Approved by Resolution #... of the Chairman of the National Statistical Office of Mongolia.

Form MICS4-1

HOUSEHOLD QUESTIONNAIRE
Mongolia

1. HOUSEHOLD INFORMATION PANEL   HH

HH1. Cluster number ☐☐☐

HH2. Household number ☐☐

HH3. Interviewer name and number _____ ☐☐

HH4. Supervisor name and number _____ ☐☐

HH5. Date of interview (year/month/day) ☐☐☐☐ / ☐☐ / ☐☐

HH6. Location
Urban
    Capital city 1
    Aimag center 2
Rural
    Soum center... 3
    Rural 4

HH7A. Aimag/ city name and code _____ ☐☐

HH7B. Soum/ district name and code _____ ☐☐

HH7C. Bag/ khoroo name and code _____ ☐☐

HH7D. Kheseg name and code _____ ☐☐

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS NEARLY 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?
☐   *Yes, permission is given* ➔ *Go to HH18. Record the time and then begin the interview.*
☐   *No, permission is not given* ➔ *Fill in HH9. Discuss the result with the supervisor.*

Fill in HH8A-HH12, HH14, HH15A, and HH15C once you have completed the Household Questionnaire. Fill in HH13, HH15, HH15B, and HH15D once you have completed all individual interviews in the household.

HH8A. Address _____

HH8. Name of household head _____

HH9. Result of interview
Completed... 01
No household member or no competent
respondent at home at time of visit 02
Entire household absent for certain period of time 03
Refused 04
Dwelling vacant/ address not a dwelling 05
Dwelling destroyed... 06
Dwelling not found 07
Household not found... 08
Other (*specify*) _____ 96

HH10. Respondent name and line number _____ ☐☐

HH11. Total number of household members ☐☐

HH12. Number of women aged 15-49 years ☐☐

HH13. Number of women aged 15-49 years whose questionnaires are completed ☐☐

HH14. Number of children under age of 5 years ☐☐

HH15. Number of children under age of 5 years whose questionnaires are completed ☐☐

HH15A. Number of men aged 15-49 years ☐☐

HH15B. Number of men aged 15-49 years whose questionnaires are completed ☐☐

HH15C. Number of children under aged 2-14 ☐☐

HH15D. Number of children under aged 2-14 whose questionnaires are completed ☐☐

HH16. Field editor name and number _____ ☐☐

HH17. Data entry clerk name and number _____ ☐☐

MICS4.HH.1

2. HOUSEHOLD LISTING FORM — HL

All members of the household are listed starting with the household head. List the household head in line 01 in HL2. List all other household members in the following lines and their relationship to the household head in HL3 and their sex in HL4. Starting with HL5, ask questions for each member at a time.

HH18. Interview started at

Hour ....

Minute ....

HL1	HL2	HL3	HL4	HL5			HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
Line number	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. *Probe:* ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATION-SHIP OF (*name*) TO THE HOUSEHOLD HEAD?	Is (*name*) MALE OR FEMALE? Male = 1 Fe-male = 2	PLEASE TELL ME (*name*)'s DATE OF BIRTH? Don't know = 9998	Don't know = 98	Don't know = 98	HOW OLD IS (*name*)? Record in comp-leted years. If age is 95 or above, record 95.	*For women aged 15-49 years* Circle line number if woman's age is 15-49 years.	*For men aged 15-49 years* Circle line number if man's age is 15-49 years.	*For children aged 5-17 years* WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? Record line number of mother/ caretaker.	*For children under age of 5 years* WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? Record line number of mother/ caretaker.	Is (*name*)'s NATURAL MOTHER ALIVE? Yes = 1 No = 2➔ HL13 Don't know = 8➔ HL13	DOES (*name*)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If yes, record line number of natural mother. No = 00	Is (*name*)'s NATURAL FATHER ALIVE? Yes = 1 No = 2➔ Next line Don't know = 8➔ Next line	DOES (*name*)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? If yes, record line number of natural father. No = 00
Line	Name	Relation*	M F	Year	Month	Day	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2					01	01	_ _	_ _	1 2 8	_ _	1 2 8	_ _
02		_ _	1 2					02	02	_ _	_ _	1 2 8	_ _	1 2 8	_ _
03		_ _	1 2					03	03	_ _	_ _	1 2 8	_ _	1 2 8	_ _
04		_ _	1 2					04	04	_ _	_ _	1 2 8	_ _	1 2 8	_ _
05		_ _	1 2					05	05	_ _	_ _	1 2 8	_ _	1 2 8	_ _
06		_ _	1 2					06	06	_ _	_ _	1 2 8	_ _	1 2 8	_ _
07		_ _	1 2					07	07	_ _	_ _	1 2 8	_ _	1 2 8	_ _
08		_ _	1 2					08	08	_ _	_ _	1 2 8	_ _	1 2 8	_ _
09		_ _	1 2					09	09	_ _	_ _	1 2 8	_ _	1 2 8	_ _
10		_ _	1 2					10	10	_ _	_ _	1 2 8	_ _	1 2 8	_ _

MICS4.HH.2

HL1	HL2	HL3	HL4	HL5				HL6	HL7	HL7A	HL8	HL9	HL11	HL12	HL13	HL14
Line num-ber	PLEASE TELL ME THE NAME OF EACH MEMBER OF THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. *Probe:* ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?	PLEASE TELL ME THE RELATION-SHIP OF (*name*) TO THE HOUSEHOLD HEAD?	Is (*name*) MALE OR FEMALE?	PLEASE TELL ME (*name*)'s DATE OF BIRTH?				HOW OLD IS (*name*)? *Record in comp-leted years.* *If age is 95 or above, record 95.*			WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? *Record line number of mother/ caretaker.*	WHO IS THE MOTHER/ CARE-TAKER OF (*name*)? *Record line number of mother/ caretaker.*	Is (*name*)'s NATURAL MOTHER ALIVE?	DOES (*name*)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural mother.* No = 00	Is (*name*)'s NATURAL FATHER ALIVE?	DOES (*name*)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? *If yes, record line number of natural father.* No = 00
			Male = 1 Fe-male = 2	Don't know = 9998	Don't know = 98	Don't know = 98			*Circle line number if woman's age is 15-49 years.*	*Circle line number if man's age is 15-49 years.*			Yes = 1 No = 2 ↘ HL13 Don't know = 8 ↘ HL13		Yes = 1 No = 2 ↘ Next line Don't know = 8 ↘ Next line	
Line	Name	Relation*	M F	Year	Month	Day		Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11		— —	1 2						11	11	— —	— —	1 2 8	— —	1 2 8	— —
12		— —	1 2						12	12	— —	— —	1 2 8	— —	1 2 8	— —
13		— —	1 2						13	13	— —	— —	1 2 8	— —	1 2 8	— —
14		— —	1 2						14	14	— —	— —	1 2 8	— —	1 2 8	— —
15		— —	1 2						15	15	— —	— —	1 2 8	— —	1 2 8	— —

Tick here if additional listing form used ☐

Probe to see if there are any other members of the household, especially infants or small children not listed, and others who may not be members of the family such as friends, servants but who usually live in the household. If there is any, insert names of the members and complete the listing form accordingly.

If there are more than 15 members in the household, use additional listing form.

For each woman aged 15-49 years, copy her name, line number and other identifying information in the information panel of a separate "Questionnaire for Woman aged 15-49".
For each child under age of 5 years, copy his/her name, line number and other identifying information in the information panel of a separate "Questionnaire for Child under 5".
For each man aged 15-49 years, copy his name, line number and other identifying information in the information panel of a separate "Questionnaire for Man aged 15-49".

* Codes for relationship to household head

Household head	01	Grandchild	05	Brother-in-law/ sister-in-law	09	Adopted/ step child	13
Wife/ husband	02	Parent	06	Uncle/ aunt	10	Not related	14
Son/ daughter	03	Parent-in-law	07	Nephew/ niece	11	Grandparent	15
Son-in-law/ daughter-in-law	04	Brother/ sister	08	Other relative	12	Don't know	98

MICS4.HH.3

2A. INTERNAL MIGRATION

				For household all members						For household members *aged 5 or above years*	MI
MI1	**MI2**			**MI3**		**MI4**	**MI5**			**MI6**	
Line number	*Name, age* *Copy the information recorded in HL2 and HL6.*			WHAT IS (*name*)'S PLACE OF BIRTH?		IN THE PRESENT PLACE OF USUAL RESIDENCE, HAVE (*name*) LIVED SINCE BIRTH OR MOVED IN? Төрснөөсөө хойш = 1 ↗ Дараагийн мөр Өөр газар байнга амьдарч байгаад буцаж ирсэн = 2 Өөр газраас шилжиж ирсэн = 3	WHAT WAS THE PLACE OF (*name*)'S PREVIOUS RESIDENCE?			WHAT WAS THE PLACE OF (*name*)'S USUAL RESIDENCE IN JANUARY 2007?	
Line	Name	Age		Name of province/ capital city/ foreign country	Code		Name of province/ capital city/ foreign country	Code	Year	Name of province/ capital city/ foreign country	Code
01						1 2 3					
02						1 2 3					
03						1 2 3					
04						1 2 3					
05						1 2 3					
06						1 2 3					
07						1 2 3					
08						1 2 3					
09						1 2 3					
10						1 2 3					
11						1 2 3					
12						1 2 3					
13						1 2 3					
14						1 2 3					
15						1 2 3					

MICS4.HH.4

3. EDUCATION

ED

For household members aged 5 or above years

For household members aged 5-24 years

ED1	ED2	ED3	ED4	ED5	ED6	ED7	ED8
Line num-ber	Name, age	HAS (*name*) EVER ATTENDED SCHOOL/ PRE-SCHOOL?	WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? — WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL OF SCHOOL?	DURING THE SCHOOL YEAR OF **2011/2012**, IS (*name*) ATTENDING SCHOOL/ PRE-SCHOOL AT ANY TIME?	DURING THE SCHOOL YEAR OF **2011/2012**, WHICH LEVEL OF SCHOOL AND GRADE IS (*name*) ATTENDING?	DURING THE SCHOOL YEAR OF **2010/2011**, DID (*name*) ATTEND SCHOOL/ PRE-SCHOOL AT ANY TIME?	DURING THE SCHOOL YEAR OF **2010/2011**, WHICH LEVEL OF SCHOOL AND GRADE DID (*name*) ATTEND?

Copy the information recorded in HL2 and HL6.

ED3: Yes = 1; No = 2 → Next line

ED4 Level of school: Pre-school 0 → ED5; Secondary school 1; Vocational training center 2; University, institute, college 3; Non-formal education programme 4 → ED5; Don't know 8 = 98. Grade.

ED5: Yes = 1; No = 2 → ED7

ED6 Level of school: Pre-school 0 → ED7; Secondary school 1; Vocational training center 2; University, institute, college 3; Non-formal education programme 4 → ED7; Don't know 8 = 98. Grade.

ED7: Yes = 1; No = 2 → Next line; Don't know = 8 → Next line. (Y N DK)

ED8 Level of school: Pre-school 0 → Next line; Secondary school 1; Vocational training center 2; University, institute, college 3; Non-formal education programme 4 → Next line; Don't know 8 = 98. Grade.

Line	Name	Age	ED3 (Y/N)	ED4 Level of school	Grade	ED5 (Y/N)	ED6 Level of school	Grade	ED7 (Y/N/DK)	ED8 Level of school	Grade
01			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
02			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
03			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
04			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
05			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
06			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
07			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
08			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
09			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
10			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
11			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
12			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
13			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
14			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	
15			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8	

MICS4.HH.5

255

4. WATER AND SANITATION			WS
№	QUESTION	RESPONSE CODE	STEP

WS1	WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	Piped water
		   Piped into dwelling 11
		   Piped into public water kiosk....................... 14
		Tube well, borehole.. 21
		Dug well
		   Protected 31
		   Unprotected.. 32
		Spring
		   Protected 41
		   Unprotected.. 42
		Rain, snow water.. 51
		Tanker-truck... 61
		Cart with small tank/ drum.............................. 71
		Surface water (river, stream, lake, pond) 81
		
		Bottled water.. 91
		
		Other (*specify*)_____ 96
			11➜WS6
			14➜WS3
			21➜WS3
			
			31➜WS3
			32➜WS3
			
			41➜WS3
			42➜WS3
			51➜WS3
			61➜WS3
			71➜WS3
			81➜WS3
			
			96➜WS3

WS2	WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES?	Piped water
		   Piped into dwelling 11
		   Piped into public water kiosk....................... 14
		Tube well, borehole.. 21
		Dug well
		   Protected 31
		   Unprotected.. 32
		Spring
		   Protected 41
		   Unprotected.. 42
		Rain, snow water.. 51
		Tanker-truck... 61
		Cart with small tank/ drum.............................. 71
		Surface water (river, stream, lake, pond) 81
		
		Other (*specify*)_____ 96
			11➜WS6

WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .... 1 In own yard/ plot... 2 Elsewhere.. 3	1 ➜ WS6 2 ➜ WS6
WS4	ON AVERAGE, HOW MANY MINUTES DOES IT TAKE TO GO THERE, GET THE WATER, AND COME BACK?	Minutes .... ☐☐☐ Don't know 998	

WS5	WHO USUALLY GOES TO COLLECT THE WATER FROM THIS SOURCE FOR YOUR HOUSEHOLD?
	
	    Probe:
	    HOW OLD IS THAT PERSON?
	
	    IS THAT PERSON MALE OR FEMALE?
		Adult woman (aged 15 or above years) 1
		Adult man (aged 15 or above years) 2
		Female child (under age of 15 years)................ 3
		Male child (under age of 15 years)................... 4
		
		Don't know 8	

MICS4.HH.6

№	QUESTION	RESPONSE CODE	STEP
WS6	DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER?	Yes .... 1 No.. 2 Don't know 8	2 ➜ WS7A 8 ➜ WS7A
WS7	WHAT DO YOU DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil... A Add bleach/ chlorine .... B Strain through a cloth.. C Use water filter.. D Solar disinfection .... E Let stand and settle.. F Other (*specify*)_____ X Don't know .... Z	
WS7A	ON AVERAGE, HOW MANY LITERS OF WATER DOES YOUR HOUSEHOLD USE PER DAY FOR DRINKING AND OTHER PURPOSES?	Liters .... ☐ ☐ ☐ Don't know 998	
WS8	WHAT TYPE OF TOILET FACILITY DOES YOUR HOUSEHOLD USUALLY USE?	Flush/ pour flush toilet Flush to piped sewer system .... 11 Flush to septic tank .... 12 Flush to pit latrine.. 13 Flush to unknown place .... 15 Pit latrine Ventilated improved pit latrine .... 21 Pit latrine with slab .... 22 Pit latrine without slab, open pit .... 23 Mobile latrine.. 61 Open defecation .... 95 Other (*specify*)_____ 96	 95➜Module HC
WS9	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH OTHERS?	Yes .... 1 No.. 2	2➜Module HC
WS10	DOES YOUR HOUSEHOLD SHARE THIS TOILET FACILITY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE TOILET FACILITY OPEN TO THE USE OF GENERAL PUBLIC?	Other households only (not public)................... 1 Public toilet facility 2	2➜Module HC
WS11	INCLUDING YOUR HOUSEHOLD, HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	Number of households (if less than 10) ...... 0 ☐ 10 or more households .... 10 Don't know 98	

MICS4.HH.7

5. HOUSEHOLD CHARACTERISTICS			HC
№	QUESTION	RESPONSE CODE	STEP
HC1C	WHAT IS THE ETHNICITY OF THE HEAD OF YOUR HOUSEHOLD?	Khalkh.. 11 Kazakh .... 12 Durvud .... 13 Buriad.. 14 Bayad .... 15 Dariganga.. 16 Uriankhai... 17 Zakhchin .... 18 Other (*specify*)_____ 96 Don't know 98	

HC1A	DOES THE HEAD OF YOUR HOUSEHOLD HOLD ANY RELIGION?
	
	If yes, probe:
	WHAT IS THE RELIGION OF HIS/HER?
		Does not hold any religion 1
		Holds a religion
		    Buddhist.. 2
		    Christian.. 3
		    Muslim.. 4
		    Shamanist.. 5
		
		Other (*specify*)_____ 6
		Don't know 8	

HC1D	Type of dwelling *Record observation.*	Apartment, condominium .... 1 Convenient single family house .... 2 Single family house.. 3 Public accommodation, dormitory .... 4 Ger .... 5 Other (*specify*)_____ 6	5➔HC2A
HC1E	WHAT IS THE SIZE OF THE LIVING AREA OF YOUR DWELLING? *The size of kitchen, corridor/ hallway, and bathrooms are included.*	Sq.meter .... ☐☐☐	
HC1F	HOW MANY ROOMS DOES YOUR DWELLING HAVE? *Kitchen, corridor/ hallway, and bathrooms are not included in the number of rooms.*	Number of rooms .... ☐☐	
HC2	HOW MANY ROOMS IN YOUR DWELLING ARE USED FOR SLEEPING? *Those rooms, which are not called as bedrooms, but used for sleeping in a regular basis are included.*	Number of rooms used for sleeping .... ☐☐	➔ HC3
HC2A	HOW MANY WALLS DOES YOUR GER HAVE?	Number of ger walls....................................... ☐☐	
HC3	Main material of dwelling floor *Record observation.*	Earth, sand, soil.. 11 Dung... 12 Wood planks .... 21 Concrete, vinyl or asphalt strips.............................. 32 Cement .... 34 Other (*specify*)_____ 96	

№	QUESTION	RESPONSE CODE	STEP
HC4	Main material of dwelling roof *Record observation.*	Wood planks .... 23 Metal .... 31 Concrete, cement fibre .... 33 Ger roof Single .... 41 Double .... 42 Other (*specify*)_____ 96	
HC5	Main material of dwelling walls *Record observation.*	Straw-bale with mud .... 21 Stone with mud .... 22 Raw bricks, blocks .... 23 Cement .... 31 Bricks .... 33 Blocks .... 34 Wood planks .... 36 Concrete .... 37 Ger walls Single .... 41 Double .... 42 Other (*specify*)_____ 96	
HC5A	WHAT TYPE OF HEATING DOES YOUR DWELLING HAVE?	Central heating system .... 1 Electric heater .... 2 Boiler... 3 Stove .... 4 Other (*specify*)_____ 6	1➔HC6 2➔HC6
HC5B	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR HEATING?	Coal (stone coal, lignite, wood coal)..................... 06 Charcoal .... 07 Wood.. 08 Straw, shrubs, grass.. 09 Dung... 10 Sawdust.. 11 Tire, rubber .... 12 Other (*specify*)_____ 96	
HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity... 01 Liquefied petroleum gas.. 02 Coal (stone coal, lignite, wood coal)..................... 06 Charcoal .... 07 Wood.. 08 Straw, shrubs, grass.. 09 Dung... 10 Sawdust.. 11 Tire, rubber .... 12 Other (*specify*)_____ 96	1➔HC8 2➔HC8

MICS4.HH.9

№	QUESTION	RESPONSE CODE	STEP
HC7	WHERE DO YOU **USUALLY** COOK? *If in own dwelling, probe*: DO YOU COOK IN A SEPARATE ROOM DESIGNATED AS KITCHEN?	In own dwelling In a separate room designated as kitchen .... 1 In an area used for living .... 2 In a separate dwelling .... 3 Other (*specify*)_____ 6	
HC8	DOES YOUR HOUSEHOLD HAVE THE FOLLOWING THINGS? [A] ELECTRICITY [F] A RENEWABLE-ENERGY GENERATOR [G] A COMPUTER [H] INTERNET CONNECTION [C] A TELEVISION [B] A RADIO [D] A NON-MOBILE TELEPHONE [E] A REFRIGERATOR [J] A WASHING MACHINE [K] A VACUUM CLEANER [L] A LIBRARY	Yes No [A] Electricity 1 2 [F] Renewable-energy generator 1 2 [G] Computer 1 2 [H] Internet connection 1 2 [C] Television 1 2 [B] Radio 1 2 [D] Non-mobile telephone 1 2 [E] Refrigerator 1 2 [J]Washing machine 1 2 [K] Vacuum cleaner 1 2 [L] Library 1 2	
HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THE FOLLOWING THINGS? [A] A WATCH [B] A MOBILE TELEPHONE [G] A CAMERA [C] A BICYCLE [D] A MOTORCYCLE [E] AN ANIMAL-DRAWN CART [F] A CAR OR TRUCK [H] A TRACTOR	Yes No [A] Watch 1 2 [B] Mobile telephone 1 2 [G] Camera 1 2 [C] Bicycle 1 2 [D] Motorcycle 1 2 [E] Animal-drawn cart 1 2 [F] Car or truck 1 2 [H] Tractor 1 2	
HC10	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN THIS DWELLING? *If owned by others, probe:* DO YOU RENT THIS DWELLING?	Own .... 1 Owned by others Rent .... 2 Not rented 6	

№	QUESTION	RESPONSE CODE	STEP
HC11	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN ANY AGRICULTURAL LAND?	Yes .... 1 No... 2	2➔HC13
HC12	WHAT SIZE OF AGRICULTURAL LAND DO MEMBERS OF YOUR HOUSEHOLD OWN?	Hectares..................................... 1 ☐☐☐☐ Sq.m .... 2 ☐☐☐☐ Don't know 99998	
HC13	DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK OR OTHER FARM ANIMALS?	Yes .... 1 No... 2	2➔HC15

HC14	HOW MANY OF THE FOLLOWING ANIMALS DOES YOUR HOUSEHOLD HAVE?
	
	     [A] CATTLE
	
	     [B] HORSES
	
	     [C] GOATS
	
	     [D] SHEEP
	
	     [H] CAMELS
	
	     [E] POULTRY
	
	     [F] PIGS
	
	     [X] OTHERS
	
	If none, record 0000.
	If unknown, record 9998.
		[A] Cattle .... ☐☐☐
		[B] Horses .... ☐☐☐
		[C] Goats.. ☐☐☐
		[D] Sheep .... ☐☐☐
		[H] Camels .... ☐☐☐
		[E] Poultry.. ☐☐☐
		[F] Pigs... ☐☐☐
		[X] Others (*specify*)_____ ☐☐☐	

HC15	DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY SAVINGS, CARD OR CURRENT ACCOUNTS IN A BANK?	Yes .... 1 No... 2	

MICS4.HH.11

6. CHILD LABOR — CL

Questions of this module are to be administered for children in the household aged 5-17 years. For household members under age of 5 years or aged 18 or more years, leave rows blank.

I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-17 YEARS IN YOUR HOUSEHOLD MAY DO.

CL1	CL2	CL3	CL4	CL7	CL8	CL8A	CL8B	CL8C
Line num-ber	*Name, age* *Copy the information recorded in HL2 and HL6.*	DURING THE LAST 7 DAYS, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes, probe:* FOR PAY IN CASH OR KIND? Yes, for pay = 1 Yes, unpaid = 2 No = 3 ➔ CL7	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (*name*) WORK? *If more than one job, include all hours at all jobs.*	DURING THE LAST 7 DAYS, DID (*name*) DO ANY PAID OR UNPAID WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET? Yes = 1 No = 2 ➔ CL8A	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (NAME) WORK ON FAMILY FARM, FAMILY BUSINESS OR SELLING GOODS IN STREET? *If more than one job, include all hours at all jobs.*	EVEN THOUGH (*name*) DID NOT DO ANY WORK DURING THE LAST 7 DAYS, DOES HE/ SHE HAVE A JOB OR BUSINESS TO WHICH HE/ SHE WILL RETURN TO WORK? Yes = 1 No = 2 ➔ CL8C	PER A WEEK, HOW MANY HOURS DOES (*name*) WORK ON AVERAGE? *If more than one job, include all hours at all jobs.*	*If did any work during the last 7 days, ask:* DURING THE LAST 7 DAYS, WHAT PRIMARY OCCUPATION DID (*name*) WORK IN? *If have a job to return, ask:* WHAT PRIMARY OCCUPATION DO (*name*) WORK IN? *If more than one job, ask the question for the main one.*
Line	Name	Age	Yes Paid / Yes Unpaid / No	Hours	Yes / No	Hours	Yes / No	Hours	Occupation description	Code

Line	Name	Age	Paid	Unpaid	No	Hours	Yes	No	Hours	Yes	No	Hours	Occupation description	Code
01			1	2	3	_ _	1	2	_ _	1	2	_ _		
02			1	2	3	_ _	1	2	_ _	1	2	_ _		
03			1	2	3	_ _	1	2	_ _	1	2	_ _		
04			1	2	3	_ _	1	2	_ _	1	2	_ _		
05			1	2	3	_ _	1	2	_ _	1	2	_ _		
06			1	2	3	_ _	1	2	_ _	1	2	_ _		
07			1	2	3	_ _	1	2	_ _	1	2	_ _		
08			1	2	3	_ _	1	2	_ _	1	2	_ _		
09			1	2	3	_ _	1	2	_ _	1	2	_ _		
10			1	2	3	_ _	1	2	_ _	1	2	_ _		
11			1	2	3	_ _	1	2	_ _	1	2	_ _		
12			1	2	3	_ _	1	2	_ _	1	2	_ _		
13			1	2	3	_ _	1	2	_ _	1	2	_ _		
14			1	2	3	_ _	1	2	_ _	1	2	_ _		
15			1	2	3	_ _	1	2	_ _	1	2	_ _		

MICS4.HH.12

CL1	CL2	CL8D	CL8E	CL5	CL6	CL9	CL10
Line number	Name, age Copy the information recorded in HL2 and HL6.	WHAT IS THE EMPLOYMENT STATUS OF (name)? Paid employee 1 Employer 2 Own account worker 3 Member of cooperative 4 Employed in animal husbandry 5 Unpaid family worker 6	If did any work during the last 7 days, ask: DURING THE LAST 7 DAYS, WHAT WAS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (name) WORKED? If have a job to return, ask: WHAT IS THE NATURE OF WORK DONE OR MAIN PRODUCT OR SERVICE PROVIDED AT THE PLACE WHERE (name) WORKS? If more than one job, ask the question for the main one.	DURING THE LAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD OR FUEL FOR OWN HOUSEHOLD USE? Yes = 1 No = 2 → CL9	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (name) SPEND FETCHING WATER OR COLLECTING FIREWOOD OF FUEL FOR OWN HOUSEHOLD USE?	DURING THE LAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING OR CARING FOR CHILDREN OR OLD OR SICK PEOPLE? Yes = 1 No = 2 → Next line	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?
Line	Name	Age	Employment status	Industry description	Code	Yes	No	Hours	Yes	No	Hours

Line	Name	Age	Employment status	Industry description	Code	CL5 Yes	CL5 No	CL6 Hours	CL9 Yes	CL9 No	CL10 Hours
01			1 2 3 4 5 6			1	2	__ __	1	2	__ __
02			1 2 3 4 5 6			1	2	__ __	1	2	__ __
03			1 2 3 4 5 6			1	2	__ __	1	2	__ __
04			1 2 3 4 5 6			1	2	__ __	1	2	__ __
05			1 2 3 4 5 6			1	2	__ __	1	2	__ __
06			1 2 3 4 5 6			1	2	__ __	1	2	__ __
07			1 2 3 4 5 6			1	2	__ __	1	2	__ __
08			1 2 3 4 5 6			1	2	__ __	1	2	__ __
09			1 2 3 4 5 6			1	2	__ __	1	2	__ __
10			1 2 3 4 5 6			1	2	__ __	1	2	__ __
11			1 2 3 4 5 6			1	2	__ __	1	2	__ __
12			1 2 3 4 5 6			1	2	__ __	1	2	__ __
13			1 2 3 4 5 6			1	2	__ __	1	2	__ __
14			1 2 3 4 5 6			1	2	__ __	1	2	__ __
15			1 2 3 4 5 6			1	2	__ __	1	2	__ __

MICS4.HH.13

| **7. CHILD DISCIPLINE** | **CD** |

Table 1. List of all children in the household aged 2-14 years

o   *List name of each of the children aged 2-14 years below in the order they appear in the household listing form. Children under age of 2 years or aged 15 or more years should not be listed in the below table.*
o   *Record the line number, name, sex, and age of each child from appropriate columns in Module HL.*
o   *Record the total number of children aged 2-14 years in CD6.*

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Number	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	__ __
CD6.	Number of children aged 2-14 years				__ __

o   *If there is only **one** child in the household aged 2-14 years, then skip Table 2, go to CD8, write down 1, and continue with CD9.*

Table 2. Selecting a child randomly to administer the questions of this module

o   *If there is more than one child in the household aged 2-14 years, use Table 2 to select one child.*
o   *Check the last digit of the household number (HH2) from the household information panel and find the row with that digit in CD7 and circle that number in the first column of Table 2 by looking vertically down.*
o   *Check the total number of children in the household aged 2-14years (CD6) from Table 1 and find the column with that number and circle that number in the top row of Table 2.*
o   *Find the cell where the row and column meet and circle the number that appears in the cell. Record the number you have found in CD8. This is the rank number of the child selected for the child discipline questions.*

CD7.	Total number of children in the household aged 2-14 years (CD6)							
Last digit of the household number (HH2)	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. *Rank number of randomly selected child (CD1)* .... ☐

№	QUESTION	RESPONSE CODE	STEP
CD9	*Write name and line number of randomly selected child for the module from CD3 and CD2, based on the rank number in CD8.*	Name _____ Line number........................ ☐ ☐	
CD11	ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIORS OR TO ADDRESS A BEHAVIOR PROBLEM. I WILL READ SOME OF THESE WAYS. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH (*name*) **IN THE PAST MONTH.** TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name*) LIKED OR DID NOT ALLOW HIM/ HER TO LEAVE HOUSE?	Yes... 1 No 2	
CD12	EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG?	Yes... 1 No 2	
CD13	SHOOK (*name*)?	Yes... 1 No 2	
CD14	SHOUTED, SCREAMED OR YELLED AT (*name*)?	Yes... 1 No 2	
CD15	GAVE (*name*) SOMETHING ELSE TO DO?	Yes... 1 No 2	
CD16	SPANKED, HIT OR SLAPPED (*name*) ON THE BOTTOM WITH BARE HAND?	Yes... 1 No 2	
CD17	HIT (*name*) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, STICK OR OTHER HARD OBJECT?	Yes... 1 No 2	
CD18	CALLED (*name*) DUMB, LAZY OR ANOTHER NAME LIKE THAT?	Yes... 1 No 2	
CD19	HIT OR SLAPPED (*name*) ON THE FACE, HEAD OR EARS?	Yes... 1 No 2	
CD20	HIT OR SLAPPED (*name*) ON THE HAND, ARM OR LEG?	Yes... 1 No 2	
CD21	BEAT (*name*) UP, THAT IS HIT HIM/ HER OVER AND OVER AS HARD AS ONE COULD?	Yes... 1 No 2	
CD22	DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes... 1 No .... 2 Don't know.. 8	

8. HAND WASHING			**HW**
№	QUESTION	RESPONSE CODE	STEP

HW1	PLEASE SHOW WHERE MEMBERS OF YOUR HOUSEHOLD USUALLY WASH THEIR HANDS TO ME.	Observed 1
		Not observed
		    Not in dwelling, yard/ plot................................ 2
		    No permission is given 3
		    Other reason.. 6
			2➜HW4
			3➜HW4
			6➜HW4

HW2	*Observe if water is available at the place for hand washing.* *Verify by checking the tap, container, or bucket.*	Available... 1 Not available 2	
HW3	*Observe if soap is available at the place for hand washing.* *Record observation.*	Bar soap .... A Liquid soap .... C Other (*specify*).. X None.. Y	A➜HH19 C➜HH19 X➜HH19
HW4	DO YOU HAVE ANY TYPE OF SOAPS IN YOUR HOUSEHOLD FOR WASHING HAND?	Yes .... 1 No 2	2➜HH19
HW5	PLEASE SHOW IT TO ME. *Record observation.*	Bar soap .... A Liquid soap .... C Other (*specify*).. X Not able, does not want to show .... Y	

HH19	*Interview completed at*	Hour, minute .... ☐☐ : ☐☐	

9. SALT IODIZATION			**SI**
№	QUESTION	RESPONSE CODE	STEP

SI1	I WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED.
	
	    PLEASE GIVE ME A SAMPLE OF SALT USED TO COOK MEALS IN YOUR HOUSEHOLD.
	
	    Test the salt and record the result.
		Not iodized (0 PPM) 1
		Iodized (less than 15 PPM).................................. 2
		Iodized (15 PPM or more) 3
		
		No salt in the house.. 6
		Salt not tested... 7
			6➜HH20
			7➜HH20

SI1A	WHERE IS THE SALT FROM?	Imported.. 1 Domestic 2	1➜HH20
SI1B	WHAT KIND OF SALT IS THIS?	Granulated salt .... 1 White salt .... 2 Natural salt.. 3	

SI1C	The factory the salt was produced by
	
	    Record observation.
		Not observed.. 00
		Observed
		    Mondavs 01
		    Tsagaan murun 02
		    Anugrand... 03
		    Saruul och... 04
		    Zavkhan bayalag... 05
		    Davs trade... 06
		
		    Other (*specify*) _____ 96	

HH20	*Check column **HL7** in Module HL to see if there is at least one woman aged 15-49 years in the household, who is eligible for a "Questionnaire for Woman aged 15-49".*
	☐ *If there is* ➔ *Start administering the "Questionnaire for Woman aged 15-49" to the first eligible woman.*
	For each woman aged 15-49 years, there should a separate "Questionnaire for Woman aged 15-49" with WM1-WM6 filled in.
	☐ *If there is not any* ➔ *Continue with HH21.*
HH21	*Check column **HL9** in Module HL to see if there is at least one child under age of 5 years in the household, who is eligible for a "Questionnaire for Child under 5".*
	☐ *If there is* ➔ *Start administering the "Questionnaire for Child under 5" to the mother/ caretaker of the first eligible child.*
	For each child under age of 5 years, there should a separate "Questionnaire for Child under 5" with UF1-UF8 filled in.
	☐ *If there is not any* ➔ *Continue with HH21A.*
HH21A	*Check column **HL7A** in Module HL to see if there is at least one man aged 15-49 years in the household, who is eligible for a "Questionnaire for Man aged 15-49".*
	☐ *If there is* ➔ *Start administering the "Questionnaire for Man aged 15-49" to the first eligible man.*
	For each man aged 15-49 years, there should a separate "Questionnaire for Man aged 15-49" with ME1-ME6 filled in.
	☐ *If there is not any* ➔ *Continue with HH21B.*
HH21B	*Check column HL6 in Module HL to see if there is at least one man aged 2-14 years in the household, who is eligible for a "Questionnaire for Child aged 2-14".*
	☐ *If there is* ➔ *Start administering the "Questionnaire for Child aged 2-14" to the first eligible child.*
	For each child aged 2-14 years, there should a separate "Questionnaire for Child aged 2-14" with HF1-HF8F filled in.
	☐ *If there is not any* ➔ *End the interview by thanking the respondent for his/her cooperation.*
	Gather together all questionnaires for this household and complete the relevant information on the household information panel.

MICS4.HH.17

Interviewer's notes

Field editor's notes

Supervisor's notes

QUESTIONNAIRE FOR WOMAN AGED 15-49
Mongolia

1. WOMAN INFORMATION PANEL   WM

This questionnaire is to be administered to all women aged 15-49 years in the household. A separate questionnaire should be used for each eligible woman.

WM1. Cluster number ☐☐☐	**WM4**. Woman line number ☐☐
WM2. Household number ☐☐	**WM5**. Interviewer name and number _____ ☐☐
WM3. Woman name _____	**WM6**. Date of interview (year/month/day) ☐☐☐☐ / ☐☐ / ☐☐

If greeting has not already been read to this woman, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS NEARLY 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

If greeting has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

☐   *Yes, permission is given* ➔ *Go to WM10. Record the time and then begin the interview.*

☐   *No, permission is not given* ➔ *Fill in WM7. Discuss the result with the supervisor.*

WM7. Result of interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated...	05
	Other (*specify*) _____	96
WM8. Field editor name and number	_____	☐☐
WM9. Data entry clerk name and number	_____	☐☐

MICS4.WM.1

| WM10 | *Interview started at* | Hour, minute .... ☐☐ : ☐☐ | |

2. WOMAN'S BACKGROUND   WB

№	QUESTION	RESPONSE CODE	STEP

WB1	PLEASE TELL ME THE DATE OF YOUR BIRTH?	Birth
		    Year.............................. ☐☐☐☐
		    Don't know 9998
		
		    Month.. ☐☐
		    Don't know 98
		
		    Day... ☐☐
		    Don't know 98	

WB2	HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Always check if WB1 and WB2 are consistent.*	Age (in completed years) .... ☐☐	
WB3	HAVE YOU EVER ATTENDED SCHOOL/ PRE-SCHOOL?	Yes .... 1 No.. 2	2➜WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school... 0 Secondary school....................................... 1 Vocational training center .... 2 University, institute, college...................... 3 Non-formal education 4	0➜WB7 4➜ WB7
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THIS LEVEL OF SCHOOL?	Grade .... ☐☐	
WB6	Check **WB4** and **WB5** to see if the highest level of school attended is a secondary school and the highest grade completed is 1-4 for the woman. ☐ *No, completed 5 or higher grade in a secondary school or higher education* ➜ *Go to Module MT.* ☐ *Yes, completed 1-4 grades in a secondary school* ➜ *Continue with WB7.*		
WB7	PLEASE READ THIS SENTENCE TO ME. *Show the sentence on the card to the woman.* *If cannot read at all, probe:* CAN YOU READ SOME PARTS OF THE SENTENCE TO ME?	Cannot read at all...................................... 1 Able to read only parts of sentence .... 2 Able to read whole sentence..................... 3 No sentence in required language _____ 4 *(specify language)* Blind, mute, visually/ speech impaired 5	1➜Module MT 5➜Module MT
WB7A	PLEASE WRITE THIS SENTENCE TO ME. *Read the sentence on the card to the woman.* *If cannot write at all, probe:* CAN YOU WRITE SOME PARTS OF THE SENTENCE TO ME?	Cannot write at all .... 1 Able to write only parts of sentence .... 2 Able to write whole sentence 3	

MICS4.WM.2

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION COMMUNICATION TECHNOLOGY			MT
№	QUESTION	RESPONSE CODE	STEP
MT1	Check **WB7** to see if the woman is able to read. ☐ Question left blank (completed 5 or higher grade in a secondary school or higher education) ➔ Continue with MT2. ☐ Able to read or no sentence in required language (WB7 = 2, 3, 4) ➔ Continue with MT2. ☐ Cannot read at all or blind, mute, or visually/ speech impaired (WB7 = 1, 5) ➔ Go to MT3.		
MT2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MT3	HOW OFTEN DO YOU LISTEN TO THE RADIO OR FM? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MT4	HOW OFTEN DO YOU WATCH TELEVISION? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MT6	HAVE YOU EVER USED A COMPUTER?	Yes.. 1 No 2	2➔MT9
MT7	HAVE YOU USED A COMPUTER IN THE LAST 12 MONTHS?	Yes.. 1 No 2	2➔MT9
MT8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MT9	HAVE YOU EVER USED THE INTERNET?	Yes.. 1 No 2	2➔Module CM
MT10	HAVE YOU USED THE INTERNET IN THE LAST 12 MONTHS?	Yes.. 1 No 2	2➔Module CM
MT11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	

MICS4.WM.3

4. CHILD MORTALITY   CM

*All questions of this module refer only to **LIVE** births.*

№	QUESTION	RESPONSE CODE	STEP
CM1	I WOULD LIKE TO TALK WITH YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes .... 1 No.. 2	2➔CM8
CM2	WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER. *Go to CM4 if year of first birth is known. Otherwise continue with CM3.*	Date of first birth Year..................................... ☐☐☐☐ Don't know .... 9998 Month... ☐☐ Don't know .... 98 Day.. ☐☐ Don't know 98	➔CM4
CM3	HOW MANY YEARS AGO (*in completed years*) DID YOU HAVE YOUR FIRST BIRTH?	Number of years since the first birth.... ☐☐	
CM4	DO YOU HAVE ANY CHILDREN TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No.. 2	2➔CM6
CM5	HOW MANY SONS ARE NOW LIVING WITH YOU? HOW MANY DAUGHTERS ARE NOW LIVING WITH YOU? *If none, enter 00.*	Sons.. ☐☐ Daughters .... ☐☐	
CM6	DO YOU HAVE ANY CHILDREN WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE, BUT NOW NOT LIVING WITH YOU?	Yes .... 1 No.. 2	2➔CM8
CM7	HOW MANY SONS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? HOW MANY DAUGHTERS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? *If none, enter 00.*	Sons.. ☐☐ Daughters .... ☐☐	
CM8	HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO WAS BORN ALIVE, BUT LATER DIED? *If none, probe:* I MEAN TO A CHILD WHO EVER BREATHED, CRIED, OR SHOWED OTHER SIGNS OF LIFE ─ EVEN IF HE/SHE LIVED ONLY A FEW MINUTES OR HOURS.	Yes .... 1 No.. 2	2➔CM10
CM9	HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, enter 00.*	Boys .... ☐☐ Girls .... ☐☐	
CM10	*Sum numbers provided in CM5, CM7, and CM9.*	Total number of births.......................... ☐☐	

№	QUESTION	RESPONSE CODE	STEP

CM11	THUS, YOU HAVE HAD IN TOTAL (*total number of births*) LIVE BIRTHS/ NO LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT
	
	☐ *Yes, check.*
	  ☐ *No live births* ➔ *Go to Module IS.*
	
	  ☐ *One or more live births* ➔ *Continue with CM12.*
	
	☐ *No* ➔ *Check responses to CM1-CM10 and make corrections if necessary before proceeding with CM12.*		

CM12	WHAT WAS THE DATE OF YOUR LAST BIRTH?
	
	I MEAN THE VERY LAST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER.
	
	Birth year and month of the last birth must be recorded.
		Date of last birth
		  Year............................ ☐☐☐☐
		
		  Month.. ☐☐
		
		  Day... ☐☐
		  Don't know 98	

CM13	*Check **CM12** to see if the last birth occurred within the last 2 years, that is, since (month and day of the interview) in **2008**.*
	
	☐ *No, the last birth not occurred within the last 2 years* ➔ *Go to Module IS.*
	
	☐ *Yes, the last birth occurred within the last 2 years* ➔ *Ask for the name of the child.*
	
	  Name of the child _____.
	
	  If the child has died, take special care when referring to this child by name in the following modules.
	
	  Continue with Module DB.		

5. DESIRE FOR LAST BIRTH   DB

This module is to be administered to all women with a live birth in the 2 years preceding the date of the interview.
*Check **CM13** in Module CM and copy the name of the last-born child_____.*
Use this child's name in the following questions as required.

№	QUESTION	RESPONSE CODE	STEP
DB1	WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes .... 1 No... 2	1➔Module MN
DB2	DID YOU WANT TO HAVE A CHILD LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later .... 1 No more.. 2	2➔Module MN
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT TO HAVE A CHILD?	Months .... 1 ☐☐ Years .... 2 ☐☐ Don't know... 998	

6. MATERNAL AND NEWBORN HEALTH   MN

This module is to be administered to all women with a live birth in the 2 years preceding the date of the interview.
Check CM13 in Module CM and copy the name of the last-born child_____.
Use this child's name in the following questions as required.

№	QUESTION	RESPONSE CODE	STEP
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes .... 1 No 2	2➜MN17

MN2	WHOM DID YOU SEE FOR ANTENATAL CARE?
	
	Probe:
	ANYONE ELSE?
	
	Probe for the types of persons seen.
	
	Record all that apply.
		Health professional
		    Family doctor, soum doctor........................ A
		    Obstetrician.. D
		    Midwife .... E
		    Nurse I
		    Feldsher .... J
		Other person
		    Traditional birth attendant .... F
		
		Other (*specify*) _____X	

MN2A	WHEN DID YOU HAVE YOUR FIRST ANTENATAL VISIT?	First 3 months of pregnancy .... 1 3-6 months of pregnancy .... 2 6 months or over .... 3 Don't know 8	
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE?	Number of times .... ☐ ☐ Don't know 98	

MN4	AS PART OF YOUR ANTENATAL CARE, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE?
	
	    [A] BLOOD PRESSURE
	
	    [B] URINE SAMPLE
	
	    [C] BLOOD SAMPLE
	
	    [D] STI SCREENING
	
	    [E] WEIGHT MEASURE
		Yes No
		[A] Blood pressure 1 2
		[B] Urine sample 1 2
		[C] Blood sample 1 2
		[D] STI screening 1 2
		[E] Weight measure 1 2	

MN17	WHO ASSISTED WITH THE DELIVERY OF (*name*)?
	
	Probe:
	ANYONE ELSE?
	
	Probe for the types of the persons assisted.
	
	Record all that apply.
	
	If the woman says she assisted herself, probe to determine whether any adults were present at the delivery.
		Health professional
		    Family doctor, soum doctor........................ A
		    Obstetrician.. D
		    Midwife .... E
		    Nurse I
		    Feldsher .... J
		Other person
		    Traditional birth attendant .... F
		    Relative, friend .... H
		
		Other (*specify*) _____ X
		Woman herself... Y	

№	QUESTION	RESPONSE CODE	STEP
MN18	WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the types of the places where the birth delivered.*	Home Own home .... 11 Other's home .... 12 Public Government hospital................................ 21 Government maternity home .... 24 Private Hospital .... 31 Private maternity home........................... 33 Other (*specify*) _____ 96	11➜MN20 12➜MN20 96➜MN20
MN19	WAS (*name*) DELIVERED BY CAESAREAN SECTION? *If the woman does not understand the meaning of caesarean section, explain it is to take the baby out by cut opening the belly.*	Yes .... 1 No 2	
MN19A	WERE YOU GIVEN VITAMIN A WITHIN 2 MONTHS AFTER YOU GAVE BIRTH TO (*name*)?	Yes .... 1 No .... 2 Don't know 8	
MN20	WHEN (*name*) WAS BORN, WAS HE/ SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE OR VERY SMALL?	Very large .... 1 Larger than average .... 2 Average... 3 Smaller than average..................................... 4 Very small... 5 Don't know 8	
MN21	WAS (*name*) WEIGHED AT BIRTH?	Yes .... 1 No .... 2 Don't know 8	 2➜MN23 8➜MN23
MN22	HOW MUCH WAS (*name*)'S WEIGHT AT BIRTH? *Record the weight from the child's health care, if available.*	From card (kg) .... 1 ☐ . ☐ ☐ ☐ From recall (kg) .... 2 ☐ . ☐ ☐ ☐ Don't know 99998	
MN23	HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes .... 1 No 2	
MN24	HAVE YOU EVER BREASTFED (*name*)?	Yes .... 1 No 2	 2➜Module IS
MN25	HOW LONG AFTER (*name*) WAS BORN DID YOU FIRST PUT HIM/ HER TO THE BREAST? *If less than 1 hour, enter 00 in hours. If less than 24 hours, record hours. Otherwise record days.*	Immediately .... 000 In hours .... 1 ☐ ☐ In days.. 2 ☐ ☐ Don't know 998	

№	QUESTION	RESPONSE CODE	STEP
MN26	DURING THE FIRST 3 DAYS AFTER (*name*) WAS BORN, WAS HE/ SHE GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes .... 1 No 2	2➔Module IS
MN27	WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE? *Record all that apply.*	Milk (other than breast milk) .... A Plain water .... B Oral rehydration solution .... E Fruit juice.. F Infant formula .... G Tea .... H Other (*specify*) _____ X	

7. ILLNESS SYMPTOMS   IS

№	QUESTION	RESPONSE CODE	STEP
IS1	*Check column* **HL9** *in Module HL in the "Household Questionnaire" to see if the woman is the mother/ caretaker of any child under age of 5 years.* ☐ *Yes* ➔ *Continue with IS2.* ☐ *No* ➔ *Go to Module CP.*		
IS2	SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY IMMEDIATELY? *Probe:* ANY OTHER SYMPTOMS? *Record all that apply. Do not prompt with any suggestions.*	Child not able to drink or breastfeed............. A Child becomes sicker .... B Child develops a fever .... C Child has fast breathing .... D Child has difficulty breathing .... E Child passes stools with blood .... F Child vomits much... H Child refuses to drink..................................... I Child has diarrhoea .... J Child has an illness with cough .... K Child has seizure, fits or faint .... L Child cries with an unknown reason .... M Other (*specify*)_____ X Other (*specify*)_____ Y Other (*specify*)_____ Z	
IS3	IN YOUR OPINION, WHAT ILLNESSES CAN BE CAUSED DUE TO NUTRITION DEFICIENCY OR UNHEALTHY EATING AMONG CHILDREN? *Probe:* ANY OTHER ILLNESS? *Record all that apply. Do not prompt with any suggestions.*	Rachitis .... A Rickets .... B Wasting .... C Anaemia... D Iron deficiency .... E Stunting.. F Iodine deficiency... G Diarrhoea .... H Other (*specify*).. X DK .... Y	

№	QUESTION	RESPONSE CODE	STEP
IS4	IN YOUR OPINION, WHAT ARE THE REASONS OF RACHITIS ILLNESS AMONG CHILDREN? *Probe:* ANY OTHER REASONS? *Record all that apply. Do not prompt with any suggestions.*	Due to malnutrition .... A Due to not letting the child out for sunshine . B Due to ride a horse .... C Due to not breastfeeding .... D Due to not letting the child out for a fresh air E Due to vitamin D deficiency .... F Due to other vitamins deficiency .... G Due to wrongly encradle .... H Due to calcium deficiency ....I Due to scurvy .... J Other (*specify*)... X DK .... Y	
IS5	IN YOUR OPINION, HOW TO PREVENT THE RACHITIS ILLNESS AMONG CHILDREN? *Probe:* ANY OTHER PREVENTS WAYS? *Record all that apply. Do not prompt with any suggestions.*	Give milk and milk products......................... A Let out for shunshine .... B Give animal liver .... C Let out for air .... D Play under the sand .... E Give vitamin D.. F Give medicine (*specify*) .... G Other (*specify*)... X DK .... Y	
IS6	IN YOUR OPINION, WHAT IS ANEMIA?	Quality of blood is not good .... 1 Hemoglobin of blood is decreased................ 2 Blood is low.. 3 Pressure is low .... 4 Rickets .... 5 Other (*specify*)... X DK .... Y	
IS7	IN YOUR OPINION, WHAT THE REASONS OF ANEMIA AMONG CHILDREN? *Probe:* ANY OTHER REASONS? *Record all that apply. Do not prompt with any suggestions.*	Due to malnutrition .... A Due to parasite infection .... B Due to an early birth .... C Due to not good care..................................... D Due to iron deficiency................................... E Due to mother has anaemia when she was pregnant ....F Other (*specify*)... X DK .... Y	
IS8	IN YOUR OPINION, HOW TO PREVENT ANEMIA AMONG CHILDREN? *Probe:* ANY OTHER PREVENTS WAYS? *Record all that apply. Do not prompt with any suggestions.*	Give meat... A Give a milk and milk products....................... B Give a animal liver.. C Give tomato .... D Give vegetable .... E Give drink .... F Give a fruit.. G Other (*specify*)... X DK .... Y	

MICS4.WM.9

8. CONTRACEPTION			CP
№	QUESTION	RESPONSE CODE	STEP
CP1	I WOULD LIKE TO TALK WITH YOU ABOUT FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes .... 1 No.. 2 Don't know 8	1➜ CP3A
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No.. 2	2➜ CP3A
CP3	WHAT METHODS ARE YOU USING TO DELAY OR AVOID GETTING PREGNANT? *Probe:* ANY OTHER METHODS? *Record all that apply.* *Do not prompt with any suggestions.*	Female sterilization .... A Male sterilization.. B IUD .... C Injections.. D Implants.. E Pills .... F Male condom... G Female condom .... H Diaphragm... I Foam, jelly .... J Lactational amenorrhoea method .... K Periodic abstinence, rhythm .... L Withdrawal.. M Other (*specify*) _____ X	
CP3A	HAVE YOU HEARD OF ANY METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No.. 2	2➜Module UN
CP3B	WHAT METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT HAVE YOU HEARD OF? *Probe:* ANY OTHER METHODS? *Record all that apply.*	Female sterilization .... A Male sterilization.. B IUD .... C Injections.. D Implants.. E Pills .... F Male condom... G Female condom .... H Diaphragm... I Foam, jelly .... J Lactational amenorrhoea method .... K Periodic abstinence, rhythm .... L Withdrawal.. M Other (*specify*) _____ X	

MICS4.WM.10

9. UNMET NEED   UN

№	QUESTION	RESPONSE CODE	STEP
UN1	*Check **CP1** to see if the woman is currently pregnant.* ☐ *Yes, currently pregnant* ➔ *Continue with UN2.* ☐ *No, don't know* ➔ *Go to UN5.*		
UN2	I WOULD LIKE TO TALK WITH YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes... 1 No.. 2	1➔UN4
UN3	DID YOU WANT TO HAVE A CHILD LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later .... 1 No more.. 2	
UN4	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD?	Yes... 1 No.. 2 Don't know.. 8	1➔UN7 2➔UN13 8➔UN13
UN5	*Check **CP3** to see if the woman is currently using female sterilization.* ☐ *Yes* ➔ *Go to UN13.* ☐ *No* ➔ *Continue with UN6.*		
UN6	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE A/ ANOTHER CHILD?	Yes... 1 No.. 2 Not able to get pregnant .... 3 Don't know.. 8	2➔UN9 3➔UN11 8➔UN9
UN7	HOW MUCH LONGER WOULD YOU LIKE TO WAIT TO HAVE A/ ANOTHER CHILD?	Months.................................. 1 ☐☐ Years..................................... 2 ☐☐ Soon.. 993 After marriage .... 995 Other (*specify*) _____ 996 Don't know.. 998	
UN8	*Check **CP1** to see if the woman is currently pregnant.* ☐ *Yes, currently pregnant* ➔ *Go to UN13.* ☐ *No, don't know* ➔ *Continue with UN9.*		
UN9	*Check **CP2** to see if the woman is currently using any methods to delay or avoid getting pregnant.* ☐ *Yes* ➔ *Go to UN13.* ☐ *No* ➔ *Continue with UN10.*		

MICS4.WM.11

№	Question	Response code	Step
UN10	Do you think you are physically able to get pregnant at this time?	Yes.. 1 No... 2 Don't know.. 8	1 ➔ UN13 8 ➔ UN13
UN11	Why do you think you are not physically able to get pregnant?	Infrequent sex, no sex... A Menopausal .... B Never menstruated.. C Hysterectomy (surgical removal of uterus) .... D Has been trying to get pregnant for 2 or more years without any success................ E Postpartum amenorrheic.. F Breastfeeding... G Too old .... H Other (*specify*) _____ X Don't know.. Z	
UN12	*Check **UN11** to see if 'never menstruation' mentioned.* ☐ *Mentioned, the woman has never menstruated ➔ Go to Module MA.* ☐ *Not mentioned, the woman has ever menstruated ➔ Continue with UN13.*		
UN13	When did your last menstrual period start?	Days ago... 1 ☐☐ Weeks ago .... 2 ☐☐ Months ago... 3 ☐☐ Years ago.. 4 ☐☐	

MICS4.WM.12

10. MARRIAGE/ UNION   MA

№	QUESTION	RESPONSE CODE	STEP
MA1	ARE YOU CURRENTLY MARRIED OR LIVING WITH A PARTNER?	Yes, currently married .... 1 Yes, living with a partner .... 2 No, not in union 3	3➜ MA5
MA2	HOW OLD IS YOUR HUSBAND/ PARTNER?	Age (in completed years) .... ☐☐ Don't know 98	➜ MA7 98 ➜ MA7
MA5	HAVE YOU EVER BEEN MARRIED OR LIVED WITH A PARTNER?	Yes, formerly married .... 1 Yes, formerly lived with a man .... 2 No 3	3➜ Module DV
MA6	ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced .... 2 Separated 3	
MA7	HOW MANY TIMES HAVE YOU BEEN MARRIED OR LIVED WITH A PARTNER?	Only once .... 1 More than once 2	
MA8	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A PARTNER?	Date of first marriage/union Year .... ☐☐☐☐ Don't know .... 9998 Month .... ☐☐ Don't know 98	➜Module DV
MA9	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/ PARTNER?	Age (in completed years) .... ☐☐	

11. ATTITUDES TOWARDS DOMESTIC VIOLENCE   DV

№	QUESTION	RESPONSE CODE	STEP
DV1	SOMETIMES A HUSBAND HITS OR BEATS HIS WIFE. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS? [A] IF A WIFE GOES OUT TO SEE FRIENDS OR RELATIVES WITHOUT TELLING HER HUSBAND [B] IF A WIFE NEGLECTS HER CHILDREN [C] IF A WIFE ARGUES WITH HER HUSBAND [D] IF A WIFE REFUSES TO HAVE SEX WITH HER HUSBAND [E] IF A WIFE BURNS FOOD [F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND	Yes No Don't know [A] Goes out to see friends or relatives without telling her husband 1 2 8 [B] Neglects her children 1 2 8 [C] Argues with her husband 1 2 8 [D] Refuses to have sex with her husband 1 2 8 [E] Burns food 1 2 8 [F] Spends big amount of money without a permission from her husband 1 2 8	
DV2	*Check MA1 to see if the woman is currently married or living with a partner.* ☐ *Yes, currently married or living with a partner (MA1 = 1, 2)* ➔ *Continue with DV3.* ☐ *No, not married or not living with a partner (MA1 = 3)* ➔ *Go to DV4.*		
DV3	WHO USUALLY DECIDES HOW YOUR HOUSEHOLD INCOME WILL BE USED — YOU OR YOUR HUSBAND/ PARTNER OR BOTH OF YOU?	Woman herself.. 1 Husband/ partner .... 2 Both .... 3 Other (*specify*) _____ 6	
DV4	IN A COUPLE, WHO DO YOU THINK SHOULD HAVE THE GREATER SAY IN THE FOLLOWING DECISIONS — WIFE OR HUSBAND OR BOTH OF THEM? [A] MAKING MAJOR HOUSEHOLD PURCHASES [B] MAKING PURCHASES FOR DAILY HOUSEHOLD NEEDS [C] DECIDING ABOUT VISITS TO THE WIFE'S FAMILY OR RELATIVES [D] DECIDING WHAT TO DO WITH THE MONEY THE WIFE EARNS FOR HER WORK [E] DECIDING HOW MANY CHILDREN TO HAVE [F] DECIDING IF THE WIFE SHOULD BE EMPLOYED	Husband Wife Both Don't know [A] Making major household purchases 1 2 3 8 [B] Making purchases for daily household needs 1 2 3 8 [C] Deciding about visits to the wife's family or relatives 1 2 3 8 [D] Deciding what to do with the money the wife earns for her work 1 2 3 8 [E] Deciding how many children to have 1 2 3 8 [F] Deciding if the wife should be employed 1 2 3 8	

MICS4.WM.14

№	QUESTION	RESPONSE CODE				STEP
DV5	I WILL READ YOU SOME STATEMENTS ABOUT PREGNANCY. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THEM.		Agree	Dis-agree	Don't know	
	[A] PREGNANT WOMAN NEEDS ATTENTION AND CARE FROM THE FATHER OF THE CHILD	[A] Pregnant woman needs attention and care from the father of the child	1	2	8	
	[B] IT IS CRUCIAL FOR THE MOTHER'S AND CHILD'S HEALTH THAT A WOMAN HAS ASSISTANCE FROM A DOCTOR OR NURSE AT DELIVERY	[B] It is crucial for the mother's and child's health that a woman has assistance from a doctor or nurse at delivery	1	2	8	
DV6	DO YOU AGREE OR DISAGREE WITH THE FOLLOWING REACTIONS OF A HUSBAND IF HIS WIFE REFUSES TO HAVE SEX WITH HIM?		Agree	Dis-agree	Don't know	
	[A] GET ANGRY AND REPRIMAND THE WIFE	[A] Get angry and reprimand the wife	1	2	8	
	[B] REFUSE TO GIVE THE WIFE MONEY OR OTHER MEANS OF SUPPORT	[B] Refuse to give the wife money or other means of support	1	2	8	
	[C] USE FORCE AND HAVE SEX WITH THE WIFE EVEN IF SHE DOES NOT WANT TO	[C] Use force and have sex with the wife even if she does not want to	1	2	8	
	[D] GO AHEAD AND HAVE SEX WITH ANOTHER WOMAN	[D] Go ahead and have sex with another woman	1	2	8	

MICS4.WM.15

12. SEXUAL BEHAVIOUR   SB

Check for the presence of others around.
Before beginning the interview, ensure privacy.

№	QUESTION	RESPONSE CODE	STEP
SB1A	Check **CM10** and **MA5** to see if the woman never gave birth or never married. ☐ *Never gave birth (CM10 = 0) or never married (MA5 = 3)* ➔ *Continue with SB1B.* ☐ *Otherwise* ➔ *Go to SB1.*		
SB1B	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HAVE YOU EVER HAD SEXUAL INTERCOURSE?	Ever had intercourse .... 1 Never had intercourse 2	2➔Module HA
SB1	HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Age (in completed years)........................ ☐☐ First time when started living with (first) husband/ partner... 95	
SB2	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes.. 1 No .... 2 Don't know 8	
SB3	WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?	Days ago .... 1 ☐☐ Weeks ago.. 2 ☐☐ Months ago .... 3 ☐☐ Years ago .... 4 ☐☐	 4➔ SB15
SB4	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes.. 1 No 2	
SB5	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *If boyfriend, probe:* WERE YOU LIVING WITH HIM TOGETHER AS IF MARRIED? *If yes, circle 2. If no, circle 3.*	Husband... 1 Partner... 2 Boyfriend... 3 Casual acquaintance... 4 Other (*specify*) _____ 6	 3 ➔ SB7 4 ➔ SB7 6 ➔ SB7
SB6	Check **MA1** to see if the woman is currently married or living with a partner. ☐ *Yes, currently married or living with a partner (MA1 = 1, 2)* ➔ *Go to SB8.* ☐ *No, not married or not living with a partner (MA1 = 3)* ➔ *Continue with SB7.*		

MICS4.WM.16

№	QUESTION	RESPONSE CODE	STEP
SB7	HOW OLD WAS THIS PERSON? *If don't know, probe:* ABOUT HOW OLD WAS THIS PERSON?	Age .... ☐☐ Don't know.. 98	
SB8	IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON?	Yes.. 1 No 2	2➔ SB15
SB9	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes.. 1 No 2	
SB10	WHAT WAS YOUR RELATIONSHIP TO THIS OTHER PERSON? *If boyfriend, probe:* WERE YOU LIVING WITH HIM TOGETHER AS IF MARRIED? *If yes, circle 2. If no, circle 3.*	Husband... 1 Partner... 2 Boyfriend... 3 Casual acquaintance... 4 Other (*specify*) _____ 6	3 ➔ SB12 4 ➔ SB12 6 ➔ SB12
SB11	*Check MA1 and MA7.* ☐ *The woman is currently married or living with a partner (MA1A = 1, 2) and married only once or lived with a partner only once (MA7 = 1) ➔ Go to SB13.* ☐ *Otherwise ➔ Continue with SB12.*		
SB12	HOW OLD WAS THIS OTHER PERSON? *If don't know, probe:* ABOUT HOW OLD WAS THIS PERSON?	Age .... ☐☐ Don't know.. 98	
SB13	IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY PERSON OTHER THAN THESE TWO PERSONS?	Yes.. 1 No 2	2➔SB15
SB14	IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number... ☐☐	
SB15	IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If 95 or more, enter 95.*	Number... ☐☐ Don't know.. 98	

MICS4.WM.17

13. HIV/ AIDS			HA
№	QUESTION	RESPONSE CODE	STEP
HA1	I WOULD LIKE TO TALK WITH YOU SOMETHING ELSE. HAVE YOU EVER HEARD OF ILLNESS CALLED AIDS?	Yes .... 1 No 2	2➜ Module TA
HA2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes .... 1 No .... 2 Don't know 8	
HA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes .... 1 No .... 2 Don't know 8	
HA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes .... 1 No .... 2 Don't know 8	
HA6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
HA7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
HA7A	CAN THE AIDS VIRUS BE TRANSMITTED BY SHARING A SYRINGE OR NEEDLE WITH ANOTHER PERSON?	Yes .... 1 No .... 2 Don't know 8	
HA8	CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER CHILD IN THE FOLLOWING SITUATIONS? [A] DURING PREGNANCY [B] DURING DELIVERY [C] BY BREASTFEEDING	Yes No Don't know [A] During pregnancy 1 2 8 [B] During delivery 1 2 8 [C] By breastfeeding 1 2 8	
HA9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes .... 1 No .... 2 Don't know 8	
HA10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	

№	QUESTION	RESPONSE CODE	STEP
HA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes .... 1 No .... 2 Don't know 8	
HA12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM/ HER IN YOUR OWN HOUSEHOLD?	Yes .... 1 No .... 2 Don't know 8	
HA13	Check **CM12** to see if the last birth occurred within the last 2 years, that is, since (month and day of the interview) in **2008**. ☐ *No, the last birth not occurred within the last 2 years* ➔ *Go to HA24.* ☐ *Yes, the last birth occurred within the last 2 years* ➔ *Continue with HA14.*		
HA14	Check **MN1** to see if the woman received any antenatal care during the pregnancy with her last birth. ☐ *Yes, received antenatal care* ➔ *Continue with HA15.* ☐ *No, not received antenatal care* ➔ *Go to HA24.*		

HA15	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT THE FOLLOWING THINGS?
	
	      [A] MOTHER TO CHILD TRANSMISSION OF THE AIDS VIRUS
	
	      [B] WAYS OF PREVENTING FROM THE AIDS VIRUS
	
	      [C] THE AIDS VIRUS TESTING
		Yes No Don't know
		
		 [A] Mother to child transmission of the AIDS virus 1 2 8
		
		 [B] Ways of preventing from the AIDS virus 1 2 8
		
		 [C] The AIDS virus testing 1 2 8	

HA15D	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU OFFERED A TEST FOR THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
HA16	YOU DO NOT NEED TO TELL ME THE RESULTS. WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes .... 1 No .... 2 Don't know 8	2➔ HA24 8➔ HA24
HA17	YOU DO NOT NEED TO TELL ME THE RESULTS. DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No .... 2 Don't know 8	2➔ HA22 8➔ HA22

MICS4.WM.19

№	QUESTION	RESPONSE CODE	STEP
HA18	AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes.. 1 No .... 2 Don't know.. 8	
HA22	HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes.. 1 No 2	1➔HA25
HA23	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..................................... 1 12-23 months ago .... 2 2 or more years ago.. 3	1➔ Module TA 2➔ Module TA 3➔ Module TA
HA24	YOU DO NOT NEED TO TELL ME THE RESULTS. HAVE YOU EVER BEEN TESTED FOR THE AIDS VIRUS?	Yes.. 1 No 2	2➔HA27
HA25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..................................... 1 12-23 months ago .... 2 2 or more years ago.. 3	
HA26	YOU DO NOT NEED TO TELL ME THE RESULTS. DID YOU GET THE RESULTS OF THE TEST?	Yes.. 1 No .... 2 Don't know.. 8	2➔ Module TA 8➔ Module TA
HA26A	AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes.. 1 No .... 2 Don't know.. 8	1➔ Module TA 2➔ Module TA 8➔ Module TA
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.. 1 No 2	

14. TOBACCO AND ALCOHOL USE   TA

№	QUESTION	RESPONSE CODE	STEP
TA1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes .... 1 No 2	2➔TA6
TA2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never .... 00 Age .... ☐☐	
TA3	DO YOU CURRENTLY SMOKE CIGARETTES?	Yes .... 1 No 2	2➔TA6
TA4	DURING THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes...................... ☐☐	
TA5	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0 ☐ 10 or more days .... 10 Almost every day 30	
TA6	HAVE YOU EVER SMOKED ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE?	Yes .... 1 No 2	2➔TA10
TA7	DURING THE LAST ONE MONTH, DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE?	Yes .... 1 No 2	2➔TA10
TA8	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0 ☐ 10 or more days .... 10 Almost every day 30	
TA9	WHAT TYPES OF SMOKED TOBACCO PRODUCTS DID YOU SMOKE? *Probe:* ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS? *Record all that apply.*	Cigars .... A Pipe .... E Other (*specify*) _____ X	
TA10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF?	Yes .... 1 No 2	2 ➔TA14
TA11	DURING THE LAST ONE MONTH, DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF?	Yes .... 1 No 2	2 ➔TA14
TA12	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0 ☐ 10 or more days .... 10 Almost every day 30	

MICS4.WM.21

№	QUESTION	RESPONSE CODE	STEP
TA13	WHAT TYPES OF SMOKELESS TOBACCO PRODUCTS DID YOU USE? *Probe:* ANY OTHER TYPES OF SMOKELESS TOBACCO PRODUCTS? *Record all that apply.*	Chewing.. A Snuff... B Other (*specify*) _____ X	
TA14	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes... 1 No 2	2➔Module LS
TA15	HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL? *Probe:* I REFER TO AT LEAST ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF VODKA, COGNAC, OR WHISKY.	Never .... 00 Age .... ☐☐	00➔Module LS
TA16	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU DRINK ALCOHOL? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Did not drink.. 00 Number of days .... 0☐ 10 or more days .... 10 Almost every day.................................... 30	

MICS4.WM.22

15. LIFE SATISFACTION   LS

№	QUESTION	RESPONSE CODE	STEP
LS2	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEVEL OF YOUR SATISFACTION WITH YOUR MARRIAGE, FRIENDSHIPS, SCHOOL, ETC. IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED. YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Give the response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.* HOW SATISFIED ARE YOU WITH YOUR MARRIAGE?	Not married .... 0 Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS3	HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? .	Does not have friends.............................. 0 Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS4	HOW SATISFIED ARE YOU WITH YOUR SCHOOL? .	Does not go to school .... 0 Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS5	HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	Does not have a job .... 0 Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS6	HOW SATISFIED ARE YOU WITH YOURSELF?	Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS7	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighourhood and the dwelling.*	Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS8	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	

MICS4.WM.23

№	QUESTION	RESPONSE CODE	STEP
LS9	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?	Does not have any income....................... 0 Very satisfied.. 1 Somewhat satisfied.................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied.............................. 4 Very unsatisfied...................................... 5	
LS10	TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?	Very happy .... 1 Somewhat happy .... 2 Neither happy nor unhappy .... 3 Somewhat unhappy .... 4 Very unhappy 5	
LS11	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENED, OVERALL?	Improved .... 1 More or less the same.............................. 2 Worsened.. 3	
LS12	DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE IN ONE YEAR FROM NOW, OVERALL?	Better .... 1 More or less the same.............................. 2 Worse 3	

WM11	Interview completed at	Hour, minute .... ☐ ☐ : ☐ ☐	

WM12	Check column **HL9** in Module HL in the "Household Questionnaire" to see if the woman is the mother/ caretaker of any child under age of 5 years in this household. ☐ Yes ➜ Go to the "Questionnaire for Child under 5" to be administered to the same woman. ☐ No ➜ End the interview with the woman by thanking her for her cooperation. Check if there are any other eligible women for the next "Questionnaire for Woman aged 15-49" or eligible children under age of 5 years for the next "Questionnaire for Child under 5", or eligible men for the next "Questionnaire for Man aged 15-49".

MICS4.WM.24

Interviewer's notes

Field editor's notes

Supervisor's notes

Approved by Resolution #... of the Chairman of the National Statistical Office of Mongolia.

Form MICS4-4

QUESTIONNAIRE FOR MAN AGED 15-49
Mongolia

1. MAN INFORMATION PANEL	ME

This questionnaire is to be administered to all men aged 15-49 years in the household. A separate questionnaire should be used for each eligible man.

ME1. Cluster number ☐☐☐	**ME4**. Man line number ☐☐
ME2. Household number ☐☐	**ME5**. Interviewer name and number _____ ☐☐
ME3. Man name _____	**ME6**. Date of interview (year/month/day) ☐☐☐☐ / ☐☐ / ☐☐

If greeting has not already been read to this man, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS NEARLY 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

If greeting has already been read to this man, then read the following:

NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

> *Yes, permission is given* ➔ *Go to ME10. Record the time and then begin the interview.*

☐ *No, permission is not given* ➔ *Fill in ME7. Discuss the result with the supervisor.*

ME7. Result of interview	Completed.. 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated... 05 Other (*specify*) _____ 96
ME8. Field editor name and number	_____ ☐☐
ME9. Data entry clerk name and number	_____ ☐☐

MICS4.ME.1

| ME10 | *Interview started at* | Hour, minute .... ☐ ☐ : ☐ ☐ | |

2. MAN'S BACKGROUND   MB

№	QUESTION	RESPONSE CODE	STEP
MB1	PLEASE TELL ME THE DATE OF YOUR BIRTH?	Birth Year .... ☐ ☐ ☐ ☐ Don't know...................................... 9998 Month .... ☐ ☐ Don't know.. 98 Day .... ☐ ☐ Don't know.. 98	
MB2	HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Always check if MB1 and MB2 are consistent.*	Age (in completed years)................. ☐ ☐	
MB3	HAVE YOU EVER ATTENDED SCHOOL/ PRE-SCHOOL?	Yes.. 1 No 2	2➔MB7
MB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school .... 0 Secondary school .... 1 Vocational training center........................... 2 University, institute, college .... 3 Non-formal education................................. 4	0➔MB7 4➔ MB7
MB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THIS LEVEL OF SCHOOL?	Grade .... ☐ ☐	
MB6	Check **MB4** and **MB5** to see if the highest level of school attended is a secondary school and the highest grade completed is 1-4 for the man. ☐ *No, completed 5 or higher grade in a secondary school or higher education* ➔ *Go to Module MI.* ☐ *Yes, completed 1-4 grades in a secondary school* ➔ *Continue with MB7.*		
MB7	PLEASE READ THIS SENTENCE TO ME. *Show the sentence on the card to the man.* *If cannot read at all, probe:* CAN YOU READ SOME PARTS OF THE SENTENCE TO ME?	Cannot read at all....................................... 1 Able to read only parts of sentence........... 2 Able to read whole sentence .... 3 No sentence in required language _____ 4 *(specify language)* Blind, mute, visually/ speech impaired..... 5	1➔Module MI 5➔Module MI
MB7A	PLEASE WRITE THIS SENTENCE TO ME. *Read the sentence on the card to the man.* *If cannot write at all, probe:* CAN YOU WRITE SOME PARTS OF THE SENTENCE TO ME?	Cannot write at all...................................... 1 Able to write only parts of sentence .... 2 Able to write whole sentence.................... 3	

MICS4.ME.2

3. ACCESS TO MASS MEDIA AND
USE OF INFORMATION COMMUNICATION TECHNOLOGY   MI

№	QUESTION	RESPONSE CODE	STEP
MI1	*Check **MB7** to see if the man is able to read.* ☐ *Question left blank* *(completed 5 or higher grade in a secondary school or higher education)* ➔ *Continue with MI2.* ☐ *Able to read or no sentence in required language (MB7 = 2, 3, 4)* ➔ *Continue with MI2.* ☐ *Cannot read at all or blind, mute, or visually/ speech impaired (MB7 = 1, 5)* ➔ *Go to MI3.*		
MI2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MI3	HOW OFTEN DO YOU LISTEN TO THE RADIO OR FM? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MI4	HOW OFTEN DO YOU WATCH TELEVISION? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MI6	HAVE YOU EVER USED A COMPUTER?	Yes .... 1 No 2	2➔MI9
MI7	HAVE YOU USED A COMPUTER IN THE LAST 12 MONTHS?	Yes .... 1 No 2	2➔MI9
MI8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	
MI9	HAVE YOU EVER USED THE INTERNET?	Yes .... 1 No 2	2➔Module RP
MI10	HAVE YOU USED THE INTERNET IN THE LAST 12 MONTHS?	Yes .... 1 No 2	2➔Module RP
MI11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET? ALMOST EVERY DAY, AT LEAST ONCE A WEEK, AT LEAST ONCE A MONTH, OR NOT AT ALL?	Almost every day .... 1 At least once a week .... 2 At least once a month .... 3 Not at all 4	

MICS4.ME.3

4. REPRODUCTION   RP

*All questions of this module refer only to the man's **BIOLOGICAL** children.*

№	QUESTION	RESPONSE CODE	STEP
RP1	I WOULD LIKE TO TALK WITH YOU ABOUT ALL BIOLOGICAL CHILDREN YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER HAD ANY BIOLOGICAL CHILDREN? I MEAN ANY CHILDREN, TO WHOM YOU ARE A BIOLOGICAL FATHER, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE MOTHER IS NOT YOUR CURRENT WIFE/PARTNER.	Yes .... 1 No .... 2 Don't know....................................... 8	2➜RP8 8➜RP8
RP4	DO YOU HAVE ANY BIOLOGICAL CHILDREN WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2➜RP6
RP5	HOW MANY SONS ARE NOW LIVING WITH YOU? HOW MANY DAUGHTERS ARE NOW LIVING WITH YOU? *If none, enter 00.*	Sons .... ☐☐ Daughters .... ☐☐	
RP6	DO YOU HAVE ANY BIOLOGICAL CHILDREN WHO ARE ALIVE, BUT NOW NOT LIVING WITH YOU?	Yes .... 1 No 2	2➜RP8
RP7	HOW MANY SONS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? HOW MANY DAUGHTERS ARE ALIVE, BUT NOW NOT LIVING WITH YOU? *If none, enter 00.*	Sons .... ☐☐ Daughters .... ☐☐	
RP8	HAVE YOU EVER HAD A BIOLOGICAL CHILD WHO WAS BORN ALIVE, BUT LATER DIED? *If none, probe:* I MEAN TO A CHILD WHO EVER BREATHED, CRIED, OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE/SHE LIVED ONLY A FEW MINUTES OR HOURS.	Yes .... 1 No .... 2 Don't know....................................... 8	2➜RP10 8➜RP10
RP9	HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, enter 00.*	Boys.. ☐☐ Girls.. ☐☐ Don't know............................. ☐☐	
RP10	*Sum numbers provided in RP5, RP7, and RP9.*	Total number of biological children.................. ☐☐	
RP11	THUS, YOU HAVE HAD IN TOTAL (*total number of biological children*) BIOLOGICAL CHILDREN/ NO BIOLOGICAL CHILDREN DURING YOUR LIFE. IS THIS CORRECT? ☐ *Yes, check* ☐ *No biological children ➜ Go to Module CN.* ☐ *One or more biological children ➜ Continue with RP12.* ☐ *No ➜ Check responses to RP1-RP10 and make corrections if necessary before proceeding with RP12.*		

MICS4.ME.4

№	QUESTION	RESPONSE CODE	STEP
RP12	HOW OLD WERE YOU WHEN YOU HAD A BIOLOGICAL CHILD FOR THE VERY FIRST TIME? I MEAN THE VERY FIRST TIME YOU HAD A BIOLOGICAL CHILD, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER.	Age (in completed years) .... ☐ ☐	

RP13	*Check **RP5** and **RP7** to see if the man has at least one biological child who is now alive.*
	
	    ☐ *No any biological child who is now alive* ➜ *Go to Module CN.*
	
	    ☐ *Yes, one or more biological children who are alive* ➜ *Continue with RP14.*		

RP14	HOW OLD IS YOUR YOUNGEST BIOLOGICAL CHILD? I MEAN THE VERY LAST TIME YOU HAD A BIOLOGICAL CHILD, EVEN IF THE CHILD IS NOT NOW LIVING WITH YOU OR IS NO LONGER LIVING OR WHOSE FATHER IS NOT YOUR CURRENT HUSBAND/PARTNER.	Age (in completed years) .... ☐ ☐	

RP15	*Check **RP14** to see if the man's youngest biological child is under age of 5 years.*
	
	    ☐ *No, the child is aged 5 or more years* ➜ *Go to Module CN.*
	
	    ☐ *Yes, the child is under age of 5 years* ➜ *Ask for the name of the child.*
	
	Name of the child _____.
	
	Continue with RP16, using the child's name.		

RP16	DID (*name*)'S MOTHER SEE ANYONE FOR ANTENATAL CARE DURING HER PREGNANCY WITH HIM/ HER?	Yes .... 1 No... 2 Don't know...................................... 8	2➜RP18 8➜RP18
RP17	DID YOU ACCOMPANY (*name*)'S MOTHER WHEN SHE HAD ANTENATAL VISITS?	Yes .... 1 No... 2	
RP18	WAS (*name*) DELIVERED IN A HOSPITAL?	Yes .... 1 No... 2 Don't know...................................... 8	1➜Module CN 8➜Module CN
RP19	WHAT WAS THE MAIN REASON WHY WAS (*name*) NOT DELIVERED IN A HOSPITAL?	Costs too much................................ 1 Too far, no transportation................ 2 Unable to call ambulance .... 3 No trust, poor service .... 4 Other (*specify*) _____ 6 Don't know...................................... 8	

MICS4.ME.5

5. CONTRACEPTION   CN

№	QUESTION	RESPONSE CODE	STEP
CN2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No 2	2➔ CN3A
CN3	WHAT METHODS ARE YOU USING TO DELAY OR AVOID GETTING PREGNANT? *Probe:* ANY OTHER METHODS? *Record all that apply.* *Do not prompt with any suggestions.*	Female sterilization.. A Male sterilization .... B IUD .... C Injections .... D Implants .... E Pills .... F Male condom .... G Female condom.. H Diaphragm .... I Foam, jelly .... J Lactational amenorrhoea method......................... K Periodic abstinence, rhythm................................. L Withdrawal .... M Other (*specify*) _____ X	
CN3A	HAVE YOU HEARD OF ANY METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No 2	2➔Бүлэг MS
CN3B	WHAT METHODS THAT HELPS TO DELAY OR AVOID GETTING PREGNANT HAVE YOU HEARD OF? *Probe:* ANY OTHER METHODS? *Record all that apply.*	Female sterilization.. A Male sterilization .... B IUD .... C Injections .... D Implants .... E Pills .... F Male condom .... G Female condom.. H Diaphragm .... I Foam, jelly .... J Lactational amenorrhoea method......................... K Periodic abstinence, rhythm................................. L Withdrawal .... M Other (*specify*) _____ X	
CN4	I WOULD LIKE TO ASK YOU ABOUT A WOMAN'S RISK OF PREGNANCY. FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS A WOMAN IS MORE LIKELY TO BECOME PREGNANT IF SHE HAS SEXUAL INTERCOURSE?	Yes .... 1 No .... 2 Don't know 8	2➔ CN6 8➔ CN6
CN5	WHEN DO YOU THINK THESE CERTAIN DAYS HAPPEN?	Just before menstruation period begins .... 1 During menstruation period .... 2 Right after menstruation period has ended .... 3 Halfway between two periods................................ 4 Other (*specify*) _____ 6 Don't know 8	

MICS4.ME.6

№	QUESTION	RESPONSE CODE	STEP
CN6	DO YOU THINK THAT A WOMAN WHO IS BREASTFEEDING HER BABY CAN BECOME PREGNANT?	Yes .... 1 No .... 2 Depends .... 3 Don't know 8	
CN7	I WILL READ YOU SOME STATEMENTS ABOUT CONTRACEPTION. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THEM. [A] USING OR NOT USING CONTRACEPTIVE METHODS IS WOMEN'S BUSINESS AND MEN SHOULD NOT BE INVOLVED [B] WOMEN MAY BECOME PROMISCUOUS IF THEY USE CONTRACEPTIVE METHODS	<table><tr><td></td><td>Agree</td><td>Dis-agree</td><td>Don't know</td></tr><tr><td>[A] Using or not using contraceptive methods is women's business and men should not be involved</td><td>1</td><td>2</td><td>8</td></tr><tr><td>[B] Women may become promiscuous if they use contraceptive methods</td><td>1</td><td>2</td><td>8</td></tr></table>	
CN8	DO YOU KNOW OF A PLACE WHERE A PERSON CAN GET CONDOMS?	Yes .... 1 No 2	2➔Module MS

CN9	WHERE A PERSON CAN GET CONDOMS?
	
	 Probe:
	 ANY OTHER PLACES?
	
	 Record all that apply.
	
	 Do not prompt with any suggestions.
	
	 Probe for the types of places known.
		Public
		   Government hospital .... A
		   Government health center................................. B
		   Family clinic... C
		   Mobile clinic.. D
		   Soum/ bag doctor, nurse .... E
		Private
		   Hospital, clinic... F
		   Doctor... G
		   Pharmacy .... H
		   Mobile clinic I
		Other
		   Shop.. J
		   Relative, friend .... K
		
		 Other (*specify*) _____X	

CN10	IF YOU WANTED TO, COULD YOU YOURSELF GET A CONDOM?	Yes .... 1 No .... 2 Don't know 8	

MICS4.ME.7

6. MARRIAGE/UNION — MS

№	QUESTION	RESPONSE CODE	STEP
MS1	ARE YOU CURRENTLY MARRIED OR LIVING WITH A PARTNER?	Yes, currently married.. 1 Yes, living with a partner .... 2 No, not in union... 3	3➜ MS5
MS2	HOW OLD IS YOUR WIFE/ PARTNER?	Age (in completed years) .... ☐☐ Don't know 98	➜ MS7 98 ➜ MS7
MS5	HAVE YOU EVER BEEN MARRIED OR LIVED WITH A PARTNER?	Yes, formerly married .... 1 Yes, formerly lived with a man .... 2 No.. 3	3➜ Module FP
MS6	ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced... 2 Separated.. 3	
MS7	HOW MANY TIMES HAVE YOU BEEN MARRIED OR LIVED WITH A PARTNER?	Only once .... 1 More than once... 2	

MS8	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A PARTNER?	Date of first marriage/union
		  Year.. ☐☐☐☐
		  Don't know 9998
		
		  Month.. ☐☐
		  Don't know 98
			➜Module FP

MS9	HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/ PARTNER?	Age (in completed years) .... ☐☐	

MICS4.ME.8

7. FERTILITY PREFERENCE			**FP**
№	**QUESTION**	**RESPONSE CODE**	**STEP**
FP1A	Check **CN3** to see if the man is currently using male sterilization as a contraceptive method. ☐ *Yes* ➜ *Go to Module GE.* ☐ *No* ➜ *Continue with FP1B.*		
FP1B	Check **MS1** to see if the man is married or living with a partner. ☐ *Yes, married or living with a partner (MS1 = 1, 2)* ➜ *Continue with FP1.* ☐ *No, not married or not living with a partner (MS1 = 3)* ➜ *Go to FP6.*		
FP1	IS YOUR WIFE/ PARTNER PREGNANT NOW?	Yes.. 1 No.. 2 Don't know.. 8	 2 ➜ FP6 8 ➜ FP6
FP2	DID YOU WANT THIS PREGNANCY OF YOUR WIFE/ PARTNER?	Yes.. 1 No.. 2	1 ➜ FP4
FP3	DID YOU WANT TO HAVE A CHILD LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later .... 1 No more... 2	
FP4	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD?	Yes.. 1 No.. 2 Don't know.. 8	1➜FP7 2 ➜ Бүлэг GE 8 ➜ Бүлэг GE
FP6	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE A/ ANOTHER CHILD?	Yes.. 1 No.. 2 Not able to have biological children........... 3 Don't know.. 8	 2➜Бүлэг GE 3➜FP11 8➜Бүлэг GE
FP7	HOW MUCH LONGER WOULD YOU LIKE TO WAIT TO HAVE A/ ANOTHER CHILD?	Months.. 1 ☐☐ Years .... 2 ☐☐ Soon... 993 After marriage .... 994 Other (*specify*)_____ 996 Don't know.. 998	1➜Бүлэг GE 2➜ Бүлэг GE 993 ➜Бүлэг GE 994 ➜Бүлэг GE 996 ➜Бүлэг GE 998 ➜Бүлэг GE
FP11	WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO HAVE BIOLOGICAL CHILDREN?	Infrequent sex, no sex.................................. A Andropause.. B Has been trying to have a biological child for 2 or more years without any success..... C Too old .... D Other (*specify*)_____ X Don't know.. Z	

8. GENDER EQUITY | GE

№	QUESTION	RESPONSE CODE	STEP
GE1	SOMETIMES A HUSBAND HITS OR BEATS HIS WIFE. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS? [A] IF A WIFE GOES OUT TO SEE FRIENDS OR RELATIVES WITHOUT TELLING HER HUSBAND [B] IF A WIFE NEGLECTS HER CHILDREN [C] IF A WIFE ARGUES WITH HER HUSBAND [D] IF A WIFE REFUSES TO HAVE SEX WITH HER HUSBAND [E] IF A WIFE BURNS FOOD [F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND		

Sub-table for GE1:

	Yes	No	Don't know
[A] Goes out to see friends or relatives without telling her husband	1	2	8
[B] Neglects her children	1	2	8
[C] Argues with her husband	1	2	8
[D] Refuses to have sex with her husband	1	2	8
[E] Burns food	1	2	8
[F] Spends big amount of money without a permission from her husband	1	2	8

№	QUESTION	RESPONSE CODE	STEP
GE2	Check **MS1** to see if the man is currently married or living with a partner. ☐ Yes, currently married or living with a partner (MS1 = 1, 2) ➜ Continue with GE3. ☐ No, not married or not living with a partner (MS1 = 3) ➜ Go to GE4.		
GE3	WHO USUALLY DECIDES HOW YOUR HOUSEHOLD INCOME WILL BE USED – YOU OR YOUR WIFE/ PARTNER OR BOTH OF YOU?	Man himself .... 1 Wife/ partner .... 2 Both .... 3 Other (*specify*) _____ 6	
GE4	IN A COUPLE, WHO DO YOU THINK SHOULD HAVE THE GREATER SAY IN THE FOLLOWING DECISIONS – WIFE OR HUSBAND OR BOTH OF THEM? [A] MAKING MAJOR HOUSEHOLD PURCHASES [B] MAKING PURCHASES FOR DAILY HOUSEHOLD NEEDS [C] DECIDING ABOUT VISITS TO THE WIFE'S FAMILY OR RELATIVES [D] DECIDING WHAT TO DO WITH THE MONEY THE WIFE EARNS FOR HER WORK [E] DECIDING HOW MANY CHILDREN TO HAVE [F] DECIDING IF THE WIFE SHOULD BE EMPLOYED		

Sub-table for GE4:

	Husband	Wife	Both	Don't know
[A] Making major household purchases	1	2	3	8
[B] Making purchases for daily household needs	1	2	3	8
[C] Deciding about visits to the wife's family or relatives	1	2	3	8
[D] Deciding what to do with the money the wife earns for her work	1	2	3	8
[E] Deciding how many children to have	1	2	3	8
[F] Deciding if the wife should be employed	1	2	3	8

MICS4.ME.10

№	QUESTION	RESPONSE CODE				STEP
GE5	I WILL READ YOU SOME STATEMENTS ABOUT PREGNANCY. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THEM.		Agree	Dis-agree	Don't know	
	[A] PREGNANT WOMAN NEEDS ATTENTION AND CARE FROM THE FATHER OF THE CHILD	[A] Pregnant woman needs attention and care from the father of the child	1	2	8	
	[B] IT IS CRUCIAL FOR THE MOTHER'S AND CHILD'S HEALTH THAT A WOMAN HAS ASSISTANCE FROM A DOCTOR OR NURSE AT DELIVERY	[B] It is crucial for the mother's and child's health that a woman has assistance from a doctor or nurse at delivery	1	2	8	
GE6	DO YOU AGREE OR DISAGREE WITH THE FOLLOWING REACTIONS OF A HUSBAND IF HIS WIFE REFUSES TO HAVE SEX WITH HIM?		Agree	Dis-agree	Don't know	
	[A] GET ANGRY AND REPRIMAND THE WIFE	[A] Get angry and reprimand the wife	1	2	8	
	[B] REFUSE TO GIVE THE WIFE MONEY OR OTHER MEANS OF SUPPORT	[B] Refuse to give the wife money or other means of support	1	2	8	
	[C] USE FORCE AND HAVE SEX WITH THE WIFE EVEN IF SHE DOES NOT WANT TO	[C] Use force and have sex with the wife even if she does not want to	1	2	8	
	[D] GO AHEAD AND HAVE SEX WITH ANOTHER WOMAN	[D] Go ahead and have sex with another woman	1	2	8	

MICS4.ME.11

9. SEXUAL BEHAVIOUR   SA

Check for the presence of others around.
Before beginning the interview, ensure privacy.

№	QUESTION	RESPONSE CODE	STEP
SA1A	*Check **RP10** and **MS5** to see if the man has no any biological children or never married.* ☐ *No any biological children (RP10 = 0) or never married (MS5 = 3)* ➜ *Continue with SA1B.* ☐ *Otherwise* ➜ *Go to SA1.*		
SA1B	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HAVE YOU EVER HAD SEXUAL INTERCOURSE?	Ever had intercourse.. 1 Never had intercourse 2	2➜Module HI
SA1	HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Age (in completed years) .... ☐ ☐ First time when started living with (first) wife/ partner 95	
SA2	THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .... 1 No... 2 Don't know 8	
SA3	WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?	Days ago... 1 ☐ ☐ Weeks ago .... 2 ☐ ☐ Months ago.. 3 ☐ ☐ Years ago... 4 ☐ ☐	4➜ SA15
SA4	THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes .... 1 No... 2	
SA5	WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *If girlfriend, probe:* WERE YOU LIVING WITH HER TOGETHER AS IF MARRIED? *If yes, circle 2. If no, circle 3.*	Wife.. 1 Partner .... 2 Girlfriend.. 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	3 ➜ SA7 4 ➜ SA7 6 ➜ SA7
SA6	*Check **MS1** to see if the man is currently married or living with a partner.* ☐ *Yes, currently married or living with a partner (MS1 = 1, 2)* ➜ *Go to SA8.* ☐ *No, not married or not living with a partner (MS1 = 3)* ➜ *Continue with SA7.*		

№	QUESTION	RESPONSE CODE	STEP
SA7	HOW OLD WAS THIS PERSON? *If don't know, probe:* ABOUT HOW OLD WAS THIS PERSON?	Age .... ☐☐ Don't know 98	
SA8	IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON?	Yes .... 1 No.. 2	2➔ SA15
SA9	THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes .... 1 No.. 2	
SA10	WHAT WAS YOUR RELATIONSHIP TO THIS OTHER PERSON? *If girlfriend, probe:* WERE YOU LIVING WITH HER TOGETHER AS IF MARRIED? *If yes, circle 2. If no, circle 3.*	Wife... 1 Partner .... 2 Girlriend .... 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	3 ➔ SA12 4 ➔ SA12 6 ➔ SA12
SA11	*Check **MS1** and **MS7**.* ☐ *The man is currently married or living with a partner (MS1 = 1, 2) and married only once or lived with a partner only once (MS7 = 1) ➔ Go to SA13.* ☐ *Otherwise ➔ Continue with SA12.*		
SA12	HOW OLD WAS THIS OTHER PERSON? *If don't know, probe:* ABOUT HOW OLD WAS THIS PERSON?	Age .... ☐☐ Don't know 98	
SA13	IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY PERSON OTHER THAN THESE TWO PERSONS?	Yes .... 1 No.. 2	2➔SA15
SA14	IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number.. ☐☐	
SA15	IN TOTAL, WITH HOW MANY DIFFERENT PERSONS HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If 95 or more, enter 95.*	Number.. ☐☐ Don't know 98	

MICS4.ME.13

10. HIV/ AIDS			HI
№	QUESTION	RESPONSE CODE	STEP
HI1	I WOULD LIKE TO TALK WITH YOU SOMETHING ELSE. HAVE YOU EVER HEARD OF ILLNESS CALLED AIDS?	Yes .... 1 No 2	2➔ Module AT
HI2	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes .... 1 No .... 2 Don't know 8	
HI4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes .... 1 No .... 2 Don't know 8	
HI5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes .... 1 No .... 2 Don't know 8	
HI6	CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
HI7	IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	
HI7A	CAN THE AIDS VIRUS BE TRANSMITTED BY SHARING A SYRINGE OR NEEDLE WITH ANOTHER PERSON?	Yes .... 1 No .... 2 Don't know 8	
HI8	CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER CHILD IN THE FOLLOWING SITUATIONS? [A] DURING PREGNANCY [B] DURING DELIVERY [C] BY BREASTFEEDING	Yes No Don't know [A] During pregnancy 1 2 8 [B] During delivery 1 2 8 [C] By breastfeeding 1 2 8	
HI9	IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes .... 1 No .... 2 Don't know 8	
HI10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes .... 1 No .... 2 Don't know 8	

MICS4.ME.14

№	QUESTION	RESPONSE CODE	STEP
HI11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes .... 1 No .... 2 Don't know 8	
HI12	IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM/ HER IN YOUR OWN HOUSEHOLD?	Yes .... 1 No .... 2 Don't know 8	
HI24	YOU DO NOT NEED TO TELL ME THE RESULTS. HAVE YOU EVER BEEN TESTED FOR THE AIDS VIRUS?	Yes .... 1 No 2	2➔HI27
HI25	WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago...................................... 1 12-23 months ago.. 2 2 or more years ago... 3	
HI26	YOU DO NOT NEED TO TELL ME THE RESULTS. DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No .... 2 Don't know 8	2➔ Module AT 8➔ Module AT
HI26A	AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes .... 1 No .... 2 Don't know 8	1➔ Module AT 2➔ Module AT 8➔ Module AT
HI27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes .... 1 No 2	

MICS4.ME.15

11. TOBACCO AND ALCOHOL USE			AT
№	QUESTION	RESPONSE CODE	STEP
AT1	HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes .... 1 No... 2	2➜AT6
AT2	HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never... 00 Age .... ☐☐	
AT3	DO YOU CURRENTLY SMOKE CIGARETTES?	Yes .... 1 No... 2	2➜AT6
AT4	DURING THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes .... ☐☐	
AT5	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0☐ 10 or more days...................................... 10 Almost every day 30	
AT6	HAVE YOU EVER SMOKED ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE?	Yes .... 1 No... 2	2➜AT10
AT7	DURING THE LAST ONE MONTH, DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE?	Yes .... 1 No... 2	2➜AT10
AT8	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU SMOKE ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS SUCH AS CIGARS OR PIPE? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0☐ 10 or more days...................................... 10 Almost every day 30	
AT9	WHAT TYPES OF SMOKED TOBACCO PRODUCTS DID YOU SMOKE? *Probe:* ANY OTHER TYPES OF SMOKED TOBACCO PRODUCTS? *Record all that apply.*	Cigars .... A Pipe .... E Other (*specify*) _____ X	
AT10	HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF?	Yes .... 1 No... 2	2 ➜AT14
AT11	DURING THE LAST ONE MONTH, DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF?	Yes .... 1 No... 2	2 ➜AT14
AT12	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU USE ANY FORM OF SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING OR SNUFF? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Number of days .... 0☐ 10 or more days...................................... 10 Almost every day 30	

MICS4.ME.16

№	QUESTION	RESPONSE CODE	STEP
AT13	WHAT TYPES OF SMOKELESS TOBACCO PRODUCTS DID YOU USE? *Probe:* ANY OTHER TYPES OF SMOKELESS TOBACCO PRODUCTS? *Record all that apply.*	Chewing .... A Snuff... B Other (*specify*) _____ X	
AT14	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes .... 1 No... 2	2➜Module LH
AT15	HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL? *Probe:* I REFER TO AT LEAST ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF VODKA, COGNAC, OR WHISKY.	Never.. 00 Age.. ☐ ☐	00➜Module LH
AT16	DURING THE LAST ONE MONTH, HOW MANY DAYS DID YOU DRINK ALCOHOL? *If less than 10 days, record the number of days. If 10 or more days, circle 10. If every day or almost every day, circle 30.*	Did not drink .... 00 Number of days .... 0☐ 10 or more days...................................... 10 Almost every day 30	

12. LIFE SATISFACTION			LH
№	QUESTION	RESPONSE CODE	STEP
LH2	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEVEL OF YOUR SATISFACTION WITH YOUR MARRIAGE, FRIENDSHIPS, SCHOOL, ETC. IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED. YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. *Give the response card to respondent and prompt her to look at the card while and after you ask each question from LH2 to LH10.* HOW SATISFIED ARE YOU WITH YOUR MARRIAGE?	Not married.. 0 Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH3	HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? .	Does not have friends .... 0 Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH4	HOW SATISFIED ARE YOU WITH YOUR SCHOOL? .	Does not go to school .... 0 Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH5	HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	Does not have a job .... 0 Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH6	HOW SATISFIED ARE YOU WITH YOURSELF?	Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH7	HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? *If necessary, explain that the question refers to the living environment, including the neighourhood and the dwelling.*	Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	
LH8	HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied.. 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied...................................... 5	

MICS4.ME.18

№	QUESTION	RESPONSE CODE	STEP
LH9	HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?	Does not have any income....................... 0 Very satisfied... 1 Somewhat satisfied................................. 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied............................. 4 Very unsatisfied..................................... 5	
LH10	TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?	Very happy .... 1 Somewhat happy .... 2 Neither happy nor unhappy .... 3 Somewhat unhappy .... 4 Very unhappy 5	
LH11	COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENED, OVERALL?	Improved .... 1 More or less the same .... 2 Worsened.. 3	
LH12	DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE IN ONE YEAR FROM NOW, OVERALL?	Better .... 1 More or less the same .... 2 Worse 3	

ME11	*Interview completed at*	Hour, minute................. ☐ ☐ : ☐ ☐

ME12	*Check column **HL7A** in Module HL to see if there is another man aged 15-49 years in this household who is eligible for the next "Questionnaire for Man aged 15-49".*
	
	   ☐ *Yes ➔ Go to the "Questionnaire for Man aged 15-49" to be administered to the next eligible man.*
	
	   ☐ *No ➔ End the interview with the man by thanking him for his cooperation.*
	
	        Gather together all questionnaires for this household and complete the relevant information on the household information panel.

MICS4.ME.19

Interviewer's notes

Field editor's notes

Supervisor's notes

Approved by Resolution #... of the Chairman of the National
  Statistical Office of Mongolia.

Form MICS4-3

QUESTIONNAIRE FOR CHILD UNDER 5
Mongolia

1. UNDER-5 CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers/ caretakers in the household (see column HL9 in household listing form) who care for a child that lives with them and is under age of 5 years. A separate questionnaire should be used for each eligible child.

UF1. Cluster number ☐☐☐

UF5. Mother caretaker name _____

UF2. Household number ☐☐

UF6. Mother/ caretaker line number ☐☐

UF3. Child name _____

UF7. Interviewer name and number __ ☐☐

UF4. Child line number ☐☐

UF8. Date of interview (year/month/day) ☐☐☐☐/☐☐/☐☐

If greeting has not already been read to this mother/ caretaker, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING NEARLY 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

If greeting has already been read to this mother/ caretaker, then read the following:

NOW I WOULD LIKE TO TALK TO YOU (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 40 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?
  ☐   *Yes, permission is given* ➔ *Go to UF12. Record the time and then begin the interview.*

  ☐   *No, permission is not given* ➔ *Fill in UF9. Discuss the result with the supervisor.*

UF9. Result of interview *Codes refer to the mother/ caretaker of the eligible child.*	Completed.. 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated... 05 Other (*specify*) _____ 96
UF10. Field editor name and number	__ ☐☐
UF11. Data entry clerk name and number	__ ☐☐

MICS4.U5.1

| UF12 | *Interview started at* | Hour, minute .... ☐☐ : ☐☐ | |

2. AGE   AG

№	QUESTION	RESPONSE CODE	STEP
AG1	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT (*name*). PLEASE TELL ME (*name*)'S DATE OF BIRTH? *Birth year and month of the child must be recorded.* *If the mother/ caretaker knows the exact day of birth, enter the day. Otherwise, circle 98 for Day.*	Birth Year .... ☐☐☐☐ Month .... ☐☐ Day .... ☐☐ Don't know 98	
AG2	HOW OLD IS (*name*)? *Probe:* HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Always check if AG1 and AG2 are consistent.*	Age (in completed years) .... ☐	

3. BIRTH REGISTRATION   BR

№	QUESTION	RESPONSE CODE		STEP
BR1	DOES (*name*) HAVE A BIRTH CERTIFICATE?? *If yes, ask:* PLEASE SHOW IT TO ME.	Yes, seen .... Yes, not seen .... No .... Don't know	1 2 3 8	➤ Module EC ➤ Module EC
BR2	HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION AUTHORITIES?	Yes .... No .... Don't know	1 2 8	➤ Module EC
BR3	DO YOU KNOW HOW TO REGISTER A CHILD'S BIRTH?	Yes .... No	1 2	

MICS4.U5.2

4. EARLY CHILDHOOD DEVELOPMENT			**EC**
№	**QUESTION**	**RESPONSE CODE**	**STEP**
EC1	IN YOUR HOUSEHOLD, HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS HAVE FOR (*name*)?	None .... 00 Number of books .... 0☐ 10 or more books 10	

EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME.
	
	　DOES (*name*) PLAY WITH THE FOLLOWING THINGS?
	
	　　[A] HANDMADE TOYS
	
	　　[B] MANUFACTURED TOYS
	
	　　[D] HOUSEHOLD OBJECTS SUCH AS CUPS, POTS, ETC.
	
	　　[E] OBJECTS FOUND OUTSIDE SUCH AS STICKS, STONES, ETC.
	
	Probe to learn specifically what the child plays with to ascertain the response.
		Don't
		                  Yes No know
		[A] Handmade toys 1 2 8
		
		[B] Manufactured toys 1 2 8
		
		[D] Household objects such as
		    cups, pots, etc. 1 2 8
		
		[E] Objects found outside such as
		    sticks, stones, etc. 1 2 8	

EC3	SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE THE CHILDREN BY THEMSELVES OR HAVE OLDER CHILDREN WATCH THE YOUNGER ONES. 　ON HOW MANY DAYS DURING THE LAST 7 DAYS, WAS (*name*) 　　[A] LEFT ALONE FOR MORE THAN AN HOUR? 　　[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? *If none, enter 0. If don't know, enter 8.*	[A] Alone for more than an hour .... ☐ [B] In the care of another child, that is, someone less than 10 years old, for more than an hour .... ☐	
EC4	*Check **AG2** to see if the child is aged 3-4 years.* 　☐　*Yes, the child is aged 3-4 years* ➔ *Continue with EC5.* 　☐　*No, the child is aged 0-2 years* ➔ *Go to Module BF.*		
EC5	DURING THE SCHOOL YEAR OF **2010/2011**, IS (*name*) ATTENDING A PRE-SCHOOL OR ANY OTHER ALTERNATIVE FORMS FOR EARLY CHILDHOOD EDUCATION?	Yes.. 1 No .... 2 Don't know.. 8	2➔ EC7 8➔ EC7

№	QUESTION	RESPONSE CODE	STEP
EC6	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (*name*) ATTEND A PRE-SCHOOL OR ANY OTHER ALTERNATIVE FORMS FOR EARLY CHILDHOOD EDUCATION?	Total hours.. ☐ ☐ Summer holiday of school/ pre-school 95	
EC7	DURING THE LAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN THE FOLLOWING ACTIVITIES WITH (*name*)? *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY? [A] READ BOOKS OR LOOKED AT PICTURE BOOKS WITH (*name*) [B] TOLD STORIES TO (*name*) [C] SANG SONGS WITH (*name*) OR LULLABIES TO (*name*) [D] TOOK (*name*) OUTSIDE [E] PLAYED WITH (*name*) [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*) *Record all that apply.*		

Within EC7, response section:

	Mother	Father	Other	No one
] Read books or looked at picture books with	A	B	X	Y
] Told stories to	A	B	X	Y
] Sang songs with or lullabies to	A	B	X	Y
] Took outside	A	B	X	Y
] Played with	A	B	X	Y
] Named, counted or drew things to or with	A	B	X	Y

№	QUESTION	RESPONSE CODE	STEP
EC7A	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THE FOLLOWING QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (*name*) IDENTIFY SOME COLOURS?	Yes... 1 No .... 2 Don't know.. 8	
EC7B	CAN (*name*) IDENTIFY SIMPLE SHAPES SUCH AS TRIANGLE, SQUARE, CIRCLE, ETC.?	Yes... 1 No .... 2 Don't know.. 8	
EC8	CAN (*name*) NAME AT LEAST 10 LETTERS OF THE ALPHABET?	Yes... 1 No .... 2 Don't know.. 8	
EC9	CAN (*name*) READ AT LEAST 4 SIMPLE WORDS?	Yes... 1 No .... 2 Don't know.. 8	
EC9A	CAN (*name*) COUNT?	Yes... 1 No .... 2 Don't know.. 8	

MICS4.U5.4

№	QUESTION	RESPONSE CODE		STEP
EC10	CAN (*name*) NAME THE NUMBERS UNTIL 10?	Yes.. No .... Don't know...	1 2 8	
EC11	CAN (*name*) PICK UP A SMALL OBJECT PINCHING WITH TWO FINGERS FROM THE GROUND?	Yes.. No .... Don't know...	1 2 8	
EC11A	CAN (*name*) HOLD A SPOON, A FORK OR A PENCIL WITH THE THUMB, INDEX FINGER AND MIDDLE FINGER?	Yes.. No .... Don't know...	1 2 8	
EC12	DOES (*name*) GET SOMETIMES TOO WEAK TO PLAY?	Yes.. No .... Don't know...	1 2 8	
EC13	DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.. No .... Don't know...	1 2 8	
EC14	WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes.. No .... Don't know...	1 2 8	
EC15	DOES (*name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes.. No .... Don't know...	1 2 8	
EC16	DOES (*name*) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS?	Yes.. No .... Don't know...	1 2 8	
EC17	COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (*name*) GET DISTRACTED EASILY?	Yes.. No .... Don't know...	1 2 8	

MICS4.U5.5

5. BREASTFEEDING			BF
№	QUESTION	RESPONSE CODE	STEP
BF1	HAS (*name*) EVER BEEN BREASTFED?	Yes .... 1 No... 2 Don't know.. 8	2➔ BF3 8➔ BF3
BF2	IS (*name*) STILL BEING BREASTFED?	Yes .... 1 No... 2 Don't know.. 8	
BF3	I WOULD LIKE TO ASK YOU ABOUT WHAT LIQUID AND FOOD ITEMS (*name*) HAD DURING THE LAST DAY AND NIGHT. DID (*name*) DRINK **PLAIN WATER** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	
BF4	DID (*name*) DRINK **INFANT FORMULA** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	2➔ BF6 8➔ BF6
BF5	HOW MANY TIMES DID (*name*) DRINK INFANT FORMULA DURING THE LAST DAY AND NIGHT?	Number of times................................. ☐☐	
BF6	DID (*name*) DRINK **MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	2➔ BF7A 8➔ BF7A
BF7	HOW MANY TIMES DID (*name*) DRINK MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK DURING THE LAST DAY AND NIGHT?	Number of times................................. ☐☐	
BF7A	DID (*name*) DRINK **TEA** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	
BF8	DID (*name*) DRINK **JUICE OR JUICE DRINKS** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	
BF9	DID (*name*) DRINK **MEAT SOUP** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	
BF10	DID (*name*) DRINK **VITAMIN, MINERAL SUPPLEMENTS OR ANY MEDICINES** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	
BF11	DID (*name*) DRINK **ORAL REHYDRATION SOLUTION** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No... 2 Don't know.. 8	

MICS4.U5.6

№	QUESTION	RESPONSE CODE	STEP
BF12	DID (*name*) DRINK **ANY OTHER LIQUIDS** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	
BF12A	DID (*name*) EAT **FRUIT OR VEGETABLE PUREE** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	2➜ BF13 8➜ BF13
BF12B	HOW MANY TIMES DID (*name*) EAT FRUIT OR VEGETABLE PUREE DURING THE LAST DAY AND NIGHT?	Number of times.................................. ☐☐	
BF13	DID (*name*) DRINK **YOGURT** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	2➜ BF15 8➜ BF15
BF14	HOW MANY TIMES DID (*name*) DRINK YOGURT DURING THE LAST DAY AND NIGHT?	Number of times.................................. ☐☐	
BF15	DID (*name*) EAT **THIN PORRIDGE** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	2➜ BF16 8➜ BF16
BF15A	HOW MANY TIMES DID (*name*) EAT THIN PORRIDGE DURING THE LAST DAY AND NIGHT?	Number of times.................................. ☐☐	
BF16	DID (*name*) EAT **SOLID OR SEMI-SOLID FOOD SUCH AS SOUP THICKENED WITH FLOUR, FOOD FOR ADULTS** DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	2➜ BF18 8➜ BF18
BF17	HOW MANY TIMES DID (*name*) EAT SOLID OR SEMI-SOLID FOOD SUCH AS SOUP THICKENED WITH FLOUR, FOOD FOR ADULTS DURING THE LAST DAY AND NIGHT	Number of times.................................. ☐☐	
BF18	DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH NIPPLE DURING THE LAST DAY AND NIGHT?	Yes .... 1 No.. 2 Don't know.. 8	

MICS4.U5.7

6. CARE OF ILLNESS   CA

№	QUESTION	RESPONSE CODE	STEP
CA1	DURING THE LAST 14 DAYS, HAS (*name*) HAD DIARRHOEA?	Yes .... 1 No... 2 Don't know 8	2➔ CA7 8➔ CA7
CA2	I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK BREAST MILK OR ANY OTHER LIQUIDS AND TO EAT ANY FOOD DURING THE TIME HE/SHE HAD DIARRHOEA. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/ SHE GIVEN LESS THAN USUAL TO DRINK OR MORE THAN USUAL? *If less than usual, probe*: MUCH LESS THAN USUAL OR SOMEWHAT LESS THAN USUAL?	Much less .... 1 Somewhat less... 2 As usual.. 3 More.. 4 Given nothing to drink .... 5 Don't know 8	
CA3	DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/ SHE GIVEN LESS THAN USUAL TO EAT OR MORE THAN USUAL? *If less than usual, probe*: MUCH LESS THAN USUAL OR SOMEWHAT LESS THAN USUAL?	Much less .... 1 Somewhat less... 2 As usual.. 3 More.. 4 Given nothing to eat .... 5 Never gave food .... 6 Don't know 8	
CA4	DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/ SHE GIVEN THE FOLLOWING TYPES OF ORAL REHYDRATION SOLUTIONS TO DRINK? [A] FLUID FROM ORS PACKET [F] HOME PREPARED ORAL REHYDRATION SOLUTION	Yes No 'on't know] Fluid from oral rehydration solution packet 1 2 8 | Home prepared oral rehydration solution 1 2 8	
CA5	DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/ SHE GIVEN ANY (OTHER) TREATMENT?	Yes .... 1 No... 2 Don't know 8	2➔ CA7 8➔ CA7

MICS4.U5.8

№	QUESTION	RESPONSE CODE	STEP

CA6	WHAT TREATMENT WAS (*name*) GIVEN?
	
	Probe:
	ANY OTHER TREATMENT?
	
	Record all that apply.
		Pill or syrup
		   Antibiotic (levomcitin, cotrimexazol,
		   ciprofloxacin).. A
		   Antimotility (imodium, lomotil) .... B
		   Zinc C
		
		   Other (*specify*) _____ G
		   Unknown.. H
		
		Injection
		   Antibiotic L
		
		   Non-antibiotic (*specify*) _____ M
		   Unknown.. N
		
		Intravenous .... O
		
		Home remedy, traditional herbal medicine .... Q
		
		Other (*specify*) _____ X	

CA6A	WHO RECOMMENDED THIS TREATMENT?	Health professional... 1 Pharmacist .... 2 Mother/ caretaker herself .... 3 Other (*specify*) _____ 6 Don't know 8	
CA7	DURING THE LAST 14 DAYS, HAS (*name*) HAD AN ILLNESS WITH COUGH?	Yes .... 1 No.. 2 Don't know 8	2➜ CA14 8➜ CA14
CA8	DURING THE TIME (*name*) HAD AN ILLNESS WITH COUGH, DID HE/ SHE BREATHE FASTER THAN USUAL WITH SHORT OR RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes .... 1 No.. 2 Don't know 8	2➜ CA14 8➜ CA14
CA9	WHAT WAS THE REASON FOR THE FAST OR DIFFICULTY BREATHING? WAS IT DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only .... 1 Blocked or runny nose only .... 2 Both.. 3 Other (*specify*) _____ 6 Don't know 8	2➜CA14 6➜CA14
CA10	DID YOU SEEK ANY ADVICE OR TREATMENT FOR (*name*)'S ILLNESS FROM ANY SOURCE?	Yes .... 1 No.. 2 Don't know 8	2➜ CA12 8➜ CA12

№	QUESTION	RESPONSE CODE	STEP
CA11	FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE OR ANYONE ELSE? *Probe to identify each type of source.* *Do not prompt with any suggestions.* *Record all that apply.*	Public 　Government hospital .... A 　Government health center .... B 　Family clinic .... C 　Soum/ bag doctor, nurse .... D 　Mobile clinic .... E Private 　Hospital, clinic .... I 　Physician .... J 　Pharmacist.. K 　Mobile clinic .... L Other 　Relative, friend.. P 　Traditional practitioner .... R Other (*specify*) _____ X	
CA12	WAS (*name*) GIVEN ANY MEDICINE TO TREAT HIS/ HER ILLNESS?	Yes .... 1 No.. 2 Don't know 8	2➔ CA14 8➔ CA14
CA13	WHAT MEDICINE WAS (*name*) GIVEN TO TREAT HIS/ HER ILLNESS? *Probe:* ANY OTHER MEDICINE? *Record all that apply.*	Antibiotic (levomcitin, cotrimexazol, ciprofloxacin) 　Pill, syrup .... A 　Injection .... B Paracetamol (panadol, acetaminophen)................ P Aspirin... Q Ibuprofen .... R Other (*specify*) _____ X Don't know .... Z	
CA14	*Check **AG2** to see if the child is aged 0-2 years.* ☐　*Yes, the child is aged 0-2 years ➔ Continue with CA15.* ☐　*No, the child is 3-4 years ➔ Go to Module IM.*		
CA15	WHEN THE LAST TIME (*name*) PASSED STOOLS, WHAT WAS DONE TO DISPOSE THE STOOLS?	Child used toilet/ latrine .... 01 Disposed in toilet/ latrine .... 02 Disposed in drain/ ditch .... 03 Thrown into garbage .... 04 Buried.. 05 Left in the open .... 06 Other (*specify*) _____ 96 Don't know 98	

MICS4.U5.10

7. IMMUNIZATION   IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card.

№	QUESTION	RESPONSE CODE			STEP
IM1	DOES (*name*) HAVE AN IMMUNIZATION CARD? *If yes, ask:* PLEASE SHOW IT TO ME.	Yes, seen .... 1 Yes, not seen in the household .... 2 No... 3			1➜ IM3 2➜ IM6
IM2	DID (*name*) EVER HAVE AN IMMUNIZATION CARD?	Yes .... 1 No... 2			1➜ IM6 2➜ IM6

IM3	(a) Copy dates for each vaccination from the card. (b) Record 4444 in the corresponding year column if the card shows that a vaccination was given, but no date recorded.	Vaccination date			
		Year	Month	Day	
	BCG				
	Polio at birth				
	Polio 1				
	Polio 2				
	Polio 3				
	DPT or Pentavalent 1				
	DPT or Pentavalent 2				
	DPT or Pentavalent 3				
	Diphtheria-tetanus				
	Hepatitis B at birth				
	Hepatitis B 1				
	Hepatitis B 2				
	Hepatitis B 3				
	MMR 1				
	MMR 2				
	Vitamin A				

IM3A	*Was the information in **IM3** filled out from the immunization card that was available at the health facility?* ☐ *Yes, filled out from the immunization card that was available at the health facility* ➜ *End the questionnaire.* ☐ *No, filled out from the immunization card that was available in the household* ➜ *Continue with IM4.*

IM4	*Check **IM3** to see if all vaccinations are recorded.* ☐ *Yes, all vaccinations are recorded* ➜ *Go to IM18.* ☐ *No, not all vaccinations are recorded* ➜ *Continue with IM5.*

IM5	IN ADDITION TO WHAT IS RECORDED ON THIS IMMUNIZATION CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? *Record 1 only if the mother/ caretaker mentions vaccinations shown in IM3.*	Yes .... 1 *(Probe for vaccinations and record 6666 in the corresponding year column for each vaccination mentioned. Then go to IM18.)* No... 2 Don't know.. 8	1➜IM3 2➜IM18 8➜IM18

MICS4.U5.11

№	QUESTION	RESPONSE CODE	STEP
IM6	HAS (*name*) EVER RECEIVED ANY VACCINATIONS?	Yes .... 1 No.. 2 Don't know... 8	2➔IM18 8➔IM18
IM7	HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS — THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes .... 1 No.. 2 Don't know... 8	2➔IM8 8➔IM8
IM7A	WAS THE BCG VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes .... 1 No.. 2 Don't know... 8	
IM8	HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PREVENT POLIO?	Yes .... 1 No.. 2 Don't know... 8	2➔IM11 8➔IM11
IM9	WAS THE FIRST POLIO VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes .... 1 No.. 2 Don't know... 8	
IM10	HOW MANY TIMES WAS THE POLIO VACCINATION RECEIVED?	Number of times................................ ☐ Received as many times as supposed................................ 7 Don't know... 8	
IM11	HAS (*name*) EVER RECEIVED A DPT OR PENTAVALENT VACCINATION — THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? DPT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, AND DIPHTHERIA. PENTAVALENT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, AND HEMOPHILIC INFLUENZA B. *Probe by indicating that DPT or pentavalent vaccinations are sometimes given at the same time as polio vaccination.*	Yes .... 1 No.. 2 Don't know... 8	2➔IM13 8➔IM13
IM12	HOW MANY TIMES WAS THE DPT OR PENTAVALENT VACCINATION RECEIVED?	Number of times................................ ☐ Received as many times as supposed................................ 7 Don't know... 8	
IM13	HAS (*name*) EVER RECEIVED A HEPATITIS B VACCINATION — THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? *Probe by indicating that hepatitis B vaccination is sometimes given at the same time as BCG and polio vaccinations.*	Yes .... 1 No.. 2 Don't know... 8	2➔IM16 8➔IM16

MICS4.U5.12

№	QUESTION	RESPONSE CODE	STEP
IM14	WAS THE FIRST HEPATITIS B VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes .... 1 No.. 2 Don't know... 8	
IM15	HOW MANY TIMES WAS THE HEPATITIS B VACCINATION RECEIVED?	Number of times............................... ☐ Received as many times as supposed .... 7 Don't know... 8	
IM16	HAS (*name*) EVER RECEIVED A MMR VACCINATION AGAINST MEASLES – THAT IS, AN INJECTION IN THE ARM AT THE AGE OF 8 MONTHS?	Yes .... 1 No.. 2 Don't know... 8	2➔IM18B 8➔IM18B
IM16A	HOW MANY TIMES WAS THE MMR VACCINATION RECEIVED?	Number of times............................... ☐ Received as many times as supposed .... 7 Don't know... 8	
IM18	HAS (*name*) RECEIVED A VITAMIN A DOSE WITHIN THE LAST 6 MONTHS?	Yes .... 1 No.. 2 Don't know... 8	
IM18A	WHAT KIND OF A VITAMIN A DOSE (COLOR OF PACKAGE) HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Red .... A Blue .... B White .... C Don't know... Y	
IM18B	HAS RECEIVED A VITAMIN D DOSE WITHIN THE LAST 6 MONTHS?	Yes .... 1 No.. 2 Don't know... 8	2➔IM18D 8➔IM18D
IM18C	WHAT KIND OF A VITAMIN D DOSE HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Pill (50,000).. A Capsule (50,000) .... B Syrup (drop injection) .... C Other (*specify*)_____ X Don't know... Y	
IM18D	HAS RECEIVED AN IRON SUPPLEMENT WITHIN THE LAST 6 MONTHS?	Yes .... 1 No.. 2 Don't know... 8	2➔IM19 8➔IM19
IM18E	WHAT KIND OF AN IRON SUPPLEMENT HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Pill .... A Syrup .... B Other (*specify*)_____ X Don't know... Y	

MICS4.U5.13

IM19	HAS (*name*) PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS?					
			Yes	No	Don't know	
	[A] IMMUNIZATION DAYS IN MAY	] May immunization days	1	2	8	
	[B] IMMUNIZATION DAYS IN OCTOBER	] October immunization days	1	2	8	

IM20	HAS RECEIVED A MICRO-NUTRIENT SUPPLEMENT WITHIN THE LAST 6 MONTHS?	Yes .... 1 No .... 2 Don't know 8	2➔UF13 8➔ UF13

IM21	HOW MANY PACKAGES OF MULTI-NUTRIENT SUPPLEMENT ARE RECEIVED WITHIN THE LAST 6 MONTHS?	Package .... ☐☐☐ Don't know 998	

IM22	HOW ARE THE MULTI-NUTRIENT ADDED INTO THE MEALS?	While cooking the meal .... 1 Just after the meal is cooked .... 2 Into the hot meal in a bowl................ 3 Into the warm meal in a bowl............ 4 Into the cold meal in a bowl.............. 5 Other (*specify*)_____ 6 Don't know 8	

IM23	WHERE THE INFORMATION ABOUT MULTI-NUTRIENT SUPPLEMENTS IS RECEIVED FROM?	Medical establishment Soum/ household's........................ A Other .... B Mass media Television .... C Radio, FM .... D Newspaper, journal .... E Volunteer .... F Relative, friend .... G Other (*specify*)_____ X Don't know .... Y	

UF13	*Interview completed at*	Hour, minute................. ☐☐ : ☐☐	

UF14	*Check if the mother/ caretaker is the mother/ caretaker of another child under age of 5 years in this household.*
	☐ *Yes ➔ Explain that you will need to measure the weight and height of the child later when you complete all interviews.*
	Go to the next "Questionnaire for Child under 5" to be administered to the same mother/ caretaker.
	☐ *No ➔ End the interview with the mother/ caretaker by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child and prepare for the measurement.*

MICS4.U5.14

	8. ANTHROPOMETRY		AN

Weights and heights of all eligible children under age of 5 years in the household will be measured after all "Questionnaire for Child under 5" are completed. Be careful to record the results of the measurements correctly on the respected questionnaires by checking the name and line number of each eligible child in the Module HL.

№	QUESTION	RESPONSE CODE	STEP
AN1	Measurer name and number	__ ▢ ▢	
AN2	Result of measurement	Weight and/ or height measured .... 1 Child not at home .... 2 Child or mother/ caretaker refused .... 3 Other (*specify*) _____ 6	2➜AN6 3➜AN6 6➜AN6
AN3	Child weight	Kilograms (kg).................................. ▢ ▢ . ▢ Weight not measured 999	
AN4	Child length/ height *Check age of the child in **AG2**.* ▢ *The child is under age of 2 years* ↘ *Measure length by having the child lie down.* ▢ *The child is aged 2 or more years* ↘ *Measure height by having the child stand up.*	Length (cm) Lying down .... 1 ▢ ▢ ▢ . ▢ Height (cm) Standing up....................... 2 ▢ ▢ ▢ . ▢ Length/ height not measured 9999	

AN6	Check if there is another child under age of 5 years in the household who is eligible for measurement. ▢ Yes ➜ Measure the weight and height of the next eligible child. ▢ No ➜ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that all identifying information is entered on each page. Complete the total number of household members, number of eligible women, children, and men, who completed the individual questionnaires in the "Household Questionnaire".

Interviewer's notes

Field editor's notes

Supervisor's notes

Form MICS4-1A

QUESTIONNAIRE FOR CHILD AGED 2-14
Mongolia

1. 2-14 YEARS-OLD CHILD INFORMATION PANEL	HF

This questionnaire is to be administered to all mothers/ caretakers in the household (see columns HL8 and HL9 in household listing form) who care for a child that lives with them and is aged 2-14 years. A separate questionnaire should be used for each eligible child.

HF1. Cluster number	☐☐☐	**HF7**. Interviewer name and number	☐☐
HF2. Household number	☐☐	**HF8**. Date of interview (year/month/day)	☐☐☐☐ / ☐☐ / ☐☐
HF3. Child name	_____	**HF8A**. Aimag/ city name and code	☐☐
HF4. Child line number	☐☐	**HF8B**. Soum/ district name and code	☐☐
HF5. Mother/ caretaker name	_____	**HF8C**. Bag/ khoroo name and code	☐☐
HF6. Mother/ caretaker line number	☐☐	**HF8D**. Kheseg name and code	☐☐
HF8E. Address			
HF8F. Name of household head			
HF8G. Telephone number			

If greeting has not already been read to this mother/ caretaker, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name***)'S HEALTH AND WELL-BEING NEARLY 20 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.**

If greeting has already been read to this mother/ caretaker, then read the following:

NOW I WOULD LIKE TO TALK TO YOU (*name***)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 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 MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.**

SHALL WE START THE INTERVIEW?

☐ *Yes, permission is given* ➔ *Go to HF12. Record the time and then begin the interview.*

☐ *No, permission is not given* ➔ *Fill in HF9. Discuss the result with the supervisor.*

HF9. Result of interview *Codes refer to the mother/ caretaker of the eligible child.*	Completed .... 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated .... 05 Other (*specify*)_____ 96
HF10. Field editor name and number	_____ ☐☐
HF11. Data entry clerk name and number	_____ ☐☐

MICS4.HF.1

| HF12 | *Interview started at* | Hour, minute........................... ☐☐ : ☐☐ | |

2. CHILD INJURY   CI

№	QUESTION	RESPONSE CODE	STEP
CI1	*Copy the child's name and age from HL2 and HL6 in household listing form.*	Name _____ Age _____ ☐☐	
CI2	DURING THE LAST 12 MONTHS, DID (*name*) HAVE ANY INJURIES?	Yes .... 1 No.. 2	2➜DA2
CI3	DURING THE LAST 12 MONTHS, WHAT TYPES OF INJURIES DID (*name*) HAVE? *Probe:* ANY OTHER TYPES OF INJURIES?	Falls... A Burns .... B Drowning.. C Severely freezing... D Moderately freezing .... E Wound by cutting. .... F Struck by an object.. G Bitten by animals... H Road traffic injuries.. I Other (specify) _____ X Don't know... Z	
CI4	WHEN WAS THE MOST RECENT TIME (*name*) INJURED?	Days ago.. 1 ☐☐ Weeks ago .... 2 ☐☐ Months ago... 3 ☐☐	
CI5	WHAT TYPE OF INJURY DID (*name*) HAVE AT THE MOST RECENT TIME?	Falls... 01 Burns .... 02 Drowning.. 03 Severely freezing... 04 Moderately freezing .... 05 Wound by cutting.. 06 Struck by an object.. 07 Bitten by animals... 08 Road traffic injuries... 09 Other (specify) _____ 96 Don't know... 98	
CI6	WHERE DID (*name*) HAVE THE LAST INJURY?	Home... 01 School/ pre-school... 02 Sports area.. 03 Buildings area .... 04 Play area .... 05 Road, street... 06 River, lake .... 07 Countryside field .... 08 Other (specify) _____ 96 Don't know... 98	

MICS4.HF.2

3. CHILD DISABILITY — DA

№	QUESTION	RESPONSE CODE	STEP
DA2	I WOULD LIKE TO ASK HEALTH RELATED QUESTIONS CONCERNING (*name*). COMPARED TO OTHER CHILDREN, DOES (*name*) HAVE ANY SERIOUS DELAY IN SITTING, STANDING OR WALKING?	Yes .... 1 No.................. 2	
DA3	COMPARED TO OTHER CHILDREN, DOES (*name*) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	Yes .... 1 No.................. 2	
DA4	DOES (*name*) APPEAR TO HAVE ANY DIFFICULTY HEARING OR DOES HE/ SHE USE HEARING AID OR IS HE/ SHE COMPLETELY DEAF?	Yes .... 1 No.................. 2	
DA5	WHEN YOU TELL (*name*) TO DO SOMETHING, DOES HE/ SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	Yes .... 1 No.................. 2	
DA6	DOES (*name*) HAVE DIFFICULTY WALKING OR MOVING HIS/ HER ARMS OR DOES HE/ SHE HAVE WEAKNESS AND/ OR STIFFNESS IN THE ARMS OR LEGS?	Yes .... 1 No.................. 2	
DA7	DOES (*name*) SOMETIMES HAVE FITS, BECOME RIGID OR LOSE CONSCIOUSNESS?	Yes .... 1 No.................. 2	
DA8	DOES (*name*) LEARN TO DO THINGS LIKE OTHER CHILDREN OF HIS/ HER AGE?	Yes .... 1 No.................. 2	
DA9	CAN (*name*) MAKE HIMSELF/ HERSELF UNDERSTOOD IN WORDS?	Yes .... 1 No.................. 2	
DA10	Check **CI1** to see if the child is aged 3-14 years. ☐ Yes, the child is aged 3-14 years ➔ Continue with DA11. ☐ No, the child is aged 2 years ➔ Go to DA12.		
DA11	IS (*name*)'S SPEECH NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY?	Yes .... 1 No.................. 2	1➔DA13 2➔DA13
DA12	CAN (*name*) NAME AT LEAST ONE OBJECT SUCH AS AN ANIMAL, A TOY, A CUP, A SPOON, ETC.?	Yes .... 1 No.................. 2	
DA13	COMPARED TO OTHER CHILDREN OF THE SAME AGE, DOES (*name*) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	Yes .... 1 No.................. 2	
DA13A	DOES (*name*) ALWAYS STAY IN SICKBED?	Yes .... 1 No.................. 2	

MICS4.HF.3

№	QUESTION	RESPONSE CODE	STEP
DA14	AS PART OF THIS SURVEY, OTHERS IN OUR TEAM MAY VISIT YOU AGAIN TO COLLECT MORE INFORMATION ON SOME OF THE TOPICS WE HAVE JUST TALKED ABOUT, CONCERNING (*name*). SUCH A VISIT MAY TAKE PLACE WITHIN THE NEXT (*days/weeks/months*). MAY I PROCEED AND NOTE THAT YOU WOULD BE FINE WITH SUCH A VISIT, IF IT OCCURS AT ALL? AGAIN, YOU MAY CHANGE YOUR MIND AND DECLINE TO SPEAK TO OUR TEAM IF AND WHEN THE VISIT HAPPENS.	No objections to additional visit .... 1 Uncertain about additional visit/ depends .... 2 Refused additional visit 3	

HF13	*Interview completed at*	Hour, minute............................ ☐☐ : ☐☐	

HF14	*Check if the mother/ caretaker is the mother/ caretaker of another child under aged 2-14 years in this household.* ☐ *Yes* ➔ *Go to the next "Questionnaire for Child aged 2-14" to be administered to the same mother/ caretaker.* ☐ *No* ➔ *Continue with HF15.*
HF15	*Check if there is another mother/ caretaker of a child aged 2-14 years.* ☐ *Yes* ➔ *Start administering the next "Questionnaire for Child aged 2-14" with the mother/ caretaker.* ☐ *No* ➔ *End the interview with the mother/ caretaker by thanking her/him for her/his cooperation.* 　　　*Check if there are any other eligible women for the next "Questionnaire for Woman aged 15-49" or eligible children under age of 5 years for the next "Questionnaire for Child under 5", or eligible men for the next "Questionnaire for Man aged 15-49".*

MICS4.HF.4