— — —	1 2	— — —	1 2	— — —		
10		1 2 3	— — —	1 2	— — —	1 2	— — —		
11		1 2 3	— — —	1 2	— — —	1 2	— — —		
12		1 2 3	— — —	1 2	— — —	1 2	— — —		
13		1 2 3	— — —	1 2	— — —	1 2	— — —		
14		1 2 3	— — —	1 2	— — —	1 2	— — —		
15		1 2 3	— — —	1 2	— — —	1 2	— — —		

APPENDIX F. QUESTIONNAIRES

CL1 Line number	CL2 Name, age Copy the information recorded in HL2 and HL6.		CL8D WHAT IS THE EMPLOYMENT STATUS OF (name)?						CL8E If did any work during the last 7 days, ask: DURING THE LAST 7 DAYS, WHAT WAS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (name) WORKED?  If have a job to return, ask: WHAT IS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (name) WORKS?  If more than one job, ask the question for the main one.		CL5 DURING THE LAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD OR FUEL FOR OWN HOUSEHOLD USE?  Yes = 1 No = 2 → CL9		CL6 DURING THE LAST 7 DAYS, HOW MANY HOURS DID (name) SPEND FETCHING WATER OR COLLECTING FIREWOOD OF FUEL FOR OWN HOUSEHOLD USE?  Hours		CL9 DURING THE LAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING OR CARING FOR CHILDREN OR OLD OR SICK PEOPLE?  Yes = 1 No = 2 → Next line		CL10 DURING THE LAST 7 DAYS, HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?	
	Name	Age	Employment status						Industry description	Code	Yes	No	Hours	Yes	No	Hours	Yes	No
01			1	2	3	4	5	6			1	2	—	—	1	2	—	—
02			1	2	3	4	5	6			1	2	—	—	1	2	—	—
03			1	2	3	4	5	6			1	2	—	—	1	2	—	—
04			1	2	3	4	5	6			1	2	—	—	1	2	—	—
05			1	2	3	4	5	6			1	2	—	—	1	2	—	—
06			1	2	3	4	5	6			1	2	—	—	1	2	—	—
07			1	2	3	4	5	6			1	2	—	—	1	2	—	—
08			1	2	3	4	5	6			1	2	—	—	1	2	—	—
09			1	2	3	4	5	6			1	2	—	—	1	2	—	—
10			1	2	3	4	5	6			1	2	—	—	1	2	—	—
11			1	2	3	4	5	6			1	2	—	—	1	2	—	—
12			1	2	3	4	5	6			1	2	—	—	1	2	—	—
13			1	2	3	4	5	6			1	2	—	—	1	2	—	—
14			1	2	3	4	5	6			1	2	—	—	1	2	—	—
15			1	2	3	4	5	6			1	2	—	—	1	2	—	—

MICS4.HH.13

**7. CHILD DISCIPLINE** **CD**

**Table 1. List of all children in the household aged 2-14 years**

- List name of each of the children aged 2-14 years below in the order they appear in the household listing form. Children under age of 2 years or aged 15 or more years should not be listed in the below table.
- Record the line number, name, sex, and age of each child from appropriate columns in Module HL.
- Record the total number of children aged 2-14 years in CD6.

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Number	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___
<b>CD6.</b>	Number of children aged 2-14 years				___

- If there is only **one** child in the household aged 2-14 years, then skip Table 2, go to CD8, write down 1, and continue with CD9.

**Table 2. Selecting a child randomly to administer the questions of this module**

- If there is more than one child in the household aged 2-14 years, use Table 2 to select one child.
- Check the last digit of the household number (HH2) from the household information panel and find the row with that digit in CD7 and circle that number in the first column of Table 2 by looking vertically down.
- Check the total number of children in the household aged 2-14 years (CD6) from Table 1 and find the column with that number and circle that number in the top row of Table 2.
- Find the cell where the row and column meet and circle the number that appears in the cell. Record the number you have found in CD8. This is the rank number of the child selected for the child discipline questions.

CD7. Last digit of the household number (HH2)	Total number of children in the household aged 2-14 years (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Rank number of randomly selected child (CD1) .....

## APPENDIX F. QUESTIONNAIRES

№	QUESTION	RESPONSE CODE	STEP
CD9	Write name and line number of randomly selected child for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number..... <input type="checkbox"/> <input type="checkbox"/>	
CD11	ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIORS OR TO ADDRESS A BEHAVIOR PROBLEM. I WILL READ SOME OF THESE WAYS. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.  TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/ HER TO LEAVE HOUSE?	Yes..... 1 No ..... 2	
CD12	EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG?	Yes..... 1 No ..... 2	
CD13	SHOOK <i>(name)</i> ?	Yes..... 1 No ..... 2	
CD14	SHOUTED, SCREAMED OR YELLED AT <i>(name)</i> ?	Yes..... 1 No ..... 2	
CD15	GAVE <i>(name)</i> SOMETHING ELSE TO DO?	Yes..... 1 No ..... 2	
CD16	SPANKED, HIT OR SLAPPED <i>(name)</i> ON THE BOTTOM WITH BARE HAND?	Yes..... 1 No ..... 2	
CD17	HIT <i>(name)</i> ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, STICK OR OTHER HARD OBJECT?	Yes..... 1 No ..... 2	
CD18	CALLED <i>(name)</i> DUMB, LAZY OR ANOTHER NAME LIKE THAT?	Yes..... 1 No ..... 2	
CD19	HIT OR SLAPPED <i>(name)</i> ON THE FACE, HEAD OR EARS?	Yes..... 1 No ..... 2	
CD20	HIT OR SLAPPED <i>(name)</i> ON THE HAND, ARM OR LEG?	Yes..... 1 No ..... 2	
CD21	BEAT <i>(name)</i> UP, THAT IS HIT HIM/ HER OVER AND OVER AS HARD AS ONE COULD?	Yes..... 1 No ..... 2	
CD22	DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes..... 1 No ..... 2  Don't know ..... 8	

8. HAND WASHING			HW
N <sup>o</sup>	QUESTION	RESPONSE CODE	STEP
HW1	PLEASE SHOW WHERE MEMBERS OF YOUR HOUSEHOLD USUALLY WASH THEIR HANDS TO ME.	Observed ..... 1 Not observed Not in dwelling, yard/ plot ..... 2 No permission is given ..... 3 Other reason ..... 6	2→HW4 3→HW4 6→HW4
HW2	Observe if water is available at the place for hand washing.  <i>Verify by checking the tap, container, or bucket.</i>	Available ..... 1 Not available ..... 2	
HW3	Observe if soap is available at the place for hand washing.  <i>Record observation.</i>	Bar soap ..... A Liquid soap ..... C  Other (specify) ..... X None ..... Y	A→HH19 C→HH19  X→HH19
HW4	DO YOU HAVE ANY TYPE OF SOAPS IN YOUR HOUSEHOLD FOR WASHING HAND?	Yes ..... 1 No ..... 2	2→HH19
HW5	PLEASE SHOW IT TO ME.  <i>Record observation.</i>	Bar soap ..... A Liquid soap ..... C  Other (specify) ..... X Not able, does not want to show ..... Y	

HH19	Interview completed at	Hour, minute ..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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9. SALT IODIZATION			SI
N <sup>o</sup>	QUESTION	RESPONSE CODE	STEP
SI1	I WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED.  PLEASE GIVE ME A SAMPLE OF SALT USED TO COOK MEALS IN YOUR HOUSEHOLD.  <i>Test the salt and record the result.</i>	Not iodized (0 PPM) ..... 1 Iodized (less than 15 PPM) ..... 2 Iodized (15 PPM or more) ..... 3  No salt in the house ..... 6 Salt not tested ..... 7	6→HH20 7→HH20
SI1A	WHERE IS THE SALT FROM?	Imported ..... 1 Domestic ..... 2	1→HH20
SI1B	WHAT KIND OF SALT IS THIS?	Granulated salt ..... 1 White salt ..... 2 Natural salt ..... 3	
SI1C	The factory the salt was produced by  <i>Record observation.</i>	Not observed ..... 00 Observed Mondavs ..... 01 Tsagaan murun ..... 02 Anugrand ..... 03 Saruul och ..... 04 Zavkhan bayalag ..... 05 Davs trade ..... 06  Other (specify) ..... 96	

MICS4.HH.16



HH20	<p>Check column <b>HL7</b> in Module HL to see if there is at least one woman aged 15-49 years in the household, who is eligible for a "Questionnaire for Woman aged 15-49".</p> <p><input type="checkbox"/> If there is → Start administering the "Questionnaire for Woman aged 15-49" to the first eligible woman.</p> <p style="padding-left: 40px;">For each woman aged 15-49 years, there should a separate "Questionnaire for Woman aged 15-49" with WM1-WM6 filled in.</p> <p><input type="checkbox"/> If there is not any → Continue with HH21.</p>
HH21	<p>Check column <b>HL9</b> in Module HL to see if there is at least one child under age of 5 years in the household, who is eligible for a "Questionnaire for Child under 5".</p> <p><input type="checkbox"/> If there is → Start administering the "Questionnaire for Child under 5" to the mother/ caretaker of the first eligible child.</p> <p style="padding-left: 40px;">For each child under age of 5 years, there should a separate "Questionnaire for Child under 5" with UF1-UF8 filled in.</p> <p><input type="checkbox"/> If there is not any → Continue with HH21A.</p>
HH21A	<p>Check column <b>HL7A</b> in Module HL to see if there is at least one man aged 15-49 years in the household, who is eligible for a "Questionnaire for Man aged 15-49".</p> <p><input type="checkbox"/> If there is → Start administering the "Questionnaire for Man aged 15-49" to the first eligible man.</p> <p style="padding-left: 40px;">For each man aged 15-49 years, there should a separate "Questionnaire for Man aged 15-49" with ME1-ME6 filled in.</p> <p><input type="checkbox"/> If there is not any → Continue with HH21B.</p>
HH21B	<p>Check column <b>HL6</b> in Module HL to see if there is at least one man aged 2-14 years in the household, who is eligible for a "Questionnaire for Child aged 2-14".</p> <p><input type="checkbox"/> If there is → Start administering the "Questionnaire for Child aged 2-14" to the first eligible child.</p> <p style="padding-left: 40px;">For each child aged 2-14 years, there should a separate "Questionnaire for Child aged 2-14" with HF1-HF8F filled in.</p> <p><input type="checkbox"/> If there is not any → End the interview by thanking the respondent for his/her cooperation.</p> <p style="padding-left: 40px;">Gather together all questionnaires for this household and complete the relevant information on the household information panel.</p>

**Interviewer's notes**

**Field editor's notes**

**Supervisor's notes**