

MIGRANT QUESTIONNAIRE – FORM B

IDENTIFICATION			
PROVINCE/CITY: _____ DISTRICT/QUARTER: _____ COMMUNE/WARD: _____ NAME OF ENUMERATION AREA: _____ NAME OF HOUSEHOLD HEAD: _____ HOUSEHOLD NUMBER: _____ ADDRESS OF HOUSEHOLD _____ URBAN/RURAL (large city = 1, small city = 2, town = 3, countryside = 4): _____ NAME AND LINE NUMBER OF RESPONDENT: _____ (TO HOUSEHOLD SCHEDULE)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> </div> </div>		
SUPERVISOR NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DATE _____	FIELD EDITOR NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DATE _____	OFFICE EDITOR <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	KEYED BY <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>

SECTION 1. RESPONDENTS' BACKGROUND

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTING INTERVIEW	HOUR..... MINUTES.....	
102	Sex?	MALE..... 1 FEMALE..... 2	
103	In what month and year were you born?	MONTH..... DON'T KNOW MONTH..... 98 YEAR..... 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.....	
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 (SPECIFY)	
109	What is your current marital status?	SINGLE..... 1 MARRIED..... 2 WIDOWED..... 3 DIVORCED..... 4 SEPARATED..... 5	

110	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. INCASE OF 'SINGLE', ENTER '1' IN THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT THE RESPONDENT REACHED THE AGE OF 15. 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. IF MORE THAN ONE EVENTS OCCURRED IN A YEAR, RECORD THE LATTER EVENT INTO THAT YEAR, AND THE FORMER INTO PREVIOUS YEAR. ILLUSTRATIVE QUESTIONS: + In what year [HAVE YOU GOT MARRIED/WIDOWED/DIVORCED/SEPARATED]? + What was your previous marital status? In what year that status occurred to you?																						
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	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. 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. ILLUSTRATIVE QUESTIONS: + In what year did you complete the education level of? + What was your previous education level? In what year had you reached that level?																						
113	CHECK Q111: GRADE 5 OR LESS <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/> ILLITERATE <input type="checkbox"/> <div>↓ 115 ←</div> <div>→ 116</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><thead><tr><th></th><th>C</th><th>K</th><th>KB</th></tr></thead><tbody><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></tbody></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 type="text"/> <input type="text"/> <input type="text"/> _____ (NAME OF PROVINCE/CITY) DISTRICT/QUARTER <input type="text"/> <input type="text"/> _____ (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 type="text"/> <input type="text"/> <input type="text"/> _____ (NAME OF PROVINCE/CITY) DISTRICT/QUARTER <input type="text"/> <input type="text"/> _____ (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>+ 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>MARK 'X' IN CALENDAR IN YEARS YOU MOVED.</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>+ Where did you live before?</p> <p>+ In what year did you arrive there?</p> <p>+ Is that place a large city, a small city, a town or in the countryside?</p>		

SECTION 3. DETAILS OF LAST MOVE

NO	QUESTIONS	CODING CATEGORIES	SKIP
301	Where did you last move from?	PROVINCE/CITY <input type="text"/> <input type="text"/> <input type="text"/> _____ (SPECIFY) DISTRICT <input type="text"/> <input type="text"/> _____ (SPECIFY)	
301b	In what year did you move here?	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
302	Location?	LARGE CITY 1 SMALL CITY 2 TOWN 3 COUNTRYSIDE 4	
303	What was your main activity in the last 6 months before coming here?	EMPLOYED 1 HOUSEHOLD WORK 2 STUDENT 3 UNABLE TO WORK 4 UNEMPLOYED: HAVE DEMAND FOR WORK 5 NO DEMAND FOR WORK 6	
304	Before you moved here, had you been here before?	YES 1 NO 2	
305	What were the reasons of moving to the present place? CIRCLE ALL THAT APPLY	DID'T FIND ANY JOB AT THE OLD PLACE A FINDING A JOB AT THE PRESENT PLACE B FINISHED SCHOOLING C STUDENT D MARRIAGE E TO JOIN RELATIVES F HAVE NO RELATIVES AT THE OLD PLACE... G HAVE NO HEALTH CENTER AT THE OLD PLACE H FOR TREATMENT I BETER ENVIOENMENT J TO IMPROVE LIVING CONDITION K TO IMPROVE SOCIAL AND INTELLECTUAL NEEDS L TO DO BUSINESS M EXPIRATION OF THE LABOUR CON TRACT.. N RESETTLE O FOR CHILDREN'S FUTURE P OTHER X _____ (SPECIFY) DON'T KNOW Y	

306	Among the above circled reasons, which was the main one?	<div style="text-align: right;"> <input type="checkbox"/> </div> <div style="text-align: center;"> _____ (THE MAIN REASON) </div>									
307	Who took decision to move for your moving here? <div style="text-align: center;">CIRCLE ALL THAT APPLY</div>	MYSELF A SPOUSE B CHILD(REN) C PARENTS D OTHER BLOOD RELATIVES E RELATIVES F FRIENDS G COUNTRYMEN H OTHERS X <div style="text-align: center;"> _____ (SPECIFY) </div>									
308	During this last move did anybody accompany you to the present place?	YES 1 NO 2	→ 310								
309	Who were they? Any more? <div style="text-align: center;">CIRCLE ALL THAT APPLY</div>	SPOUSE A CHILD(REN) B PARENTS C OTHER BLOOD RELATIVES D RELATIVES E FRIENDS F COUNTRYMEN G OTHERS X <div style="text-align: center;"> _____ (SPECIFY) </div>									
310	After this last move, did anybody move to the present place?	YES 1 NO 2	→ 313								
311	Who were they? Any more? <div style="text-align: center;">CIRCLE ALL THAT APPLY</div>	SPOUSE A CHILD(REN) B PARENTS C OTHER BLOOD RELATIVES D RELATIVES E FRIENDS F COUNTRYMEN G OTHERS X <div style="text-align: center;"> _____ (SPECIFY) </div>									
312	How many men and women did come after this last move?	MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
313	Do you expect any migrant(s) coming to the present place?	YES 1 NO 2 DON'T KNOW 8	→ 315								
314	Are they staying here temporary or permanent?	TEMPORARY 1 PERMANENT 2 DON'T KNOW 8									

315	<p>How did you come to know about the present place?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>LIVE HERE BEFORE A</p> <p>PREVIOUS VISIT B</p> <p>FROM RELATIVES C</p> <p>FROM FRIENDS D</p> <p>FROM MASS MEDIA E</p> <p>FROM GOVERNMENT EMPLOYMENT F</p> <p>FROM PRIVATE EMPLOYMENT OFFICE G</p> <p>FROM BUSINESS/OFFICE/OWNER H</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p>	
316	<p>Were there any relatives or friends already living here at the time of your arrival?</p>	<p>YES 1</p> <p>NO 2</p>	→ 320
317	<p>Who they were?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SPOUSE A</p> <p>CHILD(REN) B</p> <p>PARENTS C</p> <p>OTHER BLOOD RELATIVES D</p> <p>RELATIVES E</p> <p>FRIENDS F</p> <p>COUNTRYMEN G</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p>	
318	<p>Did any of your relatives or friends assist you in setting down here when you arrived?</p>	<p>YES 1</p> <p>NO 2</p>	→ 320
319	<p>What were they assisting you?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>HELP FOR DWELLING A</p> <p>MONEY HELP B</p> <p>MATERIAL HELP C</p> <p>ENCOURAGEMENT D</p> <p>HELP TO FIND A JOB E</p> <p>HELP TO GET ADMISSION TO SCHOOL F</p> <p>TO GET INFORMATION G</p> <p>OTHERS X</p> <p>_____</p> <p>(SPECIFY)</p>	
320	<p>Do you know the Government Employment Agencies?</p>	<p>YES 1</p> <p>NO 2</p>	→ 323
321	<p>Did you use their services?</p>	<p>YES 1</p> <p>NO 2</p>	→ 323
322	<p>Why not?</p>	<p>HAVING A JOB 1</p> <p>LONG TIME TO WAIT 2</p> <p>EXPENSIVE 3</p> <p>HAS NO GOOD JOB THERE 4</p> <p>OTHERS 6</p> <p>_____</p> <p>(SPECIFY)</p>	

323	Do you know the Private Employment Agencies?	YES 1 NO 2	→ 326						
324	Did you use their services?	YES 1 NO 2	→ 326						
325	Why not?	HAVING A JOB 1 LONG TIME TO WAIT 2 EXPENSIVE 3 HAS NO GOOD JOB THERE 4 OTHERS 6 _____ (SPECIFY)							
326	Did you start working after you arrived?	YES 1 NO 2	→ 330						
327	How long after you started work on arrival?	WEEKS 1 <table border="1"><tr><td>0</td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td>0</td><td></td></tr></table>	0				0		
0									
0									
328	Where did you work? PLEASE TELL YOUR FIRST WORK PLACE.	GOVERNMENT ORGANIZATION 1 COLECTIVE ORGANIZATION 2 PRIVATE ORGANIZATION 3 PRIVATE CAPITAL ORGANIZATION 4 GOVERNMENT CAPITAL ORGANIZATION 5 FOREIGN INVESTNMENT ORGARNIZATION. 6 DON'T KNOW 8							
329	Did you change the place of work mentioned above?	YES 1 NO 2							
330	After your arrival here did you face difficulties?	YES 1 NO 2	→ 337						
331	What difficulties did you face? Any more? CIRCLE ALL THAT APPLY	NO ADMINISTRATIVE PERMISSION A COULDN'T FIND LAND PERMISSION B DWELLING PROBLEMS C ELETRICITY PROBLEMS D WATER PROBLEMS E COULDN'T FIND A JOB F COULDN'T COVERED BY THE HEALTH SERVICES G COULDN'T COVERED BY THE SOCIAL PROTECTION SERVICES H COULDN'T FIND SCHOOL FOR CHILDREN I COULDN'T ADAPT TO THE NEW PLACE J NO INCOME SOURCES K OTHERS X _____ (SPECIFY)							
332	Among the above circled difficulties, which is the main one?	_____ <table border="1"><tr><td></td></tr></table> (MAIN DIFFICULTY)							

333	Did you know about these difficulties before you moved?	YES 1 NO 2	→ 335
334	If you had known about these difficulties before you moved here, would you still have decided to move?	YES 1 NO 2	
335	Did you go for help when you faced these difficulties?	YES 1 NO 2	→ 337
336	Whom did you go for help? Any more? CIRCLE ALL THAT APPLY	BLOOD RELATIVES A RELATIVES B FRIENDS C COUNTRYMEN D TRADE-UNION E LABOUR REGULATION OFFICE F PROJECT AND/OR PROGRAMME IMPLEMENTING ORGANIZATION G ADMINISTRATION H OTHERS X _____ (SPECIFY)	
337	Could you get any assistance?	YES 1 NO 2	→ 339
338	What kind of help did you get? CIRCLE ALL THAT APPLY	HELP FOR DWELLING A MONEY HELP B MATERIAL HELP C ENCOURAGEMENT D HELP TO FIND A JOB E HELP TO GET ADMISSION TO SCHOOL F TO GET INFORMATION G OTHERS X _____ (SPECIFY)	
339	Do you have household registration out of previous place?	YES 1 NO 2	→ 341
340	Why not?	NOT NECESSARY 1 EXPENSIVE 2 TAKE LONG TIME 3 COMPLICATED PROCEDURE 4 OTHERS 6 _____ (SPECIFY)	
341	Do you have household registration into current place?	YES 1 NO 2	→ 343
342	That household registration is KT1, or KT2 or KT3 or KT4?	KT1 1 KT2 2 KT3 3 KT4 4	→ 345

343	Why not? Any more? CIRCLE ALL THAT APPLY	NOT NECESSARY A EXPENSIVE B TAKE LONG TIME C COMPLICATED PROCEDURE D NO PERMISSION TO REGISTRATION E NO OUT REGISTRATION F DON'T KNOW HOW TO REGISTRATION G REGISTERED BUT NOT COMPLETED H OTHERS X _____ (SPECIFY)																																																																	
344	What difficulties have you faced as a result of not registration? Any more? CIRCLE ALL THAT APPLY	FINDING JOB A RENTING HOUSE B CHILDREN EDUCATION C ACCESS PUBLIC SECTOR HEALTH D HEALTH INSURANCE E ACCESS TO LOAN F ACQUIRING LAND G MOTOR REGISTRATION H BUSINESS REGISTER I OTHERS X _____ (SPECIFY)																																																																	
345	How long do you intend to stay in this district/quarter?	HAVE NOT ANY DIFFICULTY V PERMANENTLY 199 TEMPORARILY: MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 899																																																																	
346	How did your situation change compare to the last place of residence with the present one? READ EACH ISSUE IN CODING COLUMN ENTER FOLLOWING CODES: 1 - MUCH BETTER 2 - BETTER 3 - SAME 4 - WORSE 5 - MUCH WORSE 7 - NOT APPLICABLE 8 - DK	YOUR WORK <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> INCOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> EDUCATION <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> PROFESSIONAL SKILL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> CHILDREN'S STUDIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> HOUSING CONDITION <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> HEALTH CARE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table> ENVIRONMENT AND LIFE SATISFACTION.... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>																																																																	
347	Have you sent money/goods to your relatives during last 12 months?	YES 1 NO 2																																																																	
348	Have you visited your relatives during last 12 months?	YES 1 NO 2	→ 351																																																																
349	How many times have you visited your relatives during last 12 months? IF NOT REMEMBER, WRITE '99', IF 12 TIMES AND OVER, WRITE '12'	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																																																	

350	Have you brought money/goods with when visiting your relatives during last 12 months?	YES 1 NO 2	
351	CHECK 347 AND 350: AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/>	→ 401
352	Number of times has you sent or given money or goods to your relatives during last 12 months?	NUMBER OF TIMES <input type="text"/>	
353	How much money have you sent or given your relatives during last 12 months? IN THE CASE OF GOODS, CONVERT TO 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)	
354	How did your relatives use the money which you sent or given to? Any more? CIRCLE ALL THAT APPLY	FARMING A CRAFT INDUSTRIES B BUSINESS C EDUCATION D HEALTH E FUNERAL FEAST/FUNERALS/WEDDINGS F BUYING LAND G REPARING/BUILDING THE HOUSE H BUYING VALUABLE THINGS I SPENDING EVERYDAY J PAYING A DEBT K LENDING/SAVING L OTHERS X _____ (SPECIFY) DON'T KNOW Y	

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"/> 0 0 0 (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 QUESTIONS 401 AND 402 ON THE CALENDAR, BEGINNING AT THE YEAR OF 2004, AND MOVING BACK UNTIL THE YEAR THAT RESPONDENT WAS 15 YEAR 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 CHANGED HIS/HER OCCUPATION CONTINUE TO ASK ABOUT JOBS THAT RESPONDENT HAD WORKED, AND FILL IN 'X' FOR CHANGES IN OCCUPATION, ACCORDINGLY FOR 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? Any more? 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;"></td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></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 YEAR OLD 2 YES, HAS CHILD(REN) 5-18 YEAR 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 SCHOOLING 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												
422	At present, do you want to get help?	YES 1 NO 2 DON'T KNOW 8	→ 424											

423	<p>What kind of help do you want?</p> <p>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 K</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>	→ 426
425	<p>Why not?</p> <p>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>	
426	<p>Do you attend any union activities at the old place during 3 months before moving here?</p>	<p>YES 1</p> <p>NO 2</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>Any more?</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	
502	How would you rate your own health in the last three months before you arrived here: 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	
504	Thinking about your health now, how does it compare to your health before you moved to this place: 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	→ 507
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 OTHER X _____ (SPECIFY)	
507	Did you have health card for three months before you arrived here?	YES 1 NO 2	
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	→ 514

510	<p>What did you do about the sickness?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>NOTHING 1</p> <p>SELF MEDICATED 2</p> <p>DOCTOR CAME TO HOME 3</p> <p>GO TO HEALTH CENTER 4</p> <p>OTHER 5</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 513</p>
511	<p>Where did you go to treat illness?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>COMMUNE HEALTH CENTER B</p> <p>HEALTH FACILITY C</p> <p>OTHER PUBLIC HEALTH D</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL E</p> <p>PRIVATE DOCTOR F</p> <p>OTHER PRIVATE G</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE X</p> <p>_____</p> <p>(SPECIFY)</p>	
512	<p>Who paid for your health check and medicine for that treatment?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>HEALTH INSURANCE A</p> <p>HEALTH CHECK WITHOUT FREE B</p> <p>PAID BY ONESELF C</p> <p>RELATIVE PAID D</p> <p>FROM BUSINESS/OFFICE/OWNER E</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 514</p>
513	<p>Why did you not go to health center?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>NOT TOO SERIOUS A</p> <p>DON'T KNOW WHERE TO GO B</p> <p>TOO EXPENSIVE C</p> <p>TOO FAR AWAY D</p> <p>MEDICINE AVAILABLE AT HOME E</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
514	<p>How about your relative's health since you moved here?</p>	<p>MUCH BETTER 1</p> <p>BETTER 2</p> <p>ABOUT THE SAME 3</p> <p>WORSE 4</p> <p>MUCH WORSE 5</p> <p>DON'T KNOW 6</p>	

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 OTHER X _____ (SPECIFY)	
516	Do you smoke cigarette or tobacco?	YES 1 NO 2 → 518	
517	How would you rate your own smoking: heavy, normal or weak?	HEAVY 1 NORMAL 2 WEAK 3 DON'T KNOW 8	
518	Before moving here, did you smoke cigarette or tobacco?	YES 1 NO 2	
519	CHECK 516 AND 518: DID NOT SMOKE BEFORE MOVING BUT SMOKES NOW <input type="checkbox"/>	OTHERS <input type="checkbox"/> → 521	
520	What are the main reasons that you did not smoke before moving here, but smoke now? Any more? CIRCLE ALL THAT APPLY	WORK PRESSURE A TENSENESS B FAMILY CONTRADICT C DIFFICULTY IN ECONOMICS D BEING BORED E OTHER X _____ (SPECIFY) DON'T KNOW Y	
521	Do you drink beer or wine?	YES 1 NO 2 → 525	
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 → 525	
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	
525	Before moving here, did you drink beer or wine?	YES 1 NO 2 → 601	

526	CHECK 521 AND 525: BOTH SAY 'YES' <input type="checkbox"/>	OTHERS <input type="checkbox"/> → 601
527	Do you drink much more, more, the same, less or much less compared to before moving here?	MUCH MORE 1 MORE 2 ABOUT THE SAME 3 LESS 4 MUCH LESS 5

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>KISHING 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
606	Do you hear of HIV/AIDS (or SIDA) before or after you moving here?	<div>BEFORE MOVING HERE 1</div> <div>AFTER MOVING HERE 2</div>	
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>OTHER X</div> <div>_____</div> <div>(SPECIFY)</div>	

608	<p>How is HIV transmitted?</p> <p>Any more?</p> <p>READ OUT EACH, CIRCLE ALL THAT APPLY</p>	<p>INDIVIDUAL CONTRACT (PETTING, KISSING, HANDSHAKE, SHARING TOILET)..... A</p> <p>FROM MOTHER TO NEW BORN..... B</p> <p>HAVE SEX WITH INPECTED PERSON..... C</p> <p>MOSQUITOES/INSECTS BITE..... D</p> <p>DIRECT CONTACT WITH BLOOD, FLUID OF THE INFECTED..... E</p> <p>SHARING SYRINGE..... F</p> <p>BLOOD TRANSFUSION..... G</p> <p>OTHER..... X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Y</p>	
609	<p>In your opinion, is it possible for a healthy-looking person to be affected by HIV?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	
610	<p>In your opinion, is it possible for people to avoid getting AIDS or virus that cause AIDS?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	<p>→ 612</p>
611	<p>What can people do to avoid getting AIDS, or HIV?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>SAFE SEX..... A</p> <p>ABSTAIN FROM SEX..... B</p> <p>USE CONDOMS..... C</p> <p>HAVE ONLY ONE SEX PARTNER..... D</p> <p>AVOID SEX WITH PROSTITUTES..... E</p> <p>AVOID SEX WITH HOMOSEXUALS..... F</p> <p>AVOID BLOOD TRANSFUSIONS..... G</p> <p>AVOID INJECTIONS..... H</p> <p>AVOID KISSING..... I</p> <p>AVOID MOSQUITO BITES..... K</p> <p>OTHER..... X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Y</p>	
612	<p>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?</p> <p>Any more?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>GIVE A HAND..... A</p> <p>CONTACT WITH BUT PROTECT YOURSELF..... B</p> <p>KEEP AWAY FORM HIM/HER..... C</p> <p>DO NOTHING..... D</p> <p>DON'T KNOW..... Y</p>	
612b	<p>In your opinion, migrants are much more likely, more likely, likely, less likely, much less likely suffering from HIV/AIDS compared to non-migrants?</p>	<p>MUCH MORE LIKELY..... 1</p> <p>MORE LIKELY..... 2</p> <p>LIKELY..... 3</p> <p>LESS LIKELY..... 4</p> <p>MUCH LESS LIKELY..... 5</p> <p>DON'T KNOW..... 8</p>	
613	<p>CHECK 109:</p> <p>EVER-MARRIED <input type="checkbox"/></p> <p>NEVER-MARRIED <input type="checkbox"/></p>		<p>→ 630</p>

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 <div style="display: inline-block; vertical-align: middle;"><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div>	
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 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' 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>		
617	CHECK COLUMN 7 OF THE CALENDAR: HAS CHILD(REN) DIED FROM 1999 TO 2004 <input type="checkbox"/>	NO CHILD(REN) DIED FROM 1999 TO 2004 <input type="checkbox"/> → 619	
618	That child(ren) were died before or after moving here?	BEFORE MOVING HERE 1 AFTER MOVING HERE 2	
619	At present, do you have any children in age 0 to 5 years old living with you?	NO CHILDREN 1 YES, BUT NOT 0-5 YEARS OLD 2 HAVE CHILD(REN) 0-5 LIVING WITH 3	→ 624
620	Those child(ren) were born before or after moving here?	BEFORE MOVING HERE 1 AFTER MOVING HERE 2	
621	Has the youngest child vaccinated?	VACCINATED 1 NOT VACCINATED 2 DON'T KNOW 8	→ 623 → 624
622	Do you have vaccination certificate for that vaccination?	HAVE VACCINATION CERTIFICATE 1 NOT HAVE VACCINATION CERTIFICATE 2	→ 624

623	Why do you not get the child vaccinated? Any more? CIRCLE ALL THAT APPLY	DON'T KNOW WHERE TO GO A HAVE NO INFORMATION B TOO FAR C TOO BUSY WITH WORK D TOO MANY CHILDREN E TOO EXPENSIVE F NO RESIDENT REGISTRATION G NO BIRTH CERTIFICATE H OTHER X _____ (SPECIFY) DON'T KNOW Y	
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: CURRENTLY 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	What 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 OTHER 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

MINUTE

CALENDAR

INSTRUCTIONS:

- + ONLY ONE CODE SHOULD APPEAR IN ANY BOX
- + START WITH THE YEAR 2004 AND MOVE BACK TO THE YEAR THAT RESPONDENT REACHED THE AGE OF 15.
- + FOR COLUMN 1 TO 5, ALL YEARS SHOULD BE FILLED IN FOR COLUMN 6 AND 7, ENTER CODE '1' FOR A DELIVERY OR CHILDREN DIED.

CODES FOR EACH COLUMN:

COLUMN 1: Age

COLUMN 2: Marital status

- 1 - SINGLE
- 2 - MARRIED
- 3 - WIDOWED
- 4 - DIVORCED
- 5 - SEPARATED

COLUMN 3: Education level

- 01-12 - GRADE
- 13 - COLLEGE
- 14 - UNIVERSITY OR HIGHER
- 15 - ILLITERATE

COLUMN 4: Moves and types of communities

- X - CHANGE OF COMMUNITY
- 1 - LARGE CITY
- 2 - SMALL CITY
- 3 - TOWN
- 4 - COUNTRYSIDE
- 8 - DON'T KNOW

COLUMN 5: Occupation

- X - CHANGE OCCUPATION
- 01 - LEADER OF THE BRANCHES, ADMINISTRATIVE LEVELS AND UNITS
- 02 - PROFESSIONALS
- 03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS
- 04 - CLERKS
- 05 - SERVICES WORKERS AND SHOP AND MARKET SALES WORKERS
- 06 - SKILLED AGRICULTURAL AND FISHERY WORKERS
- 07 - CRAFT AND RELATED TRADES WORKERS
- 08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS
- 09 - ELEMENTARY OCCUPATIONS
- 10 - ARMED FORCES
- 11 - HOUSEHOLD WORK
- 12 - STUDENT
- 13 - INVALID
- 14 - UNEMPLOYED
- 15 - NO DEMAND FOR WORK
- 98 - DON'T KNOW

COLUMN 6: Delivery

- 1 - BIRTH TO A CHILD

COLUMN 7: Children died

- 1 - CHILDREN DIED

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	YEAR	NUMBER	YEAR	NUMBER
AGE	MARITAL STATUS	EDUCATION LEVEL	MOVES AND TYPES OF COMMUNITIES	OCCUPATION	DELIVERY	CHILDREN DIED				
2004	01						01	2004	01	2004
2003	02						02	2003	02	2003
2002	03						03	2002	03	2002
2001	04						04	2001	04	2001
2000	05						05	2000	05	2000
1999	06						06	1999	06	1999
1998	07						07	1998	07	1998
1997	08						08	1997	08	1997
1996	09						09	1996	09	1996
1995	10						10	1995	10	1995
1994	11						11	1994	11	1994
1993	12						12	1993	12	1993
1992	13						13	1992	13	1992
1991	14						14	1991	14	1991
1990	15						15	1990	15	1990
1989	16						16	1989	16	1989
1988	17						17	1988	17	1988
1987	18						18	1987	18	1987
1986	19						19	1986	19	1986
1985	20						20	1985	20	1985
1984	21						21	1984	21	1984
1983	22						22	1983	22	1983
1982	23						23	1982	23	1982
1981	24						24	1981	24	1981
1980	25						25	1980	25	1980
1979	26						26	1979	26	1979
1978	27						27	1978	27	1978
1977	28						28	1977	28	1977
1976	29						29	1976	29	1976
1975	30						30	1975	30	1975
1974	31						31	1974	31	1974
1973	32						32	1973	32	1973
1972	33						33	1972	33	1972
1971	34						34	1971	34	1971
1970	35						35	1970	35	1970
1969	36						36	1969	36	1969
1968	37						37	1968	37	1968
1967	38						38	1967	38	1967
1966	39						39	1966	39	1966
1965	40						40	1965	40	1965
1964	41						41	1964	41	1964
1963	42						42	1963	42	1963
1962	43						43	1962	43	1962
1961	44						44	1961	44	1961
1960	45						45	1960	45	1960