



**2. GENERAL INFORMATION FOR HH MEMBERS (HL)**

HL1	HL2	HL3	HL4	HL5			HL6	HL7	HL8	HL9	HL10	HL11	HL12
Number of row	Please tell me, household members name and first of all, who is head of household?	(name) Relationship to household head	Sex	Date of birth			(Name) How old are you?  (Full age)	Household member under age 6 WHERE AND WHO DID CARE (NAME) USUALLY IN THE LAST 7 DAYS?	HOW MANY HOURS SPENT FOR CARE (NAME) IN THE LAST 7 DAYS	for children aged 6-17 WHO HELP FOR (name)'s LESSON AND HOMEWORK IN THE LAST 7 DAYS?	HOW MANY HOURS SPENT FOR HELP (name)'S LESSON AND HOMEWORK IN THE LAST 7 DAYS	PLEASE CHECK THE NUMBER OF ROW FOR PERSON'S AGE IS 12 AND OVER YEARS	Possibility for filling diary
Row	Name	Relationship <sup>1</sup>	M F	Year	Month	Day	Age <sup>2</sup>	Where <sup>3</sup>	hour	Who <sup>4</sup>	hour		Possibility <sup>5</sup>
1		0 1	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 1</b>	1 2 3 4
2		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 2</b>	1 2 3 4
3		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 3</b>	1 2 3 4
4		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 4</b>	1 2 3 4
5		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 5</b>	1 2 3 4
6		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 6</b>	1 2 3 4
7		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 7</b>	1 2 3 4
8		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 8</b>	1 2 3 4
9		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>0 9</b>	1 2 3 4
10		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 0</b>	1 2 3 4
11		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 1</b>	1 2 3 4
12		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 2</b>	1 2 3 4
13		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 3</b>	1 2 3 4
14		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 4</b>	1 2 3 4
15		__ __	1 2					A B C D E F	__ __	A B C D E	__ __	<b>1 5</b>	1 2 3 4

please note, if you use additional page

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**Note**

<sup>1</sup> Relationship to household head				<sup>2</sup> Age		<sup>3</sup> Place of children care		<sup>4</sup> Is who help for children's lesson and homework		<sup>5</sup> Possibility for filling diary						
Wife/ husband	02	Brother or sister-in-law	07	Age under 1 year is "00", Age over 95 years is "95"	Kindergarten/Nursing home	A	Father	A	Available	1						
Son/ daughter	03	Grandparent	08								At home (by father)	B	Mother	B	Absent	2
Parent	04	Nephew/ niece	09								At home (by mother)	C	Other HH members	C	Diseased	3
Brother/ sister	05	Other relative	#								At home (other members)	D	No one	D	Refused	4
Parent-in-law	06	Not related	#								At home (by baby sitter)	E	Not attend school	E		
					At home (other's home)	F										

### 3. TYPE OF DWELLING (HC)

No	QUESTION	ANSWER	SKIP												
HC1	WHAT TYPE OF YOUR DWELLING?	<table border="0"> <tr><td>Apartment, condominium</td><td>11</td></tr> <tr><td>Convenient single family house</td><td>12</td></tr> <tr><td>Single family house</td><td>13</td></tr> <tr><td>Public accommodation, dormitory</td><td>14</td></tr> <tr><td>Other</td><td>15</td></tr> <tr><td>Ger</td><td>16</td></tr> </table>	Apartment, condominium	11	Convenient single family house	12	Single family house	13	Public accommodation, dormitory	14	Other	15	Ger	16	 → HC5 → HC4
Apartment, condominium	11														
Convenient single family house	12														
Single family house	13														
Public accommodation, dormitory	14														
Other	15														
Ger	16														
HC2	SIZE OF THE LIVING AREA OF YOUR DWELLING	square m <input type="text"/> <input type="text"/> <input type="text"/>													
HC3	HOW MANY ROOMS DOES YOUR DWELLING HAVE?	number of room <input type="text"/> <input type="text"/>	→ HC5												
HC4	HOW MANY WALLS DOES YOUR GER HAVE?	number of ger walls <input type="text"/>													
HC5	DO YOU LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	<table border="0"> <tr><td>Public</td><td>1</td></tr> <tr><td>Own:</td><td></td></tr> <tr><td>    Organization</td><td>2</td></tr> <tr><td>    Individual</td><td>3</td></tr> </table>	Public	1	Own:		Organization	2	Individual	3					
Public	1														
Own:															
Organization	2														
Individual	3														
HC6	WHAT IS TYPE OF OWNERSHIP OF YOUR DWELLING? <i>If the dwelling is probe's property:</i> Do you rent this dwelling?	<table border="0"> <tr><td>Own</td><td>1</td></tr> <tr><td>Other's apartment:</td><td></td></tr> <tr><td>    Rent</td><td>2</td></tr> <tr><td>    No rent</td><td>3</td></tr> <tr><td>Other</td><td>6</td></tr> </table>	Own	1	Other's apartment:		Rent	2	No rent	3	Other	6			
Own	1														
Other's apartment:															
Rent	2														
No rent	3														
Other	6														

### 4. WATER AND SANITATION (WS)

WS1	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	<table border="0"> <tr><td>Piped into dwelling</td><td>11</td></tr> <tr><td>Piped into public water kiosk</td><td>12</td></tr> <tr><td>Protected well</td><td>13</td></tr> <tr><td>Protected spring</td><td>14</td></tr> <tr><td>Tanker truck (public water kiosk)</td><td>15</td></tr> <tr><td>Cart with small tank/ drum</td><td>16</td></tr> <tr><td>Surface water (river, stream, lake, pond)</td><td>17</td></tr> <tr><td>Bottled water</td><td>18</td></tr> <tr><td>Other</td><td>96</td></tr> </table>	Piped into dwelling	11	Piped into public water kiosk	12	Protected well	13	Protected spring	14	Tanker truck (public water kiosk)	15	Cart with small tank/ drum	16	Surface water (river, stream, lake, pond)	17	Bottled water	18	Other	96	 → WS6  → WS6
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Surface water (river, stream, lake, pond)	17																				
Bottled water	18																				
Other	96																				
WS2	WHERE IS THAT WATER SOURCE LOCATED?	<table border="0"> <tr><td>In own yard/ plot</td><td>1</td></tr> <tr><td>Elsewhere</td><td>2</td></tr> </table>	In own yard/ plot	1	Elsewhere	2	→ WS6														
In own yard/ plot	1																				
Elsewhere	2																				
WS3	HOW DO YOU GET DRINKING WATER?	<table border="0"> <tr><td>By walk</td><td>1</td></tr> <tr><td>By car/ motorcycle</td><td>2</td></tr> <tr><td>By cart</td><td>3</td></tr> <tr><td>By horse/ camel</td><td>4</td></tr> </table>	By walk	1	By car/ motorcycle	2	By cart	3	By horse/ camel	4											
By walk	1																				
By car/ motorcycle	2																				
By cart	3																				
By horse/ camel	4																				
WS4	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	<table border="0"> <tr><td>Minutes</td><td><input type="text"/> <input type="text"/> <input type="text"/></td></tr> <tr><td>Don't know</td><td>998</td></tr> </table>	Minutes	<input type="text"/> <input type="text"/> <input type="text"/>	Don't know	998															
Minutes	<input type="text"/> <input type="text"/> <input type="text"/>																				
Don't know	998																				

No	QUESTION	ANSWER	SKIP
WS5	WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> What is your age? What sex?	Adult woman (age 15 or above years) 1 Adult man (age 15 or above years) 2 Female child (age under age of 15 years) 3 Male child (age under age of 15 years) 4  Don't know 8	
WS6	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?	Centralized system Flush to piped sewer system 11 Flush to septic tank/ pit latrine 12 Patch Toilet Ventilated improved pit latrine 13 Pit latrine with slab 14 Pit latrine without slab, open pit 15 Mobile latrine 16 Open defecation 17	
<b>5. SOURCES OF POWER AND HEATING (EW)</b>			
EW1	WHAT IS YOUR POWER SOURCE?	Central power system 1 Diesel generating plants 2 Renewable energy system 3 Small sized generators 4 Not have electricity 5	
EW2	WHAT IS YOUR HEATING SOURCE?	Central heating system 1 Electric heater 2 Boiler 3 Stove 4	} CA 1
EW3	WHAT FUEL DO YOU USE USUALLY FOR YOUR HEATING?	Coal 1 Charcoal 2 Wood, straw, grass, sawdust 3 Dung 4 Other 6	
<b>6. CAPITAL (CA)</b>			
CA1	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN ANY AGRICULTURAL LAND?	Yes 1 No 2	→ CA3
CA2	WHAT SIZE IS YOUR ACRICULTURE LAND?	Hectares 1 <input type="text"/> <input type="text"/> <input type="text"/> square meter 2 <input type="text"/> <input type="text"/> <input type="text"/> don't know 9998	
CA3	DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK OR OTHER FARM ANIMALS?	Yes 1 No 2	→ CA5

№	QUESTION	ANSWER	SKIP																																													
CA4	How many livestock and farm animals do you have?	<table border="1"> <tr> <td>Horse</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Cattle</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Camel</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Sheep</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Goat</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Pig</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Chicken/Poultry</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Others (specify)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Horse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cattle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Camel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Goat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pig	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Chicken/Poultry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Others (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
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CA5	DOES YOUR HOUSEHOLD FOLLOWING WHICH ONE?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Renewable-energy generator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internet connection</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cable TV</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave</td> <td>1</td> <td>2</td> </tr> <tr> <td>Telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cell phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/ sidan</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bus/ minivan</td> <td>1</td> <td>2</td> </tr> <tr> <td>Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Renewable-energy generator	1	2	Computer	1	2	Internet connection	1	2	Cable TV	1	2	Television	1	2	Washing machine	1	2	Refrigerator	1	2	Microwave	1	2	Telephone	1	2	Cell phone	1	2	Car/ sidan	1	2	Bus/ minivan	1	2	Truck	1	2	Motorcycle	1	2	
	Yes	No																																														
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## II. INDIVIDUAL QUESTIONNAIRE (For household members age 12 and above)

№	QUESTIONS	ANSWERES	Number of row of the household members age 12 and above	□	□	□	□	□
			Name	_____	_____	_____	_____	_____
<b>1</b>	<b>EDUCATION (ED)</b>							
ED1	HAS (name) EVER ATTENDED SCHOOL?		1. Yes 2. No --->ED5	□	□	□	□	□
ED2	DOES (name) ATTEND SCHOOL?		1. Yes --->ED5 2. No	□	□	□	□	□
ED3	DID (name) GRADUATE LAST SCHOOL?		1. Yes, graduated ---> ED5 2. No, drop out 3. No, have a leave	□	□	□	□	□
ED4	WHAT IS THE MAIN REASON OF (name) DID NOT GRADUATE?	1. Financial problem 2. Does not like study 3. Do work 4. Parent disallowed	5. School is too far 6. Diseased 7. Disabled 8. other	□ <i>(specify)</i>	□ <i>(specify)</i>	□ <i>(specify)</i>	□ <i>(specify)</i>	□ <i>(specify)</i>
ED5	HIGHEST LEVEL OF EDUCATION	1. No education 2. Primary 3. Basic 4. Secondary	5. Technical and vocational 6. Specialized secondary 7. Bachelor 8. Master/ Doctor	□	□	□	□	□
<b>2</b>	<b>MARITAL STATUS (MS)</b>							
MS1	Check (name) is age 15 and above from question HL 6 of the general information of HH members		1. Yes 2. No ---> Group 3	□	□	□	□	□
MS2	WHAT IS (NAME) MARITAL STATUS?	1. Never married--->MS4 2. Married 3. Living together	4. Seperated 5. Divorced 6. Widowed	□	□	□	□	□
MS3	DOES (name) LIVE TOGETHER HIS/HER WIFE/HUSBAND?		1. Yes 2. No	□	□	□	□	□
MS4	DOES (name) HAVE A CHILD?		1. Yes 2. No ---> Skip to Group 3	□	□	□	□	□
MS5	HOW MANY (name)'S CHILDREN UNDER AGE 16 YEARS ARE NOW LIVING WITH HIM/HER?			□	□	□	□	□
<b>3</b>	<b>HEALTH (HE)</b>							
HE1	PLEASE TELL ME (name)'S HEALTH STATUS? Please read the answer's codes	1. Very good 2. Good 3. Middle	4. Not good 5. Bad/ bedridden	□	□	□	□	□

№	QUESTIONS	ANSWERES	Number of row of the household members age 12 and above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HE2	DOES (name) HAVE ANY DISABILITY?	1. Yes 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HE3	DOES (name) HAVE CHRONIC ILLNESS?	1. Yes 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HE4	Check person (name) have disability or chronic illness (HE2 and HE3)	1. Yes 2. No ---> Skip to Group 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HE5	DOES (name)'S ILLNESS INTERRUPT DAILY ACTIVITIES?	1. Yes 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<b>Employment (EP)</b>							
EP1	DID (name) DO ANY PAID WORK IN ENTERPRISE OR FOR PEOPLE AT LEAST ONE HOUR DURING THE LAST 7 DAYS?	1. Yes 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EP2	DID (name) DO ANY UNPAID FAMILY WORK OR SELF-EMPLOYED AT LEAST ONE HOUR DURING THE LAST 7 DAYS?	1. Yes 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EP3	Please check whether (name) answer "YES" in any one of questions EP1, and EP2.	1. Yes--->EP5 2. No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EP4	EVEN THOUGH (name) DID NOT WORK IN THE LAST 7 DAYS, DOES (name) HAVE A JOB OR BUSINESS?	1. Yes 5. No --->EP19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: in question EP5-EP12 talking about main job and spent most of time in the last 7 days.</b>								
EP5	MAIN TYPE OF WORK, TRADE OR PROFESSION OF PRIMARY OCCUPATION (EP5)	Work and Occupation: Code		<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"/> <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"/>
EP6	MAIN ECONOMIC ACTIVITY OF PRIMARY OCCUPATION	Activity: code		<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"/> <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"/>

№	QUESTIONS	ANSWERES	Number of row of the household members age 12 and above	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP7	WHERE IS (name)'s WORK PLACE IN PRIMARY OCCUPATION ?	1. Indoors, without conventional work place 2. Indoors with coventional work place 3. In pasture/cropland 4. In office 5. Small shop, repair shop 6. Supermarket/market place 7. Employer's home	8. Construction field 9. Mining site 10. Factory 11. Garden/ street 12. Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				(specify)	(specify)	(specify)	(specify)	(specify)
EP8	WHAT IS (name) EMPLOYMENT STATUS IN THE PRIMARY OCCUPATION?	1. Paid employee 2. Employer 3. own use production worker 4. Member of a cooperative	5. Employed in animal husbandry 6. Unpaid family workers 7. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP9	HOW MANY AVERAGE MONTHLY SALARY OF THE MAIN FUNCTIONS OF (NAME) ?	(by thousand togrog, by the whole digit)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP10	HOW MANY WORK HOURS IN THE PRIMARY OCCUPATION IN THE LAST 7 DAYS DID (NAME) WORK?			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP11	DOES (name) WORK FULL TIME IN THIS PRIMARY OCCUPATION?	1. Yes 2. No, half working day		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP12	WHETHER THIS WORK SHIFT WORK OR NONSHIFT WORK OF (NAME)?	1. Yes, shift work 2 No, nonshift work		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Note: In question EP13-EP18 talking about main occupation and secondary occupation.</b>								
EP13	DID (NAME) WORK SECONDARY OCCUPATION IN THE LAST 7 DAYS?	1. Yes 2. No ---> Finish		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP14	WHAT IS MAIN ECONOMIC ACTIVITY OF (name)'S WORK IN SECONDARY OCCUPATION?	Occupation: code		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP15	WHAT ISAREAS OF THE MAIN WORKS (NAME)'S OF THE SECONDARY OCCUPATION ?	Occupation: Code		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

№	QUESTIONS	ANSWERES	Number of row of the household members age 12 and above					
			Name					
EP16	WHERE IS (NAME) WORK PLACE IN THE SECONDARY OCCUPATION	1. Indoors, without conventional work place 2. Indoors with conventional work place 3. In pasture/cropland 4. In office 5. Small shop, repair shop 6. Supermarket/market place 7. Employer's home	8. Construction field 9. Mining site 10. Factory 11. Garden/ street 12. Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP17	WHAT IS (NAME) EMPLOYMENT STATUS IN THE SECONDARY OCCUPATION?	1. Paid employee 2. Employer 3. own use production worker 4. Member of a cooperative	5. Employed in animal husbandry 6. Unpaid family workers 7. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP18	HOW MUCH IS (NAME) MONTHLY SALARY IN THIS SECONDARY OCCUPATION	(Thousand togrog, the whole digit) ---> асуулгыг дуусгах		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP19	Check (name) is working age person from module HL6	1. Yes, men age 15-59 years 2. Yes, women age 15-54 years	3. No, not working age---> to finish questionnaire	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP20	(name) AVAILABLE TO UNDERTAKE WORK DURING THE LAST 7 DAYS?  If no, ask for reason	1. Yes 2. Study 3. Retired 4. Sick 5. Disabled 6. Looking after children 7. Old age	8. Not interested to work 9. Take care of elderly 10. Household duties 11. Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP21	DID (name) LOOK FOR WORK DURING THE LAST 30 DAYS?	1. Yes---> finish 2. No	3. No, I already got job, but not yet started ---> finish	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP22	WHAT IS (name)'S REASON OF NOT LOOK FOR WORK DURING THE LAST 30 DAYS?	1. Thought no work available 2. Off season 3. Has no skills or training 4. Household duties 5. Studies 6. Not want	7. Retired 8. Low earnings 9. Lacks employers requirement 10. Take care of sick, elderly 11. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HH21. Interview completed hours and minutes \_\_\_ : \_\_\_