Form MICS4-1

■■■■MICS

HOUSEHOLD QUESTIONNAIRE
Mongolia

1. HOUSEHOLD INFORMATION PANEL   HH

HH1. Cluster number ☐☐☐

HH2. Household number ☐☐

HH3. Interviewer name and number

_____ ☐☐

HH4. Supervisor name and number

_____ ☐☐

HH5. Date of interview (year/month/day)

☐☐☐☐ / ☐☐ / ☐☐

HH6. Location
Urban
  Capital city 1
  Aimag center 2
Rural
  Soum center 3
  Rural 4

HH7A. Aimag/ city name and code _____ ☐☐

HH7B. Soum/ district name and code _____ ☐☐

HH7C. Bag/ khoroo name and code _____ ☐☐

HH7D. Kheseg name and code _____ ☐☐

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS NEARLY 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?
☐ *Yes, permission is given ➔ Go to HH18. Record the time and then begin the interview.*

☐ *No, permission is not given ➔ Fill in HH9. Discuss the result with the supervisor.*

Fill in HH8-HH12, HH14, and HH15A once you have completed the Household Questionnaire. Fill in HH13, HH15, and HH15B once you have completed all individual interviews in the household.

HH8. Name of household head _____

HH9. Result of interview
  Completed... 01
  No household member or no competent
  respondent at home at time of visit 02
  Entire household absent for certain period of time 03
  Refused 04
  Dwelling vacant/ address not a dwelling 05
  Dwelling destroyed.. 06
  Dwelling not found.. 07
  Household not found.. 08

  Other (*specify*) _____ 96

HH10. Respondent name and line number

_____ ☐☐

HH11. Total number of household members ☐☐

HH12. Number of women
aged 15-49 years ☐☐

HH13. Number of women aged 15-49 years whose questionnaires are completed ☐☐

HH14. Number of children under age of 5 years ☐☐

HH15. Number of children under age of 5 years whose questionnaires are completed ☐☐

HH15A. Number of men aged 15-54 years ☐☐

HH15B. Number of men aged 15-54 years whose questionnaires are completed ☐☐

HH16. Field editor name and number

_____ ☐☐

HH17. Data entry clerk name and number

_____ ☐☐

<table>
<tr><td colspan="2" rowspan="3">HH18. Interview started at

Hour.....................☐☐

Minute.................☐☐</td><td colspan="13">2. HOUSEHOLD LISTING FORM   HL</td></tr>
</table>

							For women aged **15-49** years	For men aged **15-54** years	For children aged **5-17** years	For children under age of **5** years	For children aged **0-17** years		
HL1	**HL2**	**HL3**	**HL4**	**HL5**			**HL6**	**HL7**	**HL7A**	**HL8**	**HL9**	**HL11**	**HL12**	**HL13**	**HL14**

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
Line number	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. *Probe:* ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATION-SHIP OF (*name*) TO THE HOUSEHOLD HEAD?	IS (*name*) MALE OR FEMALE? Male = 1 Fe-male = 2	PLEASE TELL ME (*name*)'S DATE OF BIRTH? Don't know = 9998 / Don't know = 98 / Don't know = 98	HOW OLD IS (*name*)? *Record in completed years.* *If age is 95 or above, record 95.*	*Circle line number if woman's age is* **15-49** *years.*	*Circle line number if man's age is* **15-54** *years.*	WHO IS THE MOTHER/CARE-TAKER OF (*name*)? *Record line number of mother/caretaker.*	WHO IS THE MOTHER/CARE-TAKER OF (*name*)? *Record line number of mother/caretaker.*	IS (*name*)'S NATURAL MOTHER ALIVE? Yes = 1 No = 2↘ HL13 Don't know = 8↘ HL13	DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural mother.* No = 00	IS (*name*)'S NATURAL FATHER ALIVE? Yes = 1 No = 2↘ Next line Don't know = 8↘ Next line	DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural father.* No = 00
Line	Name	Relation*	M F	Year Month Day	Age	15-49	15-54	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2			01	01	__ __	__ __	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2			02	02	__ __	__ __	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2			03	03	__ __	__ __	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2			04	04	__ __	__ __	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2			05	05	__ __	__ __	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2			06	06	__ __	__ __	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2			07	07	__ __	__ __	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2			08	08	__ __	__ __	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2			09	09	__ __	__ __	1 2 8	__ __	1 2 8	__ __
10		__ __	1 2			10	10	__ __	__ __	1 2 8	__ __	1 2 8	__ __

All members of the household are listed starting with the household head. List the household head in line 01 in HL2. List all other household members in the following lines and their relationship to the household head in HL3 and their sex in HL4. Starting with HL5, ask questions for each member at a time.

MICS4.HH.2

HL1	HL2	HL3	HL4	HL5			HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
Line number	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. *Probe:* ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATION-SHIP OF (*name*) TO THE HOUSEHOLD HEAD?	IS (*name*) MALE OR FEMALE? Male = 1 Fe-male = 2	PLEASE TELL ME (*name*)'S DATE OF BIRTH? Don't know = 9998	Don't know = 98	Don't know = 98	HOW OLD IS (*name*)? *Record in comp-leted years. If age is 95 or above, record 95.*	*Circle line number if woman's age is 15-49 years.*	*Circle line number if man's age is 15-54 years.*	WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? *Record line number of mother/ caretaker.*	WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? *Record line number of mother/ caretaker.*	IS (*name*)'S NATURAL MOTHER ALIVE? Yes = 1 No = 2↘ HL13 Don't know = 8↘ HL13	DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural mother.* No = 00	IS (*name*)'S NATURAL FATHER ALIVE? Yes = 1 No = 2↘ Next line Don't know = 8↘ Next line	DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural father.* No = 00
Line	Name	Relation*	M F	Year	Month	Day	Age	15-49	15-54	Mother	Mother	Y N DK	Mother	Y N DK	Father
11		__ __	1 2					11	11	__ __	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2					12	12	__ __	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2					13	13	__ __	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2					14	14	__ __	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2					15	15	__ __	__ __	1 2 8	__ __	1 2 8	__ __

Tick here if additional listing form used ☐

Probe to see if there are any other members of the household, especially infants or small children not listed, and others who may not be members of the family such as friends, servants but who usually live in the household. If there is any, insert names of the members and complete the listing form accordingly.

If there are more than 15 members in the household, use additional listing form.

For each woman aged 15-49 years, copy her name, line number and other identifying information in the information panel of a separate "Questionnaire for Woman aged 15-49".
For each child under age of 5 years, copy his/her name, line number and other identifying information in the information panel of a separate "Questionnaire for Child under 5".
For each man aged 15-54 years, copy his name, line number and other identifying information in the information panel of a separate "Questionnaire for Man aged 15-54".

* Codes for relationship to household head

Household head............................	01	Grandchild...............................	05	Brother-in-law/ sister-in-law.............	09	Adopted/ step child…………...........	13
Wife/ husband................................	02	Parent......................................	06	Uncle/ aunt..	10	Not related………………..............	14
Son/ daughter..................................	03	Parent-in-law…..........................	07	Nephew/ niece...................................	11	Grandparent..	15
Son-in-law/ daughter-in-law...........	04	Brother/ sister.........................	08	Other relative………....................	12	Don't know..	98

MICS4.HH.3

3. EDUCATION   ED

	*For household members **aged 5 or above years***				*For household members **aged 5-24 years***				
ED1	**ED2**		**ED3**	**ED4**	**ED5**	**ED6**		**ED7**	**ED8**
Line number	*Name, age* *Copy the information recorded in HL2 and HL6.*		HAS (*name*) EVER ATTENDED SCHOOL/ PRE-SCHOOL? Yes = 1 No = 2 ↘ Next line	WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL OF SCHOOL? Level of school / Grade Pre-school ➜ ED5 0 Secondary school 1 Vocational training center 2 University, institute, college 3 Non-formal education programme ➜ ED5 4 Don't know = 98 Don't know 8	DURING THE SCHOOL YEAR OF **2010/2011**, IS (*name*) ATTENDING SCHOOL/ PRE-SCHOOL AT ANY TIME? Yes = 1 No = 2 ↘ ED7	DURING THE SCHOOL YEAR OF **2010/2011**, WHICH LEVEL OF SCHOOL AND GRADE IS (*name*) ATTENDING? Level of school / Grade Pre-school ➜ ED7 0 Secondary school 1 Vocational training center 2 University, institute, college 3 Non-formal education programme ➜ ED7 4 Don't know = 98 Don't know 8		DURING THE SCHOOL YEAR OF **2009/2010**, DID (*name*) ATTEND SCHOOL/ PRE-SCHOOL AT ANY TIME? Yes = 1 No = 2 ↘ Next line Don't know = 8 ↘ Next line	DURING THE SCHOOL YEAR OF **2009/2010**, WHICH LEVEL OF SCHOOL AND GRADE DID (*name*) ATTEND? Level of school / Grade Pre-school ➜ Next line 0 Secondary school 1 Vocational training center 2 University, institute, college 3 Non-formal education programme ➜ Next line 4 Don't know = 98 Don't know 8
Line	Name	Age	Y N	Level of school Grade	Y N	Level of school Grade		Y N DK	Level of school Grade
01			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
02			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
03			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
04			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
05			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
06			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
07			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
08			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
09			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
10			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
11			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
12			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
13			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
14			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8
15			1 2	0 1 2 3 4 8	1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8

4. WATER AND SANITATION   WS

№	QUESTION	RESPONSE CODE	STEP
WS1	WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	Piped water Piped into dwelling .... 11 Piped into public water kiosk....................... 14 Tube well, borehole.. 21 Dug well Protected .... 31 Unprotected... 32 Spring Protected .... 41 Unprotected... 42 Rain, snow water... 51 Tanker-truck.. 61 Cart with small tank/ drum.............................. 71 Surface water (river, stream, lake, pond) .... 81 Bottled water .... 91 Other (*specify*)_____ 96	11➜WS6 14➜WS3 21➜WS3 31➜WS3 32➜WS3 41➜WS3 42➜WS3 51➜WS3 61➜WS3 71➜WS3 81➜WS3 96➜WS3
WS2	WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES?	Piped water Piped into dwelling .... 11 Piped into public water kiosk....................... 14 Tube well, borehole.. 21 Dug well Protected .... 31 Unprotected... 32 Spring Protected .... 41 Unprotected... 42 Rain, snow water... 51 Tanker-truck.. 61 Cart with small tank/ drum.............................. 71 Surface water (river, stream, lake, pond) .... 81 Other (*specify*)_____ 96	11➜WS6
WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .... 1 In own yard/ plot.. 2 Elsewhere 3	1 ➜ WS6 2 ➜ WS6
WS4	ON AVERAGE, HOW MANY MINUTES DOES IT TAKE TO GO THERE, GET THE WATER, AND COME BACK?	Minutes .... ☐☐☐ Don't know 998	
WS5	WHO USUALLY GOES TO COLLECT THE WATER FROM THIS SOURCE FOR YOUR HOUSEHOLD? *Probe:* HOW OLD IS THAT PERSON? IS THAT PERSON MALE OR FEMALE?	Adult woman (aged 15 or above years) .... 1 Adult man (aged 15 or above years) .... 2 Female child (under age of 15 years)................ 3 Male child (under age of 15 years)................... 4 Don't know 8	

№	QUESTION	RESPONSE CODE	STEP
WS6	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER?	Yes .... 1 No.. 2 Don't know 8	 2 ➔ WS7A 8 ➔ WS7A
WS7	WHAT DO YOU DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil.. A Add bleach/ chlorine .... B Strain through a cloth .... C Use water filter... D Solar disinfection .... E Let stand and settle.. F Other (*specify*)_____ X Don't know .... Z	
WS7A	ON AVERAGE, HOW MANY LITERS OF WATER DOES YOUR HOUSEHOLD USE PER DAY FOR DRINKING AND OTHER PURPOSES?	Liters .... ☐☐☐ Don't know 998	
WS8	WHAT TYPE OF TOILET FACILITY DOES YOUR HOUSEHOLD USUALLY USE?	Flush/ pour flush toilet Flush to piped sewer system .... 11 Flush to septic tank .... 12 Flush to pit latrine .... 13 Flush to unknown place .... 15 Pit latrine Ventilated improved pit latrine .... 21 Pit latrine with slab .... 22 Pit latrine without slab, open pit .... 23 Mobile latrine.. 61 Open defecation .... 95 Other (*specify*)_____ 96	 95➔Module HC
WS9	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH OTHERS?	Yes .... 1 No... 2	 2➔Module HC
WS10	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE TOILET FACILITY OPEN TO THE USE OF GENERAL PUBLIC?	Other households only (not public)................... 1 Public toilet facility.. 2	 2➔Module HC
WS11	INCLUDING YOUR HOUSEHOLD, HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	Number of households (if less than 10) ...... 0☐ 10 or more households .... 10 Don't know 98	

5. HOUSEHOLD CHARACTERISTICS   HC

№	QUESTION	RESPONSE CODE	STEP
HC1C	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh... 11 Kazakh .... 12 Durvud .... 13 Buriad.. 14 Bayad .... 15 Dariganga .... 16 Uriankhai... 17 Zakhchin .... 18 Other (*specify*)_____ 96 Don't know 98	
HC1A	DOES THE HEAD OF YOUR HOUSEHOLD HOLD ANY RELIGION? *If yes, probe:* WHAT IS THE RELIGION OF HIS/HER?	Does not hold any religion .... 1 Holds a religion Buddhist.. 2 Christian.. 3 Muslim... 4 Shamanist... 5 Other (*specify*)_____ 6 Don't know 8	
HC1D	Type of dwelling *Record observation.*	Apartment, condominium .... 1 Convenient single family house .... 2 Single family house.................................. 3 Public accommodation, dormitory .... 4 Ger .... 5 Other (*specify*)_____ 6	5➔HC2A
HC1E	WHAT IS THE SIZE OF THE LIVING AREA OF YOUR DWELLING? *The size of kitchen, corridor/ hallway, and bathrooms are included.*	Sq.meter .... ☐☐☐	
HC1F	HOW MANY ROOMS DOES YOUR DWELLING HAVE? *Kitchen, corridor/ hallway, and bathrooms are not included in the number of rooms.*	Number of rooms .... ☐☐	
HC2	HOW MANY ROOMS IN YOUR DWELLING ARE USED FOR SLEEPING? *Those rooms, which are not called as bedrooms, but used for sleeping in a regular basis are included.*	Number of rooms used for sleeping .... ☐☐	➔ HC3
HC2A	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls..................................... ☐☐	
HC3	Main material of dwelling floor *Record observation.*	Earth, sand, soil.. 11 Dung.. 12 Wood planks .... 21 Concrete, vinyl or asphalt strips.............. 32 Cement .... 34 Other (*specify*)_____ 96	

№	QUESTION	RESPONSE CODE	STEP

HC4	Main material of dwelling roof
	
	Record observation.
		Wood planks 23
		Metal 31
		Concrete, cement fibre 33
		
		Ger roof
		    Single 41
		    Double 42
		
		Other (*specify*)_____ 96	

HC5	Main material of dwelling walls
	
	Record observation.
		Straw-bale with mud 21
		Stone with mud 22
		Raw bricks, blocks 23
		Cement 31
		Bricks 33
		Blocks 34
		Wood planks 36
		Concrete 37
		
		Ger walls
		    Single 41
		    Double 42
		
		Other (*specify*)_____ 96	

HC5A	WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?	Central heating system .... 1 Electric heater .... 2 Boiler .... 3 Stove .... 4 Other (*specify*)_____ 6	1➔HC6 2➔HC6
HC5B	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR HEATING?	Coal (stone coal, lignite, wood coal)..... 06 Charcoal .... 07 Wood.. 08 Straw, shrubs, grass............................. 09 Dung... 10 Sawdust .... 11 Tire, rubber .... 12 Other (*specify*)_____ 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity... 01 Liquefied petroleum gas....................... 02 Coal (stone coal, lignite, wood coal)..... 06 Charcoal .... 07 Wood.. 08 Straw, shrubs, grass............................. 09 Dung... 10 Sawdust .... 11 Tire, rubber .... 12 Other (*specify*)_____ 96	1➔HC8 2➔HC8

№	QUESTION	RESPONSE CODE	STEP

HC7	WHERE DO YOU **USUALLY** COOK?
	
	If in own dwelling, probe:
	DO YOU COOK IN A SEPARATE ROOM DESIGNATED AS KITCHEN?
		In own dwelling
		   In a separate room designated as kitchen 1
		   In an area used for living 2
		In a separate dwelling 3
		
		Other (*specify*)_____ 6	

HC8	DOES YOUR HOUSEHOLD HAVE THE FOLLOWING THINGS?
	
	   [A] ELECTRICITY
	
	   [F] A RENEWABLE-ENERGY GENERATOR
	
	   [G] A COMPUTER
	
	   [H] INTERNET CONNECTION
	
	   [C] A TELEVISION
	
	   [B] A RADIO
	
	   [D] A NON-MOBILE TELEPHONE
	
	   [E] A REFRIGERATOR
	
	   [J] A WASHING MACHINE
	
	   [K] A VACUUM CLEANER
	
	   [L] A LIBRARY
		Yes No
		[A] Electricity 1 2
		[F] Renewable-energy generator 1 2
		[G] Computer 1 2
		[H] Internet connection 1 2
		[C] Television 1 2
		[B] Radio 1 2
		[D] Non-mobile telephone 1 2
		[E] Refrigerator 1 2
		[J] Washing machine 1 2
		[K] Vacuum cleaner 1 2
		[L] Library 1 2	

HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THE FOLLOWING THINGS?
	
	   [A] A WATCH
	
	   [B] A MOBILE TELEPHONE
	
	   [G] A CAMERA
	
	   [C] A BICYCLE
	
	   [D] A MOTORCYCLE
	
	   [E] AN ANIMAL-DRAWN CART
	
	   [F] A CAR OR TRUCK
	
	   [H] A TRACTOR
		Yes No
		[A] Watch 1 2
		[B] Mobile telephone 1 2
		[G] Camera 1 2
		[C] Bicycle 1 2
		[D] Motorcycle 1 2
		[E] Animal-drawn cart 1 2
		[F] Car or truck 1 2
		[H] Tractor 1 2	

HC10	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THIS DWELLING?
	
	If owned by others, probe:
	DO YOU RENT THIS DWELLING?
		Own 1
		Owned by others
		   Rent 2
		   Not rented 6	

№	QUESTION	RESPONSE CODE	STEP
HC11	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN ANY AGRICULTURAL LAND?	Yes .... 1 No... 2	2➜HC13
HC12	WHAT SIZE OF AGRICULTURAL LAND DO MEMBERS OF YOUR HOUSEHOLD OWN?	Hectares.................................... 1 ☐☐☐☐ Sq.m .... 2 ☐☐☐☐ Don't know 99998	
HC13	DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK OR OTHER FARM ANIMALS?	Yes .... 1 No... 2	2➜HC15
HC14	HOW MANY OF THE FOLLOWING ANIMALS DOES YOUR HOUSEHOLD HAVE? [A] CATTLE [B] HORSES [C] GOATS [D] SHEEP [H] CAMELS [E] POULTRY [F] PIGS [X] OTHERS *If none, record 0000.* *If unknown, record 9998.*	[A] Cattle .... ☐☐☐☐ [B] Horses .... ☐☐☐☐ [C] Goats... ☐☐☐☐ [D] Sheep .... ☐☐☐☐ [H] Camels...................................... ☐☐☐☐ [E] Poultry....................................... ☐☐☐☐ [F] Pigs.. ☐☐☐☐ [X] Others (*specify*)_____ ☐☐☐☐	
HC15	DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY SAVINGS, CARD OR CURRENT ACCOUNTS IN A BANK?	Yes .... 1 No... 2	

MICS4.HH.10

6. CHILD LABOR CL

Questions of this module are to be administered for children in the household aged 5-17 years. For household members under age of 5 years or aged 18 or more years, leave rows blank.

I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-17 YEARS IN YOUR HOUSEHOLD MAY DO.

CL1	CL2		CL3	CL4	CL7	CL8	CL8A	CL8B	CL8C	
Line num-ber	*Name, age* *Copy the information recorded in HL2 and HL6.*		DURING THE LAST 7 DAYS, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes, probe*: FOR PAY IN CASH OR KIND? Yes, for pay = 1 Yes, unpaid = 2 No = 3 ➔CL7	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (*name*) WORK? *If more than one job, include all hours at all jobs.*	DURING THE LAST 7 DAYS, DID (*name*) DO ANY PAID OR UNPAID WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET? Yes = 1 No = 2➔ CL8A	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (NAME) WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET? *If more than one job, include all hours at all jobs.*	EVEN THOUGH (*name*) DID NOT DO ANY WORK DURING THE LAST 7 DAYS, DOES HE/ SHE HAVE A JOB OR BUSINESS TO WHICH HE/ SHE WILL RETURN TO WORK? Yes = 1 No = 2 ↘ CL8C	PER A WEEK, HOW MANY HOURS DOES (*name*) WORK ON AVERAGE? *If more than one job, include all hours at all jobs.*	*If did any work during the last 7 days, ask:* DURING THE LAST 7 DAYS, WHAT PRIMARY OCCUPATION DID (*name*) WORK IN? *If have a job to return, ask:* WHAT PRIMARY OCCUPATION DO (*name*) WORK IN? *If more than one job, ask the question for the main one.*	
Line	Name	Age	Yes No Paid Unpaid	Hours	Yes No	Hours	Yes No	Hours	Occupation description	Code
01			1 2 3	__ __	1 2	__ __	1 2	__ __		
02			1 2 3	__ __	1 2	__ __	1 2	__ __		
03			1 2 3	__ __	1 2	__ __	1 2	__ __		
04			1 2 3	__ __	1 2	__ __	1 2	__ __		
05			1 2 3	__ __	1 2	__ __	1 2	__ __		
06			1 2 3	__ __	1 2	__ __	1 2	__ __		
07			1 2 3	__ __	1 2	__ __	1 2	__ __		
08			1 2 3	__ __	1 2	__ __	1 2	__ __		
09			1 2 3	__ __	1 2	__ __	1 2	__ __		
10			1 2 3	__ __	1 2	__ __	1 2	__ __		
11			1 2 3	__ __	1 2	__ __	1 2	__ __		
12			1 2 3	__ __	1 2	__ __	1 2	__ __		
13			1 2 3	__ __	1 2	__ __	1 2	__ __		
14			1 2 3	__ __	1 2	__ __	1 2	__ __		
15			1 2 3	__ __	1 2	__ __	1 2	__ __		

MICS4.HH.11

CL1	CL2			CL8D							CL8E			CL5		CL6	CL9		CL10
Line num-ber	*Name, age* *Copy the information recorded in HL2 and HL6.*			WHAT IS THE EMPLOYMENT STATUS OF (*name*)? Paid employee 1 Employer 2 Own account worker 3 Member of cooperative 4 Employed in animal husbandry 5 Unpaid family worker 6							*If did any work during the last 7 days, ask:* DURING THE LAST 7 DAYS, WHAT WAS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (*name*) WORKED? *If have a job to return, ask:* WHAT IS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (*name*) WORKS? *If more than one job, ask the question for the main one.*			DURING THE LAST 7 DAYS, DID (*name*) FETCH WATER OR COLLECT FIREWOOD OR FUEL FOR OWN HOUSEHOLD USE? Yes = 1 No = 2 ➔ CL9		DURING THE LAST 7 DAYS, HOW MANY HOURS DID (*name*) SPEND FETCHING WATER OR COLLECTING FIREWOOD OF FUEL FOR OWN HOUSEHOLD USE?	DURING THE LAST 7 DAYS, DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING OR CARING FOR CHILDREN OR OLD OR SICK PEOPLE? Yes = 1 No = 2 ➔ Next line		DURING THE LAST 7 DAYS, HOW MANY HOURS DID (*name*) SPEND DOING THESE CHORES?
Line	Name		Age	Employment status							Industry description		Code	Yes	No	Hours	Yes	No	Hours
01				1	2	3	4	5	6					1	2	__ __	1	2	__ __
02				1	2	3	4	5	6					1	2	__ __	1	2	__ __
03				1	2	3	4	5	6					1	2	__ __	1	2	__ __
04				1	2	3	4	5	6					1	2	__ __	1	2	__ __
05				1	2	3	4	5	6					1	2	__ __	1	2	__ __
06				1	2	3	4	5	6					1	2	__ __	1	2	__ __
07				1	2	3	4	5	6					1	2	__ __	1	2	__ __
08				1	2	3	4	5	6					1	2	__ __	1	2	__ __
09				1	2	3	4	5	6					1	2	__ __	1	2	__ __
10				1	2	3	4	5	6					1	2	__ __	1	2	__ __
11				1	2	3	4	5	6					1	2	__ __	1	2	__ __
12				1	2	3	4	5	6					1	2	__ __	1	2	__ __
13				1	2	3	4	5	6					1	2	__ __	1	2	__ __
14				1	2	3	4	5	6					1	2	__ __	1	2	__ __
15				1	2	3	4	5	6					1	2	__ __	1	2	__ __

MICS4.HH.12

7. CHILD DISCIPLINE   CD

Table 1. List of all children in the household aged 2-14 years

o *List name of each of the children aged 2-14 years below in the order they appear in the household listing form. Children under age of 2 years or aged 15 or more years should not be listed in the below table.*
o *Record the line number, name, sex, and age of each child from appropriate columns in Module HL.*
o *Record the total number of children aged 2-14 years in CD6.*

CD1. *Rank number*	**CD2.** *Line number from HL1*	**CD3.** *Name from HL2*	**CD4.** *Sex from HL4*		**CD5.** *Age from HL6*
Number	Line	Name	M	F	Age
1	__ __		1	2	__ __
2	__ __		1	2	__ __
3	__ __		1	2	__ __
4	__ __		1	2	__ __
5	__ __		1	2	__ __
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __
CD6.	Number of children aged 2-14 years				__ __

o *If there is only **one** child in the household aged 2-14 years, then skip Table 2, go to CD8, write down 1, and continue with CD9.*

Table 2. Selecting a child randomly to administer the questions of this module

o *If there is more than one child in the household aged 2-14 years, use Table 2 to select one child.*
o *Check the last digit of the household number (HH2) from the household information panel and find the row with that digit in CD7 and circle that number in the first column of Table 2 by looking vertically down.*
o *Check the total number of children in the household aged 2-14years (CD6) from Table 1 and find the column with that number and circle that number in the top row of Table 2.*
o *Find the cell where the row and column meet and circle the number that appears in the cell. Record the number you have found in CD8. This is the rank number of the child selected for the child discipline questions.*

CD7. **Last digit of the household number (HH2)**	**Total number of children in the household aged 2-14 years (CD6)**							
	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

CD8. *Rank number of randomly selected child (CD1)* .... ☐

№	QUESTION	RESPONSE CODE	STEP
CD9	*Write name and line number of randomly selected child for the module from CD3 and CD2, based on the rank number in CD8.*	Name _____ Line number...................................... ☐ ☐	
CD11	ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIORS OR TO ADDRESS A BEHAVIOR PROBLEM. I WILL READ SOME OF THESE WAYS. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH (*name*) **IN THE PAST MONTH**. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name*) LIKED OR DID NOT ALLOW HIM/ HER TO LEAVE HOUSE?	Yes.. 1 No 2	
CD12	EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG?	Yes.. 1 No 2	
CD13	SHOOK (*name*)?	Yes.. 1 No 2	
CD14	SHOUTED, SCREAMED OR YELLED AT (*name*)?	Yes.. 1 No 2	
CD15	GAVE (*name*) SOMETHING ELSE TO DO?	Yes.. 1 No 2	
CD16	SPANKED, HIT OR SLAPPED (*name*) ON THE BOTTOM WITH BARE HAND?	Yes.. 1 No 2	
CD17	HIT (*name*) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, STICK OR OTHER HARD OBJECT?	Yes.. 1 No 2	
CD18	CALLED (*name*) DUMB, LAZY OR ANOTHER NAME LIKE THAT?	Yes.. 1 No 2	
CD19	HIT OR SLAPPED (*name*) ON THE FACE, HEAD OR EARS?	Yes.. 1 No 2	
CD20	HIT OR SLAPPED (*name*) ON THE HAND, ARM OR LEG?	Yes.. 1 No 2	
CD21	BEAT (*name*) UP, THAT IS HIT HIM/ HER OVER AND OVER AS HARD AS ONE COULD?	Yes.. 1 No 2	
CD22	DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.. 1 No .... 2 Don't know................................... 8	

8. HAND WASHING   HW

№	QUESTION	RESPONSE CODE	STEP
HW1	PLEASE SHOW WHERE MEMBERS OF YOUR HOUSEHOLD USUALLY WASH THEIR HANDS TO ME.	Observed .... 1 Not observed Not in dwelling, yard/ plot............................. 2 No permission is given .... 3 Other reason 6	 2➜HW4 3➜HW4 6➜HW4
HW2	*Observe if water is available at the place for hand washing.* *Verify by checking the tap, container, or bucket.*	Available.. 1 Not available 2	
HW3	*Observe if soap is available at the place for hand washing.* *Record observation.*	Bar soap .... A Liquid soap .... C Other (*specify*) .... X None.. Y	A➜HH19 C➜HH19 X➜HH19
HW4	DO YOU HAVE ANY TYPE OF SOAPS IN YOUR HOUSEHOLD FOR WASHING HAND?	Yes .... 1 No 2	 2➜HH19
HW5	PLEASE SHOW IT TO ME. *Record observation.*	Bar soap .... A Liquid soap .... C Other (*specify*) .... X Not able, does not want to show .... Y	

HH19	*Interview completed at*	Hour, minute .... ☐ ☐ : ☐ ☐	

9. SALT IODIZATION   SI

№	QUESTION	RESPONSE CODE	STEP
SI1	I WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. PLEASE GIVE ME A SAMPLE OF SALT USED TO COOK MEALS IN YOUR HOUSEHOLD. *Test the salt and record the result.*	Not iodized (0 PPM).. 1 Iodized (less than 15 PPM)................................... 2 Iodized (15 PPM or more) .... 3 No salt in the house... 6 Salt not tested... 7	 6➜HH20 7➜HH20
SI1A	WHERE IS THE SALT FROM?	Imported.. 1 Domestic 2	1➜HH20
SI1B	WHAT KIND OF SALT IS THIS?	Granulated salt .... 1 White salt... 2 Natural salt.. 3	
SI1C	The factory the salt was produced by *Record observation.*	Not observed... 00 Observed Mondavs .... 01 Tsagaan murun .... 02 Anugrand .... 03 Saruul och.. 04 Zavkhan bayalag... 05 Davs trade.. 06 Other (*specify*) _____ 96	

HH20	*Check column **HL7** in Module HL to see if there is at least one woman aged 15-49 years in the household, who is eligible for a "Questionnaire for Woman aged 15-49".* ☐ *If there is* ➔ *Start administering the "Questionnaire for Woman aged 15-49" to the first eligible woman.* *For each woman aged 15-49 years, there should a separate "Questionnaire for Woman aged 15-49" with WM1-WM6 filled in.* ☐ *If there is not any* ➔ *Continue with HH21.*
HH21	*Check column **HL9** in Module HL to see if there is at least one child under age of 5 years in the household, who is eligible for a "Questionnaire for Child under 5".* ☐ *If there is* ➔ *Start administering the "Questionnaire for Child under 5" to the mother/ caretaker of the first eligible child.* *For each child under age of 5 years, there should a separate "Questionnaire for Child under 5" with UF1-UF8 filled in.* ☐ *If there is not any* ➔ *Continue with HH21A.*

HH21A	*Check column **HL7A** in Module HL to see if there is at least one man aged 15-54 years in the household, who is eligible for a "Questionnaire for Man aged 15-54".*
	
	☐ *If there is* ➔ *Start administering the "Questionnaire for Man aged 15-54" to the first eligible man.*
	
	    For each man aged 15-54 years, there should a separate "Questionnaire for Man aged 15-54" with ME1-ME6 filled in.
	
	☐ *If there is not any* ➔ *End the interview by thanking the respondent for his/her cooperation.*
	
	    Gather together all questionnaires for this household and complete the relevant information on the household information panel.

Interviewer's notes

Field editor's notes

Supervisor's notes