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Living Standards Measurement Survey

The officials at all levels of the National Statistical Office system will keep your family's private data strictly confidential, according to the Mongolian Laws on the

SECTION I - GENERAL INFORMATION

1. HOUSEHOLD NUMBER							
Quarter		Cluster			HH no.		

2. AIMAG CAPITAL	code	<input type="text"/>
3. SOUM/DISTRICT	code	<input type="text"/>
4. STRATA Capital - 1 Aimag center - 2 Soum center - 3 Rural - 4	code	<input type="text"/>
5. ENUMERATOR NAME	code	<input type="text"/>
6 .SUPERVISOR NAME	code	<input type="text"/>
7. DATA ENTRY PERSON	code	<input type="text"/>
8. NUMBER OF "PRESENT" HH MEMBERS (The number of household members must be identical to the number listed on the Roster as "present" members.)	code	<input type="text"/>

VISIT NUMBER	DATE			RESULT*
	DAY	MONTH	YEAR	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- | | | |
|-------------------------------------|-------|---|
| 1. Completed | ..... | 1 |
| 2. No competent members at home | ..... | 2 |
| 3. Partially completed, must return | ..... | 3 |
| 4. Postponed | ..... | 4 |
| 5. Refused | ..... | 5 |
| 6. Wrong address | ..... | 6 |
| 7. Other | ..... | 7 |

NAME OF HH HEAD

HH ADDRESS
.....

yr.....mo.....day.....

SECTION II - HOUSEHOLD ROSTER

Орлогоо нэгтгэн, нэг сууцанд хамтран амьдарч, хооллож, хувцаслаж байгаа хүмүүсийг өрхийн гишүүд

I D C O D E	NAME	What is the relationship to the household head? HEAD.....1 WIFE/HUSBAND.....2 SON/DAUGHTER.....3 FATHER/MOTHER.....4 BROTHER/SISTER.....5 FATHER/MOTHER IN LAW.....6 BROTHER/SISTER IN LAW.....7 GRANDPARENT.....8 GRANDCHILD.....9 OTHER RELATIVE.....10 SERVANT.....11 OTHER(SPECIFY _____).....12	SEX MALE-1 FEMALE -2	What is the year of birth of [NAME]?		AGE AGE IN COMPLETED YEARS (FOR CHILDREN LESS THAN ONE YEAR, WRITE THE AGE IN MONTHS).	What is the present marital status of [NAME]? AGED 15 YEARS AND MORE MARRIED.....1 LIVING TOGETHER.....2 SEPARATED.....3 DIVORCED.....4 WIDOWED.....5 NEVER MARRIED.....6	For how many months during the past 12 months (since MONTH/YEAR) has he/she been away from this household? <i>IF HE/SHE HAS NOT BEEN AWAY FROM HOME, WRITE "0"</i>	HOUSEHOLD MEMBER PRESENT? NOT A PRESENT HH MEMBER IF AWAY MORE THAN 11 MOS OR MORE FOR HH HEAD OR FOR STUDENTS STUDYING IN MONGOLIA, OR AWAY 6 MOS OR MORE FOR ANYONE ELSE. IF NOT A HH MEMBER, DRAW A LINE THRU THE NAME, AND ASK NO FURTHER QUESTIONS ABOUT THIS PERSON EXCEPT FOR Q10. YES-1>NEXT PERSON NO-2	Has person contributed to the HH expenses although living away? Yes-1 No-2		
				YEAR	AGE						MONTHS	CUMULATED MONTHS
	1			2	3						4	5	6	7	8	9	10
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION III - HOUSING

1 How many dwellings has your household lived in during the past 12 months?

INCLUDE HOMES SET UP FOR CHILDREN TO ATTEND SCHOOL. INCLUDE DACHAS LIVED MORE 1 MONTHS.

ONLY ONE DWELLING	1		<input type="text"/>
TWO OR MORE DWELLINGS	2	>15	

FOR HOUSEHOLDS WITH ONLY ONE DWELLING

2. How many households are sharing the main dwelling you live in?

3. Type of living quarters

Ger	1	>11	
Detached house	2		
Separate apartment	3		
Students dormitory	4		
Public dormitory	5		
Other public apartment	6		
Non-living quarters	7	>10	
Other	8		

4. Number of rooms in dwelling
DO NOT INCLUDE KITCHEN, HALLWAYS AND BATHROOMS

5. Main material of the walls

Bricks	1	
Cement	2	
Wood	3	
Stone	4	
Other	5	

6. Main material of the roof

Metal	1	
Asphalt roof shingles	2	
Tile	3	
Other	4	

7. Main material of the floor

Wood	1	
Cement	2	
Earth	3	
Other	4	

8. Living area (sq. mt.)

9. Total useful area (sq. mt.)

> 30

NON-LIVING QUARTERS

10 What is the total area your household occupies? (sq. m)

> 38

GER:

11. Number of walls in the ger

12. Covering of the ceiling

Single	1	
Double	2	

13. Covering of the **trame**

Single	1	
Double	2	

14. Main material of the floor

Wood	1	
Earth	2	
Other	3	

> 30

SECTION III - HOUSING (continued)

FOR HOUSEHOLDS WITH TWO OR MORE DWELLINGS

15 How many dwellings did your household live in during the past 12 months? WRITE NUMBERS

1. GERS

2. OTHER DWELLINGS

16 How many households are sharing the main dwelling you live in?

--

FILL IN DATA FOR EACH GER AND OTHER DWELLING OCCUPIED

NON-GERS:		Dwelling number:		
		#1	#2	#3
17	What kind of dwelling is this?			
	Detached or Semi-detached house	1		
	Separate apartment	2		
18.	Number of rooms in dwelling			
	DO NOT INCLUDE KITCHENS, HALLWAYS AND BATHROOMS			
19.	Main material of the walls			
	Bricks	1		
	Cement	2		
	Wood	3		
	Stone	4		
	Other	5		
20.	Main material of the roof			
	Metal	1		
	Asphalt roof shingles	2		
	Tile	3		
	Other	4		
21.	Main material of the floor			
	Wood	1		
	Cement	2		
	Earth	3		
	Other	4		
22.	Living area	(sq. mt.)		
23.	Total useful area	(sq. mt.)		
24.	Did you live in (heat) this dwelling this winter?			
	Yes -1	No - 2		

GERs:		GER GER GER		
		# 1	# 2	# 3
25.	Number of walls in the ger			
26.	Covering of the ceiling			
	Single	1		
	Double	2		
27.	Covering of the frame			
	Single	1		
	Double	2		
28.	Main material of the floor			
	Wood	1		
	Earth	2		
	Other	3		
29.	Did you live in (heat) this ger this winter?			
	Yes	1		
	No	2		

SECTION III - HOUSING (continued)

30. Type of ownership of your main dwelling
- | | | |
|----------------|---|-----|
| State | 1 | >36 |
| Private | 2 | |
| Organization's | 3 | >36 |
31. How was this main dwelling acquired?
- | | | | | | |
|--------------------|---|-----|-----------|---|-----|
| Renting | 1 | >36 | Inherited | 2 | >36 |
| Built by ourselves | 3 | | Purchased | 4 | |
| Privatized | 5 | | Other | 6 | |
32. Did you borrow any money to acquire this dwelling?
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
33. Have you done all the repayment?
- | | | |
|-----|---|-----|
| Yes | 1 | >36 |
| No | 2 | |
34. How often do you usually do repayments?
- | | |
|-----------|---|
| Monthly | 1 |
| Yearly | 2 |
| Uncertain | 3 |
35. Value of the most recent repayment (Tugrug)
36. If you wanted to rent this dwelling to someone else, how much could you get for it, monthly? (Tugrug) IF DO NOT KNOW, PUT 99 (If you are renting, put present monthly rent)
37. If this dwelling was sold today, how much would it be sold for? (Tugrug) IF DO NOT KNOW, PUT 99
38. How long has your household used your main dwelling? (Years) IF LESS THAN 1 YEAR, PUT "0"
39. Water supply
- | | |
|------------------------------------|---|
| Centralized: Hot & cold water pipe | 1 |
| Cold water pipe only | 2 |
| Protected well | 3 |
| Unprotected well | 4 |
| Transportation distribution | 5 |
| Spring, river | 6 |
| Snow, ice | 7 |
| Other | 8 |

40. Have you a sewage system?
- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
41. Household waste disposal
- | | |
|----------------------------|---|
| Through tube | 1 |
| Special place for waste | 2 |
| No special place for waste | 3 |
| Other | 4 |
42. What type of toilet do you have?
- | | |
|---------------------|---|
| Inside of dwelling: | |
| Separate | 1 |
| Public | 2 |
| Outside of dwelling | 3 |
43. Have you a kitchen room?
- | | |
|---------------|---|
| Yes, separate | 1 |
| Yes, public | 2 |
| No | 3 |
44. Have you a bathtub/shower?
- | | |
|---------------|---|
| Yes, separate | 1 |
| Yes, public | 2 |
| No | 3 |
45. Have you a telephone?
- | | | |
|---------------------------------|---|-----|
| Yes, land line phone | 1 | >47 |
| Yes, mobile phone | 2 | >47 |
| Yes, both land and mobile phone | 3 | >47 |
| No | 4 | |
46. How far is it to the nearest phone you can use? (Km)
47. Distance to the nearest school (Km)
- | | |
|-----------------|----------------------|
| 8 grade school | <input type="text"/> |
| 10 grade school | <input type="text"/> |
48. Distance to the nearest place to receive medical care (Km)
49. Distance to the nearest pharmacy (Km)
50. Distance to the nearest well or spring, river (Km)

SECTION III - HOUSING (continued)

Special dwelling maintained for household members attending school

51. Does this household maintain (either owned or rented) another dwelling for household members to live while attending school?

Yes 1
No 2 > SECTION IV. Page 7

52. Where is this dwelling for school children located?

Capital city 1
Aimag center 2
Soum center 3
Bag center 4

53. How far is this dwelling from your main dwelling? (km)

54. How many members of your household live in this dwelling during this school year?

Attending school
Not attending school

55. Does another household have members in this dwelling and share it?

Yes 1
No 2

56. Does your household own this dwelling??

Yes 1 > SECTION IV. Page 7
No 2

57. Does your household rent this dwelling??

Yes 1
No 2 > SECTION IV. Page 7

58. What rent will your household pay in total for the school year? (tugrugs)

SECTION IV.1 - PRE-SCHOOL EDUCATION

FOR CHILDREN 3 - 8 YEARS OLD, MOTHER OR GUARDIAN ANSWERS

I D C O D E	LOOK AT AGE OF HH MEMBER. IS THE HH MEMBER 3 and 3- 8 YEARS?	COPY THE ID CODE OF RESPOND- ENT FROM THE ROSTER	Is [NAME] currently attending preschool?	Why is [NAME] not attending preschool? Attending school.....1>Section IV.2 (PAGE 8) Not necessary.....2 Too expensive ...3 No space available.....4 Too far.....5 Not good quality.....6 Age is not convenient.....7 No preschool .....8 Other.....9 >> NEXT PERSON	What type of preschool is this?	How many hours per week on average does [NAME] attend preschool?	How many years, counting the present school year, has [NAME] attended preschool?	How much has your household spent during the last 12 months on [NAME'S] education? IF NOTHING WRITE ZERO. INCLUDE MONETARY VALUE OF IN-KIND PAYMENTS		
	Yes-1 No-2 > NEXT PERSON	ID Code	Yes-1 > 5 No-2	Public.....1 Private.....2 Other.....3	Hours	Years	Tuition	Food	Other	
A	1	2	3	4	5	6	7	8	9	10
01										
02										
03										
04										
05										
06										
07										
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09										
10										
11										
12										
13										
14										
15										

SECTION IV.2 - GENERAL EDUCATION

FOR ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER (OR REPORTED ATTENDING SCHOOL IN SECTION IV.1)

ID C O D E	LOOK AT AGE OF HH MEMBER, IS HH MEMBER 8 YEARS OR MORE (OR REPORTED ATTENDING SCHOOL IN SECTION IV.1)? Yes-1 No-2 >NEXT PERSON	IS THIS MEMBER ANSWERING PERSONALLY? Yes-1 > 4 No-2	COPY THE ID CODE OF RESPONDENT FROM THE ROSTER	What was the highest certificate or qualification obtained? None.....1 Primary.....2 Secondary.....3 >8 Complete secondary.....4 >8 Vocational.....5 >8 Degree of higher educ. diploma.....6 >8 Bachelor.....7 >8 Postgraduate.....8 >8	Can you read a letter? Yes, easily-1 Yes, with difficulty -2 No-3	Have you ever attended school? Yes-1 >8 No-2	Why did you never attend school? Child not interested.....1 >41B Parents not interested.....2 >41B Lack of budget.....3 >41B Required to work....4 >41B Sick/Disabled.....5 >41B Had to look after others.....6 >41B School too far.....7 >41B Other.....8 >41B	How many years, counting the present school year if you are attending, have you attended any educational institution, beginning from when you began primary school?
			ID Code					Years
A	1	2	3	4	5	6	7	8
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION IV.2 - GENERAL EDUCATION

I D C O D E	Are you currently attending school? Yes-1 No dropped out - 2 >37 No, finished -3 >45	Which grade are you studying now?		What is the ownership of your school? М Й - 1 Ү г Ү й Public.....1 Private.....2 Other.....3	Where is your school located? Capital city.....1 Aimag center.....2 Soum center.....3 Abroad.....4 Other.....5	How far away from where you live during the school term is it to your school? --- -- DISTANCE ONE WAY ONLY Km	How long does it take you to travel from where you live during the school term to your school? --- -- TIME ONE WAY ONLY min	How do you go to school? Walk.....1 By vehicle.....2 Animal.....3 Other.....4	Where do you live while attending school? Home.....1 >20 Ger apart from HH.....2 >20 Dormitory -3 Relatives.....4 Other.....5
		Type	Grade						
		General.....1	1 - 10						
		Vocational.....2	1 - 4						
College, University.....3	1 - 6								
Other.....4									
		Type	Grade						
A	9	10	11	12	13	14	15	16	17
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION IV.2 - GENERAL EDUCATION

I D C O D E	How much has your household spent during the last 12 months on your education? IF NOTHING WRITE ZERO. INCLUDE MONETARY VALUE OF IN-KIND PAYMENTS AFTER ASKING THE INDIVIDUAL AMOUNTS, CALCULATE TOTAL AND ASK "So, altogether you have spent _____ tugrugs on your/[NAME'S] education in the last year. Is that right?" PROBE AND RECONCILE.									
	Room rent	Food and meat to pay for room	Transport	Tuition paid by the Household	Books & supplies	Uniforms	Money for Food/Living Expenses while away from home	Other	Total (25=18+19+20+21+22+23+24)	
	Tugrug	Tugrug	Tugrug	Tugrug	Tugrug	Tugrug	Tugrug	Tugrug	Tugrug	
	A	18	19	20	21	22	23	23B	24	25
	01									
	02									
	03									
	04									
	05									
	06									
	07									
	08									
	09									
	10									
	11									
12										
13										
14										
15										

SECTION IV.2 - GENERAL EDUCATION

I D C O D E	Do you pay any tuition?	Did you receive any assistance in tuition? (including remittances)	From whom?	How much was that assistance for tuition in total this year?	Did you receive any assistance in other educational expenses? (including remittances)	From whom?	How much was the assistance for other educational expenses in total this year?	Did you receive any loan for educational expenses this year?	From whom?	Is it your wish/dream to continue studies?	Will you be able to realize your wish to continue your studies?
	Yes-1 No-2 >30	Yes-1 No-2 >30	Government.....1 Company.....2 Local non profit organization.....3 Intern'l org. and person...4 Other.....5	Tugrug	Yes-1 No-2 >33	Government..1 Company.....2 Local non profit organization.....3 Intern'l org. and person...4 Other.....5	EXCLUDE THE TUITION FEE Tugrug	Yes-1 No-2 >35	Government.....1 Company.....2 Local non profit organization.....3 Individual...4 Intern'l org. & person...5 Other.....6	Yes-1 No-2 >NEXT PERSON	Yes.....1 No, because not enough money.....2 Need to work.....3 Look after some one.....4 No space in school.....5 Too far.....6 Disabled.....7 Sick.....8 Other.....9 >NEXT PERSON, PAGE 8
A	26	27	28	29	30	31	32	33	34	35	36
01											
02											
03											
04											
05											
06											
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12											
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14											
15											

SECTION IV.2 - GENERAL EDUCATION

DROPPED OUT HOUSEHOLD MEMBERS AGED 8-35

I D C O D E	LOOK AT AGE OF HH MEMBER. IS HH MEMBER 8-35 YEARS? Yes-1 No-2 >NEXT PERSON	From which grade did you drop out? Please write the grade.		In what year did you drop out?	Main reason for leaving school? Not interested.....1 Parents not interested.....2 School too difficult.....3 Lack of budget.....4 Need to work.....5 Sick.....6 Look after others.....7 School too far.....8 Got married.....9 Teacher's knowledge is't good.....10 Migration.....11 No place in school dormitory..12 Other....13	LOOK AT AGE OF HH MEMBER. IS HH MEMBER 8-35 YEARS? Yes-1 No-2 >NEXT PERSON	Would you like to go/ return to school? Yes-1 No- 2 >44	Would it be possible for you to go/return to school? Yes.....1 No,because parents not interested.....2 Lack of budget.....3 Not qualified.....4 Busy.....5 Schools are full.....6 School too far.....7 Physically, mentally disabled.....8 Sick.....9 No place in school dormitory.....10 Too old.....11 Other.....12	Have you attended any non formal educational organizations , such as distance education, home schooling, informal classes (ger education)? Yes-1 No-2	LOOK AT AGE OF HH MEMBER. IS HH MEMBER 15 TO 35 YEARS OLD? Yes-1 No-2 > NEXT PERSON	Would you like to attend technical training and refreshing course? Yes-1 NEXT PERSON	What kind of technical training are you interested in studying? LIST MAIN CHOICE . Cooking/Baking.....1 Hospitality /Barman.....2 Language.....3 Computer.....4 Driving Course.....5 Repair home applications.....6 Motor Vehicle Repair.....7 Wood/Metal Crafts.....8 Sewing/Shoe Repair.....9 Hairdresser/Beauty.....10 Office/Clerical.....11 Other.....12
		Type	Grade									
		General.....1	1 - 10									
		Vocational..2	1 - 4									
College, University..3	1 - 6											
Other.....4												
Type	Grade	Year										
A	37	38	39	40	41	41B	42	43	44	45	46	47
01												
02												
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15												

SECTION V.1 - EMPLOYMENT

All household members 10 years and older

I D C O D E	IS THIS PERSON ANSWERING FOR HIMSELF/HIS-SELF? Yes-1 No-2	Have you worked for someone who is not a member of your household, for example an enterprise, a company, the government, a cooperative, a farmer, or any other individual?		Have you worked on your own account or for a member of your household...				DID THIS PERSON WORK IN HH AGRICULTURE IN THE PAST 7 DAYS? (QUESTION 4 IS 'YES') Yes-1 No-2>10	DID THIS PERSON DO ANYTHING ELSE IN ADDITION TO AGRICULTURE? (A 'YES' IN 2,3,6,OR 7) Yes-1 No-2> SECTION V.2	DID THIS PERSON DO ANY WORK IN THE PAST 7 DAYS? CHECK THE ANSWERS TO QUESTIONS 2, 4 AND 6 FOR ANY 'YES' ANY Yes-1 >SECTION V.3 ALL No-2	Do you have a permanent job even though you did not work in the last 7 days? Yes-1 No-2 >13	What is the main reason that you did not work in the last 7 days in your permanent job? Sick.....1 Maternity.....2 Household member ill.....3 Vacation.....4 Strike/suspension.....5 Temporary work load reduction6 Other.....7 >19	Have you looked for work in the last 7 days? Yes-1 >15 No-2
		in the past 7 days?	at any time in the past 12 months?	..in agriculture- caring for livestock or other farming tasks?	..in a business enterprise, for example, as a trader, shop keeper, barber, dressmaker, carpenter, or taxi driver?	in the past 7 days?	at any time in the past 12 months?						
		Yes-1 No-2	Yes-1 No-2	Yes-1 No-2	Yes-1 No-2	Yes-1 No-2	Yes-1 No-2						
A	1	2	3	4	5	6	7	8	9	10	11	12	13
01													
02													
03													
04													
05													
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11													
12													
13													
14													
15													

SECTION V.1 - EMPLOYMENT (continued)

I D C O D E	What is the main reason you did not look for work in the last 7 days? (MOST IMPORTANT REASON)	What kind of efforts did you put to find a job? (MOST IMPORTANT WAY)	Have you had any employment in the past three months?	Have you looked for work in the last three months?	What is the main reason you did not look for a job in the last 3 months? (MOST IMPORTANT REASON)	Did you register at the Employment Regulations Office?	HAS THIS PERSON BEEN ONLY INVOLVED IN HH AGRICULTURE THE PAST 12 MONTHS? (QUESTION 5 YES AND QUESTIONS 3 AND 7 NO?)	HAS THIS PERSON WORKED IN THE PAST 12 MONTHS? (Q 3, OR 7 YES?)
A	14	15	16	17	18	19	20	21
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION V.2 - EMPLOYMENT IN AGRICULTURE

(For household members involved only in Household Agriculture)

I D C O D E	What kind of agricultural activity do you do? LIVESTOCK ONLY..1 FARMING ONLY...2 BOTH LIVESTOCK AND FARMING...3	How many weeks in the last 12 months did you engage in agricultural activity?		How many hours did you work on agricultural activities on average in one week, during each season? (IF NO WORK DONE WRITE A LINE IN THE CELL)									
				WINTER (Dec-Jan-Feb)		SPRING (Mar-Apr-May)		SUMMER (Jun-Jul-Aug)		AUTUMN (Sep-Oct-Nov)			
				LIVESTOCK	FARMING	LIVESTOCK	FARMING	LIVESTOCK	FARMING	LIVESTOCK	FARMING	LIVESTOCK	FARMING
				WEEKS	WEEKS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
A	1	2	3	4	5	6	7	8	9	10	11		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

**>>NEXT PERSON
(Section V.1, page 13)**

SECTION V.3 - EMPLOYMENT - Main job in the last 7 days

I D C O D E	What was your main job during the past 7 days? (FOR ALL PERSONS WHO ANSWERED IN SECTION V.1 QUESTIONS 2,4,OR 6 "YES")		In what kind of economic activity did you do that job?		For how many hours in the last 7 days did you do this work?	For how many weeks in the last 12 months did you do this work?	During these weeks, how many hours per week did you this work on average? (During the past 12 months)	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)
	Occupation	Code	Activity	Code	HOURS PER WEEK	WEEKS PER YEAR	HOURS PER WEEK	-an employer?...1 >15 -a worker on own account or unpaid worker in a household farm or nonfarm business enterprise?...2 >17 -a paid worker in a household farm or nonfarm business enterprise?...3 >12 -an employee of someone who is not a member of your household?...4 -a member of a cooperative.....5 -Other....6	-a private company, enterprise or cooperative?...1 -the government, public sector or army?...2 -a work project (such as Road of the Century)?.....3 -a state-owned enterprise?.....4 -a private individual....5
A	1	1A	2	2A	3	4	5	6	7
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION V.3 - EMPLOYMENT - Main job in the last 7 days (continued)

I D C O D E	Is your employer a relative, or did a relative influence your being hired for this work? Yes-1 No-2	How long does it take you to get to work from home? (TIME ONE WAY ONLY) Min	Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? Yes-1>12 No-2	What is the main reason you receive no payment for this work? APPRENTICESHIP OR TRAINEESHIP.....1 PAYING OF DEBT.....2 FAULT OF EMPLOYER.....3 OTHER (SPECIFY_) ...4 >15	How much was your last month payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect to receive for the last month? FOR IN KIND PAYMENTS, ESTIMATE THE VALUE USING THE MARKET PRICE			Does your employer pay any social insurance for you? Yes-1 No-2	Does your employer pay any medical insurance for you? Yes-1 No-2	Did you do any other work in the last 7 days? Yes-1 >SECTION V.4 No-2 >SECTION V.5
					Regular pay		Bonuses and special pay			
		IN CASH Tugrug	IN KIND Tugrug	Tugrug						
A	8	9	10	11	12	13	14	15	16	17
01										
02										
03										
04										
05										
06										
07										
08										
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13										
14										
15										

SECTION V.4 - EMPLOYMENT - Secondary job in the last 7 days

I D C O D E	What was your secondary job during the past 7 days? (FOR PERSONS WHO HAVE ANSWERED SECTION V.3 ON MAIN JOB IN LAST 7 DAYS, AND HAVE A SECONDARY JOB IN PAST 7 DAYS)		In what kind of economic activity did you do that job?		For how many hours in the last 7 days did you do this work?	How many weeks in the last 12 months did you do this work?	During these weeks, how many hours per week did do this work on average? (During the past 12 months)	In this work were you... (READ ALL RESPONSES)
	Occupation	Code	Activity	Code	HOURS PER WEEK	WEEKS PER YEAR	HOURS PER WEEK	
A	1	1A	2	2A	3	4	5	6
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION V.4 - EMPLOYMENT - Secondary job in the last 7 days (continued)

I D C O D E	Is your employer for this work... (READ ALL RESPONSES) -a private company, enterprise or cooperative?....1 -the government, public sector or army?.....2 -a work project (such as Road of the Century)?.....3 -a state-owned enterprise?.....4 -a private individual .....5	How long does it take you to get to work from home? (TIME ONE WAY ONLY) Min	Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? Yes-1 >11 No-2	What is the main reason you receive no payment for this work? APPRENTICESHIP OR TRAINEESHIP....1 PAYING OF DEBT...2 FAULT OF EMPLOYER....3 OTHER (SPECIFY_) ...4	How much was your last month payment?			Does your employer pay any social insurance for you? Yes-1 No-2	Does your employer pay any medical insurance for you? Yes-1 No-2
					IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect to receive for the last month? FOR IN KIND PAYMENTS, ESTIMATE THE VALUE USING THE MARKET PRICE				
					Regular pay		Bonuses and special pay		
					IN CASH Tugrug	IN KIND Tugrug	Tugrug		
A	7	8	9	10	11	12	13	14	15
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
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14									
15									

SECTION V.5 - EMPLOYMENT - THE MAIN JOB FOR THE PAST 12 MONTHS (NOT DESCRIBED IN THE PAST 7 DAYS)
PLEASE ASK THIS SECTION V.5 IF THE MAIN JOB FOR THE PAST 12 MONTHS IS NOT THE SAME AS A JOB DESCRIBED IN THE PAST 7 DAYS

I D C O D E	What was your main job during the past 12 months? (FOR EACH PERSON, LOOK AT THE ANSWERS TO QUESTIONS 3,5 AND 7 OF SECTION V.1 TO SEE WHAT WORK WAS REPORTED IN THE PAST 12 MONTHS.)		In what kind of economic activity did you do that job?		For how many weeks in the last 12 months did you do this work?	During these weeks, how many hours per week did do this work on average? (During the past 12 months)	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)	How long does take you to get to work from home? (TIME ONE WAY ONLY)
	Occupation	Code	Activity	Activity	WEEKS PER YEAR	HOURS PER WEEK			Min
A	1	1A	2	2A	3	4	5	6	7
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

SECTION V.5 - EMPLOYMENT - THE MAIN JOB FOR THE PAST 12 MONTHS (continued)

I D C O D E	Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? Yes-1 >10 No-2	What is the main reason you receive no payment for this work? APPRENTICESHIP OR TRAINEESHIP...1 PAYING OF DEBT....2 FAULT OF EMPLOYER ...3 OTHER (SPECIFY_) ...4 >13	How much was your last month payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect to receive for the last month? FOR IN KIND PAYMENTS, ESTIMATE THE VALUE USING THE MARKET PRICE		Does your employer pay any social insurance for you? Yes-1 No-2	Does your employer pay any medical insurance for you? Yes-1 No-2	Did you do any other work in the past 12 months (that has not been described in the past 7 days)? Yes-1 >SECTION V.6 No-2 >NEXT PERSON, (SECTION V.1, Page 13)	
			Regular pay					Bonuses and special pay
			IN CASH Tugrug	IN KIND Tugrug				Tugrug
A	8	9	10	11	12	13	14	15
01								
02								
03								
04								
05								
06								
07								
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09								
10								
11								
12								
13								
14								
15								

SECTION V.6 - EMPLOYMENT - THE SECONDARY JOB FOR THE PAST 12 MONTHS

PLEASE ASK THIS SECTION V.6 IF THE SECONDARY JOB FOR THE PAST 12 MONTHS IS NOT THE SAME AS A JOB DESCRIBED IN THE PAST 7 DAYS

I D C O D E	What was your secondary job during the past 12 months?		In what kind of economic activity did you do that job?		For how many weeks in the last 12 months did you do this work?	During these weeks, how many hours per week did do this work on average? (During the past 12 months)	In this work were you... (READ ALL RESPONSES)	Is your employer for this work... (READ ALL RESPONSES)
	Occupation	Code	Activity	Code	WEEKS PER YEAR	HOURS PER WEEK		
	1	1A	2	2A	3	4	5	6
			Agriculture...1 Mining and Quarrying...2 Manufacturing...3 Electricity water supply...4 Construction ...5 Wholesale and retail trade ...6 Hotels & restaurants, Tourism...7 Transport & communication...8 Financial...9 Business activities...10 Public administration11 Education...12 Health...13 Service14 Other15				-an employer?.....1 >13 -a worker on own account or unpaid worker in a household farm or nonfarm business enterprise?...2 >NEXT PERSON (SECTION V.1, page 13) -a paid worker in a household farm or nonfarm business enterprise?.....3 >10 -an employee of someone who is not a member of your household?.....4 -a member of a cooperative-5 -Other-6	-a private company, enterprise or cooperative?...1 -the government, public sector or army?.....2 -a work project (such as Road of the Century)?.....3 -a state-owned enterprise?.....4 -a private individual5
A								
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04								
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06								
07								
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10								
11								
12								
13								
14								
15								

SECTION V.6 - EMPLOYMENT - THE SECONDARY JOB FOR THE PAST 12 MONTHS (continued)

I D C O D E	How long does it take you to get to work from home? (TIME ONE WAY ONLY)	Do you receive wages, salary or other payments either in cash or in other forms from this employer for this work? Yes-1 >10 No-2	What is the main reason you receive no payment for this work? APPRENTICESHIP OR TRAINEESHIP....1 PAYING OF DEBT..2 FAULT OF EMPLOYER ....3 OTHER (SPECIFY_) ...4	How much was your last month payment? IF RESPONDENT HAS NOT YET BEEN PAID, ASK: What payment to do you expect to receive for the last month? FOR IN KIND PAYMENTS, ESTIMATE THE VALUE USING THE MARKET PRICE			Does your employer pay any social insurance for you? Yes-1 No-2	Does your employer pay any medical insurance for you? Yes-1 No-2
	Min		>13	Regular pay		Bonuses and special pay		
				IN CASH Tugrug	IN KIND Tugrug	Tugrug		>NEXT PERSON (SECTION V.1, Page 13)
	A	7	8	9	10	11	12	13	14
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

SECTION VI.1 - HEALTH

I D C O D E	IS THIS PERSON PRESENT AND ANSWERING FOR HIMSELF/HERSELF/?	COPY THE ID CODE OF THE RESPONDENT FROM THE HH ROSTER.	Are you covered by health insurance?	Why aren't you covered by health insurance? (MAIN REASON)	Have you any chronic illness?	Which illness?	Have you got any disabilities?	Which disability?	Compared with your health one year ago, would you say that your health is: [READ OUT ANSWERS TO HH MEMBER]	Did you have any health complaints in the past one month? For example, a cold/ cough, diarrhoea, back pain, fever, stomach ache, headache etc?	What health complaints did you have?	
	Yes-1 >3 No-2	ID code	Yes-1 > 5 No-2	Unemployed.....1 Can't pay.....2 Working in a private company.....3 Working in a foreign company.....4 Self employed.....5 Other.....6	Yes-1 NO-2 >7	Heart/circulatory.....1 Lungs.....2 Digestive System.....3 Mental Disorder.....4 Urinary or sexual organ disease.....5 Other.....6	Yes-1 No-2 >9	Physical.....1 Mental.....2 Speaking.....3 Sight.....4 Hearing.....5 Other.....6	Much better now...1 Somewhat better.... 2 About the same...3 Somewhat worse.... 4 Much worse.....5	Yes-1 No-2 >7	Heart/circulatory.....1 Lungs.....2 Digestive System.....3 Mental Disorder.....4 Urinary or sexual organ disease.....5 Other.....6	1ST
A	1	2	3	4	5	6	7	8	9	10	11	12
01												
02												
03												
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15												

SECTION VI.1 - HEALTH (continued)

I D C O D E	Did your health complaints disrupt work, school or daily activities?					Outpatient visits				
	During the past month, how many days of your primary daily activities were missed due to poor health?	Are your primary daily activities disrupted today due to poor health?	In the past month did you seek treatment at a health facility or health provider for your health problems?	Why did you not get any treatment at a health facility or health provider for your health problems? Not serious enough....1 Health facility too far....2 No transport....3 Health care too expensive....4 Transport too expensive....5 Health workers unfriendly....6 Health workers not present...7 Health care not good quality....8 No money....9 Treated myself....10 Other ()...11	How many times did you make outpatient visits to a facility or health care provider during the past month?	Which kind of health facility did you visit in the last month?			Who treated you? MOST RECENT VISIT	Where was that treatment provided? MOST RECENT VISIT
						Public.... 1 Private....2 Facility abroad....3 Other....4	Specialized doctor....1 Family doctor.....2 Nurse....3 Massagist....4 Otoch/maaranba traditional healer...5 Other....6	Times		
A	Yes-1 No-2 >16	Yes-1 No-2	Yes-1 >18 No-2	>GO TO 27	18	19	20	21	22	23
01										
02										
03										
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15										

SECTION VI.1 - HEALTH (continued)

I D C O D E	Outpatient visits continued			Medicines		Public Hospital Stays						
	How much did you pay, either in money or in kind, for all costs associated with the outpatient visits to a facility or health practitioner during the past month? Include any medicines prescribed during these visits, even if purchased elsewhere. EXCLUDE TRANSPORTATION COSTS EXCLUDE COSTS TO BE REIMBURSED BY INSURANCE	How much did you pay for transportation for these visits to a facility or health care provider during the past 4 weeks? Include the transportation costs of anyone who accompanied you.	How much did you pay for gifts and bribes for these visits to a facility or health care practitioner during the past 4 weeks? For food and other goods please include the value in togrogs.	During the past month, have you purchased any medicines on your own, that is without a prescription, to treat any health problems?	How much did you pay for all medicines purchased on your own in the past month?	In the past 12 months have you spent one or more nights in a hospital?	During the past 12 months, have you stayed at a public hospital or clinic overnight?	How many days did you spend in a public hospital over the last 12 months?	Where was the hospital? City hospital/ clinic...1 Aimag/District hospital...2 Soum....3 Other...4	How much did you pay, either in money or in kind, for all costs associated with the public hospital or clinic stays in the past 12 months? Include any medicines prescribed during these visits, even if purchased elsewhere. EXCLUDE TRANSPORTATION COSTS EXCLUDE COSTS TO BE REIMBURSED BY INSURANCE	How much did you pay for transportation for these visits to a facility or health care provider during the past 4 weeks? Include the transportation costs of anyone who accompanied you.	How much did you pay for gifts and bribes for these stays in a public hospital during the past 12 months? For food and other goods please include the value in togrogs.
	Tugrug	Tugrug	Tugrug	Yes-1 No-2 >29	Tugrug	Yes-1 No-2 > 40	Yes-1 No-2>35	Days			Tugrug	Tugrug
A	24	25	26	27	28	29	30	31	32	33	33B	34
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION VI.1 - HEALTH (continued)

I D C O D E	Private hospital					Infectious diseases - past 12 months			
	During the past 12 months, have you stayed at a private hospital or clinic overnight?	How many days did you spend in a private hospital over the last 12 months?	Where was the private hospital?	How much did you pay, either in money or in kind, for all costs associated with the private hospital or clinic stays in the past 12 months? Include any medicines prescribed during these visits, even if purchased elsewhere.	How much did you pay for transportation for these visits to a facility or health care provider during the past 4 weeks? Include the transportation costs of anyone who accompanied you.	How much did you pay for gifts and bribes for these stays in a private hospital during the past 12 months? For food and other goods please include the value in tugrugs.	Have you suffered from pneumonia during the last 12 months?	Have you suffered from hepatitis during the last 12 months?	Have you suffered from any other infectious diseases during the last 12 months?
	Yes-1 No-2 >40	Days	City hospital/clinic...1 Aimag/District hospital...2 Soum...3 Abroad...4 Other...5	EXCLUDE TRANSPORTATION COSTS EXCLUDE COSTS TO BE REIMBURSED BY INSURANCE Tugrug	Tugrug	Tugrug	Yes-1 No-2	Yes-1 No-2	Yes-1 No-2
A	35	36	37	38	38B	39	40	41	42
01									
02									
03									
04									
05									
06									
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SECTION VI.1 - HEALTH (continued)

I D C O D E	FOR CHILDREN LESS THAN 5 YEARS - PRIMARY CAREGIVER TO ANSWER									FOR CHILDREN LESS THAN 2 YEARS				
	Is [NAME] less than 5 years old?	Did [NAME] experience diarrhea in the last 30 days?	Was it mixed with blood?	How did you treat it?			Did [NAME] experience illness with a cough or difficulty breathing in the last 30 days?	How did you treat it?			Is [NAME] less than 2 years old (24 months)?	Does [CHILD] have a record of vaccinations with the family/soum doctor?	Are the shots up to date for [CHILD]?	
				REDUCED FOOD OR LIQUID GIVEN TO CHILD.....1	GAVE SPECIAL FOODS TO CHILD.....2	ORAL REHYDRATION THERAPY.....3		GOT MEDICAL ASSISTANCE.....4	GAVE MEDICINES.....5	OTHER (SPECIFY _____).....6				NO TREATMENT7	GAVE MEDICINE....1	LET CHILD BREATHE STEAM.....2	GAVE HOT LIQUIDS TO DRINK....3	MASSAGED SPECIAL PLACES ON BODY.....4	APPLIED MUSTARD PASTE....5	GOT MEDICAL ASSISTANCE.....6	OTHER SPECIFY _____).....7	NO TREATMENT....8
Yes-1 No-2>SECTION VI.2 (next page)	Yes-1 No-2>49	Yes-1 No-2	1ST	2ND	3RD	Yes-1 No-2 >53	1ST	2ND	3RD	Yes-1 No-2 >NEXT PERSON	Yes-1 No-2 DON'T KNOW-3	Yes-1 No-2 DON'T KNOW-3		
A	43	44	45	46	47	48	49	50	51	52	53	54	55	
01														
02														
03														
04														
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06														
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10														
11														
12														
13														
14														
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SECTION VI.2 - HEALTH RELATED BEHAVIORS

I D C O D E	Tobacco								About transmitted diseases												
	IS THIS PERSON AGE 10 OR OLDER?	Have you ever smoked cigarettes on a regular basis? (daily, at least 1 cigarette per day)	At what age did you start to smoke cigarettes on a regular basis?	Do you still smoke?	How long ago did you totally quit smoking?	Do you roll your own cigarettes or smoke a pipe?	How many days does it take you to finish a bag of tobacco for hand rolled cigarettes or for pipe smoking?	In one week, how many boxes (packages) of factory pre-rolled cigarettes do you smoke?	IS THIS PERSON AGE 15 OR OLDER?	IS THIS PERSON PRESENT AND ANSWERING FOR HIMSELF/HERSELF?	Have you ever heard about diseases that can be transmitted through sexual intercourse?	What diseases have you heard of that can be transmitted through sexual intercourse?					What can people do to protect themselves from these diseases?				
												SYPHILIS.....1 GONORRHEA.....2 AIDS.....3 GENITAL WARTS/ CONDYLOMATA.....4 OTHER (SPECIFY _____).....5 CANNOT REMEMBER NAMES...6 (DO NOT READ ANSWERS)	HAVE ONLY ONE SEX PARTNER.....1 ABSTINENCE...2 USE CONDOMS....3 AVOID SEX WITH PROSTITUTES....4 SEEK MEDICAL TREATMENT...5 DON'T KNOW.....6 OTHER (SPECIFY___)...7 (DO NOT READ ANSWERS)	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
Yes-1 No-2 >NEXT PERSON (Page 24)	Yes-1 No-2>9	YEARS	Yes-1>6 No-2	>9 MONTHS	Yes-1 No-2>8	DAYS	BOXES	Yes-1 No-2 > NEXT PERSON	Yes-1 No-2 > NEXT PERSON	Yes-1 No-2 > NEXT PERSON	11	12	13	14	15	16	17	18	19	20	
A	1	2	3	4	5	6	7	8	9	9B	10	11	12	13	14	15	16	17	18	19	20
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03																					
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SECTION VII.1 - FERTILITY- FOR ALL WOMEN 15 YEARS & OLDER

I D C O D E	IS THIS WOMAN ANSWERING FOR HERSELF?	COPY ID OF RESPONDENT FROM THE HOUSEHOLD ROSTER	Have you ever given birth ?	How many children have you given birth to and who are living with you now ?		How many children have you given birth to and who are not living with you now ?		How many children have you given birth to who died? This includes infants who have lived only for short time, for example a few minutes or days.		ADD TOGETHER THE ANSWERS TO QUESTIONS 4, 5, 6, 7, 8, 9 AND CHECK WITH THE WOMAN THAT THIS IS THE CORRECT TOTAL OF CHILDREN BORN. IF NOT CORRECT QUESTIONS 4-9 THEN WRITE TOTAL.	Have you had any pregnancies that were interrupted before term or have you ever had a stillborn child ?	How many such interrupted pregnancies have you had in your life ?
	Yes-1 >3 No-2		Yes-1 No-2 >11	boy	girl	boy	girl	boy	girl	Number	Yes-1 No-2 >13	Number
		ID CODE										
A	1	2	3	4	5	6	7	8	9	10	11	12
01												
02												
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SECTION VII.1 - FERTILITY- FOR ALL WOMEN 15 YEARS & OLDER (continued)

I D C O D E	(To be asked for all women aged 15 years and older)								
	Have you had any abortions in your life?	How many abortions have you had?	What was the main reason for your last abortion?	Have you ever used methods to prevent pregnancy (contraception)?	Are you and your partner presently using a method of contraception?	Which method?	How many children do/did you want to have in your whole life ?	CHECK COLUMN 3 TO SEE IF THE WOMAN HAS GIVEN BIRTH. IF YES, ASK: Have you given birth to one or more children in the last 2 years? (live births only)	Was this a multiple birth?
	Yes-1 No-2 >16	Number	Due to health....1 Due to family circumstances /lack of money....2 Younger child is too young....3 Schooling....4 Do not want a child....5 Not married....6 Other....7	Yes-1 No-2 >19	Yes-1 No-2 >19	ABSTINENCE....1 CALENDAR....2 WITHDRAWAL....3 PATCH....4 INJECTION....5 CONDOM....6 MALE STERILIZATION....7 FEMALE STERILIZATION....8 DIAPHRAGM....9 PILL/DRUGS....10 IUD....11 SPERMICIDE....12 OTHER....13	IF ANSWER IS "DO NOT KNOW" PUT 99	Yes-1 No-2 >NEXT WOMAN	Yes-1 No-2
A	13	14	15	16	17	18	19	20	21
01									
02									
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SECTION VII.2 - FERTILITY - CHILDREN UNDER 2 YEARS

n u n d e r 2	What is the name of your child or children born in the last 2 years? INCLUDE CHILDREN WHO HAVE DIED Ensure that the mother's ID is correctly filled in for each child listed.	Mother's ID code	What was the child's weight at birth?	Is this child still living ? Yes-1>8 No-2	Child who died.			Is this child living in your household now ? Yes-1 No-2>10	IDENTIFY AND COPY CHILD'S ID FROM THE HOUSHOLD ROSTER Child's ID	Was this child born healthy ? Yes-1 No-2	Did you breastfeed this child? Yes-1 No-2>14		
			IF DON'T KNOW PUT 99		For how long did he/ she live ? WRITE DAYS IF LESS THAN 2 MONTHS, MONTHS IF 2 MONTHS OR MORE.	For how long was he/ she breastfed? WRITE MONTHS. IF LESS THAN 1 MONTH, WRITE 0 >NEXT CHILD	Days					Months	Months
			Grams		5	6	7						
A	1	2	3	4	5	6	7	8	9	10	11		
1													
2													
3													
4													
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7													
8													
9													
10													

SECTION VII.2 (continued) - FERTILITY - CHILDREN UNDER 2 YEARS

n u m b e r 2	Are you still breastfeeding this child?	How many months did you breastfeed this child?	At what age was food first introduced?	While you were pregnant with this child did you receive pre-natal consultations from a health care professional ?	Why didn't you go to a professional for care ? Hospital is too far.....1 Impossible in family situation.....2 No money.....3 It is not available.....4 Other.....5	How many times did you receive such pre-natal treatment ?	How much did you pay for consultations/ this pre-natal care ?	Where did you give birth to this child? At hospital...1. At home.....2 Other.....3	How much did you have to pay for the delivery including medical services and drugs ?	How much did you pay for gifts and bribes for this delivery? For food and other goods please include the value in tugrugs.
	Yes-1>14 No-2	Months	Age in months	Yes-1>17 No-2	>19	Number of times	Tugrugs		Tugrugs	Tugrugs
A	12	13	14	15	16	17	18	19	20	21
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

SECTION VIII - MIGRATION

FOR ALL HOUSEHOLD MEMBERS

1. Have your current household members ever moved (migrated) from here?

Yes 1

No 2> NEXT SECTION

I d e n t i f i c a t i o n	Were you born in this Soum/District?	Have you ever moved (migrated) from here?	Where did you live immediately before coming here?	What was the main reason you chose to come here?	In what year did you move here (or move back here)?	Did you live here in 1998?
	Yes-1 No-2>4	Yes-1 No-2 >NEXT PERSON	Capital city.....1 Aimag center.....2 Soum center.....3 Rural area....4 Other.....5	Work.....1 Marriage.....2 Health of family....3 Education....4 Live near to market.....5 Live near to means of communication..6 Be occupied with livestock....7 Other....8	Year	Yes-1 No-2
A	2	3	4	5	6	7
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SECTION IX- AGRICULTURE

1. Has any member of your household used any agricultural land in the past 12 months? Yes...1 No...2

2. What is the area of the plot? square meters

3. Has your household harvested any vegetables, fruits or cereals in the past 12 months?: Yes-1
No-2 >> Section 10

How much in total did you harvest of [...]in the last 12 months?			Of which								
			How much of harvested [...] is still being stored by your household now?	How much of harvested [...] was consumed by your household?	How much of the harvested [...] did you give away as gifts?	How much of harvested [...] was used for animal feed?	How much of the harvested [...] did you exchange for other goods?	How much [...] did you sell in the past season, and what was the total price you received?		How much [...] did you use to produce processed food for sale, and what was the total price you received for the processed food?	
NAME	Code	Total kg	Kg	Kg	Kg	Kg	Kg	Kg	Tugrugs	Kg	Tugrugs
A	B	4=(5+6+7+8+9+10+12)	5	6	7	8	9	10	11	12	13
Wheat	1										
Hay	2										
Oats	3										
Potatoes	4										
Carrots	5										
Turnip	6										
Cabbage	7										
Beetroot	8										
Onion	9										
Garlic	10										
Tomatoes	11										
Cucumber	12										
Melon	13										
Watermelon	14										
Fruits	15										
Others	16										
TOTAL	99	X	X	X	X	X	X	X		X	

4. Expenditure on crop activities in the past 12 months: in Tugrugs

Total (14=15:27)	Of which												
	Seed	Lease of the land	Hired labour	Fencing	Equipent & Tools	Fertilizers	Raw materials	Gasoline / Oil	Electricity & heating	Transportation & communication	Taxes	Rent	Other
14	15	16	17	18	19	20	21	22	23	24	25	26	27

SECTION X.1 - LIVESTOCK

1. In the last 12 months has any member of your household raised or owned livestock, poultry or any other animal ?

Yes-1 No 2 > SECTION 11

2. Number of Livestock owned

		Cattle	Horses	Camels	Sheep	Goats	TOTAL
A	B	1	2	3	4	5	6
How many [...] does the HH own now?	1						
Number of female adults	2						
Number of young animals	3						
In the last 12 months how many [...] did the HH:							
Receive as a gift	4	+	+	+	+	+	+
Buy	5	+	+	+	+	+	+
Have born	6	+	+	+	+	+	+
Barter/ exchange for goods	7	-	-	-	-	-	-
Sell	8	-	-	-	-	-	-
Total price for [...] sold (tugrug)	9						
Use for own consumption	10	-	-	-	-	-	-
Slaughter for sale	11	-	-	-	-	-	-
Total price for slaughtered meat sold (tugrug)	12						
Give away as a gift	13	-	-	-	-	-	-
Lose (theft, disease)	14	-	-	-	-	-	-
Total [...] the HH owned 12 months ago	15						

4. Expenditures on livestock activities in the last 12 months (in tugrugs)

Total:(1=2+..+12)			
Animal Feed	1		
Drugs and veterinary costs	2		
Hired labour costs	3		
Maintenance of fences & Equipm	4		
Equipment	5		
Gas /Oil	6		
Electricity & Heat	7		
Rent /lease	8		
Insurance	9		
Taxes	10		
Other	11		

Check that 1=15+4+5+6-7-8-10-11-13-14

3. Owned now:

		Pigs	Chickens/ Poultry	Rein- deer	Donkeys	Other
A	B	1	2	3	4	5
Total	16					
Female adults	17					
Young	18					

SECTION X.2 - PRODUCTION AND CONSUMPTION OF LIVESTOCK BYPRODUCTS

Last 12 months

A	B	Livestock number	Total production 2=3+6+7+8+9	Of which: sold			Consumed for household	Given away as gifts	Exchanged for other goods	Stored by your Household now
				total units	Price/unit (tugrugs)	Total price (tugrugs)				
		1	2	3	4	5	6	7	8	9

1. Wool, Hair, Kg.

Sheep	1	.	.	.	.	.	.	.	.	.
Camel	2	.	.	.	.	.	.	.	.	.
Cattle's hair	3	.	.	.	.	.	.	.	.	.
Horse's hair	4	.	.	.	.	.	.	.	.	.

2. Skins and hides, pieces

Sheep	1									
Goat	2									
Cattle	3									
Horse	4									
Camel	5									

3. Milk, liters

Sheep-Ewe	1	.	.	.	.	.	.	.	.	.
Goat	2	.	.	.	.	.	.	.	.	.
Milk Cow	3	.	.	.	.	.	.	.	.	.
Mare	4	.	.	.	.	.	.	.	.	.
Camel	5	.	.	.	.	.	.	.	.	.

4. Other by-products

Dairy products (Kg)	1	liters**	. kg	. kg		. kg	. kg	. kg	. kg
Eggs, (Number)	2								
Honey (Kg)	3								
Other	4								

** the liters must be the total liters of milk produced (Question 3 above) that were used for the production of dairy products.

SECTION X.3 - CASHMERE PRODUCTION This page should be completed only by HH's that have goats.

1. Did your household produce any cashmere in the last 12 months?.

Yes-1

No-2> Section XI

How many goats did your HH look after 12 months ago?	How many goats does your HH look after now?	Of which: Goats born:				How many of the goats in your herd does your HH own?(should equal amt in Q1-5, pg 36)	How many Kgs of cashmere did you produce in the last 12 months?	How many Kgs of cashmere did you sell or barter in the last 12 months?	How many Kgs of cashmere did your HH use in the last 12 months?	How many Kgs of unsold cashmere do you have now?	Over the past 12 months how much have you paid for a veterinarian to treat any of your goats, including inoculations?	Over the past 12 months how much did you spend for inputs (besides veterinarian and transportation) ?	How do you know what the current selling price for cashmere is?		
		How many females are there in the herd?	How many goats in your herd are aged 3 years or more?	How many goats were born in your herd in 2002?	How many goats were born in your herd in 2001?								From the media (radio, TV, newspapers).....1	From other herders.....2	From market.....3
1B	2	3	4	5	6	7	8	9	10	11	12	13	14A	14B	14C
											Tugrugs		1st	2nd	3rd

How did you sell or barter the cashmere you sold in the last 12 months?	How many times did you sell using this method in the past 12 months?	How many Kg did you sell by this method?	How much did you receive in total (cash and value of goods) from this method in past 12 months?	What was the payment method? Cash...1 Goods...2 A mixture of cash and goods...3	Was an advance payment provided by the trader? Yes-1 No-2	In which month did you receive the highest price?	What was the highest price you received from this method last year?	In which month did you receive the lowest price?	What was the lowest price you received from this method last year?	What is the maximum price you expect to receive in the next 12 months for your cashmere?IF DON'T KNOW, WRITE "99"	How much did you spend in total for transportation to sell cashmere by this method in the past 12 months?
15	16	17	18	19	20	21	22	23	24	25	26
1-A trader came to the ger. The trader was a representative of a cashmere company operating in Mongolia											
2-A trader came to the ger. The trader was NOT a representative of a cashmere company operating in Mongolia.											
3-The cashmere was sold by your HH at a market (eg. Tsaiz market)											
4.The cashmere was sold by your HH to a processing factory											
5-The cashmere was sold by your HH at an auction.											
6-Other (please describe)											

SECTION XI - HOUSEHOLD NON-FARM ENTERPRISE

1. Has anyone in your household operated any non-agricultural enterprise which produces goods & services?

Yes-1 >3 No-2

2. What are the major reasons that this household is not operating any business?

Not required.....1
Lack of finance.....3
Raw materials too expensive.....5
Taxes are too high.....7

All HH members working or studying.....2
Lack of skill or experience.....4
Difficulty to get a license.....6
Other.....8

>GO TO NEXT SECTION XII

What kind of activities does your household operate?		Where do you operate the enterprise?	How many square meters of your residence do you use for your business during normal business hours?	Do you or the members of your household own all of this enterprise?	How many months has this business been in operation during last 12 months ?	In a typical year, are your sales high, average, low, or none (when the business is not in operation) in the month of [MONTH]?												
FULL WRITTEN DESCRIPTION		Code*	m2	Yes-1 No-2	Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
A	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1																		
2																		
3																		
4																		

* Code: Hairdresser-1
Dessmaker - 2
Restaurant/Cafeteria-3
Craftsman/Carpenter-4
Bootmaker/Shoeshine-5

Pawn shop-6
Drug store-7
Bakery-8
Salesperson (market or street vendor)-9
Retail shop (goods, video, internet, etc)-10

Making soft drinks/ice cream-11
Car (repair, parking)-12
Buying/selling raw materials-13
Clock repairing-14
Other-15

SECTION XI (continued) - HOUSEHOLD NON-FARM ENTERPRISE

E N T E R P R I S E	In a 'high sales' month, what is your level of sales per month?	In an 'average sales' month, what is your level of sales per month?	In a 'low sales' month, what is your level of sales per month?	During the past month, how many people did this enterprise employ who are not members of this household?	During the last month, how much money has the business received from sales?	During the last month has the business received payments in the form of goods and services?	What was the value of received goods and services over the last month?	During the last month has your household consumed any goods or services produced by this business?	What was the value of the goods and services consumed by your household over the last month?	Have you encountered any problems to operate this business?	What were the problems?	
	Tugrugs	Tugrugs	Tugrugs	NUMBER	Tugrugs		Tugrugs		Tugrugs	Yes-1 No-2>32	1st	2nd
A	21	22	23	24	25	26	27	28	29	30	31A	31B
1												
2												
3												
4												

What were your expenditures for the following for your enterprise in the last 12 months?

E N T #	Enterprise, tugrug										ENTERPRISE TOTAL
	Wage and salary for employee	Equipment and tools	Raw materials	Gazoline, oil	Water, electricity, steam, heating	Transportation, communication	Rent	Taxes	Insurance	Other	
A	32	33	34	35	36	37	38	39	40	41	42
1											
2											
3											
4											

SECTION XII.1 - INCOME FROM REMITTANCES AND AID

1. In the last 12 months, has any member of the household received money or goods from persons who are not members of your household, or from the government or an aid organization. Do not include education gifts or grants. DO NOT INCLUDE AMOUNTS OR GOODS THAT HAVE TO BE REPAYED.

Yes-1

No-2 >SECTION XII.2

(last 12 months, by tugrugs)

Line No	COPY THE CODE OF ANY HH MEMBER WHO RECEIVED MONEY OR IN-KIND (THE RECEIVER) . USE ONE LINE FOR EACH DIFFERENT PERSON OR ORGANIZATION WHO REMITTED THE MONEY OR GOODS.	What is the relationship of the donor to this receiver? The donor is the _____ of the receiver. Parent, child, close relatives.....1 Friend.....2 Other person.....3 Local government.... 4 State government.....5 Local NGO or religious organization.....6 Intern'l NGO or organiz.....7 Other.....8	Where does the donor live or where is the organization located? Capital city.....1 Aimag center.....2 Som center.....3 Rural area....4 Foreign country....5 Other.....6	What is the approximate value in cash and in kind of the gift or grant?	
				Gifts	Aid grants
A	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

SECTION XII.2 - PENSION, BENEFITS AND SOCIAL WELFARE

1. In the past 12 months, has any household member received any payments from the following sources? If so, how much did you receive in total in the last 12 months?

Yes-1
No-2 (>Q12)

(Last 12 months, by tugrug)

I D c o d e	How much did you receive ?										Are there any of the previous payments that you feel you are entitled to but did not receive? Yes-1 No-2>NEXT PERSON	Which benefit are you entitled to? Pension...1, Special pension...2 Disability pension...3 Survivor's pension...4 Unemployment benefit...5 Illness payment...6 Maternity...7 Funeral payment...8 Child allowances...9 Other...10
	State pension	Special pension	Disability pension	Survivor's pension	Unemployment benefit	Illness payments	Maternity benefits	Funeral payments	Child allowances	Others		
A	2	3	4	5	6	7	8	9	10	11	12	13
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION XII.3 - INCOME AND RECEIPTS FROM MISCELLANEOUS SOURCES

Last 12 months, in tugregs

I d e n t i f i c a t i o n	Do you own any assets (land, buildings, vehicles, equipment) which you rent to others for residential, farming or business purposes?		How much did you receive in total from sale of assets the past 12 months?	In the last 12 months what did you receive in inheritances and in bride payments?	In the past 12 months what is the value received in cash from loan repayments and what is the value of withdrawals from bank savings?.	How much have you received in total in interests and in dividends over the past 12 months?					Income from lottery	Other income (from intellectual property & other)
	Yes-1 No-2>3	How much did you receive in total from renting this asset/ these assets to others the past 12 months?	(EXCLUDE SALE OF LIVESTOCK & AGRICULTURAL PRODUCE)			Saving	Dividends	Loan	Bond	Other		DO NOT INCLUDE INCOME FROM BUSINESS ACTIVITY
A	1	2	3	4	5	6	7	8	9	10	11	12
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION XIII - SAVINGS & LOANS

Identification Code	Do you have a savings account in a bank?	Is your savings account a time deposit?	Why do you not have a bank savings account?	Do you have any stock or share in companies?	Have you borrowed money or goods or livestock from individuals or businesses that have not yet been repaid?	How much loans do you have from the following sources? If you borrowed goods, what is its value in tugrugs? DO NOT INCLUDE EDUCATION LOANS FOR PRESENT HH MEMBERS.						Why was this money borrowed?	Are you sure that you can do all repayment in time?	Have you ever been refused a loan by a bank or organization?	Who refused you a loan?
	Yes-1 No-2>3	Yes-1 No-2 >4	Don't trust banks....1 Don't have enough money....2 Interest rate too low.....3 Other.....4	Yes-1 No-2	Yes-1 No-2 >14	Bank /state organization Tugrugs	NGO or Credit organization Tugrugs	Employer Tugrugs	Individual Tugrugs	Pawn shop Tugrugs	Other Tugrugs	Agriculture...1 Livestock...2 Non-farm business...3 HH expenses...4 Building a house...5 Working capital for trading...6 Other...7	Yes-1 No-2	Yes-1 No-2>NEXT PERSON	State organization....1 Bank.....2 Credit org.....3 NGO.....4 Pawn shop.....5 Employer.....6 Other....7
A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															

SECTION XIV - REMITTANCE EXPENSES OF THE HOUSEHOLD MEMBERS

1 In the last 12 months, has any member of the household given money or goods to persons who are not members of your household or made charitable donations? DO NOT INCLUDE AMOUNTS OR GOODS THAT HAVE TO BE REPAID.

Yes-1

No-2 >SECTION XV

(last 12 months, by tugrugs)

Line No	COPY THE CODE OF ANY HH MEMBER WHO GAVE MONEY OR IN-KIND (THE DONOR) . USE ONE LINE FOR EACH DIFFERENT PERSON WHO RECEIVED MONEY OR GOODS FROM A HOUSEHOLD MEMBER.	What is the relationship of the recipient to this donor from the household? The recipient is the _____ of the donor. Parent, child, close relative.....1 Friend.....2 Other person.....3 Religious or charitable organization..4 >7 Other.....5	For what reason was this gift or donation given? For baby supplies.....1 For education expenses.....2 Health Expenses.....3 For elderly people.....4 Other.....5	Where does the recipient live? Capital city....1 Aimag center....2 Som center....3 Rural area....4 International....5	What is the approximate value in cash and in kind of the gift or donation?	
					IF THE GIFT IS IN KIND, ESTIMATE THE VALUE	
					Gifts Tugrugs	Donations Tugrugs
A	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

SECTION XV - OWNERSHIP OF DURABLE GOODS

	ASK QUESTION 1 FOR ALL ITEMS FIRST	Do you own any of the following goods? Yes-1 No-2	Quantity /Number	How long have you owned this/these good(s)? Average of all items if more than one. Months	If you wanted to sell this/these today, how much would you receive? Tugregs	Did you acquire the [...] in the past 12 months? Yes-1 No-2>NEXT ITEM	What was the value when you acquired it? Tugregs
A	B	1	2	3	4	5	6
HOME APPLIANCES & EQUIPMENT							
1	Refrigerator						
2	Vacuum Cleaner						
3	Washing machine						
4	Sewing machine						
5	Electric or Gas Stove						
6	Electric Heater						
7	Electric Gen-set						
8	Electric Fan						
9	Electric Iron						
10	Iron Stove/Brick stove						
11	Other						
FURNITURE							
12	Traditional Style Bed, Wooden Bed						
13	Sofa						
14	Iron Bed						
15	Wardrobe Closet						
16	Kitchen Furniture						
17	Bedroom Furniture						
18	Wooden Table						
19	Wooden Trunk						
20	Carpet						
21	Other						
ELECTRONIC GOODS, CAMERAS							
22	Radio						
23	Black & White TV						
24	Color TV						
25	Tape Player, CD Player						

SECTION XV - OWNERSHIP OF DURABLE GOODS (continued)

	ASK QUESTION 1 FOR ALL ITEMS FIRST???	Do you own any of the following goods? Yes-1 No-2	Quantity /Number	How long have you owned this/these good(s)? Average of all items if more than one. Months	If you wanted to sell this/these today, how much would you receive? Tugregs	Did you acquire the [...] in the past 12 months? Yes-1 No-2>NEXT ITEM	What was the value when you acquired it? Tugregs
A	B	1	2	3	4	5	6
26	Video Cassette Player						
27	Video Camera						
28	Camera						
29	Computer						
30	Other						
HOUSEHOLD TRANSPORTATION & PRIVATE ENTERPRISE GOODS							
31	Bicycle						
32	Motorcycle						
33	Truck, Large truck						
34	Car						
35	Bus						
36	Tractor, Combine						
37	Other						
JEWELRY							
38	Gold jewelry						
39	Silver Cup, Silver Products						
40	Pipe, Heereg (Snuff Bottle)						
41	Silver Products for Horses						
42	Other Jewelry						
DWELLING & OTHER							
43	Ger*						
44	House, Dwelling*						
45	Garage						
46	Summer House						
47	Gun						

*Estimate the value of the dwelling you live in (ger, extra ger, house)

SECTION XVI - ENERGY

SECTION XVI.1 HOME HEATING SYSTEM

- 1 What is the main source of heating for your dwelling unit?
- Central heating system 1
 - Local heating system: Steam boiler 2
 - Diesel station 3
 - Simple heating unit 4 >Q4
 - Individual electric heating unit 5
 - Private low pressure stove 6
 - Other...../Specify/ 7
- 2 Do you have a temperature setting in your heating system?
- Yes 1
 - No 2 >Q4
- 3 What is the usual temperature setting during the winter months?
- C°
- Day time: people home 3.1
 - no one home 3.2
 - Night time 3.3
- 4 Do you receive adequate heat during the winter months?
- Adequate 1
 - Not adequate 2
- 5 How is your home heating bill assessed?
- According to use 1
 - Fixed price 2
 - Included in the rent 3
 - Do not pay 4 > Q7
 - Other 5
- 6 What is your average heating bill per billing period?
- | 1. Period, day | 2. Bill, tugrog |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
- 7 Do you use a supplemental heating system?
- Yes: Frequently 1
 - Occasionally 2
 - No 3 > Q9

TO BE ASKED FOR THE MAIN DWELLING UNIT

- 8 Which of the following supplemental heating systems does your household use? Yes-1 No-2
- Stove, brick stove 8.1
 - Electric, gas heating unit 8.2
 - Other/Specify/ 8.3

SECTION XVI.2 - ENERGY FOR ELECTRICITY AND LIGHTING

- 9 What is the main source of electricity for your dwelling? Yes-1 No-2
- Central system 9.1
 - Central system of local village (Diesel station) 9.2
 - Solar system 9.3
 - Wind system 9.4
 - Small gen-set 9.5
 - Other...../Specify/ 9.6

(IF ALL "NO-2", GO TO QUESTION 29)

- 10 How many hours does your household receive electricity per day?
- /hours/
- 11 In what purpose does your household use electricity? Yes-1 No-2
- Lighting 11
 - Listening to radio, watching TV for entertainment 11
 - Other household use 11
- 12 How are you charged for electricity bill?
- According to use 1
 - Fixed price 2
 - Included in the rent 3
 - Do not pay 4 >Q14
 - Other 5
- 13 On an average, how much do you pay for electricity per billing period, how many days does the billing period cover? (IF NOT OWNED BY THE HOUSEHOLD)
- | | 1. Period, day | 2. Bill, tugrog |
|---------------------|----------------------|----------------------|
| Central system 13.1 | <input type="text"/> | <input type="text"/> |
| Solar system 13.2 | <input type="text"/> | <input type="text"/> |
| Wind system 13.3 | <input type="text"/> | <input type="text"/> |
| Small gen-set 13.4 | <input type="text"/> | <input type="text"/> |

SECTION XVI - ENERGY

14 Does your household own following electricity systems?

	Yes-1	No-2	
Solar system	14.1	<input type="checkbox"/>	} IF ALL "NO-2" GO TO Q29
Wind system	14.2	<input type="checkbox"/>	
Small gen-set	14.3	<input type="checkbox"/>	

15 In what year did you acquire this system?

/year/	1.Solar	2.Wind	3.gen-set
	<input type="text"/>	<input type="text"/>	<input type="text"/>

16 How did you acquire this system?

	1.Solar	2.Wind	3.gen-set
Through loan	1 >Q18	<input type="text"/>	<input type="text"/>
Cash payment	2	<input type="text"/>	<input type="text"/>
Rent	3 >Q20	<input type="text"/>	<input type="text"/>
Through project	4 >Q21	<input type="text"/>	<input type="text"/>
Other	5 >Q21	<input type="text"/>	<input type="text"/>

17 How much did you pay for the system?

(GO TO QUESTION 21)

/Tugrog/	1.Solar	2.Wind	3.gen-set
	<input type="text"/>	<input type="text"/>	<input type="text"/>

18 Did you pay off the loan?

	1.Solar	2.Wind	3.gen-set
Yes	1	<input type="text"/>	<input type="text"/>
No	2	<input type="text"/>	<input type="text"/>

19 What was the initial down payment, the number of months of the loan, and the monthly payment amount?

	1.Solar	2.Wind	3.gen-set
Initial payment /Tugrog/	19.1	<input type="text"/>	<input type="text"/>
Number of months of loan /Month/	19.2	<input type="text"/>	<input type="text"/>
Monthly payment /Tugrog/	19.3	<input type="text"/>	<input type="text"/>

(GO TO QUESTION 21)

20 If RENTING, what is the monthly rent of your system?

/Tugrog/	1.Solar	2.Wind	3.gen-set
	<input type="text"/>	<input type="text"/>	<input type="text"/>

21 What is the power capacity in watts of the system and rating of the battery used in the system?

	1.Solar	2.Wind	3.gen-set
Number of units	21.1	<input type="text"/>	<input type="text"/>
Power capacity (Watts)	21.2	<input type="text"/>	<input type="text"/>
Battery rating (amp.hour)	21.3	<input type="text"/>	<input checked="" type="checkbox"/>

22 On an average, how many hours does your household use electricity per day?

/Hours/	1.Solar	2.Wind	3.gen-set
	<input type="text"/>	<input type="text"/>	<input type="text"/>

23 Did your system incur any repair expenses or replacement parts in last 12 months?

	Yes-1	No-2	3.gen-set
Lamp	23.1	<input type="text"/>	<input checked="" type="checkbox"/>
Charge/discharge controller	23.2	<input type="text"/>	<input checked="" type="checkbox"/>
Inverter	23.3	<input type="text"/>	<input checked="" type="checkbox"/>
Solar panel	23.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wind power generator	23.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ballast	23.6	<input type="text"/>	<input checked="" type="checkbox"/>
Spare parts of small gen-set	23.7	<input checked="" type="checkbox"/>	<input type="text"/>
Battery	23.8	<input type="text"/>	<input checked="" type="checkbox"/>
Other	23.9	<input type="text"/>	<input type="text"/>

(IF ALL "NO-2", GO TO QUESTION 25)

24 How much did you spend on repair bill in last 12 months?

/Tugrog/	1.Solar	2.Wind	3.gen-set
	<input type="text"/>	<input type="text"/>	<input type="text"/>

(IF A HOUSEHOLD OWNS ONLY GEN-SET, GO TO QUESTION 27)

25 How long did the previous battery used in the system last?

/Month/	1.Solar	2.Wind
	<input type="text"/>	<input type="text"/>

(ENTER "0" IF THE BATTERY IS THE FIRST BATTERY)

26 How much did you spend on a new battery?

/Tugrog/	1.Solar	2.Wind
	<input type="text"/>	<input type="text"/>

(IF A HOUSEHOLD DOESN'T OWN GEN-SET OR Q14.3=2, GO TO QUESTION 29)

27 Which of the following fuel do you use for the gen-set?

Diesel	1	<input type="text"/>
Gasoline	2	<input type="text"/>

28 How much fuel do use for your private small gen-set per month, the price per liter of fuel, total price per month you usually pay for fuel?

1.Litre	2. Price per lit/ /Tugrog/	3.Total price /Tugrog/
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION XVI - ENERGY

29 Do you use following lighting sources?

	Yes-1	No-2
Candle	29.1	<input type="text"/>
Kerosene lamp	29.2	<input type="text"/>
Other	29.3	<input type="text"/>

(IF ALL "NO-2", GO TO QUESTION 32)

30 How much do you spend per month on average on this lighting source?

	/Tugrog/	Total price:
Candle	30.1	<input type="text"/>
Kerosene lamp	30.2	<input type="text"/>
Other	30.3	<input type="text"/>

31 How many hours per day on average do you use this lighting source?

	/Hours/	
Candle	31.1	<input type="text"/>
Kerosene lamp	31.2	<input type="text"/>
Other	31.3	<input type="text"/>

32 Does your household use battery?

Yes	1	<input type="text"/>
No	2 >Q35	

33 In what purpose, do you use battery?

	Yes-1	No-2
Lighting, lamp	33.1	<input type="text"/>
Clock	33.2	<input type="text"/>
Tape, recorder, radio	33.3	<input type="text"/>
Other	33.4	<input type="text"/>

34 On an average, how much do you spend on batteries per month?

/Tugrog/	<input type="text"/>
----------	----------------------

SECTION XVI.3 - FUEL SOURCE OF THE DWELLING

35 Does your household use wood?

Yes	1	<input type="text"/>
No	2 >Q49	

36 In which purpose does your household use wood?

	Yes-1	No-2
Main space heating	36.1	<input type="text"/>
Supplimental space heating	36.2	<input type="text"/>
Other household use	36.3	<input type="text"/>

37 How do you obtain wood?

Collect ourselves	1 >Q44	<input type="text"/>
Purchase	2	
Collect and purchase	3	

38 How many units of wood do you purchase per month during the winter months?

		1. Number of units	2. Kg
Bag	38.1	<input type="text"/>	<input type="text"/>
Cubic metre	38.2	<input type="text"/>	<input type="text"/>
Ton	38.3	<input type="text"/>	<input type="text"/>

39 What is the price per unit you usially pay during the winter months?

	/Tugrog/	Unit price:
Bag	39.1	<input type="text"/>
Cubic metre	39.2	<input type="text"/>
Ton	39.3	<input type="text"/>

40 On an average, how much do you spend on wood per month during the winter months?

	/Tugrog/	Total price:
Bag	40.1	<input type="text"/>
Cubic metre	40.2	<input type="text"/>
Ton	40.3	<input type="text"/>

41 How many units of wood do you purchase per month during the non-winter months?

		1. Number of units	2. Kg
Bag	41.1	<input type="text"/>	<input type="text"/>
Cubic metre	41.2	<input type="text"/>	<input type="text"/>
Ton	41.3	<input type="text"/>	<input type="text"/>

42 What is the price per unit you usially pay during the non-winter months?

	/Tugrog/	Unit price:
Bag	42.1	<input type="text"/>
Cubic metre	42.2	<input type="text"/>
Ton	42.3	<input type="text"/>

43 On an average, how much do you spend on wood per month during the non-winter months?

	/Tugrog/	Total price:
Bag	43.1	<input type="text"/>
Cubic metre	43.2	<input type="text"/>
Ton	43.3	<input type="text"/>

SECTION XVI - ENERGY

44 How many units of wood do you collect per month during the winter months?

		1. Number of units	2. Kg
Bag	44.1		
Cubic metre	44.2		
Ton	44.3		

45 How many units of wood do you collect per month during the non-winter months?

		1. Number of units	2. Kg
Bag	45.1		
Cubic metre	45.2		
Ton	45.3		

46 How many hours is used to collect wood in a typical collection? /1 side/

	/Hours/	
Adult: male	46.1	
female	46.2	
Child (under 16 years)	46.3	

47 How much fuel is collected in a typical collection?

		1. Number of units	2. Kg
Bag	47.1		
Cubic metre	47.2		
Ton	47.3		

48 How far do you ususally travel to collect the fuel? /km/

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49 Does your household use coal?
 Yes 1
 No 2 >Q57

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50 In which purpose does your household use coal?

	Yes-1	No-2
Main space heating	50.1	
Supplimental space heating	50.2	
Other household use	50.3	

51 How many units of coal do you purchase per month during the winther months?

		1. Number of units	2. Kg
Bag	51.1		
Cubic metre	51.2		
Ton	51.3		

52 What is the price per unit you usally pay during the winther months?

	/Tugrog/	Unit price:
Bag	52.1	
Cubic metre	52.2	
Ton	52.3	

53 On an average, how much do you spend on coal per month during the winter months?

	/Tugrog/	Total price:
Bag	53.1	
Cubic metre	53.2	
Ton	53.3	

54 How many units of coal do you purchase per month during the non-winter months?

		1. Number of units	2. Kg
Bag	54.1		
Cubic metre	54.2		
Ton	54.3		

55 What is the price per unit you usally pay during the non-winther months?

	/Tugrog/	Unit price:
Bag	55.1	
Cubic metre	55.2	
Ton	55.3	

56 On an average, how much do you spend on coal per month during the non-winter months?

	/Tugrog/	Total price:
Bag	56.1	
Cubic metre	56.2	
Ton	56.3	

57 Does your household use animal dung?

Yes	1	
No	2 >Q71	

58 In which purpose does your household use dung?

	Yes-1	No-2
Main space heating	58.1	
Supplimental space heating	58.2	
Other household use	58.3	

SECTION XVI - ENERGY

59 How do you obtain animal dung?
 Collect ourselves 1>Q66
 Purchase 2
 Collect and purchase 3

60 How many units of dung do you purchase per month during the winter months?

	1. Number of units	2. Kg
Bag	60.1	
Cubic metre	60.2	
Kg	60.3	

61 What is the price per unit you usually pay during the winter months?

	/Tugrog/	Unit price:
Bag	61.1	
Cubic metre	61.2	
Kg	61.3	

62 On an average, how much do you spend on dung per month during the winter months?

	/Tugrog/	Total price:
Bag	62.1	
Cubic metre	62.2	
Kg	62.3	

63 How many units of dung do you purchase per month during the non-winter months?

	1. Number of units	2. Kg
Bag	63.1	
Cubic metre	63.2	
Kg	63.3	

64 What is the price per unit you usually pay during the non-winter months?

	/Tugrog/	Unit price:
Bag	64.1	
Cubic metre	64.2	
Kg	64.3	

65 On an average, how much do you spend on dung per month during the non-winter months?

	/Tugrog/	Total price:
Bag	65.1	
Cubic metre	65.2	
Kg	65.3	

66 How many units of dung do you collect per month during the winter months?

	1. Number of units	2. Kg
Bag	66.1	
Cubic metre	66.2	
Kg	66.3	

67 How many units of dung do you collect per month during the non-winter months?

	1. Number of units	2. Kg
Bag	67.1	
Cubic metre	67.2	
Kg	67.3	

68 How many hours is used to collect dung in a typical collection? /1 side/

	/Hours/	
Adult: male	68.1	
female	68.2	
Child (under 16 years)	68.3	

69 How much dung is collected in a typical collection?

	1. Number of units	2. Kg
Bag	69.1	
Cubic metre	69.2	
Kg	69.3	

70 How far do you usually travel to collect the dung? /км/

71 Which of the following stove do you have?

	Тийм-1	Үгүй-2
Regular stove, brick stove	71.1	
Electric stove	71.2	

THANK YOU FOR RESPONDING

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