

CHILD DEVELOPMENT SURVEY - 2016

HOUSEHOLD QUESTIONNAIRE
Mongolia

1. HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH2A. Name of household head Name _____		HH2B. Street name and number of khashaa/ door _____	
HH3. Interviewer's name and number Name _____		HH4. Supervisor's name and number Name _____	
HH5. Year/Month/Day of interview 2016 / ___ / ___		HH5A. Number of times visited _____	
HH6A. Area Capital 1 Aimag center 2 Vill 3 Soum center 4 Rural 5		HH6B. Apartment area or Ger area Apartment area 1 Ger area 2 Mixed area 3	
HH7A. Aimag/ city name and code Name _____		HH7B. Soum/ District name and code Name _____	
HH7C. Bag/ Khoroo name and code Name _____		HH7D. Khesege name and code Name _____	
HH8. Is the household selected for Questionnaire for Men? Yes 1 No 2		HH8A. Is the household selected for Questionnaire for Household Yes 1 Water Quality? No 2	
<p>WE ARE FROM THE NATIONAL STATISTICS OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS NEARLY 25 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 "LAW ON STATISTICS" ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "04" in HH9. Discuss this result with your supervisor.</p>			
HH9. Result of the interview Completed 01 Dwelling vacant/ Address not a dwelling 05 No household member or no competent Dwelling destroyed 06 respondent at home at time of visit 02 Dwelling not found 07 Entire household absent for extended Other (<i>specify</i>) _____ 96 period of time 03 Refused 04			
<i>After the household questionnaire has been completed, fill in the following information:</i>			
HH10. Name and line number of the respondent _____			
HH11. Total number of household members: _____		<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH12. Number of women age 15-49 years: _____		HH13. Number of women's questionnaires completed: _____	
<i>If the household is selected for Questionnaire for Men:</i> HH13A. Number of men age 15-49 years: _____		<i>If the household is selected for Questionnaire for Men:</i> HH13B. Number of men's questionnaires completed: _____	
HH14. Number of children under age 5: _____		HH15. Number of under-5 questionnaires completed: _____	

HH18. Record the time.
 Hour
 Minutes

2. LIST OF HOUSEHOLD MEMBERS HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
 Use an additional questionnaire if all rows in the List of Household Members have been used.

						For women age 15-49	For men age 15-54	For children age 0-4	I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS ABOUT NATURAL PARENTS OF CHILDREN AGED 0-17. PLEASE DO NOT TAKE IT SERIOUSLY SINCE THESE QUESTIONS WILL BE USED ONLY FOR THE SURVEY. <i>For children age 0-17 years</i>						For children age 0-14	
HL1	HL2	HL3	HL4	HL5		HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15
Line no.	Name	WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	Is (name) MALE OR FEMALE? 1 Male 2 Female	WHAT IS (name)'S DATE OF BIRTH?		HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	Circle line no. if woman age 15-49	Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	Circle line no. if age 0-4	Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"</i>	WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of father and go to HL15 Record 00 for "No"</i>	WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Year	Month	Age	15-49	15-54	0-4	Y N DK	Mother	Y N DK	Father	Y N DK	Mother
01		01	1	2	_____	___	___	01	01	01	1 2 8	___	1 2 8	___	1 2 8	___
02		___	1	2	_____	___	___	02	02	02	1 2 8	___	1 2 8	___	1 2 8	___
03		___	1	2	_____	___	___	03	03	03	1 2 8	___	1 2 8	___	1 2 8	___
04		___	1	2	_____	___	___	04	04	04	1 2 8	___	1 2 8	___	1 2 8	___
05		___	1	2	_____	___	___	05	05	05	1 2 8	___	1 2 8	___	1 2 8	___
06		___	1	2	_____	___	___	06	06	06	1 2 8	___	1 2 8	___	1 2 8	___
07		___	1	2	_____	___	___	07	07	07	1 2 8	___	1 2 8	___	1 2 8	___
08		___	1	2	_____	___	___	08	08	08	1 2 8	___	1 2 8	___	1 2 8	___
09		___	1	2	_____	___	___	09	09	09	1 2 8	___	1 2 8	___	1 2 8	___

						For women age 15-49	For men age 15-54	For children age 0-4	I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS ABOUT NATURAL PARENTS OF CHILDREN AGED 0-17. PLEASE DO NOT TAKE IT SERIOUSLY SINCE THESE QUESTIONS WILL BE USED ONLY FOR THE SURVEY. <i>For children age 0-17 years</i>						For children age 0-14	
HL1	HL2	HL3	HL4	HL5		HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15
Line no.	Name	WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	Is (name) MALE OR FEMALE? 1 Male 2 Female	WHAT IS (name)'S DATE OF BIRTH?		HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	Circle line no. if woman age 15-49	Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	Circle line no. if age 0-4	Is (name)'s NATURAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> 8 DK <input type="checkbox"/> HL13	DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	WHERE DOES (name)'s NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	IS (name)'s NATURAL FATHER ALIVE? 1 Yes 2 No <input type="checkbox"/> 8 DK <input type="checkbox"/> HL15	DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	WHERE DOES (name)'s NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Year	Month	Age	15-49	15-54	0-4	Y N DK	Mother	Y N DK	Father	Mother	
10		___ ___	1	2	___ ___	___	___	10	10	10	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8
11		___ ___	1	2	___ ___	___	___	11	11	11	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8
12		___ ___	1	2	___ ___	___	___	12	12	12	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8
13		___ ___	1	2	___ ___	___	___	13	13	13	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8
14		___ ___	1	2	___ ___	___	___	14	14	14	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8
15		___ ___	1	2	___ ___	___	___	15	15	15	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8

Tick here if additional questionnaire used

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire, if the household is selected for Questionnaire for Individual Men.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
 You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	02 Spouse/Partner	06 Parent	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild
01 Head	03 Son / Daughter	07 Parent-In-Law	11 Niece / Nephew	14 Servant (Live-in)
	04 Son-In-Law / Daughter-In-Law	08 Brother / Sister	12 Other relative	96 Other (Not related)
	05 Grandchild	09 Brother-In-Law / Sister-In-Law	15 Grand parent	98 DK

3. EDUCATION ED

3. EDUCATION ED			ED								
			For household members age 5 and above								
ED1	ED2		ED3	ED4A			ED4D		ED4C		ED4B
Line number	Name and age Copy from HL2 and HL6		HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? Yes..... 1 No2 Next Line	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Kindergarten 0⇒ED5 Alternative form of education 1 Secondary..... 2 Vocational training 3 Higher 4 DK..... 8 <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>			IF (name) WAS ATTENDED ALTERNATIVE FORM OF EDUCATION WHAT KIND OF ALTERNATIVE FORM OF EDUCATION DID (name) ATTEND? Shift group 1 Visiting teacher 2 Mobile kindergarten..... 3 AFTER RECORD ⇒ED5		HAS (name) COMPLETED SCHOOL HE OR SHE HAS ATTENDED? Yes 1 No 2 DK 8		WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade at this level, record '00'. If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>
Line	Name	Age	YesNo	Level				Days	Yes No DK	Grade	
01		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
02		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
03		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
04		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
05		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
06		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
07		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
08		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
09		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
10		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
11		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
12		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
13		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
14		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	
15		___	1 2	0	124	3 8	1 2 3	___	1 2 8	___	

3. EDUCATION

ED

For household members age 5-24 years

ED1	ED2		ED5		ED6				ED6A			ED7			ED8				ED8A								
<i>Line number</i>	<i>Name and age</i> <i>Copy from HL2 and HL6</i>		DURING THE 2016/2017 SCHOOL YEAR, DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		DURING 2016/2017 SCHOOL YEAR, WHICH LEVEL AND GRADE IS <i>(name)</i> ATTENDING?				IF <i>(name)</i> ATTENDING ALTERNATIVE FORM OF EDUCATION WHAT KIND OF ALTERNATIVE FORM OF EDUCATION, HOW MANY DAYS IS <i>(name)</i> ATTENDING?			DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015/2016 , DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?			DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2015/2016 , WHICH LEVEL AND GRADE DID <i>(name)</i> ATTEND?				IF (NAME) WAS ATTENDED ALTERNATIVE FORM OF EDUCATION WHAT KIND OF ALTERNATIVE FORM OF EDUCATION, HOW MANY DAYS DID (NAME) ATTEND?								
			Yes..... 1	No2	Level: Kindergarten0⇒ED7 Alternative form of education 1 Secondary.....2 Vocational training3 Higher4 DK.....8				Grade:↘ ED7 98 DK↘ ED7			Shift group..... 1 Visiting teacher..... 2 Mobile kindergarten 3			Yes..... 1 No2 DK.....8	No	DK	Level: Preschool.... 0↘ Next Person Alternative form of education 1↘ ED8A Secondary.....2 Vocational training3 Higher4 DK.....8				Grade:↘ Next Line 98 DK↘ Next Line			Shift group 1 Visiting teacher 2 Mobile kindergarten..... 3		
Line	Name	Age	Yes	No	Level				Grade	Days			Yes	No	DK	Level				Grade	Days						
01		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
02		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
03		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
04		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
05		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
06		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
07		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
08		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
09		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
10		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
11		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
12		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
13		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
14		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		
15		___	1	2	0	124	3	8	___	1	2	3	___	1	2	8	0	24	3	8	___	1	2	3	___		

4. SELECTION OF ONE CHILD FOR CHILD FUNCTIONING

SF

SF1 Check HL6 in the List of Household Members and write the total number of children age 5-17 years. Total number.....__

SF2 Check the number of children age 5-17 years in HL18:
 Zero ⇒ Go to next module.
 One ⇒ Go to HL27 and record the rank number as '1', enter the line number, child's name and age
 Two or more ⇒ Continue with HL20

SF2A List each of the children age 5-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

SF3. Rank number	SF4. Line number from HL1	SF5. Name from HL2	SF6. Sex from HL4		SF7. Age from HL6
Rank	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	__ __

SF8 Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
 Check the total number of children age 5-17 years in SF1 above. This is the number of the column you should go to in the table below.
 Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SF3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SF1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SF9 Record the rank number (SF3), line number (SF4), name (SF5) and age (SF7) of the selected child. Rank number __
 Line number __ __
 Name _____
 Age..... __ __
 Prepare a Questionnaire for Children Age 5-17 to be administered to the mother/caretaker of the selected child. Then continue with the next module.

5. CHILD FUNCTIONING (AGE 5-17)			CF
CF1	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE. DOES (name)WEAR GLASSES OR CONTACT LENSES?	Yes..... 1 No 2	
CF2	DOES (name)USE A HEARING AID?	Yes..... 1 No 2	
CF3	DOES (name)USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes..... 1 No 2	
CF4	IN THE FOLLOWING QUESTIONS, I WILL ASK YOU TO ANSWER BY SELECTING ONE OF FOUR POSSIBLE ANSWERS. FOR EACH QUESTION, WOULD YOU SAY THAT (name) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3)A LOT OF DIFFICULTY, OR 4)THAT (HE/SHE) CANNOT AT ALL. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> REMEMBER THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY THAT (name)HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3)A LOT OF DIFFICULTY, OR 4)THAT (HE/SHE) CANNOT AT ALL?		
CF5	<i>Check CF1: Child wears glasses or contact lenses (CF1=1)?</i> <input type="checkbox"/> Yes⇒AskCF6A. <input type="checkbox"/> No⇒AskCF6B.		
CF6A	WHEN WEARING (HIS/HER) GLASSES OR CONTACT LENSES, DOES (name)HAVE DIFFICULTY SEEING?	No difficulty 1 Some difficulty 2 A lot of difficulty..... 3 Cannot see at all..... 4	
CF6B	DOES (name) HAVE DIFFICULTY SEEING?		
CF7	<i>Check CF2: Child use a hearing aid (CF2=1)?</i> <input type="checkbox"/> Yes⇒AskCF8A. <input type="checkbox"/> No⇒AskCF8B.		
CF8A	WHEN USING (HIS/HER) HEARING AID(S), DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	No difficulty 1 Some difficulty 2 A lot of difficulty..... 3 Cannot hear at all 4	
CF8B	DOES (name) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?		
CF9	<i>Check CF3: Child uses equipment or uses assistance for walking (CF3=1)?</i> <input type="checkbox"/> Yes⇒AskCF10. <input type="checkbox"/> No⇒AskCF14.		
CF10	WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (name)HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND? <i>Probe: THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.</i> <i>Instruction on impossible "No difficulty" answer.</i>	Some difficulty 2 A lot of difficulty..... 3 Cannot walk 100 m at all 4	3⇒CF12 4⇒CF12

CF11	<p>WITHOUT USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND?</p> <p><i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.</p> <p><i>Instruction on impossible "No difficulty" answer.</i></p>	<p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot walk 500 m at all 4</p>	
CF12	<p>WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND?</p> <p><i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot walk 100 m at all 4</p>	<p>3⇒CF16</p> <p>4⇒CF16</p>
CF13	<p>WHEN USING (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND?</p> <p><i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot walk 500 m at all 4</p>	<p>1⇒CF16</p>
CF14	<p>COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 METERS ON LEVEL GROUND?</p> <p><i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot walk 100 m at all 4</p>	<p>3⇒CF16</p> <p>4⇒CF16</p>
CF15	<p>COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 METERS ON LEVEL GROUND?</p> <p><i>Probe:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot walk 500 m at all 4</p>	
CF16	<p>DOES <i>(name)</i> HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING (HIMSELF/HERSELF)?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot care for self at all..... 4</p>	
CF17	<p>WHEN <i>(name)</i> SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot be understood at all 4</p>	
CF18	<p>WHEN <i>(name)</i> SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot be understood at all 4</p>	
CF19	<p>COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY LEARNING THINGS?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot learn things at all..... 4</p>	
CF20	<p>COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY REMEMBERING THINGS?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot remember things at all 4</p>	
CF21	<p>DOES <i>(name)</i> HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT (HE/SHE) ENJOYS DOING?</p>	<p>No difficulty 1</p> <p>Some difficulty 2</p> <p>A lot of difficulty..... 3</p> <p>Cannot concentrate at all..... 4</p>	

CF22	DOES (<i>name</i>) HAVE DIFFICULTY ACCEPTING CHANGES IN (HIS/HER) ROUTINE?	No difficulty 1 Some difficulty 2 A lot of difficulty..... 3 Cannot accept changes at all 4	
CF23	DOES (<i>name</i>) HAVE DIFFICULTY MAKING FRIENDS?	No difficulty 1 Some difficulty 2 A lot of difficulty..... 3 Cannot make friends at all 4	
CF24	<p>THE NEXT QUESTIONS HAVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER EACH QUESTION.</p> <p>I WOULD LIKE TO KNOW HOW OFTEN (<i>name</i>) SEEMS VERY ANXIOUS, NERVOUS OR WORRIED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>Daily 1 Weekly 2 Monthly 3 A few times a year 4 Never 5</p>	
CF25	<p>I WOULD ALSO LIKE TO KNOW HOW OFTEN (<i>name</i>) SEEMS VERY SAD OR DEPRESSED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>Daily 1 Weekly 2 Monthly 3 A few times a year 4 Never 5</p>	
CF26	<p>COMPARED WITH CHILDREN OF THE SAME AGE, HOW MUCH DIFFICULTY DOES (<i>name</i>) HAVE CONTROLLING (HIS/HER) BEHAVIOUR?</p> <p>WOULD YOU SAY: NO DIFFICULTY, LESS, THE SAME, MORE OR A LOT MORE?</p>	<p>No difficulty 1 Less 2 The same 3 More 4 A lot more 5</p>	

6. SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1 Check HL6 in the List of Household Members and write the total number of children age 1-17 years. Total number.....

SL2 Check the number of children age 1-17 years in SL1:
 Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
 One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
 Two or more ⇒ Continue with SL2A

SL2A List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

Table1

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	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	___

SL8 Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
 Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.
 Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Table2

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9 Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number

Line number

Name

Age.....

7.CHILD LABOUR

CL

CL1	<p>Check selected child's age from SL9:</p> <p><input type="checkbox"/> 1-4 years ⇒ Go to Next Module</p> <p><input type="checkbox"/> 5-17 years ⇒ Continue with CL2</p>		
CL2	<p>NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p> <p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?</p> <p>[A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?</p> <p>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</p> <p>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</p> <p>[D] DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?</p> <p><i>IF "No", PROBE:</i> PLEASE INCLUDE ANY ACTIVITY (<i>NAME</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM..</p>	<p style="text-align: right;">YesNo</p> <p>Worked on plot / farm / food garden / looked after animals 1 2</p> <p>Helped in family / relative's business/ran own business 1 2</p> <p>Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2</p> <p>Any other activity 1 2</p>	
CL3	<p>Check CL2, A to D:</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to CL8.</p>		
CL4	<p>SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours.....__ __</p>	
CL4A	<p>WHAT DID (<i>name</i>) DO SINCE LAST (<i>day of the week</i>)?</p> <p><i>If did several works simultaneously, ask question only for main field of activity</i></p>	<p>Employment: _____</p> <p>_____</p> <p>Code:</p>	

CL4B	<p>WHAT IS THE MAIN FIELD OF ACTIVITY (<i>name</i>) DID IN THE LAST WEEK?</p> <p><i>If did several works simultaneously, ask question only for main field of activity</i></p>	<p>Main field of activity: _____</p> <p>Code:</p>	
CL4C	<p>PLEASE TELL ME (<i>name</i>)'S EMPLOYMENT STATUS?</p> <p><i>If did several works simultaneously, ask question only for main field of activity</i></p>	<p>Paid employee..... 1 Employer 2 Self employed..... 3 Member of partnership/cooperative 4 Employed in animal husbandry 5 Unpaid participant in family business..... 6</p>	
CL5	<p>DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?</p>	<p>Yes 1 No 2</p>	1 ⇒ CL8
CL6	<p>DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?</p>	<p>Yes 1 No 2</p>	1 ⇒ CL8
CL7	<p>HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?:</p> <p>[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	<p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p>
CL8	<p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	2 ⇒ CL10
CL9	<p>IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?</p> <p><i>less than one hour, record "00"</i></p>	<p>Number of hours.....__ __</p>	

CL10	SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking / cleaning utensils /house.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for old / sick.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other household tasks.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house.....	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick.....	1	2	Other household tasks.....	1	2	
	Yes	No																									
Shopping for household	1	2																									
Repair household equipment	1	2																									
Cooking / cleaning utensils /house.....	1	2																									
Washing clothes	1	2																									
Caring for children	1	2																									
Caring for old / sick.....	1	2																									
Other household tasks.....	1	2																									
CL11	Check CL10, A to G: <input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i> <input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i>																										
CL12	SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?	Number of hours.....__ __																									

8.CHILD DISCIPLINE

CD

<p>CD1</p>	<p>Check selected child's age from SL9:</p> <p><input type="checkbox"/> 1-14 years ⇒ Continue with CD2</p> <p><input type="checkbox"/> 15 years ⇒ Go to Next Module</p> <p><input type="checkbox"/> 16-17 years ⇒ Go to Household Characteristics module</p>																																						
<p>CD2</p>	<p>Write the line number and name of the child from SL9.</p>	<p>Line number _ _</p> <p>Name</p>																																					
<p>CD3</p>	<p>ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name) IN THE PAST MONTH.</u></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] SHOOK HIM/HER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO?	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	1	2	[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	1	2	
	Yes	No																																					
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE?	1	2																																					
[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2																																					
[C] SHOOK HIM/HER	1	2																																					
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER	1	2																																					
[E] GAVE HIM/HER SOMETHING ELSE TO DO?	1	2																																					
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND?	1	2																																					
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	1	2																																					
[H] CALLED HIM/HER DUMB, LAZY OR ANOTHER NAME LIKE THAT?	1	2																																					
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS?	1	2																																					
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG?	1	2																																					
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	1	2																																					
<p>CD4</p>	<p>DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK / No opinion 8</p>																																				
<p>CD4A</p>	<p>Check selected child's age from SL9</p> <p><input type="checkbox"/> 1, 2, or 3 years ⇒ Go to Household Characteristics module</p> <p><input type="checkbox"/> 4-14 years ⇒ Go to Next Module</p>																																						

9. CHILDJOCKEY

CJ

Ask this module from every child aged 4-15. For other members of the household, leave the corresponding lines empty.

CJ1	CJ2		CJ3	CJ4	CJ5	CJ6	CJ7	CJ8
Line no.	Name and age Copy from HL2 and HL6		DID (name) PARTICIPATE IN THE HORSE RACING SINCE NOVEMBER OF 2015 ? <i>Does not include training activities for horse racing. Only include actual competition such as national and aimag horse racing.</i> Yes 1 No 2⇒Next line DK.....8⇒Next line	HOW MANY TIMES DID (name) PARTICIPATE IN HORSE RACING? <i>If rode three different horses in one horse racing game, write 3 times.</i> 98 DK	IN WHAT SEASON (name) PARTICIPATED HIS/ HER MOST RECENT HORSE RACING? Winter..... A Spring..... B Summer C Fall D	WHAT WAS THE MOST RECENT HORSE RACING GAME (name) PARTICIPATED? National festival..... 1 Regional festival..... 2 Aimag festival..... 3 Soum festival..... 4 Other festival/ game 5	DID (name) WEAR ANY OF FOLLOWING PROTECTIVE CLOTHING DURING HIS/ HER MOST RECENT HORSE RACING? Helmet..... A Goggles..... B Vest..... C Knee pad..... D Shoes..... E	DID (name) RIDE THE HORSE WITHOUT SADDLE WHEN PARTICIPATED HIS/ HER MOST RECENT HORSE RACING? Yes 1 No 2 DK 8
Line	Name	Age	YesNo DK	Number of times	Season	Festival	Protective clothing	YesNoDK
01		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
02		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
03		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
04		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
05		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
06		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
07		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
08		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
09		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
10		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
11		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
12		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
13		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
14		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128
15		___ __	128	___ __	A B C D	1 2 3 4 5	A B C D E	128

CJ1	CJ2		CJ9	CJ10	CJ11	CJ12	CJ13	CJ14
Line no.	Name and age Copy from HL2 and HL6		WAS (name) INSURED WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING? Yes.....1 No2 DK.....8	WAS (name) INJURED WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING? Yes.....1 No.....2 DK.....8	WHOSE HORSE DID (name) RIDEWHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING? Family owned... 1☒ CJ14 Relatives' 2 Others' 3	DID (name) RECEIVE ANY SORT OF INCENTIVES WHEN PREPARING OR PARTICIPATING IN HIS/ HER MOST RECENT HORSE RACING? Yes.....1 No.....2 DK8	DID (name) SIGN A CONTRACT WITH THE HORSE OWNER WHEN PARTICIPATED IN HIS/ HER MOST RECENT HORSE RACING? Yes1 No.....2 DK8	AT WHAT AGE (name) STARTED RIDING IN HORSE RACING?
Line	Name	Age	YesNoDK	YesNoDK		YesNoDK	YesNoDK	Age
01		___ __	128	128	1 2 3	128	128	___ __
02		___ __	128	128	1 2 3	128	128	___ __
03		___ __	128	128	1 2 3	128	128	___ __
04		___ __	128	128	1 2 3	128	128	___ __
05		___ __	128	128	1 2 3	128	128	___ __
06		___ __	128	128	1 2 3	128	128	___ __
07		___ __	128	128	1 2 3	128	128	___ __
08		___ __	128	128	1 2 3	128	128	___ __
09		___ __	128	128	1 2 3	128	128	___ __
10		___ __	128	128	1 2 3	128	128	___ __
11		___ __	128	128	1 2 3	128	128	___ __
12		___ __	128	128	1 2 3	128	128	___ __
13		___ __	128	128	1 2 3	128	128	___ __
14		___ __	128	128	1 2 3	128	128	___ __
15		___ __	128	128	1 2 3	128	128	___ __

10. HOUSEHOLD CHARACTERISTICS

HC

HC1C	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh 11 Kazakh 12 Durvud..... 13 Buriad 14 Баяд 15 Darkhad..... 16 Khotogoid 17 Uriankhai 18 Torguud 19 Other (<i>specify</i>) 96 DK 98	
HC1D	Type of dwelling <i>Record observation.</i> If necessary, clarify.	Ger 1 Apartment, condominium 2 Convenient single family house 3 Single family house 4 Public accommodation, dormitory 5 Other (<i>specify</i>) 6	1 ⇒ HC2A
HC1E	WHAT IS THE SIZE OF THE LIVING AREA OF YOUR DWELLING? <i>The size of kitchen, corridor/ hallway, and bathrooms are included.</i>	Sq. meter Don't know 998	
HC1F	HOW MANY ROOMS DOES YOUR DWELLING HAVE? <i>Kitchen, corridor/ hallway, and bathrooms are not included in the number of rooms.</i>	Number of rooms.....	
HC2	HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING? <i>Those rooms, which are not called as bedrooms, but used for sleeping in a regular basis are included.</i>	Number of rooms.....	⇒ HC3
HC2A	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls	
HC2B	WHAT IS THE MAIN MATERIAL OF YOUR GER FLOOR?	Natural floor 13 Rudimentary floor Wood planks..... 21 Finished floor Cement..... 34 Other (<i>specify</i>) 96	13 ⇒ HC4A 21 ⇒ HC4A 34 ⇒ HC4A 96 ⇒ HC4A
HC3	Main material of the dwelling floor. <i>Record observation.</i> If necessary, clarify.	Wood planks..... 21 Parquet or polished wood 31 Concrete, vinyl/ asphalt strips 32 Ceramic tiles..... 33 Cement..... 34 Other (<i>specify</i>) 96	
HC4	Main material of the roof. <i>Record observation.</i> If necessary, clarify.	Metal/ Tin..... 31 Wood..... 32 Concrete/ Cement fibre 33 Ceramictiles..... 34 Cement..... 35 Roofing shingles..... 36 Tar paper 37	31 ⇒ HC5 32 ⇒ HC5 33 ⇒ HC5 34 ⇒ HC5 35 ⇒ HC5 36 ⇒ HC5 37 ⇒ HC5

		Other (specify) _____ 96	96⇒ HC5
HC4A	IS YOUR GER ROOF SINGLE LAYERED OR DOUBLE LAYERED IN WINTER TIME?	Single 41 Double 42	41⇒ HC5A 42⇒ HC5A
HC5	<i>Main material of the exterior walls.</i> <i>Record observation.</i> <i>If necessary, clarify.</i>	Stone with mud..... 22 Uncovered adobe 23 Plywood 24 Reused wood 26 Cement 31 Stone with lime/ cement 32 Cement blocks..... 34 Covered adobe..... 35 Wood planks, shingles, logs..... 36 Bricks Decorative bricks..... 37 Construction bricks..... 38 Other (specify) _____ 96	22⇒ HC5B 23⇒ HC5B 24⇒ HC5B 26⇒ HC5B 31⇒ HC5B 32⇒ HC5B 34⇒ HC5B 35⇒ HC5B 36⇒ HC5B 37⇒ HC5B 38⇒ HC5B 96⇒ HC5B
HC5A	IS YOUR GER WALL SINGLE LAYERED OR DOUBLE LAYERED IN WINTER TIME?	Single 41 Double 42	
HC5B	WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?	Central heating system 1 Electric heater 2 Boiler 3 Fire stove..... 4 Other (specify) _____ 6	1⇒ HC6 2⇒ HC6
HC5C	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR HEATING?	Coal(stone coal, lignite)..... 06 Charcoal 07 Wood 08 Dung 10 Sawdust..... 11 Other (specify) _____ 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Coal (stone coal, lignite)..... 06 Charcoal 07 Wood 08 Dung 10 Sawdust..... 11 No food cooked in household..... 95 Other (specify) _____ 96	01⇒ HC8 02⇒ HC8 95⇒ HC8
HC7	IS THE COOKING <u>USUALLY</u> DONE IN THE HOUSE OR IN A SEPARATE BUILDING, OR OUTDOORS? <i>If 'In the house', probe:</i> IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen..... 1 Elsewhere in the house 2 In a separate building 3 Outdoors..... 4 Other (specify) _____ 6	

HC8	<p>DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[F] A RENEWABLE-ENERGY GENERATOR</p> <p>[G] A COMPUTER?</p> <p>[H] AN INTERNET CONNECTION?</p> <p>[C] A TELEVISION?</p> <p>[B] A RADIO?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[J] A WASHING MACHINE?</p> <p>[K] A VACUUM CLEANER?</p> <p>[L] A LIBRARY?</p> <p>[M] A MICROWAVE OVEN?</p> <p>[N] AN IRON?</p> <p>[O] A MOTORCYCLE?</p> <p>[P] AN ANIMAL DRAWN CART?</p> <p>[Q] A CAR OR TRUCK?</p> <p>[R] A TRACTOR?</p>	<p style="text-align: right;">Yes No</p> <p>Electricity 1 2</p> <p>A renewable-energy generator..... 1 2</p> <p>Computer..... 1 2</p> <p>Internet connection..... 1 2</p> <p>Television 1 2</p> <p>Radio 1 2</p> <p>Non-mobile telephone 1 2</p> <p>Refrigerator 1 2</p> <p>Washing machine..... 1 2</p> <p>Vacuum cleaner 1 2</p> <p>Library 1 2</p> <p>Microwave oven 1 2</p> <p>Iron 1 2</p> <p>Motorcycle 1 2</p> <p>Animal drawn cart..... 1 2</p> <p>Car or truck..... 1 2</p> <p>Tractor 1 2</p>	
HC9	<p>DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[H] A CAMCORDER OR CAMERA?</p> <p>[C] A BICYCLE?</p>	<p style="text-align: right;">Yes No</p> <p>Watch 1 2</p> <p>Mobile telephone 1 2</p> <p>Camcorder, camera..... 1 2</p> <p>Bicycle 1 2</p>	
HC10	<p>DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own 1</p> <p>Owned by others</p> <p>Rent 2</p> <p>Free of rent 6</p>	
HC11	<p>DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC13
HC12	<p>HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p>	<p>Hectares 1 _____</p> <p>100 sq.meters..... 2 _____</p> <p>Sq.meters 3 _____</p> <p>Don't know..... 99998</p>	

HC13	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No 2	2⇒HC15
HC14	<p>HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[G] CAMELS?</p> <p>[D] SHEEPS?</p> <p>[C] GOATS?</p> <p>[E] CHICKEN?</p> <p>[F] PIGS?</p> <p><i>If none, record '0000'. If unknown, record '9998'.</i></p>	<p>Horses, donkeys, or mules. ____ _</p> <p>Cattle, milk cows, or bulls... ____ _</p> <p>Camels ____ _</p> <p>Sheep ____ _</p> <p>Goats ____ _</p> <p>Chicken ____ _</p> <p>Pigs ____ _</p>	
HC15	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A SAVING IN THE BANKACCOUNT?	Yes 1 No 2	

11. WATER AND SANITATIONWS

WS1	WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling from centralized system 15 Piped into dwelling from individual system..... 16 Public water kioskconnected with centralized system 17 Tube well, Borehole22 Dug well Protected well.....31 Unprotected well.....32 Spring Protected spring 41 Unprotected spring 42 Rain/ snow water..... 51 Tanker-truck Water truck62 Public water kiosk.....63 Cart with small tank/ drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water 91 Other (<i>specify</i>) 96	15⇒WS6 16⇒WS6 17⇒WS3 22⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 62⇒WS3 63⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2	WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling from centralized system 15 Piped into dwelling from individual system..... 16 Public water kioskconnected with centralized system 17 Tube well22 Dug well Protected well.....31 Unprotected well.....32 Spring Protected spring 41 Unprotected spring 42 Rain/ snow water..... 51 Tanker-truck Water truck62 Public water kiosk.....63 Cart with small tank/ drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>) 96	15⇒WS6 16⇒WS6
WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot.....2 Elsewhere.....3	1⇒WS6 2⇒WS6
WS4A	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	0-14minutes..... 1 15-29 minutes.....2 30or more minutes 3 Don't know..... 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).....1 Adult man (age 15+ years)2 Female child (under 15).....3 Male child (under 15)4 Don't know8	
WS6	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK OR BOIL?	Yes.....1 No2 Don't know8	2⇒WS7A 8⇒WS7A
WS7	WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle..... F Other(<i>specify</i>) _____ X Don't know Z	
WS7A	HOW MUCH WATER DOES YOUR HOUSEHOLD USE ON AVERAGE PER DAY?	— — —	
WS8	What kind of toilet facility do members of your household usually use? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to unknown place /Not sure/ 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 No facility, Bush, Field 95 Other (<i>specify</i>) _____ 96	95⇒Next Module
WS9	DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes.....1 No2	2⇒ WS12
WS10	DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public).....1 Public facility2	2⇒WS12
WS11	HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ___ Ten or more households..... 10 Don't know 98	
WS12	<i>Check answers from WS8, Is the answer code “21, 22, 23, 31”.</i> <input type="checkbox"/> Yes ⇒Continue withWS13 <input type="checkbox"/> No ⇒ Go to Next Module		
WS13	WHERE DOES YOUR HOUSEHOLD DISPOSE WASTE WATER?	Pit latrine 21 Soak pit 31 No facility, Bush, Field 95 Other (<i>specify</i>) _____ 96	

12. HANDWASHING			HW
HW1	WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOURHOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed..... 1 Not observed Not in dwelling / plot / yard 2 No permission to see..... 3 Other reason(<i>specify</i>) _____ 6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2	<i>Observe presence of water at the place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3A	<i>Observe presence of soap or detergent at the place for handwashing.</i>	Soap is available 1 Soap is not available 2	2⇨HW4
HW3B	<i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent..... B Liquid soap C	A⇨HW5C B⇨HW5C C⇨HW5C
HW4	DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No..... 2	2⇨HH19
HW5A	CAN YOU PLEASE SHOW IT TO ME?	Yes, shown..... 1 No, not shown 2	2⇨HH19
HW5B	<i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent..... B Liquid soap C	
HW5C	<i>Observe presence of bucket, vessel, or pot for waste water at the place for handwashing.</i>	Yes, present 1 No, not present..... 2	
HH19	<i>Interview completed.</i>	Hour and minutes __ __ : __ __	

13. SALT IODIZATION			SI
SI1	WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM 2 15 PPM or more 3 No salt in the house 4 Salt not tested (<i>specify reason</i>) 5	4⇨HH20 5⇨HH20
SI2	WHERE IS THIS SALT FROM?	Imported 1 Domestic 2 Don't know..... 8	1 ⇨HH20
SI3	WHAT KIND OF SALT IS THIS?	Granulated salt 1 White salt..... 2 Natural salt 3	

HH20	<p><i>Thank the respondent for his/her cooperation and check the List of Household Members:</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)</i></p> <p><i>Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR INDIVIDUAL MEN has been issued for each man age 15-49 years in the List of Household Members (HL7A)</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)</i></p> <p><input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILD AGED 5-17 has been issued for each child aged 5-17 years in the List of Household Members (HL27)</i></p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
-------------	--

Interviewer's Observations

Supervisor's Observations