

**IV. HOUSING QUESTIONNAIRE**

**1. WHAT TYPE OF LIVING QUANTER DOES YOUR HOUSEHOLD OCCUPY?**  
 Ger ..... 1 → A10  
 House/ Building ..... 2  
 Non-residential accomodation ..... 3  
 Other ..... 4 → A12

**2. WHAT IS THE TYPE OF YOUR HOUSE/ BUILDING?**  
 Apartment/ Condominium ..... 1  
 Convenient single family house ..... 2  
 Single family house ..... 3  
 Student's dormitory ..... 4  
 Staff dormitory ..... 5  
 Other public dwelling ..... 6 → A12

**3. HOW MANY ROOMS ARE THERE IN THIS DWELLING?**  
 Number of rooms .....

**4. WHAT IS THE SIZE OF THE TOTAL FLOOR SPACE?**  
 Square meters .....

**5. DO YOU HAVE A KITCHEN IN THIS DWELLING?**  
 Yes ..... 1  
 No ..... 2 → A7

**6. IS YOUR KITCHEN/ COOKING AREA SHARED WITH OTHERS?**  
 Not shared ..... 1  
 Shared ..... 2

**7. DO YOU HAVE A BATH / SHOWER IN THIS DWELLING?**  
 Yes ..... 1  
 No ..... 2 → A12

**8. WHAT IS THE TYPE OF THIS BATH / SHOWER?**  
 Fixed ..... 1  
 Assembled/ Portable ..... 2

**9. DO YOU SHARE THIS BATH / SHOWER WITH OTHERS??**  
 Yes ..... 1  
 No ..... 2

**TO BE ASKED FROM HOUSEHOLDS LIVING IN GERS.**

**10. HOW MANY GERS DOES HOUSEHOLD HAVE?**  
 Number of GERS .....

**11. HOW MANY WALLS DOES YOUR MAIN GER HAVE?**  
 Number of walls .....

**TO BE ASKED FROM ALL HOUSEHOLDS.**

**12. IS YOUR WATER SUPPLY SYSTEM INSIDE OF YOUR DWELLING?**  
 Yes ..... 1  
 No ..... 2 → A15

**13. WHAT IS THE TYPE OF WATER SOURCE OF YOUR DWELLING?**  
 Centralized system ..... 1  
 Individual system ..... 2

**14. IS THERE COLD AND HOT WATER?**  
 Cold and hot water ..... 1  
 Only cold water ..... 2

**15. WHERE IS DRINKING WATER SOURCE LOCATED?**  
 In own dwelling ..... 1  
 In own yard ..... 2 → A17  
 Elsewhere ..... 3

**16. WHAT IS THE TYPE OF DRINKING WATER SOURCES IN YOUR OWN DWELLING?**  
 Centralized system ..... 1 → A19  
 Individual system ..... 2

**17. WHAT IS THE TYPE OF DRINKING WATER SOURCES OUTSIDE OF YOUR DWELLING?**  
 Protected dug well ..... 1  
 Water kiosk connected to central network ..... 2  
 Water kiosk not connected to central network ..... 3  
 Protected dug well ..... 4  
 Protected springs ..... 5  
 Unprotected tube well ..... 6  
 Unprotected dug well ..... 7  
 Unprotected springs ..... 8  
 Tanker-truck ..... 9  
 Cart with small tank/drum ..... 10  
 Bottled water ..... 11  
 Rainwater ..... 12  
 Surface water (rivers, lake, ponds) ..... 13  
 Others ..... 14

**18. WHAT IS THE DISTANCE BETWEEN YOUR HOUSEHOLD AND WATER SOURCE?**  
 Meters .....

**19. WHAT IS THE MAIN SOURCE OF ELECTRICITY OF THIS DWELLING?**  
 Central power system ..... 1  
 Diesel station ..... 2  
 Renewable electricity generator ..... 3  
 Small-sized generator ..... 4  
 No electricity ..... 5

**20. WHAT IS THE MAIN SOURCE OF HEATING OF THIS DWELLING?**  
 Central heating system ..... 1  
 Steam boiler ..... 2  
 Electric heater ..... 3  
 Underground heat ..... 4  
 Flammable gas ..... 5  
 Low pressure stove ..... 6  
 Fire stove ..... 7

**21. WHAT IS THE MAIN TYPE OF FUEL USED FOR COOKING?**  
 Electricity ..... 1  
 Liquefied petroleum gas ..... 2  
 Wood ..... 3  
 Coal ..... 4  
 Improved fuel ..... 5  
 Animal dung ..... 6  
 Other ..... 7

**22. IS THERE TOILET FACILITY?**  
 Yes ..... 1  
 No toilet available ..... 2 → A27

**23. IS THERE TOILET FACILITY IN YOUR DWELLING?**  
 Yes ..... 1  
 No ..... 2 → A25

**24. WHAT IS THE TYPE OF TOILET FACILITY OF YOUR DWELLING?**  
 Connected to central sewage disposal system ..... 1  
 Individual sewage disposal system ..... 2 → A26  
 Septik tank ..... 3  
 Other ..... 4

**25. WHAT IS THE TYPE OF TOILET FACILITY OUTSIDE OF YOUR DWELLING?**  
 Pit latrine with slab ..... 1  
 Improved pit latrine with slab ..... 2  
 Compost toilet ..... 3  
 Septik tank ..... 4  
 Open pit ..... 5

**26. DO YOU SHARE YOUR TOILET FACILITY WITH OTHERS?**  
 Yes ..... 1  
 No ..... 2

**27. HOW IS YOUR HOUSEHOLDS WASTE WATER DISPOSED?**  
 Central sewage disposal system ..... 1  
 Individual sewage disposal system ..... 2  
 Disposed into borehole ..... 3  
 Pit latrine ..... 4  
 None ..... 5

**28. DO YOUR SEPARATE YOUR SOLID WASTE BEFORE DISPOSAL?**  
 Yes ..... 1  
 No ..... 2

**29. HOW DO YOU DISPOSE OFF YOUR SOLID WASTE?**  
 Collection of waste collecting service:  
 Regular ..... 1  
 Irregular ..... 2  
 Disposed to special site ..... 3  
 Burning ..... 4  
 Buried ..... 5  
 Dumped /no special site/ ..... 6

**30. WHAT IS THE TYPE OF OWNERSHIP FOR THIS DWELLING?**  
 Individuals ..... 1  
 Private enterprise ..... 2  
 Government organization's ..... 3

**31. WHAT IS TYPE OF TENURE OF THIS DWELLING?**  
 Owner occupied ..... 1 → FINISH  
 Rental ..... 2  
 Occupied free of rent ..... 3 → FINISH  
 Other ..... 4

**32. IS YOUR DWELLING COVERED IN RENTAL HOUSING PROGRAM?**  
 Yes ..... 1  
 No ..... 2 → FINISH

**33. IN WHAT KIND OF RENTAL HOUSING PROGRAM IS YOUR DWELLING IS COVERED?**  
 Government ..... 1  
 Local ..... 2  
 Private enterprise ..... 3  
 Other ..... 4

Respondent name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone number : \_\_\_\_\_

Data collected by	Date	Data entry	Date
Enumerator name: _____ Signature: _____		Name of coder: _____ Signature: _____	
Supervisor name: _____ Signature: _____		Name of typer: _____ Signature: _____	

**2020 POPULATION AND HOUSING CENSUS OF MONGOLIA**

**SECTION I. ADDRESS**

**AA. Household ID:**

**A1. Census Committee Number**

**A2. Aimag/ Capital city name and code**

**A3. Soum/ District name and code**

**A4. Bag/ Khoroo name and code**

**A5. Enumerator number**

**A6. Questionnaire form number**

**A7. Village name and code**

**A8. Locality : /Capital-1, Aimag center-2, Village-3, Soum center-4, Countryside - 5/**

Street/ road name and number:

Area, building, town name:

Building number:

Yard number:  Door number:

All responses in this questionnaire form are kept in secret in accordance with No. 4 of Act 5 of Mongolian legislation on "Confidentiality of Private Information", and No. 18.3 of Law on Population and Housing Census of Mongolia.

**A9. Main household** ..... 1  
**Sharing household** ..... 2  
**Non-household** ..... 3

**A10. Number of persons enumerated**

**A11. Number of additional sheets**

**A12. Are there any family members of this household who reside abroad for work or study for over six months? If yes, please state the number.**  
 Yes (Ask section II) ..... 1  
 Number of persons abroad   
 No (Proceed to population questionnaire) ..... 2

**SECTION II. PERSONS RESIDING ABROAD FOR OVER 6 MONTHS**

A	Surname, Given name, Register ID	Relationship to head of the household	Sex Male - 1 Female - 2	Age	Residing country	Purpose		Duration of residence in abroad (in years)
						Initial	Residing	
	B	1	2	3	4	5	6	7
1	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				
2	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				
3	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				
4	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				
5	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				
6	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>				

**Purposes:** Education/ Study - 1, Settle - 2, Contractual employment - 3, International organization/Diplomatic mission - 4, Regular employment - 5, Family - 6, Other - 7

**Will section II continue? Yes - 1 → Continue with Form HAOST-1c. No - 2**

PERSON №	0	1	SECTION III. INDIVIDUAL QUESTIONNAIRE	
Register ID:	<input type="text"/>		<b>TO BE ASKED FROM AGE 5 AND OVER.</b>	<b>TO BE ASKED FROM AGES 15 AND OVER.</b>
Family name:	<input type="text"/>		<b>15. WHAT IS THE HIGHEST LEVEL OF YOUR EDUCATION COMPLETED?</b> No education.....01 Primary education.....02 Lower secondary education.....03 Upper secondary education.....04 Technical education.....05 Specialized secondary.....06 Diploma.....07 Bachelor's or equivalent level.....08 Master's or equivalent level.....09 Doctoral or equivalent level.....10	<b>28. WHAT IS YOUR CURRENT MARITAL STATUS?</b> Single (Never married).....1 Married : Registered.....2 Living together.....3 Separated, but legally married.....4 Divorced and not remarried.....5 Widowed and not remarried.....6
Surname:	<input type="text"/>			
Given name:	<input type="text"/>			
<b>TO BE ASKED FROM ALL AGES.</b>				
<b>1. ARE YOU THE HEAD OF THE HOUSEHOLD?</b> Head of household.....01 Non relative.....11				
<b>2. WHAT IS YOUR GENDER?</b> Male.....1 Female.....2			<b>29. DO YOU HAVE A RELIGION?</b> No religion.....1 Buddhism.....2 Christianity.....3 Islam.....4 Shamanism.....5 Other.....6	
<b>3. WHAT IS YOUR DATE OF BIRTH?</b> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/>				
<b>4. HOW OLD ARE YOU?</b> <input type="text"/> <input type="text"/>				
<b>5. WHAT IS YOUR CITIZENSHIP?</b> Mongolian.....01 Foreign (specify country) <input type="text"/> <input type="text"/> Non-citizenship.....99				
<b>6. WHAT IS YOUR ETHNICITY?</b> Khalkh.....1 Other (specify) <input type="text"/> <input type="text"/>				
<b>7. WHAT IS YOUR RESIDENCY STATUS?</b> Permanent residence.....1 Temporarily absence.....2 Temporarily residence.....3			<b>30. WHAT IS YOUR PROFESSIONS?</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>8. PLACE OF USUAL RESIDENCE FOR TEMPORARY PRESENT OR PLACE OF CURRENT RESIDENCE FOR TEMPORARY ABSENT PERSONS?</b> Aimag/ capital city (foreign country) name: <input type="text"/> <input type="text"/> Soum/ District (City) name: <input type="text"/> <input type="text"/>				
<b>9. ARE YOU LIVING IN YOUR PERMANENT RESIDENCY SINCE YOUR BIRTH OR HAVE YOU MOVED IN?</b> Since birth.....1 Returned back after usually residing in different place.....2 Moved in from different place.....3				
<b>10. WHAT IS YOUR PLACE OF BIRTH?</b> locality: <input type="text"/> <input type="text"/>				
<b>11. WHAT WAS YOUR PREVIOUS RESIDENCE AND WHEN DID YOU MOVED IN YOUR CURRENT RESIDENCE?</b> locality: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<b>12. WHAT WAS YOUR PERMANENT RESIDENCY IN JANUARY, 2015?</b> (To be asked from age 5 and over) Aimag/ Capital city (Foreign country) name and locality: <input type="text"/> <input type="text"/>			<b>31. HAVE YOU BEEN EARNING AT LEAST 1 HOUR OF PAID EMPLOYMENT FOR THE LAST 7 DAYS?</b> Yes.....1 No.....2	
<b>13. ARE YOU CURRENTLY ATTENDING SCHOOL (INCLUDING PRESCHOOL OR KINDERGARDEN)?</b> (to be asked from ages 2-39) Yes.....1 No.....2				
<b>14. HAVE YOU EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME?</b> (to be asked from ages 2-39) Yes.....1 No.....2				
<b>15. CAN YOU READ AND WRITE A SIMPLE SENTENCE?</b> Yes.....1 No.....2				
<b>16. CAN YOU DO A SIMPLE ADDITION AND SUBTRACTION?</b> Yes.....1 No.....2				
<b>17. DO YOU USE MOBILE PHONE?</b> Yes.....1 No.....2			<b>32. DO YOU ENGAGED PAID WORK/BUSINESS ACTIVITIES?</b> (Parental leave, seasonal work, shift work, on paid leave and study leave will be considered as paid work) Yes.....1 No.....2	
<b>18. DO YOU USE INTERNET?</b> Yes: always.....1 when necessary.....2 No.....3				
<b>19. DO YOU HAVE DIFFICULTY SEEING, EVEN IF WEARING GLASSES?</b> No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4				
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<b>23. DO YOU HAVE DIFFICULTY WITH SELF-CARE SUCH AS WASHING ALL OVER OR DRESSING?</b> No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4				
<b>24. USING YOUR OWN LANGUAGE, DO YOU HAVE DIFFICULTY COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD?</b> No difficulty.....1 Some difficulty.....2 A lot of difficulty.....3 Cannot do at all.....4				
<b>25. DO YOU HAVE DISABILITY REGISTERED AT HEALTH AND SOCIAL WELFARE AUTHORITY?</b> Yes.....1 No.....2				
<b>26. IS YOUR DISABILITY CONGENITAL DISORDER OR ACQUIRED DISABILITY?</b> Congenital disorder.....1 Acquired.....2				
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<b>28. IN LAST 30 DAYS, DID YOU TRY TO FIND A JOB OR ENGAGED IN ANY TYPE OF BUSINESS ACTIVITY?</b> Yes.....1 No.....2				
<b>29. WHY DO YOU NOT TRY TO FIND A JOB OR ENGAGED IN ANY TYPE OF BUSINESS ACTIVITY?</b> Studying in school.....1 Pensioner.....2 Disability of labor.....3 Discouraged to find a job/ expecting there is not any job for me.....4 No proper skills or experience.....5 Engage in housework.....6 Others.....7				
<b>30. IF YOU GOT OPPORTUNITY TO WORK OR ENGAGE IN BUSINESS ACTIVITY IN LAST WEEK, WERE YOU ABLE TO WORK?</b> Yes.....1 No.....2				
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Surname:	<input type="text"/>			
Given name:	<input type="text"/>			
<b>TO BE ASKED FROM ALL AGES.</b>				
<b>1. WHAT IS YOUR RELATIONSHIP WITH HOUSEHOLD HEAD?</b> Son/ daughter.....03 Father/ mother.....04 Siblings.....05 Father/mother in law.....06 Son/daughter in law.....07 Grandparent.....08 Grandchild.....09 Other relative.....10 Non relative.....11				
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