



**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	(Name) SEX	(Name)-Date of Birth			(Name) (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	(NAME) DO YOU HAVE POSSIBILITY FOR FILLING DIARY?
Row	Name	Relationship1	M F	Year	Month	Day	Age2	Where3	hour	Who4	Hour		Possibility 5
1		01	1 2					A B C D E F	___	A B C D E	___	<b>01</b>	1 2 3 4 5
2		___	1 2					A B C D E F	___	A B C D E	___	<b>02</b>	1 2 3 4 5
3		___	1 2					A B C D E F	___	A B C D E	___	<b>03</b>	1 2 3 4 5
4		___	1 2					A B C D E F	___	A B C D E	___	<b>04</b>	1 2 3 4 5
5		___	1 2					A B C D E F	___	A B C D E	___	<b>05</b>	1 2 3 4 5
6		___	1 2					A B C D E F	___	A B C D E	___	<b>06</b>	1 2 3 4 5
7		___	1 2					A B C D E F	___	A B C D E	___	<b>07</b>	1 2 3 4 5
8		___	1 2					A B C D E F	___	A B C D E	___	<b>08</b>	1 2 3 4 5
9		___	1 2					A B C D E F	___	A B C D E	___	<b>09</b>	1 2 3 4 5
10		___	1 2					A B C D E F	___	A B C D E	___	<b>10</b>	1 2 3 4 5
11		___	1 2					A B C D E F	___	A B C D E	___	<b>11</b>	1 2 3 4 5
12		___	1 2					A B C D E F	___	A B C D E	___	<b>12</b>	1 2 3 4 5
13		___	1 2					A B C D E F	___	A B C D E	___	<b>13</b>	1 2 3 4 5
14		___	1 2					A B C D E F	___	A B C D E	___	<b>14</b>	1 2 3 4 5
15		___	1 2					A B C D E F	___	A B C D E	___	<b>15</b>	1 2 3 4 5

please note, if you use additional page

**Note**

1 Relationship to household head			2 Age		3 Place of children care		4 Is who help for children's lesson and homework		5 Possibility for filling diary	
Wife/ Husband	02 Brother/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	10		At home (other members)	D	No one	D	Refused	4	
Parent-in-law	06 Not related	11		At home (by baby sitter)	E	Not attend school	E	don't know literacy	5	
				At home (other's home)	F					



№	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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HE3	DOES (name) HAVE CHRONIC ILLNESS?	1. Yes 2. No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HE4	Check person (name) have disability or chronic illness (HE2 and HE3)	1. Yes 2. No ---> Skip to Group 4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HE5	DOES (name)'S ILLNESS INTERRUPT DAILY ACTIVITIES?	1. Yes 2. No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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? (others and own property companies and organizations)	1. Yes 2.No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP2	DID (name) DO ANY UNPAID FAMILY WORK OR SELF-EMPLOYED AT LEAST ONE HOUR DURING THE LAST 7 DAYS? (Animal husbandry, agriculture, household production and services)	1. Yes 2.No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP3	Please check whether (name) answer "YES" in any one of questions EP1, and EP2.	1. Yes --->EP5 2.No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP4	EVEN THOUGH (name) DID NOT WORK IN THE LAST 7 DAYS, DOES (name) HAVE A JOB OR BUSINESS?	1. Yes 5. No --->EP21		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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	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	WHAT IS NAME OF (NAME) 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"/>
EP7	WHAT IS (name) EMPLOYMENT STATUS IN THE PRIMARY OCCUPATION?	1. Paid employee 2. Employer 3. Self-employed 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"/>

№	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"/>
EP8	WHERE IS (name)'s WORK PLACE IN PRIMARY OCCUPATION ?	01. Indoors, without conventional work place 02. Indoors with coventional work place 03. In pasture/cropland 04. In office 05. Small shop, repair shop 06. Supermarket/market place	07. In factory 08. Supermarket 09. Employer's home 10. Construction field 11. Mining site 12. In transports 13. In the station 14. In park 15. In street 16. Site of landfill 96. Others (please identify typing)	<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?	(EP1 AND EP2 complete in both 2 code will not answer)-->EP11		<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-EP20 talking about main occupation and secondary occupation.</b>								
EP13	DID (NAME) WORK SECONDARY OCCUPATION IN THE LAST 7 DAYS?	1. Yes-->EP15 2. No		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP14	DO YOU HAVE A REGULAR BASIS JOB BUT DID NOT WORK ON DOUBLE EMPLOYED IN THE LAST 7 DAYS?	1. Yes 5. No --->finish		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EP15	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"/>
EP16	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"/>
EP17	WHAT IS (NAME) EMPLOYMENT STATUS IN THE SECONDARY OCCUPATION?	1. Paid employee 2. Employer 3. Self-employed 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"/>

№	QUESTIONS	ANSWERES	Number of row of the household members age 12 and above					
			Name					
EP18	WHERE IS (NAME) WORK PLACE IN THE SECONDARY OCCUPATION	01. Indoors, without conventional work place 02. Indoors with conventional work place 03. In pasture/cropland- 04. In office 05. Small shop, repair shop 06. Supermarket/market place	07. Factory 08. Supermarket/market place 09. Employer's home 10. Construction field 11. Mining site 12. In trasforts 13. in the station 14. in garden 15. Garden/ street 16. in waste site 96. Other					
				specify	specify	specify	specify	specify
EP19	HOW MUCH IS (NAME) MONTHLY SALARY IN THIS SECONDARY OCCUPATION		(Thousand togrog, the whole digit)					
EP20	HOW MANY WORK HOURS DID (NAME) WORK IN THE SECONDARY OCCUPATION IN THE LAST 7 DAYS?		(EP1 AND EP2 complete in both 2 code will not answer)---> to finish questionnaire					
EP21	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					
EP22	(name) AVAILABLE TO UNDERTAKE WORK DURING THE LAST 7 DAYS?  If no, ask for reason	01. Yes 02. Stusy 3 Decided to study 04. Retaired 05. Sick 06. Disabled 07. Looking after children	08. Old age 09. Not interested to work 10. Take care of elderly 11. Household duties 96. Others					
				specify	specify	specify	specify	specify
EP23	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					
EP24	WHAT IS (name)'S REASON OF NOT LOOK FOR WORK DURING THE LAST 30 DAYS?	01. Thought no work available 02. Off season 03. Has no skills or training 04. Household duties 05. Studies 06. Not want	07. Retired 08. Low earnings 09. Lacks employers` requirement 10. Take care of sick, elderly 96. Other					
				specify	specify	specify	specify	specify

HH22. Interview completed hours and minutes    \_\_\_ : \_\_\_



WS4	AND COME BACK?	30 or more minutes Don't know	3 8	
WS5	WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> Is this person under age 15? What sex?	Adult woman (age 15+ years) Adult man (age 15+ years) Female child (under 15) Male child (under 15) Don't know	1 2 3 4 8	
WS6	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?	Centralized system Flush to septic tank of the solar energy source Flush to septic tank of the windy energy source flush to pit with air conditioning Individual flush to pit Public Pit latrine Composting toilet No facility, Bush, Field	1 2 3 4 5 6 7 8	
<b>5. SOURCES OF POWER AND HEATING (EW)</b>				
EW1	WHAT IS YOUR POWER SOURCE?	Centralized system plant for diesel Renewable energy Small power generators No power sources	1 2 3 4 5	
EW2	WHAT IS YOUR HEATING SOURCE?	Centralized system From electric heaters Low pressure stoves Normal firing Other (typing)	1 2 3 4 6	CA 1
EW3	WHAT FUEL DO YOU USE USUALLY FOR YOUR HEATING?	Coal Briquette Wood, willow and sawdust Manure and dung Other (typing)	1 2 3 4 6	
<b>6. CAPITAL (CA)</b>				
CA1	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN ANY AGRICULTURAL LAND?	Yes No	1 2	→ CA3
CA2	WHAT SIZE IS YOUR ACRICULTURE LAND?	Hectares square meter don't know	1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> 9998	
CA3	DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK OR OTHER FARM ANIMALS?	Yes No	1 2	→ CA5



CA4	How many livestock and farm animals do you have?	<table border="1"> <tbody> <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>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> </tbody> </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"/>	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"/>																		
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"/>																																																								
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"/>																																																								
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><b>Renewable-energy generator</b></td> <td>1</td> <td>2</td> </tr> <tr> <td><b>Renewable-energy generator</b></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>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio receiver</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>Washing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vacuum Cleaner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave</td> <td>1</td> <td>2</td> </tr> <tr> <td>Passenger cars</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> <tr> <td>Tractor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Horse-drawn cart</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	<b>Renewable-energy generator</b>	1	2	<b>Renewable-energy generator</b>	1	2	Computer	1	2	Internet connection	1	2	Television	1	2	Radio receiver	1	2	Telephone	1	2	Cell phone	1	2	Washing machine	1	2	Refrigerator	1	2	Vacuum Cleaner	1	2	Microwave	1	2	Passenger cars	1	2	Bus/ minivan	1	2	truck	1	2	Motorcycle	1	2	Tractor	1	2	Horse-drawn cart	1	2	
	Yes	No																																																										
<b>Renewable-energy generator</b>	1	2																																																										
<b>Renewable-energy generator</b>	1	2																																																										
Computer	1	2																																																										
Internet connection	1	2																																																										
Television	1	2																																																										
Radio receiver	1	2																																																										
Telephone	1	2																																																										
Cell phone	1	2																																																										
Washing machine	1	2																																																										
Refrigerator	1	2																																																										
Vacuum Cleaner	1	2																																																										
Microwave	1	2																																																										
Passenger cars	1	2																																																										
Bus/ minivan	1	2																																																										
truck	1	2																																																										
Motorcycle	1	2																																																										
Tractor	1	2																																																										
Horse-drawn cart	1	2																																																										