

## MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2003

### HOUSEHOLD QUESTIONNAIRE

CLUSTER NUMBER	<input type="text"/>
AIMAG	<input type="text"/>
SOUM	<input type="text"/>
BAGH	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
AREA*	<input type="text"/>
HEAD OF HOUSEHOLD	
* AREA CODES :	
1. Ulaanbaatar    2. Aimag center    3. Soum center    4. Remote rural	

Total number of persons in the list	<input type="text"/>
Total number of 15-49 aged women	<input type="text"/>
Total number of husbands	<input type="text"/>
INTERVIEWER'S NAME/CODE	
SUPERVISER 'S NAME/CODE	<input type="text"/>
FIELD EDITOR	<input type="text"/>
KEYED BY	<input type="text"/>

#### Interview visit

First	Second	Final
Day <input type="text"/>	Day <input type="text"/>	Day <input type="text"/>
Month <input type="text"/>	Month <input type="text"/>	Month <input type="text"/>
Results** <input type="text"/>	Results** <input type="text"/>	Results** <input type="text"/>
Total number of visits <input type="text"/>		

#### \*\*Results codes

Completed	1	Refused	5
No household members at home or no competent respondent at home at time of visit	2	Dwelling vacant or address not a dwelling	6
Entire household absent for extended period	3	Dwelling destroyed	7
Postponed	4	Dwelling not found	8
		Other _____	9
		( specify )	

The following questions refer to the people we just have listec

No.	Please give the names of persons who are usually living in your household, starting with the head of the household.  ASK: Did anyone else sleep here with your household last night, such as a visitor or a relative. ( IF YES, ADD TO LIST AND FILL IN Q3-Q13)	Relationship to head of the household  SEE OUTSIDE OF TABLE	Does (NAME) usually live here ?  YES=1 NO=2	Did (NAME) stay here last night ?  YES=1 NO=2	SEX  Is (NAME) male or female ?  MALE=1 FEMALE=2	YEAR BIRTH  In what year was (NAME) born?	AGE  How old is (NAME) ?  (COMPLETE YEAR) CHECK	EDUCATION			15 YEARS AND OVER  What (NAME'S) current marital status?  SEE OUTSIDE OF TABLE	Circle line No. for persons eligible for individual interview	Write line No. for eligible husbands for individual interview
								6 YEARS AND OVER		AGES 6-24			
								Has he/she ever been to school?  YES=1 NO=2	What is the highest level he/she attained?  SEE OUTSIDE OF TABLE	Is (NAME) still in school?  YES=1 NO=2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	10	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	15	

**CODES 3**

- RELATIONSHIP 01
- HEAD 02
- WIFE OR HUSBAND 03
- SON OR DAUGHTER 04
- SON OR DAUGHTER IN LAW 05
- GRANDCHILD 06
- PARENT 07
- PARENT IN LAW 08
- BROTHER OR SISTER 09
- GRAND MOTHER AND FATHER 10
- OTHER RELATIVE 11
- ADOPTED/FOSTER/STEP CHILD 12
- NOT RELATED

**Codes 10**

- Level of education
- Grade 1-3 1
- Grade 4-8 2
- Grade 9-10 3
- Professional School 4
- Higher 5
- 6
- 8

**Codes 12**

- Marital status
- Single 1
- Married 2
- Separated 3
- Divorced 4
- Widowed 5
- Living together 6
- DK 8

Total number of eligible women aged 15-49

Total number of eligible husbands for individual interview

No.	Questions	Coding Categories	Skip to
20	In what kind of accommodation do you live most of the year?	GER ( WITH 4 WALLS OR 5 WALLS ) ..... 1 GER ( WITH 6 + WALLS ) ..... 2 PRIVATE HOUSE ( 1 - 2 ROOMS ) ..... 3 PRIVATE HOUSE ( 3 + ROOMS ) ..... 4 APARTMENT ( 1-2 ROOMS ) ..... 5 APARTMENT ( 3 + ROOMS ) ..... 6 OTHER ..... 7 (SPECIFY)	24
21	What kind of heating system does your household have?	CENTRAL ..... 1 LOCAL/COAL ..... 2 STOVE ..... 3	
22	Is your bathroom attached to your apartment/house or is it separate?	ATTACHED able to have a bath ..... 1 ATTACHED not able to have a bath ..... 2 SEPARATE ..... 3	
23	Where is your toilet located	INSIDE APARTMENT/HOUSE ..... 1 OUTSIDE APARTMENT/HOUSE ..... 2	
24	Does your household use electricity?	YES ..... 1 NO ..... 2	26
25	What kind of electricity supply do you have in your household?	CENTRAL ..... 1 DIESEL ONLY ..... 2 DIESEL AND GENERATOR ..... 3 GENERATOR ..... 4	
26	What is the main source of drinking water for members of your household?	CENTRAL / PIPED ..... 1 LOCAL ..... 2 WELL ..... 3 SPRING WATER/ MINERAL SPRING ..... 4 RIVER/SNOW/RAINWATER ..... 5	
27	What is the fastest/quickest way you can request for medical emergency services? How long does it take to get emergency treatment?	PHONE ..... 1 BY CAR/ MOTORCYCLE ..... 2 BY HORSE/ CAMEL/ CATTLE/ YAKS ..... 3 WALKING ..... 4 DON'T KNOW ..... 8  TIME (minutes) <input type="text"/> <input type="text"/> <input type="text"/> 16 HOURS OR MORE ..... 960 DON'T KNOW ..... 998	

No.	Questions	Coding Categories	Skip to
28	What is the monthly average income per person of your household?  (In tugricks)	NO INCOME ..... 1 LESS THAN 8500 ..... 2 8501-21250 ..... 3 21251-31875 ..... 4 31876-42500 ..... 5 42501-53125 ..... 6 MORE THAN 53126 ..... 8 DON'T KNOW ..... 8	
29	Does your household income enough for average consumption?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
30	Did your household buy goods which cost more than 50 000 tugricks, for the last month?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
31	Can you make savings?	YES ..... 1 NO ..... 2	
32	Does your household have any debt?	YES ..... 1 NO ..... 2	
33	How can you get a large amount of money when your household needs?	SAVING ..... 1 LOAN ..... 2 DONATION ..... 3 SELLING OWN PROPERTY ..... 4 NONE ..... 5 OTHER ..... 6	
34	<b>Only interviewers will fill out this section</b>		
	The monthly average income per person of this household as an interviewer observes	NO INCOME ..... 1 LESS THAN 8500 ..... 2 8501-21250 ..... 3 21251-31875 ..... 4 31876-42500 ..... 5 42501-53125 ..... 6 MORE THAN 53126 ..... 7 DON'T KNOW ..... 8	