

HOUSEHOLD QUESTIONNAIRE

Mongolia

HH.1

HH18. Record the time.

Hour..... — —

Minutes..... — —

2. LIST OF HOUSEHOLD MEMBERS

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.

HL1 Line no.	HL2 Name	HL3 WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4 Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5 WHAT IS (name)'S DATE OF BIRTH? 9998 DK 98 DK	HL6 HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49 HL7 Circle line no. if woman age 15-49	For men age 15-54 HL7A Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	For children age 0-4 HL7B Circle line no. if 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 HL15 Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:		
									HL11 Is (name)'s NATURAL MOTHER ALIVE? 1 Yes 2 No HL13	HL12 DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A WHERE DOES (name)'s NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13 Is (name)'s NATURAL FATHER ALIVE? 1 Yes 2 No HL15	HL14 DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A WHERE DOES (name)'s NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15 WHO IS THE PRIMARY CARETAKER OF (name)?				
Line	Name	Relation*	M	F	Year	Month	Age	15-49	15-54	0-4	Y	N	DK	Father	1	2	3	8	Mother
01		01	1	2	—	—	—	01	01	01	1	2	8	—	—	—	—	—	—
02		—	1	2	—	—	—	02	02	02	1	2	8	—	—	—	—	—	—
03		—	1	2	—	—	—	03	03	03	1	2	8	—	—	—	—	—	—
04		—	1	2	—	—	—	04	04	04	1	2	8	—	—	—	—	—	—
05		—	1	2	—	—	—	05	05	05	1	2	8	—	—	—	—	—	—
06		—	1	2	—	—	—	06	06	06	1	2	8	—	—	—	—	—	—
07		—	1	2	—	—	—	07	07	07	1	2	8	—	—	—	—	—	—
08		—	1	2	—	—	—	08	08	08	1	2	8	—	—	—	—	—	—
09		—	1	2	—	—	—	09	09	09	1	2	8	—	—	—	—	—	—

HH.2

HL1 Line no.	HL2 Name	HL3 What is the relation of (name) to the head of household?	HL4 Is (name) male or female? 1 Male 2 Female	HL5 What is (name)'s date of birth? 9998 DK 98 DK	HL6 How old is (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49 HL7 Circle line no. if woman age 15-49	For men age 15-54 HL7A Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	For children age 0-4 HL7B Circle line no. if 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 0-14	
									HL11 Is (name)'s natural mother alive?	HL12 Does (name)'s mother live in this household?	HL12A Where does (name)'s mother live?	HL13 Is (name)'s natural father alive?	HL14 Does (name)'s natural father live in this household?	HL14A Where does (name)'s natural father live?	HL15 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	Y N DK	Mother
10		— — —	1 2	— — —	— — —	— — —	10	10	10	1 2 8	— — —	1 2 8	— — —	1 2 3 8	— — —
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 ☐

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 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire, if the household is selected for Questionnaire for Individual Men.

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	06 Parent	10 Uncle / Aunt	13 Adopted / Foster Stepchild
	03 Son / Daughter	07 Parent-In-Law	11 Niece / Nephew	14 Servant (Live-in)
	04 Son-In-Law / Daughter-In-Law	08 Brother / Sister	12 Other relative	96 Other (Not related)
	05 Grandchild	09 Brother-In-Law / Sister-In-Law	15 Grand parent	98 DK

HH.3

3. EDUCATION ED

For household members age 5 and above

ED

ED1 Line number	ED2 Name and age Copy from HL2 and HL6	ED3 HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4D IF (name) WAS ATTENDED ALTERNATIVE FORM OF EDUCATION WHAT KIND OF ALTERNATIVE FORM OF EDUCATION DID (name) ATTEND?	ED4C HAS (name) COMPLETED SCHOOL HE OR SHE HAS ATTENDED?	ED4B WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If less than 1 grade at this level, record '00'. If has attended primary school of NFEET, record '21', if basic or high school, record '22' and '23' respectively.
Line	Name	Yes No	Level	Days	Yes No DK	Grade
01		1 2	0 124 3 8	1 2 3	1 2 8	
02		1 2	0 124 3 8	1 2 3	1 2 8	
03		1 2	0 124 3 8	1 2 3	1 2 8	
04		1 2	0 124 3 8	1 2 3	1 2 8	
05		1 2	0 124 3 8	1 2 3	1 2 8	
06		1 2	0 124 3 8	1 2 3	1 2 8	
07		1 2	0 124 3 8	1 2 3	1 2 8	
08		1 2	0 124 3 8	1 2 3	1 2 8	
09		1 2	0 124 3 8	1 2 3	1 2 8	
10		1 2	0 124 3 8	1 2 3	1 2 8	
11		1 2	0 124 3 8	1 2 3	1 2 8	
12		1 2	0 124 3 8	1 2 3	1 2 8	
13		1 2	0 124 3 8	1 2 3	1 2 8	
14		1 2	0 124 3 8	1 2 3	1 2 8	
15		1 2	0 124 3 8	1 2 3	1 2 8	

HH.4

3. EDUCATION		ED										
		For household members age 5-24 years										
ED1 Line number	ED2 Name and age Copy from HL2 and HL6	ED5 DURING THE 2016/2017 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6 DURING 2016/2017 SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?		ED6A If (name) ATTENDING ALTERNATIVE FORM OF EDUCATION, WHAT KIND OF ALTERNATIVE FORM OF EDUCATION, HOW MANY DAYS DID (name) ATTENDING?		ED7 DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015/2016, WHICH LEVEL AND GRADE DID (name) ATTEND?		ED8A IF (NAME) WAS ATTENDED ALTERNATIVE FORM OF EDUCATION, WHAT KIND OF ALTERNATIVE FORM OF EDUCATION, HOW MANY DAYS DID (NAME) ATTEND?		
		Yes	No	Level	Grade	Days	Yes	No	DK	Level	Grade	Days
01		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
02		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
03		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
04		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
05		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
06		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
07		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
08		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
09		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
10		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
11		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
12		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
13		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
14		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3
15		1	2	0 124 3 8	—	1 2 3	1	2	8	0 24 3 8	—	1 2 3

HH.5

4. SELECTION OF ONE CHILD FOR CHILD FUNCTIONING			SF																																																																																															
SF1	Check HL6 in the List of Household Members and write the total number of children age 5-17 years.	Total number.....__																																																																																																
SF2	<p>Check the number of children age 5-17 years in HL18:</p> <p><input type="checkbox"/>Zero ⇒ Go to next module.</p> <p><input type="checkbox"/>One ⇒ Go to HL27 and record the rank number as '1', enter the line number, child's name and age</p> <p><input type="checkbox"/>Two or more ⇒ Continue with HL20</p>																																																																																																	
SF2A	<p>List each of the children age 5-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.</p> <table border="1"> <thead> <tr> <th>SF3. Rank number</th> <th>SF4. Line number from HL1</th> <th>SF5. Name from HL2</th> <th colspan="2">SF6. Sex from HL4</th> <th>SF7. 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>			SF3. Rank number	SF4. Line number from HL1	SF5. Name from HL2	SF6. Sex from HL4		SF7. 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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SF8	<p>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.</p> <p>Check the total number of children age 5-17 years in SF1 above. This is the number of the column you should go to in the table below.</p> <p>Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SF3) of the selected child.</p> <table border="1"> <thead> <tr> <th rowspan="2">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SF1)</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 SF1)							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
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8	2	1	4	1	2	6	4																																																																																											
9	1	2	1	2	3	7	5																																																																																											
SF9	<p>Record the rank number (SF3), line number (SF4), name (SF5) and age (SF7) of the selected child.</p> <p>Prepare a Questionnaire for Children Age 5-17 to be administered to the mother/caretaker of the selected child. Then continue with the next module.</p>	<p>Rank number__</p> <p>Line number__</p> <p>Name</p> <p>Age__</p>																																																																																																

5. CHILD FUNCTIONING (AGE 5-17)			CF
CF1	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (name) WEAR GLASSES OR CONTACT LENSES?	Yes1 No2	
CF2	DOES (name) USE A HEARING AID?	Yes1 No2	
CF3	DOES (name) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes1 No2	
CF4	IN THE FOLLOWING QUESTIONS, I WILL ASK YOU TO ANSWER BY SELECTING ONE OF FOUR POSSIBLE ANSWERS. FOR EACH QUESTION, WOULD YOU SAY THAT (name) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> REMEMBER THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY THAT (name) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL?		
CF5	Check CF1: Child wears glasses or contact lenses (CF1=1)? <input type="checkbox"/> Yes ⇒ Ask CF6A. <input type="checkbox"/> No ⇒ Ask CF6B.		
CF6A	WHEN WEARING (HIS/HER) GLASSES OR CONTACT LENSES, DOES (name) HAVE DIFFICULTY SEEING?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot see at all4	
CF6B	DOES (name) HAVE DIFFICULTY SEEING?		
CF7	Check CF2: Child use a hearing aid (CF2=1)? <input type="checkbox"/> Yes ⇒ Ask CF8A. <input type="checkbox"/> No ⇒ Ask CF8B.		
CF8A	WHEN USING (HIS/HER) HEARING AID(S), DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot hear at all4	
CF8B	DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?		
CF9	Check CF3: Child uses equipment or uses assistance for walking (CF3=1)? <input type="checkbox"/> Yes ⇒ Ask CF10. <input type="checkbox"/> No ⇒ Ask CF14.		
CF10	WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (name) HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND? <i>Probe: THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.</i> <i>Instruction on impossible "No difficulty" answer.</i>	Some difficulty2 A lot of difficulty3 Cannot walk 100 m at all4	3 ⇒ CF12 4 ⇒ CF12

CF11	WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND? <i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. <i>Instruction on impossible "No difficulty" answer.</i>	Some difficulty2 A lot of difficulty3 Cannot walk 500 m at all4	
CF12	WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND? <i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot walk 100 m at all4	3⇒CF16 4⇒CF16
CF13	WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND? <i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot walk 500 m at all4	1⇒CF16
CF14	COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND? <i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot walk 100 m at all4	3⇒CF16 4⇒CF16
CF15	COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND? <i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot walk 500 m at all4	
CF16	DOES <i>(name)</i> HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING (HIMSELF/HERSELF)?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot care for self at all4	
CF17	WHEN <i>(name)</i> SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot be understood at all4	
CF18	WHEN <i>(name)</i> SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot be understood at all4	
CF19	COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY LEARNING THINGS?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot learn things at all4	
CF20	COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY REMEMBERING THINGS?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot remember things at all4	
CF21	DOES <i>(name)</i> HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT (HE/SHE) ENJOYS DOING?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot concentrate at all4	

CF22	DOES (<i>name</i>) HAVE DIFFICULTY ACCEPTING CHANGES IN (HIS/HER) ROUTINE?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot accept changes at all.....4	
CF23	DOES (<i>name</i>) HAVE DIFFICULTY MAKING FRIENDS?	No difficulty1 Some difficulty2 A lot of difficulty3 Cannot make friends at all4	
CF24	THE NEXT QUESTIONS HAVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER EACH QUESTION. I WOULD LIKE TO KNOW HOW OFTEN (<i>name</i>) SEEMS VERY ANXIOUS, NERVOUS OR WORRIED. WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily1 Weekly.....2 Monthly.....3 A few times a year4 Never.....5	
CF25	I WOULD ALSO LIKE TO KNOW HOW OFTEN (<i>name</i>) SEEMS VERY SAD OR DEPRESSED. WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily1 Weekly.....2 Monthly.....3 A few times a year4 Never.....5	
CF26	COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DIFFICULTY DOES (<i>name</i>) HAVE CONTROLLING (HIS/HER) BEHAVIOUR? WOULD YOU SAY: NO DIFFICULTY, LESS, THE SAME, MORE OR A LOT MORE?	No difficulty1 Less.....2 The same.....3 More4 A lot more5	

6. 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	<p>Check the number of children age 1-17 years in SL1:</p> <p><input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.</p> <p><input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age</p> <p><input type="checkbox"/> Two or more ⇒ Continue with SL2A</p>																																																																																																			
SL2A	<p>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.</p> <p>Table1</p> <table border="1"> <thead> <tr> <th>SL3. Rank number</th> <th>SL4. Line number from HL1</th> <th>SL5. Name from HL2</th> <th colspan="2">SL6. Sex from HL4</th> <th>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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7	__ __		1	2	__ __																																																																																															
8	__ __		1	2	__ __																																																																																															
SL8	<p>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.</p> <p>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.</p> <p>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.</p> <p>Table2</p> <table border="1"> <thead> <tr> <th rowspan="2">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
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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				<p>Rank number__</p> <p>Line number__</p> <p>Name</p> <p>Age__</p>																																																																																															

7.CHILD LABOUR		CL
CL1	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	
CL2	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? <div style="display: flex; justify-content: space-between;"> <div> <p>[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?</p> <p>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</p> <p>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</p> <p>[D] DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?</p> <p>IF "No", PROBE: 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..</p> </div> <div> <p>Worked on plot / farm / food garden / looked after animals..... 1 2</p> <p>Helped in family / relative's business/ran own business 1 2</p> <p>Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2</p> <p>Any other activity 1 2</p> </div> </div>	YesNo
CL3	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.	
CL4	SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? If less than one hour, record "00"	
CL4A	WHAT DID (<i>name</i>) DO SINCE LAST (<i>day of the week</i>)? If did several works simultaneously, ask question only for main field of activity	
	Number of hours..... ____ ____ Employment: _____ _____ _____ Code:	

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

CL10	<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>YesNo</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>	
CL11	<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>		
CL12	<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>	

8.CHILD DISCIPLINE		CD																																				
CD1	Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15 years ⇒ Go to Next Module <input type="checkbox"/> 16-17 years ⇒ Go to Household Characteristics module																																					
CD2	Write the line number and name of the child from SL9. Line number Name																																					
CD3	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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH. <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?	1	2	[B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO?	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	1	2	[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	1	2
	Yes	No																																				
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CD4	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 DK / No opinion 8																																					
CD4A	Check selected child's age from SL9 <input type="checkbox"/> 1, 2, or 3 years ⇒ Go to Household Characteristics module <input type="checkbox"/> 4-14 years ⇒ Go to Next Module																																					

9. CHILDJOCKEY

Ask this module from every child aged 4-15. For other members of the household, leave the corresponding lines empty.

CJ

CJ1	CJ2	CJ3	CJ4	CJ5	CJ6	CJ7	CJ8
Line no.	Name and age Copy from HL2 and HL6	DID (name) PARTICIPATE IN THE HORSE RACING SINCE NOVEMBER OF 2015? Does not include training activities for horse racing. Only include actual competition such as national and aimag horse racing. Yes 1 No 2 ⇒ Next line DK 8 ⇒ Next line	HOW MANY TIMES DID (name) PARTICIPATE IN HORSE RACING? If rode three different horses in one horse racing game, write 3 times. 98 DK	IN WHAT SEASON (name) PARTICIPATED HIS/ HER MOST RECENT HORSE RACING? Winter A Spring B Summer C Fall D	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	DID (name) RIDE THE HORSE WITHOUT SADDLE WHEN PARTICIPATED HIS/ HER MOST RECENT HORSE RACING? Yes 1 No 2 DK 8
Line	Name	Age	Number of times	Season	Festival	Protective clothing	Yes/No/DK
01		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
02		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
03		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
04		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
05		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
06		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
07		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
08		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
09		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
10		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
11		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
12		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
13		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
14		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128
15		— — —	— — —	A B C D	1 2 3 4 5	A B C D E	128

HH.15

CJ1 Line no.	CJ2 Name and age Copy from HL2 and HL6		CJ9 Was (name) insured when participated in his/her most recent horse racing?	CJ10 Was (name) injured when participated in his/her most recent horse racing?	CJ11 Whose horse did (name) ride when participated in his/ her most recent horse racing?	CJ12 Did (name) receive any sort of incentives when preparing or participating in his/ her most recent horse racing?	CJ13 Did (name) sign a contract with the horse owner when participated in his/ her most recent horse racing?	CJ14 At what age (name) started riding in horse racing?
			Yes..... 1 No..... 2 DK..... 8	Yes..... 1 No..... 2 DK..... 8	Family owned... 1 Relatives'..... 2 Others'..... 3	Yes..... 1 No..... 2 DK..... 8	Yes..... 1 No..... 2 DK..... 8	
Line	Name	Age	YesNoDK	YesNoDK		YesNoDK	YesNoDK	Age
01		— — —	128	128	1 2 3	128	128	— — —
02		— — —	128	128	1 2 3	128	128	— — —
03		— — —	128	128	1 2 3	128	128	— — —
04		— — —	128	128	1 2 3	128	128	— — —
05		— — —	128	128	1 2 3	128	128	— — —
06		— — —	128	128	1 2 3	128	128	— — —
07		— — —	128	128	1 2 3	128	128	— — —
08		— — —	128	128	1 2 3	128	128	— — —
09		— — —	128	128	1 2 3	128	128	— — —
10		— — —	128	128	1 2 3	128	128	— — —
11		— — —	128	128	1 2 3	128	128	— — —
12		— — —	128	128	1 2 3	128	128	— — —
13		— — —	128	128	1 2 3	128	128	— — —
14		— — —	128	128	1 2 3	128	128	— — —
15		— — —	128	128	1 2 3	128	128	— — —

HH.16

10. HOUSEHOLD CHARACTERISTICS			HC
HC1C	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh 11 Kazakh 12 Durvud 13 Buriad..... 14 Баяд..... 15 Darkhad 16 Khotogoid 17 Uriankhai 18 Torguud..... 19 Other (specify) 96 DK 98	
HC1D	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
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..... _____ Don't know 998	
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 ____	
HC2	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
HC2A	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls ____	
HC2B	WHAT IS THE MAIN MATERIAL OF YOUR GER FLOOR?	Natural floor..... 13 Rudimentary floor Wood planks..... 21 Finished floor Cement..... 34 Other (specify)..... 96	13⇒ HC4A 21⇒ HC4A 34⇒ HC4A 96⇒ HC4A
HC3	<i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If necessary, clarify.</i>	Wood planks 21 Parquet or polished wood..... 31 Concrete, vinyl/ asphalt strips..... 32 Ceramic tiles 33 Cement 34 Other (specify) 96	
HC4	<i>Main material of the roof.</i> <i>Record observation.</i> <i>If necessary, clarify.</i>	Metal/ Tin 31 Wood..... 32 Concrete/ Cement fibre 33 Ceramic tiles 34 Cement..... 35 Roofing shingles..... 36 Tar paper..... 37 Other (specify) 96	31⇒ HC5 32⇒ HC5 33⇒ HC5 34⇒ HC5 35⇒ HC5 36⇒ HC5 37⇒ HC5 96⇒ HC5

HC4A	IS YOUR GER ROOF SINGLE LAYERED OR DOUBLE LAYERED IN WINTER TIME?	Single 41 Double 42	41⇒ HC5A 42⇒ HC5A
HC5	Main material of the exterior walls. Record observation. If necessary, clarify.	Stone with mud 22 Uncovered adobe 23 Plywood 24 Reused wood 26 Cement 31 Stone with lime/ cement 32 Cement blocks 34 Covered adobe 35 Wood planks, shingles, logs 36 Bricks Decorative bricks 37 Construction bricks 38 Other (specify) 96	22⇒ HC5B 23⇒ HC5B 24⇒ HC5B 26⇒ HC5B 31⇒ HC5B 32⇒ HC5B 34⇒ HC5B 35⇒ HC5B 36⇒ HC5B 37⇒ HC5B 38⇒ HC5B 96⇒ HC5B
HC5A	IS YOUR GER WALL SINGLE LAYERED OR DOUBLE LAYERED IN WINTER TIME?	Single 41 Double 42	
HC5B	WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?	Central heating system 1 Electric heater 2 Boiler 3 Fire stove 4 Other (specify) 6	1⇒ HC6 2⇒ HC6
HC5C	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR HEATING?	Coal(stone coal, lignite) 06 Charcoal 07 Wood 08 Dung 10 Sawdust 11 Other (specify) 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Coal (stone coal, lignite) 06 Charcoal 07 Wood 08 Dung 10 Sawdust 11 No food cooked in household 95 Other (specify) 96	01⇒ HC8 02⇒ HC8 95⇒ HC8
HC7	IS THE COOKING <u>USUALLY</u> DONE IN THE HOUSE OR IN A SEPARATE BUILDING, OR OUTDOORS? If 'In the house', probe: 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	

HC8	DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [F] A RENEWABLE-ENERGY GENERATOR [G] A COMPUTER? [H] AN 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? [M] A MICROWAVE OVEN? [N] AN IRON? [O] A MOTORCYCLE? [P] AN ANIMAL DRAWN CART? [Q] A CAR OR TRUCK? [R] A TRACTOR?	<table> <tr> <td></td><td>Yes</td><td>No</td></tr> <tr> <td>Electricity.....</td><td>1</td><td>2</td></tr> <tr> <td>A renewable-energy generator</td><td>1</td><td>2</td></tr> <tr> <td>Computer</td><td>1</td><td>2</td></tr> <tr> <td>Internet connection</td><td>1</td><td>2</td></tr> <tr> <td>Television</td><td>1</td><td>2</td></tr> <tr> <td>Radio.....</td><td>1</td><td>2</td></tr> <tr> <td>Non-mobile telephone</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator</td><td>1</td><td>2</td></tr> <tr> <td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr> <td>Vacuum cleaner</td><td>1</td><td>2</td></tr> <tr> <td>Library</td><td>1</td><td>2</td></tr> <tr> <td>Microwave oven</td><td>1</td><td>2</td></tr> <tr> <td>Iron.....</td><td>1</td><td>2</td></tr> <tr> <td>Motorcycle.....</td><td>1</td><td>2</td></tr> <tr> <td>Animal drawn cart.....</td><td>1</td><td>2</td></tr> <tr> <td>Car or truck</td><td>1</td><td>2</td></tr> <tr> <td>Tractor.....</td><td>1</td><td>2</td></tr> </table>		Yes	No	Electricity.....	1	2	A renewable-energy generator	1	2	Computer	1	2	Internet connection	1	2	Television	1	2	Radio.....	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Washing machine.....	1	2	Vacuum cleaner	1	2	Library	1	2	Microwave oven	1	2	Iron.....	1	2	Motorcycle.....	1	2	Animal drawn cart.....	1	2	Car or truck	1	2	Tractor.....	1	2	
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HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [H] A CAMCORDER OR CAMERA? [C] A BICYCLE?	<table> <tr> <td></td><td>Yes</td><td>No</td></tr> <tr> <td>Watch.....</td><td>1</td><td>2</td></tr> <tr> <td>Mobile telephone</td><td>1</td><td>2</td></tr> <tr> <td>Camcorder, camera.....</td><td>1</td><td>2</td></tr> <tr> <td>Bicycle.....</td><td>1</td><td>2</td></tr> </table>		Yes	No	Watch.....	1	2	Mobile telephone	1	2	Camcorder, camera.....	1	2	Bicycle.....	1	2																																								
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Bicycle.....	1	2																																																							
HC10	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? <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own..... 1 Owned by others Rent..... 2 Free of rent..... 6																																																							
HC11	DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No 2	2⇒HC13																																																						
HC12	HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares..... 1 _____ 100 sq.meters 2 _____ Sq.meters..... 3 _____ Don't know 99998																																																							

HC13	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No 2	2⇒HC15
HC14	<p>HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[G] CAMELS?</p> <p>[D] SHEEPS?</p> <p>[C] GOATS?</p> <p>[E] CHICKEN?</p> <p>[F] PIGS?</p> <p><i>If none, record '0000'. If unknown, record '9998'.</i></p>	<p>Horses, donkeys, or mules _____</p> <p>Cattle, milk cows, or bulls.. _____</p> <p>Camels _____</p> <p>Sheep..... _____</p> <p>Goats _____</p> <p>Chicken _____</p> <p>Pigs _____</p>	
HC15	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A SAVING IN THE BANKACCOUNT?	Yes 1 No 2	

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

WS5	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	
WS6	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
WS7	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	
WS7A	HOW MUCH WATER DOES YOUR HOUSEHOLD USE ON AVERAGE PER DAY?	— — —	
WS8	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 tank12 Flush to pit (latrine)13 Flush to unknown place /Not sure/15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab / Open pit.....23 Composting toilet31 No facility, Bush, Field95 Other (<i>specify</i>) 96	95⇒Next Module
WS9	DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes 1 No 2	2⇒ WS12
WS10	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
WS11	HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 Ten or more households10 Don't know98	
WS12	<i>Check answers from WS8, Is the answer code “21, 22, 23, 31”.</i> <input type="checkbox"/> Yes ⇒Continue withWS13 <input type="checkbox"/> No ⇒ Go to Next Module		
WS13	WHERE DOES YOUR HOUSEHOLD DISPOSE WASTE WATER?	Pit latrine.....21 Soak pit.....31 No facility, Bush, Field95 Other (<i>specify</i>) 96	

12. HANDWASHING			HW
HW1	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
HW2	<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	
HW3A	<i>Observe presence of soap or detergent at the place for handwashing.</i>	Soap is available..... 1 Soap is not available 2	2 ⇒ HW4
HW3B	<i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap.....A DetergentB Liquid soap.....C	A ⇒ HW5C B ⇒ HW5C C ⇒ HW5C
HW4	DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?	Yes..... 1 No 2	2 ⇒ HH19
HW5A	CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	2 ⇒ HH19
HW5B	<i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap.....A DetergentB Liquid soap.....C	
HW5C	<i>Observe presence of bucket, vessel, or pot for waste water at the place for handwashing.</i>	Yes, present..... 1 No, not present 2	
HH19	<i>Interview completed.</i>	Hour and minutes..... : ..	

13. SALT IODIZATION			SI
SI1	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 No salt in the house 4 Salt not tested (<i>specify reason</i>) 5	4 ⇒ HH20 5 ⇒ HH20
SI2	WHERE IS THIS SALT FROM?	Imported..... 1 Domestic..... 2 Don't know 8	1 ⇒ HH20
SI3	WHAT KIND OF SALT IS THIS?	Granulated salt..... 1 White salt 2 Natural salt..... 3	

HH20	<p><i>Thank the respondent for his/her cooperation and check the List of Household Members:</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)</i></p> <p><i>Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR INDIVIDUAL MEN has been issued for each man age 15-49 years in the List of Household Members (HL7A)</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILD AGED 5-17 has been issued for each child aged 5-17 years in the List of Household Members (HL27)</i></p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Supervisor's Observations

Approved by Order #A/23 of 2016 of the Chairman of the National Statistics Office of Mongolia.

Form CDS-2

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FOR
WOMAN AGED 15-49

1. WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all woman age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Year/ Month/ Day of interview: 2016 / ____ / ____	
WM6A. Number of times visited _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICS OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND WELL-BEING 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.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of the interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify)96
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WM10	Record the time.	Hour and minutes..... ____ : ____	
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2. WOMAN'S BACKGROUND		WB	
WB1	IN WHAT YEAR AND MONTH WERE YOU BORN?	Date of birth Year ____ ____ Month ____ ____	
WB2	HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)..... ____ ____	
WB3	HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No 2	2⇒WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? <i>If completed non-formal equivalent education program (NFEET), circle '2'.</i>	Secondary school 2 Technical and vocational centre 3 University, institute/college 4	
WB4A	HAVE YOU COMPLETED SCHOOL YOU HAVE ATTENDED?	Yes 1 No 2	
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEET, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade ____ ____	
WB6	Check WB4 and WB5 to see if a woman is completed primary school. <input type="checkbox"/> No, completed 5 or higher grade in a secondary school or higher education (WB5>4) ⇒ Go to Next module <input type="checkbox"/> Yes, completed 1-4 grades in a secondary school (WB5<5) ⇒ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 <i>(specify language)</i> Blind / visually impaired 5	1⇒ Next module 4⇒ Next module 5⇒ Next module
WB7A	NOW I WOULD LIKE YOU TO WRITE THE SENTENCE WHICH I AM GOING TO READ TO YOU. <i>Show sentence written on the card to the respondent.</i> <i>If respondent cannot write whole sentence, probe:</i> CAN YOU WRITE PART OF THE SENTENCE?	Cannot write at all 1 Able to write only some words of sentence 2 Able to write short sentence wholly 3	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY			MT
MT1	Check WB7 to see if the woman is able to read. <input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education) ⇒ Continue with MT2. <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2. <input type="checkbox"/> Cannot read at all or blind/ visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.		
MT2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week2 Less than once a week3 Not at all.....4	
MT3	DO YOU LISTEN TO THE RADIOALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week2 Less than once a week3 Not at all.....4	
MT4	HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week2 Less than once a week3 Not at all.....4	
MT6	HAVE YOU EVER USED A COMPUTER?	Yes.....1 No2	2⇒MT9
MT7	HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.....1 No2	2⇒MT9
MT8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week2 Less than once a week3 Not at all.....4	
MT9	HAVE YOU EVER USED THE INTERNET?	Yes.....1 No2	2⇒MT12
MT10	IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?	Yes.....1 No2	2⇒MT12
MT11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week2 Less than once a week3 Not at all.....4	
MT12	DO YOU HAVE A MOBILE PHONE? If "yes": IS YOUR PHONE SMART?	Yes Not smart.....1 Smart2 No3	

4. FERTILITY/ BIRTH HISTORY			CM
<i>This module questionnaire only concerns LIVE births.</i>			
CM1	<p>NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.</p> <p>HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
CM4	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p> <p>I'M ASKING ABOUT YOUR CHILDREN TO WHOM YOU HAVE GIVEN BIRTH. CURRENTLY, THE CHILDREN MAY NOT LIVE WITH YOU, DIED OR NOT CHILDREN OF YOUR CURRENT HUSBAND/ PARTNER.</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM6
CM5	<p>HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home ____</p> <p>Daughters at home ____</p>	
CM6	<p>DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
CM7	<p>HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere ____</p> <p>Daughters elsewhere ____</p>	
CM8	<p>HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM10
CM9	<p>HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead ____</p> <p>Girls dead ____</p>	
CM10	Sum answers to CM5, CM7, and CM9.	Sum ____	
CM11	<p>JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS/ NO BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module.</p> <p><input type="checkbox"/> One or more live births ⇒ Continue with the BIRTH HISTORY module.</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</p>		

5. BIRTH HISTORY**BH**

NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR BIRTHS. PLEASE TELL ME THE NAMES OF ALL OF YOUR BIRTHS, STARTING WITH THE FIRST ONE YOU HAD.

(Record names of all of the births in BH1. Record twins and triplets in BH2. If there are more than 14 births, use an additional questionnaire).

BH Line No.	BH1. PLEASE TELL ME THE NAMES OF YOUR CHILDREN, STARTING WITH THE FIRST ONE? <i>If the child is not named, write "NO NAME".</i>	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. Is (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. Is (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. Is (name) LIVING WITH YOU?	BH8. <i>Record household line number of child (from HL1)</i>	BH9. <i>If dead: How old was (name) when he/she died?</i> <i>If "1 year", probe: How many months old was (name)?</i> <i>Record days if less than 1 month; record months if 1-24 months; record years if more than 24 months</i>	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
				Year	Month							Y
Line	Name	S M	B G	Year	Month	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ Next Line	Days 1 Months 2 Years 3	— —	
02		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line
03		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line
04		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line
05		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line
06		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line
07		1 2	1 2	— — — —	— —	1 2 ⇨ BH9	— —	1 2	— — ⇨ BH10	Days 1 Months 2 Years 3	— —	1 2 Add Next Birth Line

WM.5

BH Line No.	BH1. PLEASE TELL ME THE NAMES OF YOUR CHILDREN, STARTING WITH THE FIRST ONE? <i>If the child is not named, write "NO NAME".</i>	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL 1) Record "00" if child is not listed.	BH9. If dead: How old was (name) when HE/SHE DIED? If "1 year", probe: How many months old was (name)? Record days if less than 1 month; record months if 1-24 months; record years if more than 24 months			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?					
Line	Name	S	M	B	G	Year	Month	Y	N	Age	Y	N	Unit	Number	Y	N		
08		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
09		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
10		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
11		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
12		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
13		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
14		1	2	1	2			1	2		1	2	Days 1 Months 2 Years 3		1	2		
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)? Yes..... 1 No..... 2																	1 → Record birth(s) in Birth History	

WM.6

CM12A	<p>Compare number in CM10 with number of births in the <i>BIRTH HISTORY</i> Module above and check:</p> <p><input type="checkbox"/> Numbers are same ⇒ Continue with CM13</p> <p><input type="checkbox"/> Numbers are different ⇒ Re-check birth numbers in CM1-CM10 and <i>BIRTH HISTORY</i> Module</p>
CM13	<p>Check BH4 in <i>BIRTH HISTORY</i> Module: Last birth occurred within the last 2 years, that is, since (month of interview) in 2014 (if the month of interview and the month of birth are the same, and the year of birth is 2014, consider this as a birth within the last 2 years)</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.</p> <p style="text-align: center;">Name of last-born child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p>

6. DESIRE FOR LAST BIRTH			DB
<i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i>			
DB1	WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes1 No2	1⇒Next module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later1 No more..... 2	2⇒Next module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Years1 __ __ Months.....2 __ __ DK998	

7. MATERNAL AND NEWBORN HEALTH		MN																															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p>Record name of last-born child from CM13 here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>																																	
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN17																														
MN2	WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional Gynaecologist D Physician E Family doctor/ Soum doctor I Midwife J Auxiliary midwife C Nurse K Other person Traditional birth attendant F Other (specify) X																															
MN2A	HOW MANY WEEKS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Weeks DK 98																															
MN2B	WHERE DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe:</i> WHERE ELSE? <i>Probe if answered "Private sector":</i> DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?	Public sector Specialized professional health center (Mother and child center) A General hospital (Aimag centre/ district health centre) B Maternity house C Soum/family group practice E Private sector Ulaanbaatar Hospital G Clinic H Aimag/ Soum Hospital I Clinic J NGO's hospital N Other (specify) X																															
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98																															
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] MEASURING BLOOD PRESSURE?</td> <td>Measuring blood pressure 1</td> <td>2</td> </tr> <tr> <td>[B] URINE SAMPLE?</td> <td>Urine sample 1</td> <td>2</td> </tr> <tr> <td>[C] BLOOD SAMPLE?</td> <td>Blood sample 1</td> <td>2</td> </tr> <tr> <td>[D] TEST FOR STIs/SMEAR?</td> <td>Test for STIs/Smear 1</td> <td>2</td> </tr> <tr> <td>[E] WEIGHT MEASUREMENT?</td> <td>Weight measurement 1</td> <td>2</td> </tr> <tr> <td>[F] TEST FOR SYPHILIS?</td> <td>Test for syphilis 1</td> <td>2</td> </tr> <tr> <td>[G] TEST FOR HIV/AIDS VIRUSES?</td> <td>Test for HIV/AIDS viruses 1</td> <td>2</td> </tr> <tr> <td>[H] ULTRASOUND?</td> <td>Ultrasound 1</td> <td>2</td> </tr> <tr> <td>[I] CHEST X-RAY?</td> <td>Chest x-ray 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] MEASURING BLOOD PRESSURE?	Measuring blood pressure 1	2	[B] URINE SAMPLE?	Urine sample 1	2	[C] BLOOD SAMPLE?	Blood sample 1	2	[D] TEST FOR STIs/SMEAR?	Test for STIs/Smear 1	2	[E] WEIGHT MEASUREMENT?	Weight measurement 1	2	[F] TEST FOR SYPHILIS?	Test for syphilis 1	2	[G] TEST FOR HIV/AIDS VIRUSES?	Test for HIV/AIDS viruses 1	2	[H] ULTRASOUND?	Ultrasound 1	2	[I] CHEST X-RAY?	Chest x-ray 1	2	
	Yes	No																															
[A] MEASURING BLOOD PRESSURE?	Measuring blood pressure 1	2																															
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[H] ULTRASOUND?	Ultrasound 1	2																															
[I] CHEST X-RAY?	Chest x-ray 1	2																															

MN17	WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional GynaecologistD PhysicianE Family doctor/ Soum doctorI MidwifeJ Auxiliary midwifeC NurseK Other person Traditional birth attendantF Relative/ FriendH Other (specify)X No OneY	
MN18	WHERE DID YOU GIVE BIRTH TO (name)?	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Maternity house 13 Soum/family group practice..... 15 Private sector Ulaanbaatar hospital 21 Aimag/ Soum hospital 23 Other Respondent /Other's home 31 Other (specify) 96	31⇒MN19C 96⇒MN19C
MN19	WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes 1 No 2	2⇒MN19C
MN19A	WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before 1 After 2	
MN19C	WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER THE BIRTH OF (name)?	Yes 1 No 2 DK 8	
MN19D	DID YOU GIVE BIRTH TO (name) BEFORE, AFTER OR ON YOUR DUE DATE?	On time (37-42 weeks) 1 Before (22-37 weeks) 2 After (42 or more weeks) 3 DK 8	
MN20	WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average..... 4 Very small..... 5 DK 8	
MN21	WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN22C 8⇒MN22C
MN22	HOW MUCH DID (name) WEIGH? <i>If a card is available, record weight from card.</i>	From card 1 (kg) ____ . ____ From recall..... 2 (kg) ____ . ____ DK 99998	

MN22C	HAS <i>(name)</i> BEEN PROVIDED WITH THE BABY FOLLOWING CARE FOR WARMING? [A] HAT WAS WORN? [B] PLACED ON MOTHER'S BELLY AND COVERED WITH BLANKET? [C] PLACED ON INFANT WARMING TABLE?	<div style="text-align: right;">Yes No DK</div> Hat was worn 1 2 8 Placed on mother's belly and covered with blanket 1 2 8 Placed on infant warming table 1 2 8	
MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i> ?	Yes 1 No 2	
MN24	DID YOU EVER BREASTFEED <i>(name)</i> ?	Yes 1 No 2	2⇒Next module
MN25	HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 ____ Days 2 ____ DK/Don't remember 998	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒Next module
MN27	WHAT WAS <i>(name)</i> GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH Other mother's milk I Other (<i>specify</i>)X	

8. POST-NATAL HEALTH CHECKS		PN	
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>			
PN1	<p>Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility(MN18=11, 12, 13, 15, 21, 23) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No (MN18 = 31, 96) ⇒ Go to PN6.</p>		
PN2	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>If more than one week, record weeks.</i></p>	<p>Hours1 ____</p> <p>Days2 ____</p> <p>Weeks.....3 ____</p> <p>DK / Don't remember 998</p>	
PN3	<p>I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
PN4	<p>AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	
PN4A	<p>DID ANYONE RECORD ON "MOTHER AND CHILD HEALTH BOOK" BEFORE YOU LEFT (name or type or facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	
PN5	<p>NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
PN6	<p>Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= H, X, Y) ⇒ Go to PN10</p>		
PN7	<p>YOU HAVE ALREADY SAID THAT (person or persons in MN17) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (person or persons in MN17) LEFT YOU, DID (person or persons in MN17) CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
PN8	<p>AND DID (person or persons in MN17) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p>	<p>Yes 1</p> <p>No 2</p>	

	BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.		
PN9	AFTER THE <i>(person or persons in MN17)</i> LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF <i>(name)</i> ?	Yes 1 No 2	1⇒PN11 2⇒PN18
PN10	I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i> 'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING <i>(name)</i> , CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER <i>(name)</i> WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes 1 No 2	2⇒PN19
PN11	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN12A 2⇒PN12B
PN12A	HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours1 ____	
PN12B	HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Days2 ____ Weeks.....3 ____ Don't know/ remember 998	
PN13	WHO CHECKED ON <i>(name)</i> 'S HEALTH AT THAT TIME?	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctorI Midwife.....J Auxiliary midwifeC NurseK Other person Traditional birth attendantF Relative/ FriendH Other (<i>specify</i>)X	
PN14	WHERE DID THIS CHECK TAKE PLACE? <i>Probe if answered "Private sector": DOES IT PROVIDE HOSPITALIZATION OR IS IT AN OUTPATIENT CLINIC?</i>	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre)..... 12 Maternity house 13 Soum/family group practice 15 Private sector Ulaanbaatar Hospital..... 21 Clinic..... 22 Aimag/ Soum Hospital..... 23 Clinic..... 24 Other Respondent/ Other's home 31 Other (<i>specify</i>) 96	
PN15	Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=11, 12, 13, 15, 21, 23) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=31, 96) ⇒ Go to PN17		
PN16	AFTER YOU LEFT <i>(name or type of facility in MN18)</i> , DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next module

PN17	Check MN17: Did a health professional or traditional birth attendant assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17= D, E, I, J, C, K, F) ⇒ Continue with PN18. <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (MN17= H, X, Y) ⇒ Go to PN19		
PN18	AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next module
PN19	AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No 2	2⇒Next module
PN20	DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN21A 2⇒PN22B
PN21A	HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?	Hours1 ____	
PN21B	HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Days2 ____ Weeks.....3 ____ Don't know / remember 998	
PN22	WHO CHECKED ON YOUR HEALTH AT THAT TIME?	Health professional GynaecologistD Physician.....E Family doctor/ Soum doctor I Midwife.....J Auxilliary midwifeC NurseK Other person Traditional birth attendant F Relative/ FriendH Other (specify)X	
PN23	WHERE DID THIS CHECK TAKE PLACE? <i>Probe if answered "Private sector":</i> DID THE FACILITY LOCATE IN ULAANBAATAR OR AIMAG/ SOUM? DID IT PROVIDE HOSPITALIZATION OR WAS IT AN OUTPATIENT CLINIC?	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Maternity house 13 Soum/family group practice..... 15 Private sector Ulaanbaatar Hospital 21 Clinic 22 Aimag/ Soum Hospital 23 Clinic 24 Other Respondent/ Other's home 31 Other (specify) 96	

9. ILLNESS SYMPTOMS		IS																														
IS1	<p>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>																															
IS2	<p>SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p> <table border="0"> <tr> <td>Child not able to drink or breastfeed.....</td> <td>A</td> </tr> <tr> <td>Child becomes sicker</td> <td>B</td> </tr> <tr> <td>Child develops a fever.....</td> <td>C</td> </tr> <tr> <td>Child has fast breathing</td> <td>D</td> </tr> <tr> <td>Child has difficulty breathing</td> <td>E</td> </tr> <tr> <td>Child has blood in stool</td> <td>F</td> </tr> <tr> <td>Child is drinking poorly</td> <td>G</td> </tr> <tr> <td>Child vomits a lot.....</td> <td>H</td> </tr> <tr> <td>Child has diarrhoea</td> <td>I</td> </tr> <tr> <td>Child coughs</td> <td>J</td> </tr> <tr> <td>Child has a catalepsy</td> <td>K</td> </tr> <tr> <td>Child cries without reason</td> <td>L</td> </tr> <tr> <td>Other (specify).....</td> <td>X</td> </tr> <tr> <td>Other (specify).....</td> <td>Y</td> </tr> <tr> <td>Other (specify).....</td> <td>Z</td> </tr> </table>		Child not able to drink or breastfeed.....	A	Child becomes sicker	B	Child develops a fever.....	C	Child has fast breathing	D	Child has difficulty breathing	E	Child has blood in stool	F	Child is drinking poorly	G	Child vomits a lot.....	H	Child has diarrhoea	I	Child coughs	J	Child has a catalepsy	K	Child cries without reason	L	Other (specify).....	X	Other (specify).....	Y	Other (specify).....	Z
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10. CONTRACEPTION			CP
CP1	<p>I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	1⇒ Next module
CP2	<p>COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒ Next module
CP3	<p>WHAT ARE YOU DOING TO AVOID A PREGNANCY? WHAT KIND OF METHOD ARE YOU USING?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

11. UNMET NEED		UN
UN1	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK (CP1 = 2 or 8) ⇒ Go to UN5	
UN2	NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2 1⇒UN4
UN3	DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2
UN4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8 1⇒UN7 2⇒UN13 8⇒UN13
UN5	Check CP3: Currently using "Female sterilization"? <input type="checkbox"/> Yes (CP3 = A) ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6	
UN6	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says she cannot get pregnant 3 Undecided / DK 8 2⇒UN9 3⇒UN11 8⇒UN9
UN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years 2 ____ Does not want to wait (soon/now) 993 Cannot get pregnant 994 After marriage 995 Other (specify) 996 Don't know 998 994⇒UN11
UN8	Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant (CP1 = 1) ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK (CP1 = 2, 8) ⇒ Continue with UN9	
UN9	Check CP2: Currently using a method? <input type="checkbox"/> Yes (CP2 = 1) ⇒ Go to UN13 <input type="checkbox"/> No (CP2 = 2) ⇒ Continue with UN10	
UN10	DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8 1 ⇒ UN13 8 ⇒ UN13

UN11	<p>WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> <p><i>Probe if answered "Cannot get pregnant":</i> HOW LONG HAVE YOU BEEN TRYING TO GET PREGNANT?</p>	<p>Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus)..... D Has been trying to get pregnant for 2 years or more without result..... E Postpartum amenorrheic..... F Breastfeeding..... G Too old..... H Other (specify) X DK..... Z</p>	
UN12	<p>Check UN11: "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13.</p>		
UN13	<p>WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></p>	<p>Days ago.....1 ____</p> <p>Weeks ago.....2 ____</p> <p>Months ago.....3 ____</p> <p>Years ago4 ____</p> <p>In menopause / Has had hysterectomy..... 994</p> <p>Before last birth..... 995</p> <p>Never menstruated 996</p>	

12. ATTITUDES TOWARD DOMESTIC VIOLENCE					DV
DV1	SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
	[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
	[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
	[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
	[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
	[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
	[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND?	Spends big amount of money without a permission from her husband.....	1	2	8

13. MARRIAGE/ UNION			MA
MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇒MA5
MA2	HOW OLD IS YOUR HUSBAND/ PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age (in complete years)__ __ DK.....98	⇒ MA7 98⇒MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒Next module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 2 and more 2	1⇒MA8A 2⇒MA8B
MA8A	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Year__ __ __ __ DK year9998	
MA8B	IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month__ __ DK month98	
MA8C	<i>Check MA8A and MA8B to see if the woman knows the year when she first married or started living with a man as if married.</i> <input type="checkbox"/> Knows the year (MA8A, MA8B<>9998) ⇒ Go to next module <input type="checkbox"/> Does not know the year (MA8A, MA8B=9998) ⇒ Continue with MA9		
MA9	HOW OLD WERE YOU WHEN YOU <u>FIRST</u> STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age (in completed years)__ __	

14. SEXUAL BEHAVIOUR			SB
Check presence of others. Make sure you have privacy before you proceed with the interview.			
SB1	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse00 Age in years First time when started living with (first) husband/partner95	00⇒Next Module
SB2	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes1 No2 DK/ Don't remember8	
SB3	WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i>	Days ago 1 Weeks ago 2 Months ago 3 Years ago 4	4⇒SB15
SB4	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes1 No2	
SB5	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i> <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband1 Cohabiting partner2 Boyfriend/ Extra marital relation3 Casual acquaintance4 Other (specify) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6	Check MA1 to see if woman currently married or living together as if married. <input type="checkbox"/> Currently married or living with a man (MA1 = 1, 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7	HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner DK98	
SB8	HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes1 No2	2⇒SB15
SB9	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes1 No2	

SB10	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', probe:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband.....1 Cohabiting partner.....2 Boyfriend/ Extra marital relation.....3 Casual acquaintance.....4 Other (specify).....6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
SB11	<p>Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1, 2) and married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
SB12	<p>HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ____</p> <p>DK 98</p>	
SB13	<p>OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2⇒SB15
SB14	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ____</p>	
SB15	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ____</p> <p>DK 98</p>	

15. HIV/AIDS		HA																	
HA1	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT TOPIC. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2	2⇒Next module																
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8																	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8																	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8																	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes 1 No 2 DK..... 8																	
HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK																
During pregnancy.....	1	2	8																
During delivery.....	1	2	8																
By breastfeeding.....	1	2	8																
HA9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK 8																	
HA10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK 8																	
HA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER/HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK..... 8																	

HA13	Check CM13: Any live birth in last 2 years? <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14 <input type="checkbox"/> No live birth in last 2 years (CM13="No") ⇒ Go to HA24																						
HA14	Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care (MN1 = 1) ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care (MN1 = 2) ⇒ Go to HA24																						
HA15	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), DID YOU RECEIVE THE FOLLOWING COUNSELLING? [A] AIDS TRANSMITTED TO BABIES FROM MOTHER? [B] PREVENTIVE MEASURES OF AIDS VIRUS? [C] TEST FOR AIDS? [D] RECOMMENDED TEST FOR AIDS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS transmitted to babies from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Preventive measures of AIDS virus</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Test for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Recommended test for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	AIDS transmitted to babies from mother	1	2	8	Preventive measures of AIDS virus	1	2	8	Test for AIDS	1	2	8	Recommended test for AIDS	1	2	8	
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Test for AIDS	1	2	8																				
Recommended test for AIDS	1	2	8																				
HA16A	Check MN4G: Tested for the AIDS virus as part of your antenatal care? <input type="checkbox"/> Yes (MN4[G] = 1) ⇒ Continue with HA17 <input type="checkbox"/> No (MN4[G] = 2) ⇒ Go to HA24																						
HA17	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE AIDS VIRUS TEST THAT WAS TESTED DURING ANTENATAL CARE FOR THE LAST PREGNANCY?	Yes 1 No 2 DK 8	2⇒HA22 8⇒HA22																				
HA18	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK 8																					
HA22	HAVE YOU BEEN TESTED FOR THE AIDS VIRUS AGAIN SINCE THAT TIME YOU WERE TESTED FOR IT AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2	1⇒HA25																				
HA23	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1⇒HA27 2⇒HA27 3⇒HA27																				
HA24	I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27																				
HA25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3																					
HA26	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	2⇒HA27 8⇒HA27																				

HA26A	<p>REGARDLESS OF THE RESULT, ALL WOMEN TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA27	<p>DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p>	

16. TOBACCO AND ALCOHOL USE			TA
TA1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒TA6
TA2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette..... 00 Age.....	00⇒TA6
TA3	DO YOU SMOKE CIGARETTES NOW?	Yes 1 No 2	2⇒TA6
TA4	IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes	
TA5	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6	HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8	WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE? <i>Probe:</i> WHAT ELSE? <i>Circle each response.</i>	Cigars A Water pipe B Pipe D Pipe tobacco E Other (specify) X	
TA9	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE ANY SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2⇒TA14
TA11	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA14
TA12	WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE? <i>Probe:</i> WHAT ELSE? <i>Circle each response.</i>	Chewing tobacco A Snuff B Other (specify) X	
TA13	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10" If "everyday" or "almost every day", circle "30".</i>	Number of days0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	

TA14	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒Next module
TA15	<p>WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, ONE CUP OF TRADITIONAL VODKA, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?</p>	<p>Never had one drink of alcohol 00</p> <p>Age..... ____</p>	00⇒Next module
TA16	<p>DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE ALCOHOL OR DRINK?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10"</i></p> <p><i>If "everyday" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month..... 00</p> <p>Number of days0 ____</p> <p>10 days or more but less than a month..... 10</p> <p>Everyday / Almost every day 30</p>	00⇒Next module

17. LIFE SATISFACTION		LS	
For the modul's questionnaires, we will be use card of smile.			
LS1	<p>Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11.</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2.</p>		
LS2	<p>I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
LS3	<p>NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS4	HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS5	DURING THE current / 2016-2017 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	<p>Yes 1</p> <p>No 2</p>	2⇒LS7
LS6	HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
LS7	<p>HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	

LS8	HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS9	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS10	HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS11	HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS12	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS13	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
LS14	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
LS15	AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same 2 Worse 3	






WM11	Record the time.	Hour and minutes :	
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WM12	<p>Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</p>
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Interviewer's Observations

Supervisor's Observations

RESPONSE CARD:**SIDE 1**

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FOR
CHILDREN UNDER FIVE

1.UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Year/Month/Day of interview: 2016 / ____ / ____	
UF8A. Number of times visited _____		

Repeat greeting if not already read to this respondent:

WE ARE FROM THE NATIONAL STATISTICS OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (NAME)'S HEALTH AND WELL-BEING NEARLY 20 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.

If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY WE START NOW?

- ☐ Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Circle "03" in UF9. Discuss this result with your supervisor.

UF9. Result of the interview	Completed 01
Codes refer to mother/caretaker.	Not at home 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (specify) _____ 96

UF12.	<i>Record the time.</i>	Hour and minutes : ..
--------------	-------------------------	-----------------------------

2. AGE		AG
AG1	<p>I WOULD LIKE TO TALK TO YOU ABOUT <i>(name)</i>.</p> <p>ON WHAT YEAR, MONTH AND DAY WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHEN IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of Birth:</p> <p>Year 20 ..</p> <p>Month</p> <p>Day</p> <p>DK day 98</p>
AG2	<p>HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Must compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) </p>

3. BIRTH REGISTRATION		BR
BR1	<p>DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, probe:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No 3</p> <p>DK 8</p> <p>1⇒Next Module 2⇒Next Module</p>
BR2	<p>HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>1⇒Next Module</p>
BR3	<p>DO YOU KNOW HOW TO REGISTER <i>(name)</i>'S BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>

4. EARLY CHILDHOOD DEVELOPMENT			EC
EC1	HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00 Number of children's books 0 ____ Ten or more books 10	
EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: <div> <div>Y N DK</div> <div>[A] HOMEMADE TOYS</div> <div>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS</div> <div>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</div> </div> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<div>Homemade toys 1 2 8</div> <div>Toys from a shop 1 2 8</div> <div>Objects like trees, rocks, bowls or pots 1 2 8</div>	
EC3	SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN ALONE OR LEAVE IN THE CARE OF ANOTHER CHILD. ON HOW MANY DAYS IN THE PAST WEEK WAS (name): <div> <div>[A] LEFT ALONE FOR MORE THAN AN HOUR?</div> <div>[B] LEFT IN THE CARE OF ANOTHER CHILD WHOSE UNDER 10, FOR MORE THAN AN HOUR?</div> </div> <p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>	<div>Number of days left alone for more than an hour ____</div> <div>Number of days left with other child whose under 10 for more than an hour ____</div>	
EC4A	Check AG2 for age of child <div> <input type="checkbox"/> Child aged 0 or 1 ⇒ Go to Next Module <input type="checkbox"/> Child aged 2, 3 or 4 ⇒ Continue with EC5 </div>		
EC5	DOES (name) ATTEND ANY ORGANIZED LEARNING /KINDERGARTEN/ OR ALTERNATIVE FORM OF EDUCATION, SUCH AS A SHIFT GROUP, VISITING TEACHER OR MOBILE KINDERGARTEN?	Yes <div> <div>Kindergarten 1</div> <div>Alternative form of education 2</div> </div> <div> <div>No 3</div> <div>DK 8</div> </div>	1⇒EC5A 3⇒EC5C 8⇒EC5C

EC5B	IF <i>(name)</i> ATTENDED ALTERNATIVE FORM OF EDUCATION, WHICH ALTERNATIVE FORM OF EDUCATION AND HOW MANY DAYS DOES <i>(name)</i> ATTEND?	Shift group..... 1 ____ Visiting teacher..... 2 ____ Mobile kindergarten..... 3 ____	
EC5C	DOES <i>(name)</i> ATTEND CHILD CARE SERVICES?	Yes.....1 No3 DK.....8	
EC5A	<i>Check AG2 for age of child</i> <input type="checkbox"/> <i>Child aged 2 ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Child aged 3 or 4 ⇒ Continue with EC7</i>		
EC7	<p>IN THE PAST 3 DAYS, DID YOU OR ANY YOUR HOUSEHOLD MEMBER AGED 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, probe:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<p>Mother Father Other No one</p> <p>Read books A B X Y</p> <p>Told stories A B X Y</p> <p>Sang songs A B X Y</p> <p>Took outside A B X Y</p> <p>Played with A B X Y</p> <p>Named/counted A B X Y</p>	
EC7N	<p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY COLOURS?</p>	<p>Yes.....1 No2 DK.....8</p>	
EC7M	CAN <i>(name)</i> RECOGNIZE SIMPLE SHAPES SUCH AS TRIANGLES, RECTANGLES AND CIRCLES?	<p>Yes.....1 No2 DK.....8</p>	
EC8	CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	<p>Yes.....1 No2 DK.....8</p>	
EC9	CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE WORDS?	<p>Yes.....1 No2 DK.....8</p>	

EC9A	CAN (<i>name</i>) COUNT?	Yes.....1 No2 DK.....8	
EC10	DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes.....1 No2 DK.....8	
EC11	CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes.....1 No2 DK.....8	
EC12	IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes.....1 No2 DK.....8	
EC13	DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No2 DK.....8	
EC14	WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK.....8	
EC15	DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK.....8	
EC16	DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK.....8	
EC17	DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes.....1 No2 DK.....8	

5. BREASTFEEDING AND DIETARY INTAKE			BD																																																		
BD1	Check AG2 for age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module																																																				
BD2	HAS (name) EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4																																																		
BD3	IS (name) STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8																																																			
BD4	YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No 2 DK..... 8																																																			
BD5	DID (name) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8																																																			
BD6	DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8																																																			
BD7	<p>I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>[A] PLAIN WATER?</td> <td>Plain water</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] JUICE OR JUICE DRINKS?</td> <td>Juice or juice drinks</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] CLEAR SOUP?</td> <td>Clear soup</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[D] MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER?</td> <td>Tinned, powdered, animal milk or milk diluted with water</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="2"> If yes: HOW MANY TIMES DID (name) DRINK MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If 7 or more times, record '7'. If unknown, record '8'. </td> <td colspan="3">Number of times drank milk..... —</td> </tr> <tr> <td>[E] INFANT FORMULA, E.G., MILASAN, NANA?)</td> <td>Infant formula</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="2"> If yes, HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'. </td> <td colspan="3">Number of times drank infant formula —</td> </tr> <tr> <td>[G] TEA?</td> <td>Tea</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[F] ANY OTHER LIQUIDS?</td> <td>Other liquids</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					Yes	No	DK	[A] PLAIN WATER?	Plain water	1	2	8	[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8	[C] CLEAR SOUP?	Clear soup	1	2	8	[D] MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER?	Tinned, powdered, animal milk or milk diluted with water	1	2	8	If yes: HOW MANY TIMES DID (name) DRINK MILK SUCH AS TINNED, POWDERED, FRESH ANIMAL MILK OR MILK DILUTED WITH WATER? If 7 or more times, record '7'. If unknown, record '8'.		Number of times drank milk..... —			[E] INFANT FORMULA, E.G., MILASAN, NANA?)	Infant formula	1	2	8	If yes, HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.		Number of times drank infant formula —			[G] TEA?	Tea	1	2	8	[F] ANY OTHER LIQUIDS?	Other liquids	1	2	8
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BD8	<p>NOW I WOULD LIKE TO ASK YOU ABOUT FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS EATEN OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>			
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<p>If yes, HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT?</p> <p>If 7 or more times, record '7'. If unknown, record '8'.</p>	Number of times drank/ate yogurt —			
[B] A COMMERCIALLY FORTIFIED BABY FOOD, E.G., HUMANA?	A commercially fortified baby food	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] CARROTS, PUMPKIN, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Carrots, pumpkin, squash or sweet potatoes	1	2	8
[E] POTATOES, TURNIP, WILD RADISH OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, turnip, wild radish or any other foods made from roots	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS BROCCOLI, SPINACH?	Dark green, leafy vegetables	1	2	8
[G] VITAMIN A-RICH FRUITS SUCH AS PEACH, KIWI, OR BANANA?	Peach, kiwi, or banana	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE, MILK OR OTHER FOOD MADE FROM MILK?	Cheese, milk or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8

BD9	Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> All "No" ⇒ Continue with BD10		
BD10	Ask to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night <input type="checkbox"/> Child did not eat at all or the respondent does not know ⇒ Go to Next module. <input type="checkbox"/> Child ate at least one solid, semi-solid or soft food item mentioned above by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11		
BD11	HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? If 7 or more times, record '7'.	Number of times ____ DK.....8	

6. IMMUNIZATION										IM
<p>If an immunization (child health) card or mother and child's health book is available to a mother/caretaker, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>										
IM1	DOES (name) HAVE A VACCINATION CARD?				Yes, seen..... 1 Yes, not seen 2 No card... 3				1⇒IM3 2⇒IM2A	
	If yes: MAY I SEE IT?									
IM2	DID (name) EVER HAVE A VACCINATION CARD?				Yes 1 No 2					
IM2A	HAS (name) BEEN REGISTERED WITH CORRESPONDING COMMUNITY HEALTH POST?				Yes 1 No 2					
IM2B	DOES (name) HAVE MOTHER AND CHILD'S HEALTH BOOK?				Yes, seen..... 1 Yes, not seen 2 No card... 3				2⇒IM6 3⇒IM6	
	If yes, probe: MAY I SEE IT?									
IM3	(a) Copy dates for each vaccination from the card or book. (b) Write '4444' in year column if card or book shows that vaccination was given but no date recorded.				Date of Immunization					
					Year		Month		Day	
	[A] BCG	BCG								
	[B] POLIO AT BIRTH	OPV0								
	[C] POLIO 1	OPV1								
	[D] POLIO 2	OPV2								
	[E] POLIO 3	OPV3								
	[F] Pentavalent 1									
	[G] Pentavalent 2									
	[H] Pentavalent 3									
	[I] HEPB	HEP								
	[J] MEASLES (OR MMR OR MR) 1	MEASLES1								
	[K] MEASLES (OR MMR OR MR) 2	MEASLES2								
	[L] VITAMIN A (FIRST DOSE)	VIT A 1								
	[M] VITAMIN A (SECOND DOSE)	VIT A 2								
	[N] VITAMIN A (THIRD DOSE)	VIT A 3								
IM4	Check IM3. Are all vaccines (BCG to Measles1) recorded on the card or book <input type="checkbox"/> Yes⇒ Go to IM18B <input type="checkbox"/> No⇒ Continue with IM5									
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS CARD OR CHILD'S HEALTH BOOK, DID (NAME) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '6666' in the corresponding Day column for each vaccine mentioned. When finished, skip to IM18 <input type="checkbox"/> No/DK ⇒ Go to IM18									

IM6	HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes 1 No 2 DK 8	2⇒IM18 8⇒IM18
IM7	HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS — THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes 1 No 2 DK 8	2⇒IM8 8⇒IM8
IM7A	WHEN DID (<i>name</i>) RECEIVE THE BCG VACCINATION AGAINST TUBERCULOSIS AFTER BIRTH? [A] WITHIN 24 HOURS AFTER BIRTH? [B] WITHIN 2 WEEKS AFTER BIRTH? [C] 15 AND MORE DAYS AFTER BIRTH?	<div style="text-align: right;">Yes No DK</div> Within 24 hours after birth 1 2 8 Within 2 weeks after birth 1 2 8 15 and more days after birth 1 2 8	1, 8⇒IM8 1, 8⇒IM8
IM8	HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM9	WHEN DID (<i>name</i>) RECEIVE THE FIRST POLIO VACCINE AFTER BIRTH? [A] WITHIN 24 HOURS AFTER BIRTH? [B] WITHIN 2 WEEKS AFTER BIRTH? [C] 15 AND MORE DAYS AFTER BIRTH?	<div style="text-align: right;">Yes No DK</div> Within 24 hours after birth 1 2 8 Within 2 weeks after birth 1 2 8 15 and more days after birth 1 2 8	1, 8⇒IM10 1, 8⇒IM10
IM10	HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times DK 8	
IM11	HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION — THAT IS, AN INJECTION IN THE THIGH? PENTAVALENT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, AND HAEMOPHILUS INFLUENZAE B. <i>Probe by indicating that pentavalent vaccinations are sometimes given at the same time as polio vaccination.</i>	Yes 1 No 2 DK 8	2⇒IM13 8⇒IM13
IM12	HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?	Number of times DK 8	
IM13	HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION — THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes 1 No 2 DK 8	2⇒IM16 8⇒IM16

IM14	WHEN DID (<i>name</i>) RECEIVE THE FIRST HEPATITIS B VACCINE AFTER BIRTH?	Yes No DK	
	[A] WITHIN 24 HOURS AFTER BIRTH?	Within 24 hours after birth..... 1 2 8	1, 8⇒IM16
	[B] WITHIN 2 WEEKS AFTER BIRTH?	Within 2 weeks after birth 1 2 8	1, 8⇒IM16
	[C] 15 AND MORE DAYS AFTER BIRTH?	15 and more days after birth..... 1 2 8	
IM16	HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No..... 2 DK 8	2⇒IM18 8⇒IM18
IM16A	HOW MANY TIMES WAS MEASLES INJECTION RECEIVED?	Number of times DK 8	
IM18	DID (<i>name</i>) TAKE VITAMIN A THAT IS GIVEN AT THE AGE OF MORE 6-11 MONTHS? <i>Show Vitamin A blue coloured capsules with 100000 IU</i>	Yes 1 No..... 2 DK 8	
IM18A	DID (<i>name</i>) TAKE VITAMIN A THAT IS GIVEN AT THE AGE OF 12-59 MONTHS? <i>Show Vitamin A red coloured capsules with 200000 IU</i>	Yes 1 No..... 2 DK 8	
IM18B	DID (<i>name</i>) TAKE VITAMIN D IN THE LAST 12 MONTHS?	Yes 1 No..... 2 DK 8	2⇒IM19 8⇒IM19
IM18C	WHICH MONTH WAS IT WHEN (<i>name</i>) TOOK VITAMIN D THE LAST TIME?	Month DK 98	
IM18D	HAS (<i>name</i>) RECEIVED VITAMIN D BY TABLET OR SYRUP?	Yes No DK	
	[A] RECEIVED VITAMIN D BY TABLET?	Vitamin D by tablets..... 1 2 8	
	[B] RECEIVED VITAMIN D BY SYRUP?	Vitamin D by syrup 1 2 8	
IM19	HAS (<i>name</i>) EVER PARTICIPATED IN THE FOLLOWING NATIONAL IMMUNIZATION DAYS:	Yes No DK	
	[A] MAY IMMUNIZATION	May immunization..... 1 2 8	
	[B] OCTOBER IMMUNIZATION	October immunization..... 1 2 8	
	[C] OCTOBER IMMUNIZATION	Others..... 1 2 8	
IM20	Check IM3: <input type="checkbox"/> Completed ⇒ Go to Next Module. <input type="checkbox"/> Not completed ⇒ Complete “Questionnaire Form for Vaccination Records at Health Facility” from the Child’s Vaccination Record book kept at the Health Facility ⇒ Go to Next Module.		

7. CARE OF ILLNESS			CA
CA1	IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA6A 8⇒CA6A
CA2	I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK AND OTHER LIQUID). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK 8	
CA3	DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Never gave a food 5 Still breastfeeding 6 DK 8	
CA3A	DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA4 8⇒CA4
CA3B	FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE OR SOMEONE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine whether referred to public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Specialized professional health center (Mother and child center) A General hospital (Aimag centre/ district health centre) B Soum/ family group practice E Bag health physician F Private sector Ulaanbaatar Hospital G Clinic H Aimag/ Soum Hospital I Clinic J Physician K Pharmacy L Other source Relative/Friend P Traditional practitioner R Other (<i>specify</i>) X	

CA3C	Check CA3B: Whether 2 or more codes circled. <input type="checkbox"/> Two or more codes circled (2 or more codes circled in 'A'-'X' in CA3B) ⇒ Continue with CA3D <input type="checkbox"/> Only one code circled (only one code circled in 'A'-'X' in CA3B) ⇒ Go to CA4																						
CA3D	WHERE OR WHOM DID YOU FIRST SEEK ADVICE? <i>Probe to identify the type of source.</i> <i>Do NOT prompt with any suggestions.</i> <i>If unable to determine whether referred to public or private sector, write the name of the place.</i> <hr/> (Name of place)	Public sector Specialized professional health center (Mother and child center)..... 11 General hospital (Aimag centre/ district health centre)..... 12 Soum/ family group practice 15 Bag health physician 16 Private sector Ulaanbaatar Hospital.....21 Clinic.....22 Aimag/ Soum Hospital.....23 Clinic.....24 Physician26 Pharmacy27 Other source Relative/Friend32 Traditional practitioner34 Other (specify) _____ 96																					
CA4	DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING? <i>Read each and record response before proceeding to the next item.</i> [A] "KHOROSOL" ORS PACKET? [F] "ORALIT" ORS PACKET? [G] "UNICEF" ORS PACKET? [H] ANY OTHER ORS PACKET?	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>DK</th></tr> </thead> <tbody> <tr> <td>"Khorosol" ORS packet.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>"Oralit" ORS packet.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>"Unicef" ORS packet.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>Any other ORS packet.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> <i>If any other ORS packet was given to drink, record the name.</i> (Specify) _____		Yes	No	DK	"Khorosol" ORS packet.....	1	2	8	"Oralit" ORS packet.....	1	2	8	"Unicef" ORS packet.....	1	2	8	Any other ORS packet.....	1	2	8	
	Yes	No	DK																				
"Khorosol" ORS packet.....	1	2	8																				
"Oralit" ORS packet.....	1	2	8																				
"Unicef" ORS packet.....	1	2	8																				
Any other ORS packet.....	1	2	8																				
CA4A	Check CA4: ORS. <input type="checkbox"/> Child was given ORS (at least one 'Yes' circled in 'A'-'H' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child was not given ORS (all "No" in A-H in CA4) ⇒ Go to CA4C																						

CA4B	<p>WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center)11</p> <p>General hospital (Aimag centre/ district health centre)12</p> <p>Soum/ family group practice.....15</p> <p>Bag health physician16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital21</p> <p>Clinic22</p> <p>Aimag/ Soum</p> <p>Hospital23</p> <p>Clinic24</p> <p>Physician26</p> <p>Pharmacy.....27</p> <p>Other source</p> <p>Relative/Friend.....32</p> <p>Traditional practitioner34</p> <p>Other (specify) _____ 96</p>													
CA4C	<p>DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>DK</th></tr> </thead> <tbody> <tr> <td>Zinc tablets</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>Zinc syrup</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Yes	No	DK	Zinc tablets	1	2	8	Zinc syrup	1	2	8	
	Yes	No	DK												
Zinc tablets	1	2	8												
Zinc syrup	1	2	8												
CA4D	<p>Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child had any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child did not have zinc (all "No" in A or B in CA4C) ⇒ Go to CA4F</p>														
CA4E	<p>WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center)11</p> <p>General hospital (Aimag centre/ district health centre)12</p> <p>Soum/ family group practice.....15</p> <p>Bag health physician16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital21</p> <p>Clinic22</p> <p>Aimag/ Soum</p> <p>Hospital23</p> <p>Clinic24</p> <p>Physician26</p> <p>Pharmacy.....27</p> <p>Other source</p> <p>Relative/Friend.....32</p> <p>Traditional practitioner34</p> <p>Already had at home40</p> <p>Other (specify) _____ 96</p>													

CA4F	<p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each and record response before proceeding to the next item.</i></p> <p>[A] A HOMEMADE ORS FLUID FOR DIARRHOEA?</p> <p>[B] BOILED WATER?</p> <p>[C] DILUTED SOUP?</p> <p>[D] RICE JUICE?</p>	<p>Yes No DK</p> <p>Homemade ORS fluid 1 2 8</p> <p>Boiled water 1 2 8</p> <p>Diluted soup 1 2 8</p> <p>Rice juice 1 2 8</p>	
CA5	<p>WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
CA6	<p>WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic)..... G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
CA6C	<p>WHO RECOMMENDED SUCH TREATMENT?</p>	<p>Physician or service provider 1</p> <p>Pharmaceutics 2</p> <p>Mother/caretaker 3</p> <p>Relative/friend 4</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	
CA6A	<p>IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
CA7	<p>AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
CA8	<p>WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA9B</p> <p>8⇒CA9B</p>

CA9	<p>WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest only 1 Blocked or runny nose only..... 2 Both 3</p> <p>Other (<i>specify</i>) 6 DK 8</p>	<p>1⇒CA9B 2⇒CA9B 3⇒CA9B</p> <p>6⇒CA9B 8⇒CA9B</p>
CA9A	<p><i>Check CA6A: Had fever?</i></p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA9B</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14</p>		
CA9B	<p>I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH).</p> <p>DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink..... 5</p> <p>DK 8</p>	
CA9C	<p>DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less 1 Somewhat less 2 About the same..... 3 More 4 Never gave a food 5 Still breastfeeding 6</p> <p>DK 8</p>	
CA10	<p>DID YOU SEEK ANY ADVICE OR TREATMENT FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
CA11	<p>FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANY WHERE ELSE OR SOMEONE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if referred to public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center) A</p> <p>General hospital (Aimag centre/ district health centre) B</p> <p>Soum/ family group practice..... E</p> <p>Bag health physician F</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital G</p> <p>Clinic H</p> <p>Aimag/ Soum</p> <p>Hospital I</p> <p>Clinic J</p> <p>Physician K</p> <p>Pharmacy L</p> <p>Other source</p> <p>Relative/Friend P</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	

CA11A	Check CA11: <input type="checkbox"/> Two or more codes circled ⇒ Continue with CA11B <input type="checkbox"/> Only one code circled ⇒ Go to CA12		
CA11B	WHERE OR WHOM DID YOU FIRST SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE OR SOMEONE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if referred to public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Specialized professional health center (Mother and child center) 11 General hospital (Aimag centre/ district health centre) 12 Soum/ family group practice..... 15 Bag health physician 16 Private sector Ulaanbaatar Hospital.....21 Clinic22 Aimag/ Soum Hospital.....23 Clinic24 Physician26 Pharmacy.....27 Other source Relative/Friend.....32 Traditional practitioner34 Already had at home40 Other (specify) 96	
CA12	AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE /INJECTION FOR THE ILLNESS?	Yes 1 No.....2 DK8	2⇒CA14 8⇒CA14
CA13	WHAT MEDICINE/INJECTION WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE/INJECTION? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ _____ _____ _____ (Names of medicines)	Antibiotic drugs Pill / Syrup..... I Injection J Other medications Paracetamol (Panadol, Acetaminophen). P Aspirin..... Q Ibuprofen..... R Other (specify) X DK Z	
CA13A	Check CA13 for antibiotic mentioned (codes I or J) <input type="checkbox"/> Yes, (Circled in 'I' or 'J' in CA13) ⇒ Continue with CA13B <input type="checkbox"/> No, (No circled in 'I' or 'J' in CA13) ⇒ Go to CA14		

CA13B	<p>WHERE DID YOU GET THE ANTIBIOTICS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether referred to public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Specialized professional health center (Mother and child center)11</p> <p>General hospital (Aimag centre/ district health centre)12</p> <p>Soum/ family group practice.....15</p> <p>Bag health physician16</p> <p>Private sector</p> <p>Ulaanbaatar</p> <p>Hospital21</p> <p>Clinic22</p> <p>Aimag/ Soum</p> <p>Hospital23</p> <p>Clinic24</p> <p>Physician26</p> <p>Pharmacy.....27</p> <p>Other source</p> <p>Relative/Friend.....32</p> <p>Traditional practitioner34</p> <p>Already had at home40</p> <p>Other (specify)96</p>	
CA14	<p>Check AG: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 and 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to CF0</p>		
CA15	<p>THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Not dispose.....00</p> <p>Child used toilet/latrine01</p> <p>Put/Rinsed into toilet or latrine02</p> <p>Put/Rinsed into drain or ditch.....03</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open06</p> <p>Other (specify)96</p> <p>DK98</p>	

8. CHILD FUNCTIONING (AGE 2-4)			CF
CF0	Check child's age from AG2: <input type="checkbox"/> 2-4 years ⇒ Continue with CF1 <input type="checkbox"/> 0-1 years ⇒ Go to UF13		
CF1	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (name) WEAR GLASSES?	Yes 1 No 2	
CF2	DOES (name) USE A HEARING AID?	Yes 1 No 2	
CF3	DOES (name) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes 1 No 2	
CF4	IN THE FOLLOWING QUESTIONS, I WILL ASK YOU TO ANSWER BY SELECTING ONE OF FOUR POSSIBLE ANSWERS. FOR EACH QUESTION, WOULD YOU SAY THAT (name) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> REMEMBER THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY THAT (name) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL?		
CF5	Check CF1: Child wears glasses (CF1 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF6A. <input type="checkbox"/> No ⇒ Ask CF6B.		
CF6A	WHEN WEARING (HIS/HER) GLASSES, DOES (name) HAVE DIFFICULTY SEEING?	No difficulty 1	
CF6B	DOES (name) HAVE DIFFICULTY SEEING?	Some difficulty 2 A lot of difficulty 3 Cannot see at all 4	
CF7	Check CF2: Child uses hearing aid (CF2 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF8A. <input type="checkbox"/> No ⇒ Ask CF8B.		
CF8A	WHEN USING (HIS/HER) HEARING AID(S), DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot hear at all 4	
CF8B	DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?		
CF9	Check CF3: Child uses equipment or uses assistance for walking (CF3 = 1)? <input type="checkbox"/> Yes ⇒ Ask CF10. <input type="checkbox"/> No ⇒ Ask CF12.		
CF10	WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (name) HAVE DIFFICULTY WALKING?	Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4	

CF11	WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4	1⇒CF13 2⇒CF13 3⇒CF13 4⇒CF13
CF12	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot walk at all 4	
CF13	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY PICKING UP SMALL OBJECTS WITH (HIS/HER) HAND?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot pick up at all 4	
CF14	DOES (<i>name</i>) HAVE DIFFICULTY UNDERSTANDING YOU?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot understand at all..... 4	
CF15	WHEN (<i>name</i>) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY YOU?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot be understood at all..... 4	
CF16	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY LEARNING THINGS?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot learn things at all 4	
CF17	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY PLAYING?	No difficulty 1 Some difficulty 2 A lot of difficulty 3 Cannot play at all..... 4	
CF18	THE NEXT QUESTION HAS FIVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER THE QUESTION. COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DOES (<i>name</i>) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS? WOULD YOU SAY: NOT AT ALL, LESS, THE SAME, MORE OR A LOT MORE?	Not at all 1 Less 2 The same 3 More 4 A lot more 5	

UF13	<i>Record the time.</i>	Hour and minutes : ..	
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UF14	<p><i>Check List of Household Members, columns HL7B and HL15 to see if the respondent is a mother or caretaker of another child under 5 living in this household?</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Indicate to the respondent that you will need to measure the weight and height of the child after the interview. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the next respondent</i></p> <p><input type="checkbox"/> No ⇒ <i>End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household</i></p> <p><i>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</i></p>
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8. ANTHROPOMETRY			AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child under 5. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the HL of the Household Questionnaire before recording measurements.</p>			
AN1	Measurer's name and number:	Name _____	
AN2	Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or mother/caretaker refused 3 Other (specify) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3	Child's weight	Kilograms (kg) Weight not measured 999	
AN3A	Was the child undressed to the minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B	Check AG2 for age of child: <input type="checkbox"/> Child under 2 ⇒ Measure length (lying down). <input type="checkbox"/> Child aged 2 or more ⇒ Measure height (standing up).		
AN4	Child's length or height	Length/Height Length/Height not measured 9999	⇒ AN6
AN4A	How was the child actually measured? Lying down or standing up?	Lying down 1 Standing up 2	
AN6	Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		

Interviewer's Observations

Supervisor's Observations

Measurer's Observations

CHILD DEVELOPMENT SURVEY - 2016

QUESTIONNAIRE FOR
INDIVIDUAL MEN AGED 15-49

1. MAN'S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A). A separate questionnaire should be used for each eligible man.</i>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer's name and number: Name _____	MWM6. Year/Month/Day of interview: 2016 / ____ / ____	
MWM6A. Number of times visited _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICS OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND WELL-BEING NEARLY 15 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.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Fill '03' in MWM7. Discuss this result with your team leader.</p>	

MWM7. Result of the interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96
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MWM10	Record the time.	Hour and minutes..... __ : __	
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2. MAN'S BACKGROUND			MWB
MWB1	IN WHAT YEAR AND MONTH WERE YOU BORN?	Date of birth Year Month	
MWB2	HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years)	
MWB3	HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No 2	2⇒MWB7
MWB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school 2 Technical and vocational centre..... 3 University, institute/college..... 4	
MWB4A	HAVE YOU COMPLETED SCHOOL THAT YOU HAVE ATTENDED?	Yes 1 No 2	
MWB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade.....	
MWB6	Check MWB4 and MWB5: <input type="checkbox"/> Completed 5 or higher grade in a secondary school or higher education (MWB5>4) ⇒ Go to MWB8 <input type="checkbox"/> Completed 1-4 grades in a secondary school (MWB5<5) ⇒ Continue with MWB7		
MWB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3 No sentence in required language 4 (specify language) Blind / visually impaired 5	1⇒Next module 4⇒ Next module 5⇒ Next module
MWB7A	NOW I WOULD LIKE YOU TO WRITE THE SENTENCE WHICH I AM GOING TO READ TO YOU. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot write whole sentence, probe:</i> CAN YOU WRITE PART OF THE SENTENCE?	Cannot write at all 1 Able to write only some words of sentence. 2 Able to write short sentence wholly..... 3	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY			MMT
MMT1	Check MWB7 to see if the man is able to read. <input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education (MWB5>4)) ⇒ Continue with MMT2 <input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2 <input type="checkbox"/> Cannot read at all or blind/ visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3		
MMT2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT3	DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT4	HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT6	HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MMT9
MMT7	HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MMT9
MMT8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT9	HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒MMT12
MMT10	IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒MMT12
MMT11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT12	DO YOU HAVE A MOBILE PHONE? <i>If "yes": Is YOUR PHONE SMART?</i>	Yes Not smart 1 Smart 2 No 3	

4. FERTILITY		MCM	
MCM1	<p>NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME.</p> <p>HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒MCM8</p> <p>8⇒MCM8</p>
MCM3	<p>HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?</p>	<p>Age in years..... _ _</p>	
MCM4	<p>DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes1</p> <p>No2</p>	2⇒MCM6
MCM5	<p>HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home..... _ _</p> <p>Daughters at home _ _</p>	
MCM6	<p>DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes1</p> <p>No2</p>	2⇒MCM8
MCM7	<p>HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere _ _</p> <p>Daughters elsewhere _ _</p>	
MCM8	<p>HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i> I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes1</p> <p>No2</p>	2⇒MCM10
MCM9	<p>HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead..... _ _</p> <p>Girls dead _ _</p>	
MCM10	<p>Sum answers to MCM5, MCM7 and MCM9.</p>	<p>Sum _ _</p>	
MCM11	<p>JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No live births ⇒ Go to Next Module</p> <p><input type="checkbox"/> One or more live births ⇒ Continue with MCM11A</p> <p><input type="checkbox"/> No. ⇒ Check responses to MCM1-MCM10 and make corrections as necessary</p>		

MCM11A	DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes1 No2	1⇒MCM12
MCM11B	IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women ____ ____	
MCM12	OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Year ____ ____ ____ ____ DK year 9998 Month ____ ____ DK month 98	

5. ATTITUDES TOWARD DOMESTIC VIOLENCE					MDV
MDV1	SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes	No	DK
	[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
	[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
	[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
	[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
	[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
	[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND?	Spends big amount of money without a permission from her husband.....	1	2	8

5. MARRIAGE/ UNION		MMA
MMA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a woman 2 No, not in union 3 1 ⇒ MMA7 2 ⇒ MMA7
MMA5	HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman 2 No 3 3 ⇒ Next module
MMA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3
MMA7	HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2 1 ⇒ MMA8A 2 ⇒ MMA8B
MMA8A	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage
MMA8B	IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year 9998 DK year 9998 Month 98 DK month 98
MMA8C	Check MMA8A and MMA8B to see if the man knows the year when he first married or started living with a woman as if married. <input type="checkbox"/> Knows the year (MMA8A, MMA8B<>9998) ⇒ Go to next module <input type="checkbox"/> Does not know the year (MMA8A, MMA8B=9998) ⇒ Continue with MMA9	
MMA9	HOW OLD WERE YOU WHEN YOU <u>FIRST</u> STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years 98

8. SEXUAL BEHAVIOUR		MSB
<p>Check presence of others. Make sure you have privacy before you proceed with the interview.</p>		
MSB1	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HAVE YOU EVER HAD SEXUAL INTERCOURSE?</p> <p><i>If yes:</i> HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) wife/partner 95</p> <p>00⇒Next module</p>
MSB2	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	<p>Yes 1</p> <p>No 2</p> <p>DK/ Don't remember 8</p>
MSB3	<p>WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago.....1 _ _</p> <p>Weeks ago.....2 _ _</p> <p>Months ago.....3 _ _</p> <p>Years ago4 _ _</p> <p>4⇒MSB15</p>
MSB4	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	<p>Yes 1</p> <p>No 2</p>
MSB5	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend/ Extra marital relation..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute..... 5</p> <p>Other (specify) 6</p>
MSB8	HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	<p>Yes..... 1</p> <p>No 2</p> <p>2⇒MSB15</p>
MSB9	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	<p>Yes..... 1</p> <p>No 2</p>
MSB10	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend/ Extra marital relation..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute..... 5</p> <p>Other (specify) 6</p>

MSB13	OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MSB15
MSB14	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners _ _	
MSB15	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _</p> <p>DK..... 98</p>	

9. HIV/AIDS			MHA																
MHA1	NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No..... 2	2⇒Next module																
MHA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No..... 2 DK 8																	
MHA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK 8																	
MHA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No..... 2 DK 8																	
MHA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No..... 2 DK 8																	
MHA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK 8																	
MHA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes 1 No..... 2 DK 8																	
MHA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK																
During pregnancy	1	2	8																
During delivery	1	2	8																
By breastfeeding.....	1	2	8																
MHA9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER/HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No..... 2 DK/Not sure/Depends..... 8																	
MHA24	I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No..... 2	2⇒MHA27																

MHA25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago 3	
MHA26	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No..... 2 DK 8	2⇒Next module 8⇒ Next module
MHA26A	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?	Yes 1 No..... 2 DK 8	1⇒ Next module 2⇒ Next module 8⇒ Next module
MHA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No..... 2	

10. TOBACCO AND ALCOHOL USE			MTA
MTA1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒MTA6
MTA2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette..... 00 Age ____	00⇒MTA6
MTA3	DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒MTA6
MTA4	IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
MTA5	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	
MTA6	HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒MTA10
MTA7	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒MTA10
MTA8	WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Pipe D Pipe tobacco E Other (specify) X	
MTA9	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	
MTA10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2 ⇒MTA14
MTA11	DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒MTA14
MTA12	WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff B Other (specify) X	
MTA13	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month..... 10 Everyday / Almost every day 30	

MTA14	<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒Next module
MTA15	<p>WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, ONE CUP OF TRADITIONAL VODKA, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00</p> <p>Age..... ____ ____</p>	00⇒ Next module
MTA16	<p>DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month..... 00</p> <p>Number of days0 ____</p> <p>10 days or more but less than a month..... 10</p> <p>Everyday / Almost every day 30</p>	

10. LIFE SATISFACTION		MLS	
For the modul's questionnaires, we will be use card of smile.			
MLS1	<p>Check MWB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to MWM11.</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2.</p>		
MLS2	<p>I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
MLS3	<p>NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS4	HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS5	DURING THE current / 2016-2017 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	<p>Yes 1</p> <p>No 2</p>	2 ⇒ MLS7
MLS6	HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS7	<p>HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	

MLS8	HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS9	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS10	HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS11	HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS12	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS13	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied..... 4 Very unsatisfied 5	
MLS14	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?	Improved..... 1 More or less the same 2 Worsened 3	
MLS15	AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse 3	






MWM11	Record the time.	Hour and minutes :	
MWM12	Check List of Household Members, column HL7B and HL15 Is the respondent the caretaker of any child age 0-4 living in this household? <div style="margin-left: 20px;"> <input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. </div> <div style="margin-left: 20px;"> <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the cover page </div>		

Interviewer's Observations






Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

Approved by Order #A/23 of 2016 of the Chairman of the National Statistics Office of Mongolia.

Form CDS-5

CHILD DEVELOPMENT SURVEY - 2016**QUESTIONNAIRE FORM FOR
VACCINATION RECORDS
AT HEALTH FACILITY**

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's/Caretaker's name: Name _____	HF6. Mother's/Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Year/Month/Day of facility visit: 2016/ ____ / ____	
HF9. Year/Month/Day of birth (From AG1 in Questionnaire for Children Under-5) 20 ____ / ____ / ____	HF10. Name of health facility: _____	

HF11. Result of health facility visit	Vaccination record seen	01
	Vaccination record not seen.....	02
	Other (specify) _____	96

IMMUNIZATION										HF
HF13. (a) Copy dates for each vaccination from the card or mother and child's health book. (b) Write '4444' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		Year				Month		Day		
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
Pentavalent 1	PENTA1									
Pentavalent 2	PENTA2									
Pentavalent 3	PENTA3									
HEPB	HEP									
MEASLES(OR MMR OR MR) 1	MEASLES 1									
MEASLES (OR MMR OR MR) 2	MEASLES 2									
VITAMIN A (FIRST DOSE)	VITA1									
VITAMIN A (SECOND DOSE)	VITA2									
VITAMIN A (THIRD DOSE)	VITA3									

Approved by Order #A/23 of 2016 of the Chairman of the National Statistics Office of Mongolia.

Form CDS-6

CHILD DEVELOPMENT SURVEY - 2016**QUESTIONNAIRE FORM FOR
ANTHROPOMETRY RECORDS**

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used to record information on the weight and height for children age 0-4 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
AM1. Cluster number: _____	AM2. Household number: _____	
AM3. Child's name: Name _____	AM4. Child's line number: _____	
AM5. Mother's/Caretaker's name: Name _____	AM6. Mother's/Caretaker's line number: _____	
AM7. Interviewer's name and number: Name _____	AM8. Year/Month/Day of birth <i>(From AG1 in Questionnaire for Children Under-5)</i> 20 ____ / ____ / ____	

8. ANTHROPOMETRY			AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child under 5. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the HL of the Household Questionnaire before recording measurements.</p>			
AN1	Measurer's name and number:	Name _____	
AN2	Result of height / length and weight measurement	Either or both measured1 Child not present.....2 Child or mother/caretaker refused.....3 Other (specify)6	2⇒AN6 3⇒AN6 6⇒AN6
AN3	Child's weight	Kilograms (kg) Weight not measured.....999	
AN3A	Was the child undressed to the minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B	Check AG2 for age of child: <input type="checkbox"/> Child under 2 ⇒ Measure length (lying down). <input type="checkbox"/> Child aged 2 or more ⇒ Measure height (standing up).		
AN4	Child's length or height	Length/Height Length/Height not measured.....9999	⇒ AN6
AN4A	How was the child actually measured? Lying down or standing up?	Lying down1 Standing up2	
AN6	Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.		

2.WATER QUALITY TESTING		WQ	
WQ3	NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. WE WOULD LIKE TO TEST YOUR DRINKING WATER. COULD YOU PLEASE PROVIDE ME WITH A GLASS OF WATER THAT YOU WOULD MEMBERS OF YOUR HOUSEHOLD USUALLY DRINK?	Yes 1 No 2	2⇒WQ9
WQ4	HAVE YOU DONE ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 Don't Know 8	2⇒WQ6 8⇒WQ6
WQ5	WHAT HAVE YOU DONE TO THE WATER TO MAKE IT SAFER TO DRINK?	Boil A Add bleach / chlorine / Water Guard 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 (specify) X DK Z	
WQ6	<i>Perform household water test</i> <i>Using the water from the glass of drinking water provided by the respondent conduct water quality test. Label H-XXXX-YY, where XXXX is the cluster number and YY is the household number.</i> <i>Record whether test was conducted.</i>	Household water test conducted 1 Household water test not conducted 2	
WQ8	EARLIER, YOU TOLD US THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS FOR YOUR HOUSEHOLD WAS _____. IS THIS GLASS OF WATER FROM THAT SOURCE? <i>Refer to the answer provided for Question WS1</i>	Yes 1 No 2	2⇒WQ10
WQ9	CAN YOU PLEASE SHOW ME YOUR MAIN SOURCE OF DRINKING WATER SO THAT I CAN TAKE A WATER SAMPLE FROM THAT PLACE? <i>If 'no' probe to find out why this is not possible? Thank the respondent. The module is complete.</i>	Yes 1 No Water source was not functional 2 Water source too far 3 Unable to access source 4 Do not know where source is located 5 Other reason (specify) 6	1⇒WQ12 } 2-6 ⇒ WQ13

WQ10	FROM WHICH SOURCE WAS THE WATER YOU PROVIDED IN THIS GLASS COLLECTED?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot 12 Piped to neighbor 13 Public tap / standpipe 14 Tube Well, Borehole..... 21 Dug well Protected well..... 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water 91 Sachet water 92 Other (specify)..... 96	
WQ11	CAN YOU PLEASE SHOW ME THE SOURCE OF THE GLASS OF DRINKING WATER SO THAT I CAN TAKE A WATER SAMPLE FROM THAT PLACE? <i>If 'no' probe to find out why this is not possible? Thank the respondent. The module is complete.</i>	Yes 1 No Water source was not functional..... 2 Water source too far..... 3 Unable to access source 4 Do not know where source is located 5 Other reason (specify)..... 6	1 ⇒ WQ12 2-6 ⇒ WQ13
WQ12	<i>Perform source water test</i> <i>Using a sample of water taken at the source conduct water quality test. Label S-XXXX-YY, where XXXX is the cluster number and YY is the household number. Record whether test was conducted.</i>	Source water test conducted 1 Source water test not conducted 2	
WQ13	<i>Check HH8</i> <input type="checkbox"/> Household was selected for blank water testing ⇒ WQ14 <input type="checkbox"/> Household was not selected for blank water testing ⇒ Thank the respondent. The module is complete.		
WQ14	WQ14: Perform blank water test <i>Using a sample of sterile water given by the supervisor conduct water quality test. Label B-XXXX-YY, where XXXX is the cluster number and YY is the household number. Record whether test was conducted.</i>	Blank water test conducted 1 Blank water test not conducted 2	
Thank the respondent. The module is complete.			

3. WATER QUALITY TESTING RESULTS		WQ
Following 24-48 hours of incubation the results from the water quality tests should be recorded. In the sections below note the colour of the test and use the ultraviolet lamp (UV) to determine if the sample fluoresces (glows a white/blue colour).		
WQ15	Day / Month / Year of recording test results: ____ / ____ / 2016	
Record results of <u>Household</u> water test		
WQ16	Record whether household water sample yellow after incubation	Yellow 1 Not yellow 2 Not possible to read/results lost 8 Testing not completed 9
WQ17	Record whether household water sample fluoresces after incubation (use UV lamp)	Fluorescence 1 No fluorescence 2 Not possible to read/results lost 8 Testing not completed 9
Record results of <u>Source</u> water test		
WQ18	Record whether source water sample yellow after incubation	Yellow 1 Not yellow 2 Not possible to read/results lost 8 Testing not completed 9
WQ19	Record whether source water sample fluoresces after incubation (use UV lamp)	Fluorescence 1 No fluorescence 2 Not possible to read/results lost 8 Testing not completed 9
Record results of <u>Blank</u> water test		
WQ20	Record whether blank water sample yellow after incubation	Yellow 1 Not yellow 2 Not possible to read/results lost 8 Testing not completed 9
WQ21	Record whether blank water sample fluoresces after incubation (use UV lamp)	Fluorescence 1 No fluorescence 2 Not possible to read/results lost 8 Testing not completed 9

Measurer's Observations

Supervisor's Observations

