



HOUSEHOLD QUESTIONNAIRE

ACCORDING TO THE MONGOLIAN STATE LAW "CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22 OF THE MONGOLIAN STATE LAW "ON STATISTICS" ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Year/Month/Day of interview: _____ / _____ / _____		
HH6. Area: Capital city 1 Aimag centre 2 Soum centre 3 Rural 4	HH7. Region: HH7a Soum/district HH7b Bagh/khoroo HH7c Household address	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found 4 Other (specify) 6	HH9a. The number of household visits _____ HH10. Respondent's line number HH11. Total number of household members: _____	
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
HH16. Name and code of data entry clerk: _____		
Notes for the interviewer and team leader 		

HOUSEHOLD LISTING FORM												
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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used <input type="checkbox"/>												
						Eligible for:			For children age 0-17 years ask HL9-HL12			
						WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW				
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE ? 1 MALE 2 FEM.	HL4A YEAR OF BIRTH	HL5 RECO RD IN COMPL ETED YEARS DK= 98	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-17: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker MOTHER	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS household? Record Line no. of father or 00 for 'no'
01		___	1 2		--	01	___	___	1 2 8	___	1 2 8	___
02		___	1 2		--	02	___	___	1 2 8	___	1 2 8	___
03		___	1 2		--	03	___	___	1 2 8	___	1 2 8	___
04		___	1 2		--	04	___	___	1 2 8	___	1 2 8	___
05		___	1 2		--	05	___	___	1 2 8	___	1 2 8	___
06		___	1 2		--	06	___	___	1 2 8	___	1 2 8	___
07		___	1 2		--	07	___	___	1 2 8	___	1 2 8	___
08		___	1 2		--	08	___	___	1 2 8	___	1 2 8	___
09		___	1 2		--	09	___	___	1 2 8	___	1 2 8	___
10		___	1 2		--	10	___	___	1 2 8	___	1 2 8	___

HL1. <i>Line no.</i>	HL2. <i>Name</i>	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL4A YEAR OF BIRTH	HL5 <i>RECORD IN COMPLETED YEARS</i> DK=98	HL6. <i>Circle Line no. if woman is age 15-49</i>	HL7. <i>For each child age 5-17: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?</i> <i>Record Line no. of mother/ caretaker</i>	HL8. <i>For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?</i> <i>Record Line no. of mother/ caretaker MOTHER</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. <i>If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?</i> <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. <i>If alive: DOES (name's) NATURAL FATHER LIVE IN THIS household?</i> <i>Record Line no. of father or 00 for 'no'</i>
11		___ _	1 2		--	11	___ _	___ _	1 2 8	___ _	1 2 8	___ _
12		___ _	1 2		--	12	___ _	___ _	1 2 8	___ _	1 2 8	___ _
13		___ _	1 2		--	13	___ _	___ _	1 2 8	___ _	1 2 8	___ _
14		___ _	1 2		--	14	___ _	___ _	1 2 8	___ _	1 2 8	___ _
15		___ _	1 2		--	15	___ _	___ _	1 2 8	___ _	1 2 8	___ _
						TOHL6	TOHL7	TOHL8	TOHL9 (No 2)		TOHL11 (No 2)	
Totals												

* Codes for HL3: Relationship to head of household:

01 = Head; 02 = Wife or Husband
03 = Son or Daughter
04 = Son or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Uncle/Aunt
11 = Niece/Nephew By Blood
12 = Niece/Nephew By Marriage
13 = Other Relative
14 = Adopted/Foster/Stepchild
15 = Not Related
98 = Don't Know

EDUCATION MODULE										ED										
For household members age 5 and above				For household members age 5-24 years																
ED1. Line no.	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?		ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 GENERAL 2 VOCATIONAL 3 INSTITUTE, COLLEGE 4 UNIVERSITY 5 RELIGIOUS 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED4. DURING THE (2004-2005) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇒ ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 GENERAL 2 VOCATIONAL 3 INSTITUTE, COLLEGE 4 UNIVERSITY 5 RELIGIOUS 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)? 1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL 1 GENERAL 2 VOCATIONAL 3 INSTITUTE, COLLEGE 4 UNIVERSITY 5 RELIGIOUS 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK									
LINE	YES	NO	LEVEL		GRADE		YES	NO	DAYS	LEVEL		GRADE		Y	N	DK	LEVEL		GRADE	
01	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
02	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
03	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
04	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
05	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
06	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
07	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
08	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
09	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
10	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
11	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
12	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
13	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
14	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___
15	1	2⇒NEXT LINE	0	1 2 3 6 8	___	___	1	2	___	0	1 2 3 6 8	___	___	1	2	8	0	1 2 3 6 8	___	___

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe..... 13 Dug well Protected well..... 31 Unprotected well 32 Pumped well 39 Water from spring Protected spring 41 Unprotected spring..... 42 Rain/snow water collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes..... _ _ _ DK 998	
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes 1 No..... 2 DK 8	2⇒WS7 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>BoilA</p> <p>Add bleach/chlorineB</p> <p>Strain it through a clothC</p> <p>Use water filter (ceramic, sand, composite, etc.).....D</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p> Flush to piped sewer system 11</p> <p> Flush to septic tank 12</p> <p> Flush to pit (latrine) 13</p> <p> Flush to unknown place/not sure/DK where..... 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Bucket 41</p> <p>Hanging toilet/hanging latrine 51</p> <p>No facilities or bush or field..... 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ HC</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ HC</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10)</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Buddhism</i> 1 <i>Islam</i> 2 <i>Christianity</i> 3 Other religion (<i>specify</i>) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Mongolian</i> 1 <i>Kazak</i> 2 <i>Russian</i> 3 <i>Chinese</i> 4 Other language (<i>specify</i>) 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Khalkha</i> 1 <i>Kazak</i> 2 <i>Derved</i> 3 <i>Bayad</i> 4 Buriad..... 5 Dariganga..... 6 Zahchin..... 7 Urianhai..... 8 Other ethnic group (<i>specify</i>) 96	
HC1.D TYPES OF YOUR DWELLING	Apartment..... 1 House..... 2 Dormitory..... 3 Ger..... 4 Other..... 5	4⇒ HC2A
HC 1.F THE SIZE OF YOUR DWELLING (SQ.M)	_____	
HC1.G THE NUMBER OF ROOMS	_____	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms _ _	
HC2A. NO. OF GER WALL	_____	

<p>HC3. Main material of the dwelling floor:</p> <p><i>Record observation.</i></p>	<p>Natural floor</p> <p>Earth/sand..... 11</p> <p>Dung..... 12</p> <p>Rudimentary floor</p> <p>Wood planks21</p> <p>bamboo22</p> <p>Finished floor</p> <p>Parquet or polished wood 31</p> <p>Vinyl or asphalt strips..... 32</p> <p>Brick 33</p> <p>Cement..... 34</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural roofing</p> <p>Rudimentary Roofing</p> <p>Rustic mat 21</p> <p>Palm/bamboo 22</p> <p>Wood planks 23</p> <p>Finished roofing</p> <p>Metal 31</p> <p>Wood..... 32</p> <p>Calamine/cement fiber 33</p> <p>Ceramic tiles 34</p> <p>Cement..... 35</p> <p>Other (<i>specify</i>) 96</p> <p>Ger roof</p> <p>Single.....41</p> <p>Double.....42</p>	

<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Plywood..... 24</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime/cement 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Wood planks/shingles 36</p> <p>Other (<i>specify</i>) 96</p> <p>Ger walls</p> <p>Single.....41</p> <p>Double.....42</p>	
<p>HC 5.A OWNERSHIP OF DWELLING</p>	<p>Own.....1</p> <p>Others'2</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquid Propane Gas (LPG)..... 02</p> <p>Natural gas..... 03</p> <p>Biogas 04</p> <p>Coal / Lignite 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw/shrubs/grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>Saw dust..... 12</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p>
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire 1</p> <p>Stove 2</p> <p>Other (<i>specify</i>) 6</p>	
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house/ger 1</p> <p>In a separate building/ger 2</p> <p>Other (<i>specify</i>) 6</p>	

HC9. DOES YOUR HOUSEHOLD HAVE:	Yes No	
ELECTRICITY?	Electricity..... 1 2	
A RADIO?	Radio..... 1 2	
A TELEVISION?	Television..... 1 2	
A COMPUTER?	Computer 1 2	
A MOBILE TELEPHONE?	Mobile Telephone 1 2	
A NON-MOBILE TELEPHONE?	Non-Mobile Telephone..... 1 2	
A REFRIGERATOR?	Refrigerator 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
A WATCH?	Watch..... 1 2	
A BICYCLE?	Bicycle..... 1 2	
A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1 2	
AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
A TRACTOR?	Tractor..... 1 2	
A CAR?	Car 1 2	
A BOAT WITH A MOTOR?	Boat with motor 1 2	
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?	Sq.m 1. ____ Hectares..... 2. ____	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes 1 No..... 2	2⇒CL
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? IF NONE, RECORD '00'. If more than 997, record '997'. If unknown, record '998'.	Cattle..... ____ cows ____ bulls..... ____ Horses..... ____ Goats..... ____ Sheep..... ____ camels..... ____ Chickens ____ Pigs ____ Other ____	

CHILD LABOUR MODULE									CL
To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.									
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.									
CL1. Line no.	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then ⇒ CL6	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK? NO. HOURS	CL10. Types of family business: Production 1 Animal husbandry 2 Agriculture 3 Trade 4 Service 5 Other 6	
01	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
02	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
03	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
04	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
05	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
06	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
07	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
08	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
09	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
10	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
11	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
12	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
13	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
14	1 2 3	___	1 2 3	1 2	___	1 2	___	___	
15	1 2 3	___	1 2 3	1 2	___	1 2	___	___	

Child Discipline Module

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	__ __		1	2	__ __	__ __
02	__ __		1	2	__ __	__ __
03	__ __		1	2	__ __	__ __
04	__ __		1	2	__ __	__ __
05	__ __		1	2	__ __	__ __
06	__ __		1	2	__ __	__ __
07	__ __		1	2	__ __	__ __
08	__ __		1	2	__ __	__ __
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child from table 2 above	Rank number of child
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Child discipline module		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (name).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number _ _	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <i>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</i> HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.		
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12K. BEAT HIM/HER UP	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) <i>(name)</i> PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	
CD 14. WHO CARES OF HIS/HER DEVELOPMENT AND DISCIPLINE?	Mother 1 Father 2 Grandparents 3 Mother 4 Other(specify) 6	

CD 15 . HAVE YOU OBTAINED ANY INFORMATION ON HIS/HER DEVELOPMENT AND DISCIPLINE IN THE LAST MONTH?	Yes 1 No (Haven't searched) 2 Although I wanted, information was not available3	2⇒CD17 3⇒CD17
CD 16. WHERE DO YOU GET INFORMATION ON CHILD DEVELOPMENT AND DISCIPLINE?	Mass media 1 His/her teacher 2 Other (specify)3	
CD 17. HOW OFTEN DO YOU LISTEN TO HIS/HER DEMAND?	Often 1 Occasionally 2 Hardly3 Never 4	
CD 18. DO YOU ASK ABOUT HIS/HER INTEREST?	Often 1 Occasionally 2 Hardly3 Never4	
CD 19. HOW OFTEN DO YOU PRAISE HIM/HER?	Often 1 Occasionally 2 Hardly3 Never 4	
CD 20. DO YOU BUY HIM/HER TOYS?	Yes 1 No (due to financial problems) 2 Other (specify)3	
CD 21. DO YOU PROVIDE HIM/HER WITH DRAWING MATERIALS?	Yes 1 No (due to financial problems) 2 Other (specify)3	
CD 22. HAS HE/SHE HAD AN ACCIDENT IN THE LAST MONTH?	Yes 1 No 2	2⇒CD24
CD 23. ACCIDENTS RESULTED FROM	Burning 1 Hitting by or falling from an animal 2 Falling from other thing 3 Caused by knife or sharp things4 Hitting by someone 5 Other (specify) 6	
CD 24. DOES HE/SHE FEED REGULARLY? (OR IF THE CHILD IS SMALL HOW REGULARLY A PARENT HELP THEM TO DO THINGS IN CD 24-31)	Yes, always1 Occasionally 2 No 3	

CD 25. DOES HE/SHE SLEEP AT REGULAR TIME?	Yes, always.....1 Occasionally..... 2 No 3	
CD 26. DOES HE/SHE BRUSH HIS/HER TEETH IN THE MORNING?	Yes, always.....1 Occasionally..... 2 No 3	
CD 27. DOES HE/SHE WASH HIS/HER HANDS BEFORE DINING?	Yes, always.....1 Occasionally..... 2 No 3	
CD 28. DOES HE/SHE WASH HIS/HER HANDS AFTHET USING TOILET?	Yes, always.....1 Occasionally..... 2 No 3	
CD 29. DOES HE/SHE BATH REGULARLY?	Yes, always.....1 Occasionally..... 2 No 3	
CD 30. DOES HE/SHE BRUSH HIS/HER TEETH BEFORE HE/SHE GOES TO BED?	Yes, always.....1 Occasionally..... 2 No 3	
CD 31. DOES HE/SHE PROPERLY DRESS FOR WEATHER?	Yes, always.....1 Occasionally..... 2 No 3	

Disability Module											DA
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank. <i>I would like to ask you if any children in this household aged 2 through 9 has any of the health conditions i am going to mention to you.</i>											
DA1. Line no.	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'s SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO UNDERSTAND FOR PEOPLE OTHER THAN THE FAMILY)?	DA12. (For 2- year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

HOUSEHOLD INCOME, IN TOGROGS
IH

1. SALARY, WAGES, PENSION, and ALLOWANCES			
Question	Items	In last month	In last 12 months
101	Salary, in cash		
102	Remuneration, non-cash		
103	Pension		
104	Compensation		
105	Allowance		
106	Child allowance		
199	<u>TOTAL</u>		
2. INCOME DERIVED FROM HOUSEHOLD PRODUCTION AND SERVICES			
201	Animal husbandry		
202	Agriculture		
203	Other production and services		
299	<u>TOTAL</u>		
3. OTHER INCOME			
301	Sale of real estate		
302	Stock share dividends		
303	Premise rent, property leasing		
304	Intellectual property, patent, copyright		
305	Deposit withdrawal, repayment of money borrowed to others		
306	Interests from deposit and money borrowed to others		
307	Gifts and assistance from others		
308	Bonus, prize		
309	Non-production credit		
310	Other sources		
399	<u>TOTAL</u>		

SALT IODIZATION MODULE		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? <i>Once you have examined the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 Less than 15 PPM..... 2 15 PPM or more..... 3 No salt in home 6 Salt not tested 7	
SI1A. What kind of salt do your family use?	Imported salt.....1 Local salt..... 2	
SI 1B. HAVE YOU HEARD ABOUT THE ENRICHED FLOUR?	Yes1 No..... 2	
SI 1B. HAVE YOUR FAMILY USE THE ENRICHED FLOUR?	Yes1 Occasionally.....2 No..... 3 DK.....8	

SI2. Does any eligible woman age 15-49 reside in the household? <i>Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i> <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman. <input type="checkbox"/> No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No. ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.