

NON-MIGRANT QUESTIONNAIRE – FORM C

IDENTIFICATION		
PROVINCE/CITY: _____	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>	
DISTRICT/QUARTER: _____		
COMMUNE/WARD: _____		
NAME OF ENUMERATION AREA: _____		
NAME OF HOUSEHOLD HEAD: _____		
HOUSEHOLD NUMBER:		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
ADDRESS OF HOUSEHOLD _____		
URBAN/RURAL (large city = 1, small city = 2, town = 3, countryside = 4):	<div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>	
NAME AND LINE NUMBER OF RESPONDENT: _____ (TO HOUSEHOLD SCHEDULE)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>	NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
DATE _____	DATE _____		

SECTION 1. RESPONDENTS' BACKGROUND

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTING INTERVIEW	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	Sex?	MALE 1 FEMALE 2	
103	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT	AGE IN COMPLETED YEAR <input type="text"/> <input type="text"/>	
105	ENTER AGE IN COLUMN 1 OF CALENDAR. START WITH CURRENT AGE (IN 2004) AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15.		
106	What is your religion?	NO RELIGION 01 BUDDHIST 02 CATHOLIC 03 PROTESTANT 04 CAO DAI 05 HOA HAO 06 ISLAM 07 OTHER 96 _____ (SPECIFY)	
107	What is your ethnic group?	KINH 01 TAY 02 THAI 03 HOA 04 KHO ME 05 MUONG 06 NUNG 07 H'MONG 08 DAO 09 GIA-RAI 10 OTHER 96 _____ (SPECIFY)	

108	At present, are you living in your own house, shared, hired house/hotel/inn?	OWN HOUSE 1 SHARING WITH PARENTS 2 SHARING WITH RELATIVES 3 HIRED HOUSE /HOTEL/INN 4 OTHER 6 <div style="text-align: center;">_____</div> (SPECIFY)	
109	What is your current marital status?	SINGLE 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5	
110	<p>ENTER THE APPROPRIATE CODE FOR MARITAL STATUS IN COLUMN 2 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15.</p> <p>INCASE OF 'SINGLE', ENTER '1' IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15.</p> <p>IN CASE OF EVER-MARRIED, ENTER CODE FOR CURRENT MARITAL STATUS IN QUESTION 109 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN MARITAL STATUS TO ADD THOSE CHANGES IN CALENDAR.</p> <p>IF TWO EVENTS OCCURRED IN A YEAR, RECORD THE LATTER EVENT INTO THAT YEAR, AND THE FORMER INTO PREVIOUS YEAR.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>+ In what year [HAVE YOU GOT MARRIED/WIDOWED/DIVORCED/SEPARATED]?</p> <p>+ What was your previous marital status? In what year that status occurred to you?</p>		
111	What is the highest level of education?	GRADE COMPLETED/CURRENTLY ATTENDING IN 12-YEAR SYSTEM <input type="text"/> <input type="text"/> COLLEGE 13 UNIVERSITY OR HIGHER 14 ILLITERATE 15	
112	<p>ENTER THE APPROPRIATE CODE FOR EDUCATION LEVEL IN COLUMN 3 OF CALENDAR. START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15.</p> <p>ENTER CODE FOR EDUCATION LEVEL IN QUESTION 111 IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN EDUCATION LEVEL TO ADD THOSE CHANGES IN CALENDAR.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>+ In what year did you complete the education level of?</p> <p>+ What was your previous education level? In what year had you reached that level?</p>		
113	<p>CHECK Q111:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>GRADE 5 OR LESS <input type="checkbox"/></div> <div>GRADE 6 OR HIGHER <input type="checkbox"/></div> <div>ILLITERATE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">115 ←</div> <div style="text-align: center;">→ 116</div> </div>		

114	Can you read and understand a letter or newspaper easily, difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 116																				
115	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2																					
116	Do you usually listen to a radio at least once a week?	YES 1 NO 2																					
117	Do you usually watch television at least once a week?	YES 1 NO 2																					
118	During the last 6 months, did you go to:	<table> <tr> <td></td><td>C</td><td>K</td><td>KB</td></tr> <tr> <td>Cinema at cinema house/yard?</td><td>CINEMA 1</td><td>2</td><td>8</td></tr> <tr> <td>Opera/concert at theatre house?</td><td>OPERA/CONCERT 1</td><td>2</td><td>8</td></tr> <tr> <td>Festival/gymnastics/sport/games?</td><td>FESTIVAL/GYMNASTICS 1</td><td>2</td><td>8</td></tr> <tr> <td>Tourism/sightseeing?</td><td>TOURISM/SIGHTSEEING 1</td><td>2</td><td>8</td></tr> </table>		C	K	KB	Cinema at cinema house/yard?	CINEMA 1	2	8	Opera/concert at theatre house?	OPERA/CONCERT 1	2	8	Festival/gymnastics/sport/games?	FESTIVAL/GYMNASTICS 1	2	8	Tourism/sightseeing?	TOURISM/SIGHTSEEING 1	2	8	
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SECTION 2. MIGRATION HISTORY

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Where did your mother usually live at the time of your birth?	PROVINCE/CITY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (NAME OF PROVINCE/CITY) DISTRICT/QUARTER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (NAME OF DISTRICT/QUARTER)	
202	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
203	What were the names of province and district that you usually lived when you were 15 years old?	PROVINCE/CITY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (NAME OF PROVINCE/CITY) DISTRICT/QUARTER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (NAME OF DISTRICT/QUARTER)	
204	By then, was that place a large city, a small city, a town or in the countryside?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4 OVERSEAS 5	
205	<p>ENTER APPROPRIATE CODES OF THE PLACE OF USUAL RESIDENCE INTO COLUMN 4 OF THE CALENDAR. BEGIN IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15.</p> <p>ENTER THE CODE FOR CURRENT PLACE OF USUAL RESIDENCE IN THE YEAR 2004 AND ASK THE RESPONDENT ABOUT CHANGES IN PLACE OF USUAL RESIDENCE TO ADD THOSE CHANGES IN CALENDAR.</p> <p>IF THERE ARE MORE THAN 1 EVENTS OCCURRED IN A YEAR, RECORD THE LAST EVENT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p style="padding-left: 20px;">+ In what year did you move to [NAME OF CURRENT COMMUNE/WARD]?</p> <p>IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE YEAR OF THE MOVE.</p> <p>IN SUBSEQUENT YEARS ENTER THE APPROPRIATE CODE FOR THE TYPE OF RESIDENCE.</p> <p>CONTINUE PROBING FOR PREVIOUS RESIDENCES, AND RECORD MOVES AND TYPE OF RESIDENCE, ACCORDINGLY.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p style="padding-left: 20px;">+ Where did you live before?</p> <p style="padding-left: 20px;">+ In what year did you arrive there?</p> <p style="padding-left: 20px;">+ Is that place a large city, a small city, a town or in the countryside?</p>		

SECTION 4. ACTIVITIES AND CURRENT LIVING CONDITION

NO	QUESTIONS	CODING CATEGORIES	SKIP
401	What type of activity have you spent most of the time during last 6 months?	EMPLOYED 1 HOUSEHOLD WORK 2 STUDENT 3 UNABLE TO WORK 4 UNEMPLOYED: HAVE DEMAND FOR WORK 5 NO DEMAND FOR WORK 6	→ 411
402	What type of work have you spent most of the time during last 6 months?	_____ _____ _____ <input type="checkbox"/> (SPECIFY)	
403	Where did you work?	GOVERNMENT ORGANIZATION 1 COLECTIVE ORGANIZATION 2 PRIVATE ORGANIZATION 3 PRIVATE CAPITAL ORGANIZATION 4 GOVERNMENT CAPITAL ORGANIZATION 5 FOREIGN INVESTMENT ORGARNIZATION 6	
404	On average, how much do you earn per month? IN CASE OF GOODS, CONVERT IN VND	VND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DONG)	
405	Compare to the old place, your salary/pay at the present place is much higher, higher, the same, lower or much lower?	MUCH HIGHER 1 HIGHER 2 THE SAME 3 LOWER 4 MUCH LOWER 5	
405b	In your work place, have you been signed a labor contract?	YES 1 NO 2	
406	In your work place, do you get benefits?	YES 1 NO 2 DON'T KNOW 8	→ 408
407	What kind of benefits do you get? CIRCLE ALL THAT APPLY	BONUS A OVER TIME B TRANSPORTATION C CLOTHES D FOOD E HOUSING F OTHERS X _____ (SPECIFY)	

408	Do you intend to change your job?	YES 1 NO 2 → 410 DON'T KNOW 8 → 411	
409	Why do you want to change your job? Any more? CIRCLE ALL THAT APPLY	WANT TO HAVE HIGHER INCOME A UNSATISFY WITH SALARY/WAGE B HARD/HEAVY WORKING CONDITION C UNSUITABLE TO MY SKILL D → 411 UNSUITABLE TO MY HEALTH E FAMILY REASON F OTHERS X _____ (SPECIFY)	
410	Why do you not want to change your job?	HAS GOOD INCOME A JOB SUITABLE TO MY SKILL B JOB SUITABLE TO MY HEALTH C ENJOYS THIS JOB D GOOD WORK CONDITIONS E LACK OF ALTERNATIVE JOBS F OTHERS X _____ (SPECIFY)	
411	WRITE DOWN SUITABLE CODE OF THE CURRENT OCCUPATION IN THE QUESTION 401 AND 402 ON THE CALENDAR, BEGINNING AT THE YEAR OF 2004, AND MOVING BACK UNTIL THE YEAR THAT RESPONDENT WAS 15 YEARS OLD. IF THERE WERE MORE THAN 1 EVENT OCCURRED IN A YEAR, ONLY RECORD THE LAST ONE. ILLUSTRATIVE QUESTIONS: + From what year did you start work? FILL 'X' IN THE YEAR THAT RESPONDENT CHANGES HIS/HER OCCUPATION CONTINUE TO ASK ABOUT JOBS THAT RESPONDENT HAD WORKED, AND FILL IN 'X' FOR CHANGES IN OCCUPATION, ACCORDINGLY FORE EXAMPLE: + Before which job did you work? + From what year did you start working that job?		
412	Did you buy any kind of goods which cost 500.000VND or more in the last month?	YES 1 NO 2	
413	Do you have savings now?	YES 1 NO 2 DON'T KNOW 8 → 415	
414	How do you keep your saving? CIRCLE ALL THAT APPLY CIRCLE ALL THAT APPLY	KEEP IN CASH A KEEP BY RELATIVES B SAVING C INTEREST-FREE LOAN D GROUP GATHERING LOAN E BUY GOLD/FOREIGN CURRENCIES F OTHERS X _____ (SPECIFY)	

415	Do you have loan of someone now?	YES 1 NO 2 DON'T KNOW 8	→ 418									
416	Who they are? Any more? CIRCLE ALL THAT APPLY	BLOOD RELATIVES A RELATIVES B NON RELATIVES C CREDIT, BANK D OTHERS X _____ (SPECIFY)										
417	How much is that loan? IF LOAN IN GOLD/FOREIGN CURRENCY/GOOD, CONVERT TO VND	VND <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table> (DONG)							0	0	0	
						0	0	0				
418	From what resources can you get a large amount of money when you need? Any more CIRCLE ALL THAT APPLY	SAVING A LOAN B FROM BLOOD RELATIVES C SELL OWN PROPERTIES D PAWN THINGS E OTHERS X _____ (SPECIFY) DON'T KNOW Y										
419	At present, do you have any children living with you who were in schooling ages (5 to 18 years old)?	NO CHILDREN 1 YES, BUT NOT 5-18 YEARS OLD 2 YES, HAS CHILD(REN) 5-18 YEARS OLD 3	→ 422									
420	At present, do you have any child(ren) in schooling ages (5 to 18 years old) living with you who are not going to school ?	HAS CHILD(REN) NOT GOING TO SCHOOL ... 1 HAS CHILD(REN) GOING TO SCHOOL 2	→ 422									
421	Why do your child(ren) not go to school? Any more? CIRCLE ALL THAT APPLY	TOO FAR A TOO POOR B MANY CHILDREN C HAVING TO WORK D NOT PASS EXAMINATION E TOO EXPENSIVE F NOT HAVE RESIDENT REGISTRATION G NO BIRTH CERTIFICATE H OTHERS X _____ (SPECIFY) DON'T KNOW Y										

423	<p>What kind of help do you want? Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>RESIDENT REGISTRATION A</p> <p>LAND B</p> <p>HOUSING C</p> <p>CAPITAL D</p> <p>TO FIND JOB..... E</p> <p>SEED/TECHNIQUE F</p> <p>SCHOOLING/STUDYING G</p> <p>TO IMPROVE PROFESSION LEVEL H</p> <p>HEALTH CARE I</p> <p>ENVIRONMENT J</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p>	
424	<p>Do you attend any union activities at this place during the last 3 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 427
425	<p>Why not? Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>NOT NECESSARY A</p> <p>DON'T KNOW HOW TO ATTEND B</p> <p>DON'T PERMISSION TO ATTEND C</p> <p>COMPLEX PROCEDURE D</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p>	
427	<p>Do you feel safe living in this city/district?</p>	<p>YES 1</p> <p>NO 2</p>	→ 501
428	<p>What are you afraid of?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>VIOLENCE A</p> <p>STEELING B</p> <p>DRUG ADDICTED GANGSTERS C</p> <p>PROSTITUTION D</p> <p>GAMBLING E</p> <p>POOR INFRASTRUCTURE F</p> <p>ENVIRONMENTAL POLLUTION G</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW Y</p>	

SECTION 5: HEALTH

NO.	QUESTIONS	CODING CATEGORIES	SKIP
501	How would you rate your own health: very good, good, normal, poor or very poor?	VERY GOOD 1 GOOD 2 NORMAL 3 POOR 4 VERY POOR 5 DON'T KNOW 8	
503	How would you compare your health to others of your age: much better, better, about the same, worse, much worse?	MUCH BETTER 1 BETTER 2 ABOUT THE SAME 3 WORSE 4 MUCH WORSE 5 DON'T KNOW 8	
505	Do you have the health insurance card now?	YES 1 NO 2	→ 508
506	Why do you not have health card? Any more? CIRCLE ALL THAT APPLY	NO NEED A DON'T KNOW ABOUT HEALTH CARD B DO NOT KNOW WHERE TO GET C TOO EXPENSIVE D EMPLOYER DOES NOT GIVE E OTHERS X _____ (SPECIFY)	
508	Have you got any health check during the last three months?	YES 1 NO 2	
509	When was the last time you were sick enough that you had to stay home?	LESS THAN 3 MONTHS AGO 1 3 MONTHS TO A YEAR AGO 2 MORE THAN 1 YEAR 3 NEVER SICK ENOUGH 4 DO NOT REMEMBER 8	→ 515
510	What did you do about the sickness?	NOTHING 1 SELF MEDICATED 2 DOCTOR CAME TO HOME 3 GO TO HEALTH CENTER 4 OTHERS 5 _____ (SPECIFY)	→ 513

511	Where did you go to treat illness? Any more? CIRCLE ALL THAT APPLY	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A COMMUNE HEALTH CENTER..... B HEALTH FACILITY..... C OTHER PUBLIC HEALTH..... D _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... E PRIVATE DOCTOR..... F OTHER PRIVATE..... G _____ (SPECIFY) OTHER SOURCE..... X _____ (SPECIFY)	
512	Who paid for health check and medicine for that treatment? CIRCLE ALL THAT APPLY	HEALTH INSURANCE..... A HEALTH CHECK WITHOUT FREE..... B PAID BY ONESELF..... C RELATIVE PAID..... D FROM BUSINESS/OFFICE/OWNER..... E OTHERS..... X _____ (SPECIFY)	515
513	Why did you not go to health center? Any more? CIRCLE ALL THAT APPLY	NOT TOO SERIOUS..... A DONT KNOW WHERE TO GO..... B TOO EXPENSIVE..... C TOO FAR AWAY..... D MEDICINE AVAILABLE AT HOME..... E OTHERS..... X _____ (SPECIFY)	
515	Did you do something to help your relatives to improve their health and how did you do to help them?	NOTHING..... A MONEY/GOODS..... B SPIRIT..... C INFORMATION/KNOWLEDGE..... D OTHERS..... X _____ (SPECIFY)	
516	Do you smoke cigarette or tobacco?	YES..... 1 NO..... 2	521
517	How would you rate your own smoking: heavy, normal or weak?	HEAVY..... 1 NORMAL..... 2 WEAK..... 3 DONT KNOW..... 4	

521	Do you drink beer or wine?	YES..... 1 NO..... 2	→ 601
522	How often do you drink beer or wine?	ONE TIME PER DAY..... 1 SEVERAL TIMES PER WEEK..... 2 ONE TIME PER WEEK..... 3 ONE TIME PER MONTH..... 4 AT PARTY ONLY 5 DON'T KNOW..... 8	
523	Have you ever been feeling drunk after drinking beer or wine?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 601
524	How many times have you been drunk in last month?	ONE TIME..... 1 2-3 TIMES..... 2 4 TIMES AND OVER..... 3 NOT DRUNK..... 4	

SECTION 6: STDS, AIDS AND FAMILY PLANNING

NO.	QUESTIONS	CODING CATEGORIES	SKIP
601	Have you heard of the following diseases? READ OUT EACH	<div>YES NO DK</div> <div>GONORRHEA..... 1 2 8</div> <div>SYPHILIS 1 2 8</div> <div>HEPATIC B 1 2 8</div>	
602	CHECK 601: HEARD OF AT LEAST ONE <input type="checkbox"/> (AT LEAST ONE 'YES') ↓	NO 'YES' <input type="checkbox"/> → 605	
603	What are the main reasons that make people getting the above diseases? Any more? CIRCLE ALL THAT APPLY	<div>UNHYGIENIC GENITALS A</div> <div>HAVING SEX WITH MULTIPLE PARTNERS WITHOUT USING CONDOMS B</div> <div>HAVE SEX WITH THE INFECTED PEOPLE WITHOUT USING CONDOMS C</div> <div>HANDSHAKE D</div> <div>KISSING E</div> <div>COMMON USE OF TOOTH BRUSH/TOWEL F</div> <div>DON'T KNOW Y</div>	
604	In your opinion, if one of spouses is affected by these infections/diseases, who should go to see doctor?	<div>ONLY ONE SPOUSE WHO BEING AFFECTED 1</div> <div>BOTH WIFE AND HUSBAND 2</div> <div>ALL PEOPLE HAVING SEX WITH PERSON WHO BEING AFFECTED 3</div> <div>DON'T KNOW 8</div>	
605	Have you ever heard of HIV/AIDS (or SIDA)?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>	→ 613
607	From which sources of information have you heard of HIV/AIDS (or SIDA)? Any more? CIRCLE ALL THAT APPLY	<div>RADIO A</div> <div>TELEVISION B</div> <div>NEWSPAPERS/MAGAZINES C</div> <div>PAMPHLETS/POSTERS D</div> <div>HEALTH WORKER E</div> <div>CHURCHES/TEMPLES F</div> <div>SCHOOLS/TEACHERS G</div> <div>COMMUNITY MEETINGS H</div> <div>FRIENDS/RELATIVES I</div> <div>WORK PLACE J</div> <div>OTHERS X</div> <div>_____</div> <div>(SPECIFY)</div>	
608	How is HIV transmitted? Any more? READ OUT EACH, CIRCLE ALL THAT APPLY	<div>INDIVIDUAL CONTRACT (PETTING, KISSING, HANDSHAKE, SHARING TOILET)..... A</div> <div>FROM MOTHER TO NEW BORN..... B</div> <div>HAVE SEX WITH INFECTED PERSON C</div> <div>MOSQUITOES/INSECTS BITE D</div> <div>DIRECT CONTACT WITH BLOOD, FLUID OF THE INFECTED E</div> <div>SHARING SYRINGE F</div> <div>BLOOD TRANSFUSION G</div> <div>OTHERS X</div> <div>_____</div> <div>(SPECIFY)</div> <div>DON'T KNOW Y</div>	

609	In your opinion, is it possible for a healthy-looking person to be effected by HIV?	YES 1 NO 2 DON'T KNOW 8	
610	In your opinion, is it possible for people to avoid getting AIDS or virus that cause AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 612
611	What can people do to avoid getting AIDS, or HIV? Any more? CIRCLE ALL THAT APPLY	SAFE SEX A ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F AVOID BLOOD TRANSFUSIONS G AVOID INJECTIONS H AVOID KISSING I AVOID MOSQUITO BITES K OTHERS X _____ (SPECIFY) DON'T KNOW Y	
612	If one person in this location is affected by HIV/AIDS, what would you give him/her a hand, contact with but try to find way to protect yourself, keep away from him/her, or do nothing? Any more? CIRCLE ALL THAT APPLY	GIVE A HAND A CONTRACT WITH BUT PROTECT YOURSELF B KEEP AWAY FROM HIM/HER C DO NOTHING D DON'T KNOW Y	
613	CHECK 109: EVER-MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/>		→ 630
614	Have you ever given birth to a child?	YES 1 NO 2	→ 624
615	Please let me know: a) Number of children living with you? b) Number of children living elsewhere? c) Number of children died? d) Total?	CHILDREN LIVING WITH CHILDREN LIVING ELSEWHERE CHILDREN DIED TOTAL	

616	<p>Now I would like to ask you some questions about all child(ren) that you have had in your lifetime.</p> <p>ILLUSTRATIVE QUESTIONS, COLUMN 6: Can you tell me the birth year of each child, starting with the last child?</p> <p>IN COLUMN 6, ENTER CODE '1' IN THE YEAR THAT THE CHILD WAS BORN.</p> <p>ASK AND RECORD FOR EACH DELIVERY, STARTING WITH THE LAST DELIVERY TO THE FIRST ONE.</p> <p>TWIN/TRIPLE IS TREATED AS A DELIVERY. IN CASE THAT MORE THAN ONE DELIVERIES OCCURRED IN A YEAR IS TREATED AS A ONE DELIVERY FOR THAT YEAR.</p> <p>SUM OF CODES '1' IN COLUMN 6 ≤ NUMBER IN LINE D) IN QUESTION 615.</p> <p>ILLUSTRATIVE QUESTIONS, COLUMN 7:</p> <p>IF NUMBER IN C) IN QUESTION 615 IS '00' (NO CHILDREN DIED), SKIP TO QUESTION 617.</p> <p>IF NUMBER IN C) IN QUESTION 615 IS NOT '00' (AT LEAST ONE CHILD DIED), ASK: Can you tell me in what years those children died?</p> <p>IN COLUMN 7, ENTER CODE '1' FOR DIED CHILD IN YEARS THAT CHILDREN DIED.</p> <p>ASK AND RECORD FOR EACH CHILD WHO WAS DIED. IN CASE THAT MORE THAN ONE CHILDREN DIED IN A YEAR IS TREATED AS ONE CHILD DIED IN THAT YEAR.</p> <p>SUM OF CODES '1' IN COLUMN 7 ≤ NUMBER IN C) IN QUESTION 615.</p>		
619	At present, have you got any children who were 0 to 5 years old living with you?	NO CHILDREN..... 1 <input type="checkbox"/> YES, BUT NOT 0-5 YEARS OLD 2 <input type="checkbox"/> HAS CHILD(REN) 0-5 LIVING WITH 3 <input type="checkbox"/>	→ 624
621	Has youngest child vaccinated ?	VACCINATED 1 <input type="checkbox"/> NOT VACCINATED 2 <input type="checkbox"/> DON'T KNOW 8 <input type="checkbox"/>	→ 623 → 624
622	Do you have vaccination certificate for that vaccination?	HAVE VACCINATION CERTIFICATE 1 <input type="checkbox"/> NOT HAVE VACCINATION CERTIFICATE 2 <input type="checkbox"/>	→ 624
623	Why do you not get the child vaccinated? Any more? CIRCLE ALL THAT APPLY	DON'T KNOW WHERE TO GO A <input type="checkbox"/> HAVE NO INFORMATION B <input type="checkbox"/> TOO FAR C <input type="checkbox"/> TOO BUSY WITH WORK D <input type="checkbox"/> TOO MANY CHILDREN E <input type="checkbox"/> TOO EXPENSIVE F <input type="checkbox"/> NO RESIDENT REGISTRATION G <input type="checkbox"/> NO BIRTH CERTIFICATE H <input type="checkbox"/> OTHERS X <input type="checkbox"/> _____ (SPECIFY) DON'T KNOW Y <input type="checkbox"/>	
624	CHECK 102:	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	→ 630
625	CHECK 104:	FROM 15 TO 49 YEARS <input type="checkbox"/> 50 YEARS AND OVER <input type="checkbox"/>	→ 630
626	CHECK 109:	CURRENT MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>	→ 630

627	Are you/your husband currently doing or using any method to delay or avoid getting pregnant?	YES 1 NO 2 → 630									
628	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHERS 96 _____ (SPECIFY)									
629	Where did you/your husband obtain [METHOD] for the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL 10 DELIVERY HOUSE 11 COMMUNE HEALTH CENTER 12 FAMILY PLANNING CENTER 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE DOCTOR 22 PHARMACY 23 OTHER PRIVATE 24 _____ (SPECIFY) OTHER SOURCE FRIENDS/RELATIVES 31 OTHER 32 _____ (SPECIFY)									
630	RECODE THE TIME	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

Thank you for cooperation!

RETURN TO COVER SHEET OF HOUSEHOLD SCHEDULE