

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

Form SISS-1



**SOCIAL INDICATOR  
SAMPLE SURVEY**

**HOUSEHOLD QUESTIONNAIRE**  
Mongolia

1. HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH2A. Name of household head Name _____	HH2B. Street name and number of khashaa/ door _____	
HH3. Interviewer's name and number Name _____	HH4. Supervisor's name and number Name _____	
HH6. Area: Capital city – 1                      Aimag center - 2 Soum center – 3                      Rural - 4	HH7A. Aimag/ city name and code Name _____	
HH7B. Soum/ District name and code Name _____	HH7C. Bag/ Khoroo name and code Name _____	
HH7D. Khesege name and code Name _____	HH8. Is the household selected for Questionnaire for Men?	Yes ..... 1 No ..... 2
<p>WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. 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 "LAW ON STATISTICS" ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
Date and result of the interview:		
Number of times visited	HH5. Year/Month/Day of interview	HH9. Result of the interview*
1. First	2013 / ____ / ____	_____
2. Second	2013 / ____ / ____	_____
3. Third	2013 / ____ / ____	_____
<p>Result of household interview:</p> <p>Completed ..... 01</p> <p>No household member or no competent respondent at home at time of visit ..... 02</p> <p>Entire household absent for extended period of time ..... 03</p> <p>Refused ..... 04</p> <p>Dwelling vacant/ Address not a dwelling ..... 05</p> <p>Dwelling destroyed ..... 06</p> <p>Dwelling not found ..... 07</p> <p>Other (specify) _____ 96</p>		

<i>After the household questionnaire has been completed, fill in the following information:</i>
HH10. Respondent to household questionnaire: Name _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
<i>If the household is selected for Questionnaire for Men:</i> HH13A. Number of men age 15-54 years: _____
HH14. Number of children under age 5: _____

<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH13. Number of women's questionnaires completed: _____
<i>If the household is selected for Questionnaire for Men:</i> HH13B. Number of men's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____

HH.1

HH18. Record the time.

Hour..... \_\_\_\_

Minutes..... \_\_\_\_

**2. LIST OF HOUSEHOLD MEMBERS**

HL

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

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

						For women age 15-49	For men age 15-54	For children age 0-4	I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS ABOUT NATURAL PARENTS OF CHILDREN AGED 0-17. PLEASE DO NOT TAKE IT SERIOUSLY SINCE THESE QUESTIONS WILL BE USED ONLY FOR THE SURVEY. For children age 0-17 years							For children age 0-14
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15	
Line no.	Name	WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	Is (name) MALE OR FEMALE?  1 Male 2 FEMALE	WHAT IS (name)'S DATE OF BIRTH?	HOW OLD IS (name)?  Record in complete d years. If age is 95 or above, record '95'	Circle line no. if woman age 15-49	Circle line no. if man age 15-54 and the household is selected for Questionnaire for Men	Circle line no. if age 0-4	Is (name)'s NATURAL MOTHER ALIVE?  1 Yes 2 No ↘ HL13  8 DK ↘ HL13	DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	WHERE DOES (name)'s NATURAL MOTHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Is (name)'s NATURAL FATHER ALIVE?  1 Yes 2 No ↘ HL15  8 DK ↘ HL15	DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?  If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	WHERE DOES (name)'s NATURAL FATHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?	
Line	Name	Relation*	M F	Year	Month	Age	15-49	15-54	0-4	Y N DK	Mother	Y N DK	Father	Mother		
01		01	1 2	_____	___	___	01	01	01	1 2 8	___	1 2 8	___	1 2 3 8		
02		___	1 2	_____	___	___	02	02	02	1 2 8	___	1 2 8	___	1 2 3 8		
03		___	1 2	_____	___	___	03	03	03	1 2 8	___	1 2 8	___	1 2 3 8		
04		___	1 2	_____	___	___	04	04	04	1 2 8	___	1 2 8	___	1 2 3 8		
05		___	1 2	_____	___	___	05	05	05	1 2 8	___	1 2 8	___	1 2 3 8		
06		___	1 2	_____	___	___	06	06	06	1 2 8	___	1 2 8	___	1 2 3 8		
07		___	1 2	_____	___	___	07	07	07	1 2 8	___	1 2 8	___	1 2 3 8		
08		___	1 2	_____	___	___	08	08	08	1 2 8	___	1 2 8	___	1 2 3 8		
09		___	1 2	_____	___	___	09	09	09	1 2 8	___	1 2 8	___	1 2 3 8		
10		___	1 2	_____	___	___	10	10	10	1 2 8	___	1 2 8	___	1 2 3 8		

HH.2

										I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS ABOUT NATURAL PARENTS OF CHILDREN AGED 0-17. PLEASE DO NOT TAKE IT SERIOUSLY SINCE THESE QUESTIONS WILL BE USED ONLY FOR THE SURVEY. <i>For children age 0-17 years</i>					For children age 0-14	
HL1	HL2	HL3	HL4	HL5		HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15
Line no.	Name	WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	Is (name) MALE OR FEMALE?	WHAT IS (name)'S DATE OF BIRTH?		HOW OLD IS (name)?  <i>Record in complete d years. If age is 95 or above, record '95'</i>	Circle line no. if woman age 15-49	Circle line no. if man age 15-54 and the household is selected for Questionnaire for Men	Circle line no. if age 0-4	Is (name)'s NATURAL MOTHER ALIVE?	DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'s NATURAL MOTHER LIVE?	Is (name)'s NATURAL FATHER ALIVE?	DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'s NATURAL FATHER LIVE?	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:
			1 Male 2 FEMALE	9998 DK	98 DK				1 Yes 2 No HL13  8 DK HL13		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No HL15  8 DK HL15		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	WHO IS THE PRIMARY CARETAKER OF (name)?	
Line	Name	Relation*	M	F	Year	Month	Age	15-49	15-54	0-4	Y N DK	Mother	Y N DK	Father	Mother	
11		___	1	2	___	___	___	11	11	11	1 2 8	___	1 2 8	___	1 2 3 8	
12		___	1	2	___	___	___	12	12	12	1 2 8	___	1 2 8	___	1 2 3 8	
13		___	1	2	___	___	___	13	13	13	1 2 8	___	1 2 8	___	1 2 3 8	
14		___	1	2	___	___	___	14	14	14	1 2 8	___	1 2 8	___	1 2 3 8	
15		___	1	2	___	___	___	15	15	15	1 2 8	___	1 2 8	___	1 2 3 8	

Tick here if additional questionnaire used

Probe for additional household members.  
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.  
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.  
For each man age 15-54 years, write his name and line number and other identifying information in the information panel of a separate Individual Man'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 in the information panel of a separate Under-5 Questionnaire.  
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head 02 Spouse/Partner 03 Son / Daughter	04 Son-In-Law / Daughter-In-Law 05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law	10 Uncle / Aunt 11 Niece / Nephew 13 Adopted / Foster/ Stepchild	14 Servant (Live-in) 15 Grand parent 16 Other relative	96 Other (Not related) 98 DK
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3. EDUCATION

ED

			For household members age 5 and above					For household members age 5-24 years					
ED1	ED2		ED3	ED4A	ED4B	ED4C	ED5	ED6		ED7	ED8		
Line number	Name and age  Copy from HL2 and HL6		HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?  Preschool ..... 0⇒ED5 Secondary .....2 Vocational training.....4 Higher .....3  Don't know.....8	WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  Grade: 98 DK	HAS (name) COMPLETED SCHOOL HE OR SHE HAS ATTENDED?  1 Yes 2 No	DURING THE 2013/2014 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No ⇒ ED7	DURING 2013/2014 SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? Level: Preschool.....0⇒ED7 Secondary .....2 Vocational training.....4 Higher .....3  Don't know.....8		DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No ⇒ Next Line 8 DK ⇒ Next Line	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: Preschool.... 0⇒ Next Person Secondary ..... 2 Vocational training .... 4 Higher ..... 3  Don't know ..... 8		
Line	Name	Age	Yes No	Level	Grade	Yes No	Yes No	Level	Grade	Yes No DK	Level	Grade	
01		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
02		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
03		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
04		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
05		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
06		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	
07		___	1 2	0 2 4 3 8	___	1 2	1 2	0 2 4 3 8	___	1 2 8	0 2 4 3 8	___	

HH.4

ED1	ED2	For household members age 5 and above				For household members age 5-24 years					
		ED3	ED4A	ED4B	ED4C	ED5	ED6	ED7	ED8		
<i>Line number</i>	<i>Name and age</i> <i>Copy from HL2 and HL6</i>	HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Preschool ..... 0⇒ED5 Secondary .....2 Vocational training.....4 Higher .....3 Don't know.....8	WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade at this level, record '00'.</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	HAS (name) COMPLETED SCHOOL HE OR SHE HAS ATTENDED? 1 Yes 2 No	DURING THE 2013/2014 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇒ ED7	DURING 2013/2014 SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? Level: Preschool.....0⇒ED7 Secondary .....2 Vocational training.....4 Higher .....3 Don't know.....8 Grade: 98 DK	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇒ Next Line 8 DK ⇒ Next Line	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: Preschool.... 0⇒ Next Person Secondary.....2 Vocational training.... 4 Higher ..... 3 Don't know ..... 8 Grade: 98 DK		
08	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
09	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
10	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
11	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
12	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
13	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
14	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____
15	_____	1 2	0 2 4 3 8	_____	1 2	1 2	0 2 4 3 8	_____	1 2 8	0 2 4 3 8	_____

4. SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE		SL																																																																																															
SL1	Check HL6 in the List of Household Members and write the total number of children age 1-17 years.	Total number.....__																																																																																															
SL2	Check the number of children age 1-17 years in SL1: <input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module. <input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age <input type="checkbox"/> Two or more ⇒ Continue with SL2A																																																																																																
SL2A	List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.																																																																																																
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <caption><b>Table 1</b></caption> <thead> <tr> <th style="width: 10%;">SL3. Rank number</th> <th style="width: 10%;">SL4. Line number from HL1</th> <th style="width: 40%;">SL5. Name from HL2</th> <th colspan="2" style="width: 15%;">SL6. Sex from HL4</th> <th style="width: 15%;">SL7. Age from HL6</th> </tr> <tr> <th>Rank</th> <th>Line</th> <th>Name</th> <th>M</th> <th>F</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>1</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>2</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>3</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>4</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>5</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>6</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>7</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> <tr><td>8</td><td>___</td><td></td><td>1</td><td>2</td><td>___</td></tr> </tbody> </table>		SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6	Rank	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	___																																			
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SL8	Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below. Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.																																																																																																
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <caption><b>Table 2</b></caption> <thead> <tr> <th rowspan="2" style="width: 15%;">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SL1)</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>		Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)							2	3	4	5	6	7	8+	0	2	2	4	3	6	5	4	1	1	3	1	4	1	6	5	2	2	1	2	5	2	7	6	3	1	2	3	1	3	1	7	4	2	3	4	2	4	2	8	5	1	1	1	3	5	3	1	6	2	2	2	4	6	4	2	7	1	3	3	5	1	5	3	8	2	1	4	1	2	6	4	9	1	2	1	2	3	7	5
Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)																																																																																																
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8	2	1	4	1	2	6	4																																																																																										
9	1	2	1	2	3	7	5																																																																																										
SL9	Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child	Rank number ..... __ Line number ..... __ Name _____ Age ..... __																																																																																															

HH.6

5. CHILD LABOUR		CL															
<b>CL1</b>	Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2																
<b>CL2</b>	NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO,  SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>IF "No", PROBE:</i> PLEASE INCLUDE ANY ACTIVITY (<i>NAME</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM..</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] DID ( <i>name</i> ) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	1	2	[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2	[C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	1	2	[D] DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>IF "No", PROBE:</i> PLEASE INCLUDE ANY ACTIVITY ( <i>NAME</i> ) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM..	1	2
	Yes	No															
[A] DID ( <i>name</i> ) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	1	2															
[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2															
[C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	1	2															
[D] DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>IF "No", PROBE:</i> PLEASE INCLUDE ANY ACTIVITY ( <i>NAME</i> ) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM..	1	2															
<b>CL3</b>	Check CL2, A to D: <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8.																
<b>CL4</b>	SINCE LAST ( <i>day of the week</i> ) ABOUT HOW MANY HOURS DID ( <i>name</i> ) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?	Number of hours..... __ __															
<b>CL4A</b>	WHAT DID ( <i>name</i> ) DO SINCE LAST ( <i>day of the week</i> )?  <i>If did several works simultaneously, ask question only for main field of activities</i>	Employment: _____ _____  Code: ..... __ __ __ __															

<p><b>CL4B</b></p>	<p>WHAT IS THE MAIN FIELD OF ACTIVITY (<i>name</i>) DID IN THE LAST WEEK?</p> <p><i>If did several works simultaneously, ask question only for main field of activities</i></p>	<p>Main field of activity: _____</p> <p>_____</p> <p>Code:..... _____</p>	
<p><b>CL4C</b></p>	<p>PLEASE TELL ME (<i>NAME</i>)’S EMPLOYMENT STATUS?</p> <p><i>If did several works simultaneously, ask question only for main field of activities</i></p>	<p>Paid employee..... 1  Employer ..... 2  Self employed..... 3  Member of partnership/cooperative ..... 4  Employed in animal husbandry..... 5  Unpaid participant in family business ..... 6</p>	
<p><b>CL5</b></p>	<p>DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>1⇒ CL8</p>
<p><b>CL6</b></p>	<p>DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>1⇒ CL8</p>
<p><b>CL7</b></p>	<p>HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?:</p> <p>[A] Is (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] Is (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] Is (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] Is (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] Is (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] Is (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)’S HEALTH OR SAFETY?</p>	<p>Yes ..... 1  No ..... 2</p> <p>Yes ..... 1  No ..... 2</p> <p>Yes ..... 1  No ..... 2</p> <p>Yes ..... 1  No ..... 2</p> <p>Yes ..... 1  No ..... 2</p> <p>Yes ..... 1  No ..... 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>
<p><b>CL8</b></p>	<p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒ CL10</p>
<p><b>CL9</b></p>	<p>IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?</p> <p><i>If less than one hour, record “00”</i></p>	<p>Number of hours..... _____</p>	



APPENDIX F: QUESTIONNAIRES

<b>CL10</b>	<p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<p style="text-align: right;">Yes No</p> <p>Shopping for household..... 1 2</p> <p>Repair household equipment..... 1 2</p> <p>Cooking / cleaning utensils /house .... 1 2</p> <p>Washing clothes ..... 1 2</p> <p>Caring for children ..... 1 2</p> <p>Caring for old / sick..... 1 2</p> <p>Other household tasks..... 1 2</p>	
<b>CL11</b>	<p>Check CL10, A to G:</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>		
<b>CL12</b>	<p>SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p>	<p>Number of hours..... __ __</p>	

6. CHILD DISCIPLINE		CD
<b>CD1</b>	<p>Check selected child's age from SL9:</p> <p><input type="checkbox"/> 1-14 years ⇒ Continue with CD2</p> <p><input type="checkbox"/> 15 years ⇒ Go to Next Module</p> <p><input type="checkbox"/> 16-17 years ⇒ Go to Household Characteristics module</p>	
<b>CD2</b>	<p>Write the line number and name of the child from SL9.</p> <p>Line number ..... _ _</p> <p>Name .....</p>	
<b>CD3</b>	<p>ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</p> <p>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?</p> <p>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</p> <p>[C] SHOOK HIM/HER</p> <p>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER</p> <p>[E] GAVE HIM/HER SOMETHING ELSE TO DO?</p> <p>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?</p> <p>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?</p> <p>[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?</p> <p>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?</p> <p>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?</p> <p>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?</p>	<p>Yes No</p> <p>Took away privileges ..... 1 2</p> <p>Explained wrong behaviour ..... 1 2</p> <p>Shook him/her ..... 1 2</p> <p>Shouted, yelled, screamed ..... 1 2</p> <p>Gave something else to do ..... 1 2</p> <p>Spanked, hit, slapped on bottom with bare hand ..... 1 2</p> <p>Hit with belt, hairbrush, stick, or other hard object ..... 1 2</p> <p>Called dumb, lazy, or another name ..... 1 2</p> <p>Hit / slapped on the face, head or ears ..... 1 2</p> <p>Hit / slapped on hand, arm or leg ..... 1 2</p> <p>Beat up, hit over and over as hard as one could ..... 1 2</p>
<b>CD4</b>	<p>DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / No opinion ..... 8</p>

7. HORSE RACING CHILD											HR												
Ask this module from every child aged 4-15. For other members of the household, leave the corresponding lines empty.																							
HR1	HR2		HR3			HR4	HR5			HR6		HR7		HR8									
Line no.	Name and age <i>Copy from HL2 and HL6</i>		DID (name) PARTICIPATE IN THE HORSE RACING SINCE JANUARY OF 2013?  <i>Does not include training activities for horse racing. Only include actual competition such as national and aimag horse racing.</i>  1 Yes 2 No ⇒ Next line  8 DK ⇒ Next line			HOW MANY TIMES DID (name) PARTICIPATE IN HORSE RACING?  <i>If rode three different horses in one horse racing game, write 3 times.</i>  98 DK	WHAT WAS THE MOST RECENT HORSE RACING GAME (name) PARTICIPATED?  National festival .....1 Regional festival .....2 Aimag festival .....3 Soum festival .....4 Other festival/ game .....5			DID (name) WEAR ANY OF FOLLOWING PROTECTIVE CLOTHING DURING HIS/ HER MOST RECENT HORSE RACING?  Helmet .....A Goggles .....B Vest .....C Knee pad .....D Shoes .....E		IN WHAT SEASON (name) PARTICIPATED HIS/ HER MOST RECENT HORSE RACING?  Winter ..... 1 Spring ..... 2 Summer ..... 3 Fall ..... 4		DID (name) RIDE THE HORSE WITHOUT SADDLE WHEN PARTICIPATED HIS/ HER MOST RECENT HORSE RACING?  1 Yes 2 No  8 DK									
Line	Name	Age	Yes	No	DK	Number of times	Festival			Protective clothing		Season		Yes	No	DK							
01		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
02		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
03		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
04		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
05		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
06		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
07		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
08		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
09		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
10		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
11		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
12		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
13		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
14		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8
15		___	1	2	8	___	1	2	3	4	5	A	B	C	D	E	1	2	3	4	1	2	8

HR1	HR2		HR9			HR10			HR11			HR12			HR13			HR14
Line no.	<i>Name and age</i>  <i>Copy from HL2 and HL6</i>		WAS ( <i>name</i> ) INJURED WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING?			WAS ( <i>name</i> ) INJURED WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING?			WHOSE HORSE DID ( <i>name</i> ) RIDE WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING?			DID ( <i>name</i> ) RECEIVE ANY SORT OF INCENTIVES WHEN PREPARING OR PARTICIPATING IN HIS/ HER MOST RECENT HORSE RACING?			DID ( <i>name</i> ) SIGN A CONTRACT WITH THE HORSE OWNER WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING?			AT WHAT AGE ( <i>name</i> ) STARTED RIDING IN HORSE RACING?
			1 Yes 2 No 8 DK			1 Yes 2 No - 2 8 DK -8			Own..... 1 Relatives'..... 2 Others'..... 3				1 Yes 2 No 8 DK			1 Yes 2 No 8 DK		
Mep	Name	Age	Yes	No	DK	Yes	No	DK				Yes	No	DK	Yes	No	DK	Age
01		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
02		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
03		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
04		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
05		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
06		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
07		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
08		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
09		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
10		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
11		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
12		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
13		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
14		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __
15		__ __	1	2	8	1	2	8	1	2	3	1	2	8	1	2	8	__ __

7. HOUSEHOLD CHARACTERISTICS			HC
<b>HC1C</b>	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh ..... 11 Kazakh ..... 12 Durvud ..... 13 Buriad ..... 14 Bayad ..... 15 Dariganga ..... 16  Other (specify) _____ 96 Don't know ..... 98	
<b>HC1A</b>	WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	No religion ..... 1 Religion Buddism ..... 2 Christianity ..... 3 Islam ..... 4 Shamanism ..... 5 Other (specify) _____ 6  Don't know ..... 8	
<b>HC1D</b>	Type of dwelling <i>Record observation.</i>  <i>If necessary, clarify.</i>	Ger ..... 1 Apartment, condominium ..... 2 Convenient single family house ..... 3 Single family house ..... 4 Public accommodation, dormitory ..... 5  Other (specify) _____ 6	1⇒ HC2A
<b>HC1E</b>	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 ..... _____  Don't know ..... 998	
<b>HC1F</b>	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 ..... ____	
<b>HC2</b>	HOW MANY ROOMS IN THIS HOUSEHOLD 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 ..... ____	⇒ HC3
<b>HC2A</b>	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls ..... ____	
<b>HC2B</b>	WHAT IS THE MAIN MATERIAL OF YOUR GER FLOOR?	Natural floor Earth/ Sand ..... 11 Dung/ manure ..... 12 Rudimentary floor Wood planks ..... 21 Finished floor Cement ..... 34  Other (specify) ..... 96	11⇒ HC4A 12⇒ HC4A 21⇒ HC4A 34⇒ HC4A 96⇒ HC4A

<p><b>HC3</b></p>	<p><i>Main material of the dwelling floor.</i></p> <p><i>Record observation.</i></p> <p><i>If necessary, clarify.</i></p>	<p>Rudimentary floor  Wood planks ..... 21  Finished floor  Parquet or polished wood..... 31  Concrete, vinyl/ asphalt strips..... 32  Ceramic tiles ..... 33  Cement..... 34  Other (specify)_____ 96</p>	
<p><b>HC4</b></p>	<p><i>Main material of the roof.</i></p> <p><i>Record observation.</i></p> <p><i>If necessary, clarify.</i></p>	<p>Rudimentary roofing  Wood planks ..... 23  Finished roofing  Metal/ Tin ..... 31  Concrete/ Cement fibre ..... 33  Ceramic tiles ..... 34  Cement..... 35  Sandwich panel ..... 37  Roof lead ..... 38  Other (specify)_____ 96</p>	<p>23⇒ HC5  31⇒ HC5  33⇒ HC5  34⇒ HC5  35⇒ HC5  37⇒ HC5  38⇒ HC5  96⇒ HC5</p>
<p><b>HC4A</b></p>	<p>IS YOUR GER ROOF SINGLE LAYERED OR DOUBLE LAYERED?</p>	<p>Single ..... 41  Double..... 42</p>	<p>41⇒ HC5A  42⇒ HC5A</p>
<p><b>HC5</b></p>	<p><i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p> <p><i>If necessary, clarify.</i></p>	<p>Rudimentary walls  Mud with straw ..... 21  Stone with mud..... 22  Uncovered adobe ..... 23  Plywood..... 24  Cardboard ..... 25  Finished walls  Cement..... 31  Stone with lime/ cement ..... 32  Bricks ..... 33  Cement blocks ..... 34  Wood planks, shingles, logs ..... 36  Concrete/ cement board ..... 37  Sandwich panel ..... 38  Other (specify)_____ 96</p>	<p>21⇒ HC5B  22⇒ HC5B  23⇒ HC5B  24⇒ HC5B  25⇒ HC5B  31⇒ HC5B  32⇒ HC5B  33⇒ HC5B  34⇒ HC5B  36⇒ HC5B  37⇒ HC5B  38⇒ HC5B  96⇒ HC5B</p>
<p><b>HC5A</b></p>	<p>IS YOUR GER WALL SINGLE LAYERED OR DOUBLE LAYERED?</p>	<p>Single ..... 41  Double..... 42</p>	
<p><b>HC5B</b></p>	<p>WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?</p>	<p>Central heating system..... 1  Electric heater ..... 2  Boiler ..... 3  Fire stove ..... 4  Other (specify)_____ 6</p>	<p>1⇒ HC6  2⇒ HC6</p>
<p><b>HC5C</b></p>	<p>WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR HEATING?</p>	<p>Coal (stone coal, lignite)..... 06  Charcoal..... 07  Wood..... 08  Dung ..... 10  Sawdust ..... 11  Other (specify)_____ 96</p>	
<p><b>HC6</b></p>	<p>WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity..... 01  Liquefied Petroleum Gas (LPG) ..... 02  Coal (stone coal, lignite)..... 06  Charcoal..... 07  Wood..... 08  Dung ..... 10</p>	<p>01⇒HC8  02⇒HC8</p>

APPENDIX F: QUESTIONNAIRES

		Sawdust ..... 11	
		No food cooked in household ..... 95	95⇒HC8
		Other (specify) _____ 96	
<b>HC7</b>	IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?  <i>If 'In the house', probe:</i> IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4  Other (specify) _____ 6	
<b>HC8</b>	DOES YOUR HOUSEHOLD HAVE:	Yes No	
	[A] ELECTRICITY?	Electricity ..... 1 2	
	[F] A RENEWABLE-ENERGY GENERATOR	A renewable-energy generator ..... 1 2	
	[G] A COMPUTER?	Computer ..... 1 2	
	[H] AN INTERNET CONNECTION?	Internet connection ..... 1 2	
	[C] A TELEVISION?	Television ..... 1 2	
	[B] A RADIO?	Radio ..... 1 2	
	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone ..... 1 2	
	[E] A REFRIGERATOR?	Refrigerator ..... 1 2	
	[J] A WASHING MACHINE?	Washing machine ..... 1 2	
	[K] A VACUUM CLEANER?	Vacuum cleaner ..... 1 2	
	[L] A LIBRARY?	Library ..... 1 2	
	[M] A MICROWAVE OVEN?	Microwave oven ..... 1 2	
	[N] AN IRON?	Iron ..... 1 2	
	[O] A MOTORCYCLE?	Motorcycle ..... 1 2	
	[P] AN ANIMAL DRAWN CART?	Animal drawn cart ..... 1 2	
	[Q] A CAR OR TRUCK?	Car or truck ..... 1 2	
	[R] A TRACTOR?	Tractor ..... 1 2	
<b>HC9</b>	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
	[A] A WATCH?	Watch ..... 1 2	
	[B] A MOBILE TELEPHONE?	Mobile telephone ..... 1 2	
	[H] A CAMCORDER OR CAMERA?	Camcorder, camera ..... 1 2	
	[C] A BICYCLE?	Bicycle ..... 1 2	

<b>HC10</b>	DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?  <i>If "No", then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?	Own..... 1 Owned by others Rent..... 2 Free of rent..... 3	
<b>HC11</b>	DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No ..... 2	2⇒HC13
<b>HC12</b>	HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares..... 1 _____ Sq.meters..... 2 _____ Don't know ..... 99998	
<b>HC13</b>	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes..... 1 No ..... 2	2⇒HC15
<b>HC14</b>	HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?  [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [H] CAMELS? [E] CHICKEN? [F] PIGS?  <i>If none, record '0000'. If unknown, record '9998'.</i>	Cattle, milk cows, or bulls.. _____ Horses, donkeys, or mules _____ Goats ..... _____ Sheep..... _____ Camels ..... _____ Chicken ..... _____ Pigs ..... _____	
<b>HC15</b>	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes..... 1 No ..... 2	



9. WATER AND SANITATION		WS
<b>WS1</b>	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling from centralized system ..... 15 15⇒WS6 Piped into dwelling from individual system..... 16 16⇒WS6 Public water kiosk connected with centralized system ..... 17 17⇒WS4 Tube well, Borehole ..... 22 22⇒WS3 Dug well Protected well..... 31 31⇒WS3 Unprotected well..... 32 32⇒WS3 Spring Protected spring ..... 41 41⇒WS4 Unprotected spring ..... 42 42⇒WS4 Rainwater..... 51 51⇒WS3 Tanker-truck Water truck..... 62 62⇒WS3 Public water kiosk..... 63 63⇒WS4 Cart with small tank/ drum..... 71 71⇒WS3 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 81⇒WS4 Bottled water ..... 91 Other ( <i>specify</i> )..... 96 96⇒WS3
<b>WS2</b>	WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling from centralized system ..... 15 15⇒WS6 Piped into dwelling from individual system..... 16 16⇒WS6 Public water kiosk connected with centralized system ..... 17 17⇒WS4 Tube well..... 22 Dug well Protected well..... 31 Unprotected well..... 32 Spring Protected spring ..... 41 41⇒WS4 Unprotected spring ..... 42 42⇒WS4 Rainwater..... 51 Tanker-truck Water truck..... 62 Public water kiosk..... 63 63⇒WS4 Cart with small tank/ drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 81⇒WS4 Other ( <i>specify</i> )..... 96
<b>WS3</b>	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 1⇒WS6 In own yard / plot..... 2 2⇒WS6 Elsewhere ..... 3
<b>WS4A</b>	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	0-14 minutes ..... 1 15-29 minutes ..... 2 30 and more minutes ..... 3 Don't know ..... 8

<b>WS5</b>	WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4  Don't know..... 8	
<b>WS6</b>	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No..... 2  Don't know..... 8	2⇒WS7A 8⇒WS7A
<b>WS7</b>	WHAT DO YOU USUALLY 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 it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection ..... E Let it stand and settle ..... F  Other ( <i>specify</i> ) ..... X Don't know..... Z	
<b>WS7A</b>	HOW MUCH WATER DOES YOUR HOUSEHOLD USE ON AVERAGE PER DAY?	0-14 litres..... 1 15-29 litres..... 2 30-44 litres..... 3 45-59 litres..... 4 60 and more litres..... 5  Don't know..... 8	
<b>WS8</b>	What kind of toilet facility do members of your household usually use?  <i>If "flush" or "pour flush", probe:</i>  WHERE DOES IT FLUSH TO?  <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to unknown place /Not sure/..... 15 Pit latrine Ventilated Improved Pit latrine (VIP)..... 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit ..... 23  Composting toilet..... 31  No facility, Bush, Field ..... 95 Other ( <i>specify</i> )..... 96	95⇒Next Module
<b>WS9</b>	DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Yes ..... 1 No..... 2	2⇒ WS12
<b>WS10</b>	DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)..... 1 Public facility..... 2	2⇒ WS12
<b>WS11</b>	HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10)..... 0 ___  Ten or more households..... 10  Don't know..... 98	
<b>WS12</b>	<i>Check answers from WS8, Is the answer code "21, 22, 23, 31".</i> <input type="checkbox"/> Yes ⇒ Continue with WS13 <input type="checkbox"/> No ⇒ Go to Next Module		
<b>WS13</b>	WHERE DOES YOUR HOUSEHOLD DISPOSE WASTE WATER?	Pit latrine ..... 21 Soak pit ..... 31 No facility, Bush, Field ..... 95 Other ( <i>specify</i> )..... 96	

10. HANDWASHING			HW
<b>HW1</b>	WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.  CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see..... 3 Other reason ( <i>specify</i> ) _____ _____ 6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
<b>HW2</b>	<i>Observe presence of water at the place for handwashing.</i>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1 Water is not available ..... 2	
<b>HW3A</b>	<i>Observe presence of soap or detergent at the place for handwashing.</i>	Soap is available..... 1 Soap is not available ..... 2	2⇨HW4
<b>HW3B</b>	<i>Record your observation.</i>  <i>Circle all that apply.</i>	Bar soap.....A Detergent .....B Liquid soap.....C	A⇨HW5C B⇨HW5C C⇨HW5C
<b>HW4</b>	DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?	Yes..... 1 No ..... 2	2⇨HH19
<b>HW5A</b>	CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1 No, not shown ..... 2	2⇨HH19
<b>HW5B</b>	<i>Record your observation.</i>  <i>Circle all that apply.</i>	Bar soap.....A Detergent .....B Liquid soap.....C	
<b>HW5C</b>	<i>Observe presence of bucket, vessel, or pot for waste water at the place for handwashing.</i>	Yes, present..... 1 No, not present ..... 2	
<b>HH19</b>	<i>Interview completed.</i>	Hour and minutes..... __ : __	

11. SALT IODIZATION			SI
<b>SI1</b>	WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD?  <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM ..... 1 More than 0 PPM & less than 15 PPM ..... 2 15 PPM or more ..... 3  15 PPM or more ..... 4 Salt not tested (specify reason) _____ 5	4 ⇨HH20 5 ⇨HH20
<b>SI2</b>	WHERE IS THIS SALT FROM?	Imported..... 1 Domestic..... 2  Don't know ..... 8	1 ⇨HH20
<b>SI3</b>	WHAT KIND OF SALT IS THIS?	Granulated salt..... 1 White salt ..... 2 Natural salt..... 3	