

CENTRAL POPULATION AND HOUSING CENSUS STEERING COMMITTEE

2019 POPULATION AND HOUSING CENSUS QUESTIONNAIRE

TIME-POINT 00:00 ON 1 APRIL 2019



(Complete survey form)

THE INFORMATION COLLECTED IN THIS SURVEY IS KEPT STRICTLY CONFIDENTIAL

SAMPLE DIGITS TO FILL INTO BOX

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER

IDENTIFICATION

PROVINCE/CITY: _____

DISTRICT/QUARTER/TOWN/PROVINCIAL CITY: _____

COMMUNE/ WARD/ DISTRICT TOWN: _____

VILLAGE/ HAMLET/ GROUP: _____

ENUMERATION AREA NUMBER: _____

URBAN/ RURAL (URBAN = 1; RURAL = 2):.....

HOUSEHOLD NUMBER:

FULL NAME OF THE HOUSEHOLD HEAD: _____

HOUSEHOLD ADDRESS: _____

RESULTS

NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:

NUMBER OF MALES:

NUMBER OF FEMALES:

THIS IS SET IN SETS OF THE HOUSEHOLD

CERTIFICATION

	FULL NAME	SIGNATURE	DATE
RESPONDENT	_____	_____	_____
ENUMERATOR	_____	_____	
TEAM LEADER	_____	_____	

DEFINE USUAL HOUSEHOLD RESIDENTS

Q1. Please list the full name of each Vietnamese person that has usually resided (eats and sleeps) in the household **for at least the last six months** as of 00:00 on 1 April 2019, regardless of whether or not they are registered as living in the household (excluding students who are members of the household but study far from home).

(PROVIDE THE FULL NAME OF EACH PERSON)

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

Q2. In your household, is there anyone who has been a usual resident of the house for **less than 6 months** as of 00:00 on 1 April 2019 but intends to stay long-term in the household and does not have any other permanent residences (including newborn babies born before 1 April 2019)?

NOTE: INCLUDING MIGRANTS WHO MOVED THEIR WHOLE HOUSEHOLD

YES.....1 → ASK FULL NAME TO RECORD IN Q1, THEN MOVE TO Q3

NO2

Q3. Among all persons listed above (PERSONS LISTED IN Q1), is there anyone who is:

- a. Regular staff in public security or the army sector (excluding those under contractors)?
- b. Secondary school students residing for study?
- c. Living here less than 1 year for purposes of: visiting, summer vacation, holiday, health treatment, business, short-term training, etc.?
- d. A foreigner who has not applied for Vietnamese citizenship or Vietnamese living abroad coming back to visit his/her family?

YES NO

1 2

1 2

1 2

1 2

(IF YES, ASK THEIR NAME AND CROSS THEIR NAME IN Q1)

DEFINE USUAL HOUSEHOLD RESIDENTS

<p>Q4a. In your household, is there anyone who is a usual resident in your household but was temporarily absent at 00:00 on 1 April 2019 for the following reasons? (not counting persons in public security or army sector):</p> <p>a. Away for work for less than 6 months and without a labor contract or recruitment decision?</p> <p>b. Receiving inpatient treatment at health facilities?</p> <p>c. Visiting, vacation/holidays, travel, work, short-term training less than 1 year?</p> <p>d. Staying for secondary school study/ wholesale, taking a cruise, fishing?</p> <p>e. Going abroad within a permitted time window (not counting persons working in representative offices of Viet Nam in foreign countries, their dependents and all other accompanied persons)?</p> <p>f. Temporarily detained by the army or public security?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">YES</td> <td style="text-align: center; width: 50%;">NO</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p style="text-align: center; font-size: small;">(IF NO ONE BELONGS TO ABOVE-MENTIONED TYPE, MOVE TO Q5a)</p>	YES	NO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
YES	NO														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														

Q4b. If yes, please provide the full name of those people
(PROVIDE FULL-NAME OF EACH PERSON)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

<p>Q5a. Was anyone in your household a regular resident but died after 00:00 on 1 April 2019 and was not listed on the above</p>	<p>YES1 <input type="checkbox"/></p> <p>NO2 <input type="checkbox"/> → Q6</p>
---	--

Q5b. If yes, please provide the full name of these people
(PROVIDE FULL-NAME OF EACH PERSON)

1. _____	3. _____
2. _____	4. _____

Q6. Persons who are usual residents are:
CALL NAMES OF PERSONS WHO ARE NOT UNDERLINED IN Q1 AND PERSONS LISTED IN Q4b and Q5b.

Q7. Who is the head of the household? (PROVIDE FULL-NAME)

<p>Q8. Among the usual residents in your household, how many people are permanently registered in this commune/ward/town?</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 10px;">PERSONS</td> </tr> </table>			PERSONS
		PERSONS		

PART 1: INFORMATION ON HOUSEHOLD MEMBERS

NUMBER	NUMBER..... <input type="text"/> <input type="text"/>	NUMBER..... <input type="text"/> <input type="text"/>
QUESTIONS		
QUESTIONS 1, 2 AND 3 ARE INTERVIEWED AND RECORDED HORIZONTALLY.		
1. FULL NAME OF EACH PERSON USUALLY RESIDING IN THE HOUSEHOLD, STARTING FROM THE HEAD OF THE HOUSEHOLD <small>(PERSONS WHOSE NAMES NOT CROSSED IN Q1 AND PERSONS HAVING NAMES IN Q4b and Q5b)</small>	_____	_____
2. What is [NAME]'s relationship with the household head?	H.H HEAD..... 1 <input type="checkbox"/>	SPOUSE..... 2 <input type="checkbox"/> NATURAL CHILD..... 3 <input type="checkbox"/> MATERNAL/PATERNAL GRANTCHILD..... 4 <input type="checkbox"/> PARENTS..... 5 <input type="checkbox"/> OTHER FAMILY RELATION ... 6 <input type="checkbox"/> NO FAMILY RELATION 7 <input type="checkbox"/>
3. Is [NAME] male or female?	MALE... 1 <input type="checkbox"/> FEMALE... 2 <input type="checkbox"/>	MALE... 1 <input type="checkbox"/> FEMALE... 2 <input type="checkbox"/>
ASK AND RECORD FOR EACH PERSON FROM QUESTION 4 ONWARDS (BY COLUMN).		
4. In what solar calendar month and year was [NAME] born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q6 ←	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q6 ←
5. At present, what is solar calendar age of [NAME]?	COMPLETED AGE <input type="text"/> <input type="text"/>	COMPLETED AGE <input type="text"/> <input type="text"/>
6. To what ethnic group does [NAME] belong?	KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP
7. Does [NAME] follow any faith/religion? IF YES: What is [NAME]'s faith/religion?	YES..... 1 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF RELIGION <input type="text"/> <input type="text"/> NO..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF RELIGION <input type="text"/> <input type="text"/> NO..... 2 <input type="checkbox"/>
KT1. CHECK QUESTION 4 OR QUESTION 5: UNDER 5 YEARS OLD (BORN AFTER MARCH 2014) → QUESTION 8 ; OTHERWISE → QUESTION 14		
8. At present, does [NAME] have birth certificate registered?	REGISTERED 1 <input type="checkbox"/> NOT REGISTERED 2 <input type="checkbox"/> NEXT PERSON ←	REGISTERED 1 <input type="checkbox"/> NOT REGISTERED 2 <input type="checkbox"/> NEXT PERSON ←
14. At present, has [NAME] been attending school, stopped schooling or never attended schools?	ATTENDING..... 1 <input type="checkbox"/> STOPPED SCHOOL..... 2 <input type="checkbox"/> Q16 ← NEVER ATTENDED..... 3 <input type="checkbox"/> Q19 ←	ATTENDING..... 1 <input type="checkbox"/> STOPPED SCHOOL... 2 <input type="checkbox"/> Q16 ← NEVER ATTENDED 3 <input type="checkbox"/> Q19 ←

NUMBER..... <input style="width:30px; height:20px;" type="text"/>	NUMBER..... <input style="width:30px; height:20px;" type="text"/>	NUMBER..... <input style="width:30px; height:20px;" type="text"/>	NUMBER..... <input style="width:30px; height:20px;" type="text"/>
---	---	---	---

QUESTIONS 1, 2 AND 3 ARE INTERVIEWED AND RECORDED HORIZONTALLY.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
---	---	---	---

SPOUSE2 <input type="checkbox"/>	SPOUSE2 <input type="checkbox"/>	SPOUSE2 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/>
NATURAL CHILD3 <input type="checkbox"/>	NATURAL CHILD3 <input type="checkbox"/>	NATURAL CHILD.....3 <input type="checkbox"/>	NATURAL CHILD3 <input type="checkbox"/>
MATERNAL/PATERNAL GRANTCHILD.....4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD.....4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD.....4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD.....4 <input type="checkbox"/>
PARENTS5 <input type="checkbox"/>	PARENTS5 <input type="checkbox"/>	PARENTS5 <input type="checkbox"/>	PARENTS.....5 <input type="checkbox"/>
OTHER FAMILY RELATION6 <input type="checkbox"/>	OTHER FAMILY RELATION6 <input type="checkbox"/>	OTHER FAMILY RELATION6 <input type="checkbox"/>	OTHER FAMILY RELATION6 <input type="checkbox"/>
NO FAMILY RELATION7 <input type="checkbox"/>	NO FAMILY RELATION.....7 <input type="checkbox"/>	NO FAMILY RELATION.....7 <input type="checkbox"/>	NO FAMILY RELATION7 <input type="checkbox"/>

MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>
---	---	---	---

ASK AND RECORD FOR EACH PERSON FROM QUESTION 4 ONWARDS (BY COLUMN).

MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <div style="text-align: center;">Q6 ←</div> NOT STATED YEAR...9998 <input type="checkbox"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <div style="text-align: center;">Q6 ←</div> NOT STATED YEAR...9998 <input type="checkbox"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <div style="text-align: center;">Q6 ←</div> NOT STATED YEAR...9998 <input type="checkbox"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <div style="text-align: center;">Q6 ←</div> NOT STATED YEAR ..9998 <input type="checkbox"/>
--	--	--	--

COMPLETED AGE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
---	---	---	---

KINH1 <input type="checkbox"/>	KINH1 <input type="checkbox"/>	KINH1 <input type="checkbox"/>	KINH.....1 <input type="checkbox"/>
OTHER ETHNIC GROUP...2 <input type="checkbox"/>	OTHER ETHNIC GROUP...2 <input type="checkbox"/>	OTHER ETHNIC GROUP...2 <input type="checkbox"/>	OTHER ETHNIC GROUP...2 <input type="checkbox"/>
<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP

YES.....1 <input type="checkbox"/>	YES.....1 <input type="checkbox"/>	YES1 <input type="checkbox"/>	YES1 <input type="checkbox"/>
<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
NAME OF RELIGION	NAME OF RELIGION	NAME OF RELIGION	NAME OF RELIGION
NO.....2 <input type="checkbox"/>	NO2 <input type="checkbox"/>	NO2 <input type="checkbox"/>	NO2 <input type="checkbox"/>

KT1. CHECK QUESTION 4 OR QUESTION 5: UNDER 5 YEARS OLD (BORN AFTER MARCH 2014) → QUESTION 8; OTHERWISE → QUESTION 14

REGISTERED.....1 <input type="checkbox"/>	REGISTERED.....1 <input type="checkbox"/>	REGISTERED.....1 <input type="checkbox"/>	REGISTERED1 <input type="checkbox"/>
NOT REGISTERED.....2 <input type="checkbox"/>	NOT REGISTERED2 <input type="checkbox"/>	NOT REGISTERED2 <input type="checkbox"/>	NOT REGISTERED.....2 <input type="checkbox"/>
NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←

ATTENDING.....1 <input type="checkbox"/>	ATTENDING1 <input type="checkbox"/>	ATTENDING1 <input type="checkbox"/>	ATTENDING.....1 <input type="checkbox"/>
STOPPED SCHOOL2 <input type="checkbox"/>	STOPPED SCHOOL2 <input type="checkbox"/>	STOPPED SCHOOL.....2 <input type="checkbox"/>	STOPPED SCHOOL.....2 <input type="checkbox"/>
Q16 ←	Q16 ←	Q16 ←	Q16 ←
NEVER ATTENDED.....3 <input type="checkbox"/>	NEVER ATTENDED.....3 <input type="checkbox"/>	NEVER ATTENDED.....3 <input type="checkbox"/>	NEVER ATTENDED.....3 <input type="checkbox"/>
Q19 ←	Q19 ←	Q19 ←	Q19 ←

<div style="text-align: right;">NAME AND NUMBER</div> <div style="text-align: left;">QUESTIONS</div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>
<p>15. What level of education/training is [NAME] currently attending?</p>	<p>PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/></p> <p>PRE-SCHOOL AT 5 YEARS OLD02 <input type="checkbox"/></p> <p style="text-align: center;">Q19 ←</p> <p>PRIMARY.....03 <input type="checkbox"/></p> <p>LOWER SECONDARY.....04 <input type="checkbox"/></p> <p>HIGHER SECONDARY.....05 <input type="checkbox"/></p> <p>PRE-INTERMEDIATE06 <input type="checkbox"/></p> <p>INTERMEDIATE07 <input type="checkbox"/></p> <p>COLLEGE08 <input type="checkbox"/></p> <p>UNIVERSITY09 <input type="checkbox"/></p> <p>MASTER10 <input type="checkbox"/></p> <p>PhD (DOCTORATE).....11 <input type="checkbox"/></p>	<p>PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/></p> <p>PRE-SCHOOL AT 5 YEARS OLD02 <input type="checkbox"/></p> <p style="text-align: center;">Q19 ←</p> <p>PRIMARY.....03 <input type="checkbox"/></p> <p>LOWER SECONDARY.....04 <input type="checkbox"/></p> <p>HIGHER SECONDARY.....05 <input type="checkbox"/></p> <p>PRE-INTERMEDIATE06 <input type="checkbox"/></p> <p>INTERMEDIATE07 <input type="checkbox"/></p> <p>COLLEGE08 <input type="checkbox"/></p> <p>UNIVERSITY09 <input type="checkbox"/></p> <p>MASTER10 <input type="checkbox"/></p> <p>PhD (DOCTORATE).....11 <input type="checkbox"/></p>
<p>16. What is the highest level of education/training that [NAME] has completed or graduated?</p>	<p>UNDER PRIMARY.....01 <input type="checkbox"/></p> <p>PRIMARY.....02 <input type="checkbox"/></p> <p>LOWER SECONDARY.....03 <input type="checkbox"/></p> <p>HIGHER SECONDARY.....04 <input type="checkbox"/></p> <p>PRE-INTERMEDIATE.....05 <input type="checkbox"/></p> <p>INTERMEDIATE.....06 <input type="checkbox"/></p> <p>COLLEGE.....07 <input type="checkbox"/></p> <p>UNIVERSITY08 <input type="checkbox"/></p> <p>MASTER09 <input type="checkbox"/></p> <p>PhD (DOCTORATE).....10 <input type="checkbox"/></p>	<p>UNDER PRIMARY.....01 <input type="checkbox"/></p> <p>PRIMARY.....02 <input type="checkbox"/></p> <p>LOWER SECONDARY.....03 <input type="checkbox"/></p> <p>HIGHER SECONDARY.....04 <input type="checkbox"/></p> <p>PRE-INTERMEDIATE.....05 <input type="checkbox"/></p> <p>INTERMEDIATE.....06 <input type="checkbox"/></p> <p>COLLEGE.....07 <input type="checkbox"/></p> <p>UNIVERSITY08 <input type="checkbox"/></p> <p>MASTER09 <input type="checkbox"/></p> <p>PhD (DOCTORATE).....10 <input type="checkbox"/></p>
<p>KT2. CHECK Q16: Q16 = 1 (UNDER PRIMARY) → Q19; OTHERWISE → KT3.</p>		
<p>19. At present, can [NAME] read and write?</p>	<p>YES 1 <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/></p> <p>NO2 <input type="checkbox"/></p>
<p>KT3. CHECK Q4 OR Q5: FROM 15 YEARS OLD AND ABOVE (BORN BEFORE APRIL 2004) → Q20; OTHERWISE → NEXT PERSON</p>		
<p>20. What is [NAME]'s current marital status?</p>	<p>NEVER MARRIED..... 1 <input type="checkbox"/></p> <p>CURRENTLY MARRIED... 2 <input type="checkbox"/></p> <p>WIDOWED 3 <input type="checkbox"/></p> <p>DIVORCED..... 4 <input type="checkbox"/></p> <p>SEPARATED 5 <input type="checkbox"/></p>	<p>NEVER MARRIED1 <input type="checkbox"/></p> <p>CURRENTLY MARRIED ...2 <input type="checkbox"/></p> <p>WIDOWED3 <input type="checkbox"/></p> <p>DIVORCED4 <input type="checkbox"/></p> <p>SEPARATED5 <input type="checkbox"/></p>
<p>KT4. PLEASE CHECK AND CONTINUE ASKING IF THERE ARE ANY HOUSEHOLD MEMBERS, IF NOT, ASK PART 3.</p>		

<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 auto;"></div>
PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">Q19 ←</div> PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">Q19 ←</div> PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">Q19 ←</div> PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD.....01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">Q19 ←</div> PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>
UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>
KT2. CHECK Q16: Q16 = 1 (UNDER PRIMARY) → Q19; OTHERWISE → KT3			
YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>
KT3. CHECK Q4 OR Q5: FROM 15 YEARS OLD AND ABOVE (BORN BEFORE APRIL 2004) → Q20; OTHERWISE → NEXT PERSON			
NEVER MARRIED.....1 <input type="checkbox"/> CURRENTLY MARRIED...2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> CURRENTLY MARRIED...2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> CURRENTLY MARRIED...2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> CURRENTLY MARRIED...2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>
KT4. CHECK IF THERE IS ANY MEMBER LEFT, CONTINUE TO ASK; IF NOT, ASK PART 3.			

PART 3: INFORMATION ON HOUSING

QUESTIONS	ANSWERS	
<p>50. Does your household have housing?</p> <p>(INTERVIEWER OBSERVES AND STICKS THE APPROPRIATE ANSWER)</p>	<p>YES.....1 <input type="checkbox"/></p> <p>NO, IN BUILDING PROCESS AND STAY IN TEMP. PLACE.....2 <input type="checkbox"/></p> <p>NO.....3 <input type="checkbox"/></p> <p style="text-align: right;">COMPLETE THE QUESTIONNAIRE ←</p>	
<p>51. Does your household share its dwelling/flat with other household(s)?</p>	<p>YES.....1 <input type="checkbox"/></p> <p>NO.....2 <input type="checkbox"/></p> <p style="text-align: right;">Q53 ←</p>	
<p>52. Is your household the representative household ?</p>	<p>YES.....1 <input type="checkbox"/></p> <p>NO.....2 <input type="checkbox"/></p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">NAME OF HH REPRESENTATIVE</p> <p style="text-align: right;">COMPLETE THE QUESTIONNAIRE ←</p>	
<p>53. Is the dwelling/flat where your household lives an apartment building or the single detached house?</p> <p>How many separated bedrooms does this dwelling/flat have?</p>	<p>APARTMENT BUILDING.....1 <input type="checkbox"/></p> <p>SINGLE DETACHED HOUSE...2 <input type="checkbox"/></p>	<p>NO. OF BEDROOM <input type="checkbox"/><input type="checkbox"/></p>
<p>54. How many square meters of total floor space does this dwelling/flat have?</p>	<p>FLOOR SPACE (m²) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	
<p>55. What is the main construction material used for the pier (or the pivot or the load-bearing wall) of this dwelling/flat?</p>	<p>DURABLE MATERIALS (CONCRETE, BRICK/STONE, STEEL/IRON/DURABLE WOOD).....1 <input type="checkbox"/></p> <p>UNDURABLE MATERIALS (WOOD OF LOW QUALITY/BAMBOO, SOIL, OTHER).....2 <input type="checkbox"/></p>	
<p>56. What is the main construction material used for the roof of this dwelling/flat?</p>	<p>DURABLE MATERIALS (CONCRETE, TILE, SLAB).....1 <input type="checkbox"/></p> <p>NON DURABLE MATERIALS (ROOF PIECE, LEAF, STRAW, OIL PAPER, OTHER).....2 <input type="checkbox"/></p>	
<p>57. What is the main construction material used for the outer walls of this dwelling/flat?</p>	<p>DURABLE MATERIAL (CONCRETE, BRICK/STONE, METAL/ WOOD).....1 <input type="checkbox"/></p> <p>UNDURABLE MATERIAL (CLAY/STRAW, WATTLE/PLYWOOD, OTHER).....2 <input type="checkbox"/></p>	
<p>58. What year was this dwelling/flat built?</p>	<p>BEFORE 1975.....1 <input type="checkbox"/></p> <p>FROM 1975 TO 1999.....2 <input type="checkbox"/></p> <p>FROM 2000 TO 2009.....3 <input type="checkbox"/></p> <p>FROM 2010 TO NOW4 <input type="checkbox"/></p> <p style="text-align: right;">20 <input type="checkbox"/><input type="checkbox"/> ←</p> <p>NOT STATED.....5 <input type="checkbox"/></p>	

Could you please let us know your mobile/ landline number? _____

CENTRAL POPULATION AND HOUSING CENSUS STEERING COMMITTEE
**2019 POPULATION AND
 HOUSING CENSUS QUESTIONNAIRE**

TIME-POINT 00:00 ON 1 APRIL 2019



(Sample survey form)

THE INFORMATION COLLECTED IN THIS SURVEY IS KEPT STRICTLY CONFIDENTIAL

SAMPLE DIGITS TO FILL INTO BOX

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER

IDENTIFICATION

PROVINCE/CITY: _____

DISTRICT/QUARTER/TOWN/PROVINCIAL CITY: _____

COMMUNE/WARD/DISTRICT TOWN: _____

VILLAGE/HAMLET/GROUP _____

ENUMERATION AREA NUMBER: _____

URBAN/RURAL (URBAN = 1; RURAL = 2):.....

HOUSEHOLD NUMBER:

FULL NAME OF HOUSEHOLD HEAD: _____

HOUSEHOLD ADDRESS: _____

RESULTS

NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:

NUMBER OF MALES:

NUMBER OF FEMALES:

THIS IS SET IN SETS OF THE HOUSEHOLD

CERTIFICATION

	FULL NAME	SIGNATURE	DATE
RESPONDENT	_____	_____	_____
ENUMERATOR	_____	_____	
TEAM LEADER	_____	_____	

DEFINE USUAL HOUSEHOLD RESIDENTS

Q1. Please list the full name of each Vietnamese person that has usually resided (eats and sleeps) in the household **for at least the last six months** as of 00:00 on 1 April 2019, regardless of whether or not they are registered as living in the household (excluding students who are members of the household but study far from home).

(PROVIDE THE FULL NAME OF EACH PERSON)

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

Q2. In your household, is there anyone who has been a usual resident of the house for **less than 6 months** as of 00:00 on 1 April 2019 but intends to stay long-term in the household and does not have any other permanent residences (including newborn babies born before 1 April 2019)?

NOTE: INCLUDING MIGRANTS WHO MOVED THEIR WHOLE HOUSEHOLD

YES.....1 → ASK FULL NAME TO RECORD IN Q1, THEN MOVE TO Q3

NO2

Q3. Among all persons listed above (PERSONS LISTED IN Q1), is there anyone who is:

- a. Regular staff in public security or the army sector (excluding those under contractors)?
- b. Secondary school students residing for study?
- c. Living here less than 1 year for purposes of: visiting, summer vacation, holiday, health treatment, business, short-term training, etc.?
- d. A foreigner who has not applied for Vietnamese citizenship or Vietnamese living abroad coming back to visit his/her family?

- | YES | NO |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

(IF YES, ASK THEIR NAME AND CROSS THEIR NAME IN Q1)

DEFINE USUAL HOUSEHOLD RESIDENTS

<p>Q4a. In your household, is there anyone who is a usual resident in your household but was temporarily absent at 00:00 on 1 April 2019 for the following reasons? (not counting persons in public security or army sector):</p> <p>a. Away for work for less than 6 months and without a labor contract or recruitment decision?</p> <p>b. Receiving inpatient treatment at health facilities?</p> <p>c. Visiting, vacation/holidays, travel, work, short-term training less than 1 year?</p> <p>d. Staying for secondary school study/ wholesale, taking a cruise, fishing?</p> <p>e. Going abroad within a permitted time window (not counting persons working in representative offices of Viet Nam in foreign countries, their dependents and all other accompanied persons)?</p> <p>f. Temporarily detained by the army or public security?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p style="text-align: center; font-size: small;">(IF NO ONE BELONGS TO ABOVE-MENTIONED TYPE, MOVE TO Q5a)</p>	YES	NO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
YES	NO														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
1 <input type="checkbox"/>	2 <input type="checkbox"/>														
<p>Q4b. If yes, please provide the full name of those people (PROVIDE FULL-NAME OF EACH PERSON)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">4. _____</td> </tr> <tr> <td>2. _____</td> <td>5. _____</td> </tr> <tr> <td>3. _____</td> <td>6. _____</td> </tr> </table>		1. _____	4. _____	2. _____	5. _____	3. _____	6. _____								
1. _____	4. _____														
2. _____	5. _____														
3. _____	6. _____														
<p>Q5a. Was anyone in your household a regular resident but died after 00:00 on 1 April 2019 and was not listed on the above</p>	<p>YES1 <input type="checkbox"/></p> <p>NO2 <input type="checkbox"/> → Q6</p>														
<p>Q5b. If yes, please provide the full name of these people (PROVIDE FULL-NAME OF EACH PERSON)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">3. _____</td> </tr> <tr> <td>2. _____</td> <td>4. _____</td> </tr> </table>		1. _____	3. _____	2. _____	4. _____										
1. _____	3. _____														
2. _____	4. _____														
<p>Q6. Persons who are usual residents are: CALL NAMES OF PERSONS WHO ARE NOT UNDERLINED IN Q1 AND PERSONS LISTED IN Q4b and Q5b.</p>															
<p>Q7. Who is the head of the household? (PROVIDE FULL-NAME)</p> <p style="text-align: center;">_____</p>															
<p>Q8. Among the usual residents in your household, how many people are permanently registered in this commune/ward/town?</p>	<p style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> PERSONS </p>														

PART 1: INFORMATION ON HOUSEHOLD MEMBERS

NUMBER	NUMBER	NUMBER
QUESTIONS	NUMBER <input type="text"/> <input type="text"/>	NUMBER <input type="text"/> <input type="text"/>
QUESTIONS 1, 2 AND 3 ARE INTERVIEWED AND RECORDED HORIZONTALLY.		
1. FULL NAME OF EACH PERSON USUALLY RESIDING IN THE HOUSEHOLD, STARTING FROM THE HEAD OF THE HOUSEHOLD <small>(PERSONS WHOSE NAMES NOT CROSSED IN Q1 AND PERSONS LISTED IN Q4b and Q5b)</small>	_____	_____
2. What is [NAME]'s relationship with the household head?	H.H HEAD 1 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/> NATURAL CHILD 3 <input type="checkbox"/> MATERNAL/PATERNAL GRANTCHILD 4 <input type="checkbox"/> PARENTS 5 <input type="checkbox"/> OTHER FAMILY RELATION 6 <input type="checkbox"/> NO FAMILY RELATION 7 <input type="checkbox"/>
3. Is [NAME] male or female?	MALE ... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE ... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>
ASK AND RECORD FOR EACH PERSON FROM QUESTION 4 ONWARDS (BY COLUMN).		
4. In what solar calendar month and year was [NAME] born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT STATED YEAR...9998 <input type="checkbox"/> Q6 ←	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT STATED YEAR...9998 <input type="checkbox"/> Q6 ←
5. At present, what is the solar calendar age of [NAME]?	COMPLETED AGE <input type="text"/> <input type="text"/>	COMPLETED AGE <input type="text"/> <input type="text"/>
6. To what ethnic group does [NAME] belong?	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP
7. Does [NAME] follow any faith/religion? IF YES: What is [NAME]'s faith/religion?	YES..... 1 <input type="checkbox"/> _____ NAME OF RELIGION <input type="text"/> <input type="text"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> _____ NAME OF RELIGION <input type="text"/> <input type="text"/> NO 2 <input type="checkbox"/>
KT1. CHECK QUESTION 4 OR QUESTION 5: UNDER 5 YEARS OLD (BORN AFTER MARCH 2014) → QUESTION 8; OTHERWISE → QUESTION 9		
8. At present, does [NAME] have their birth certificate registered?	REGISTERED 1 <input type="checkbox"/> NOT REGISTERED 2 <input type="checkbox"/> NEXT PERSON ←	REGISTERED 1 <input type="checkbox"/> NOT REGISTERED 2 <input type="checkbox"/> NEXT PERSON ←

NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
--	--	--	--

QUESTIONS 1, 2 AND 3 ARE INTERVIEWED AND RECORDED HORIZONTALLY.

_____	_____	_____	_____
-------	-------	-------	-------

SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>	SPOUSE 2 <input type="checkbox"/>
NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>	NATURAL CHILD 3 <input type="checkbox"/>
MATERNAL/PATERNAL GRANTCHILD 4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD 4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD 4 <input type="checkbox"/>	MATERNAL/PATERNAL GRANTCHILD 4 <input type="checkbox"/>
PARENTS 5 <input type="checkbox"/>	PARENTS 5 <input type="checkbox"/>	PARENTS 5 <input type="checkbox"/>	PARENTS 5 <input type="checkbox"/>
OTHER FAMILY RELATION 6 <input type="checkbox"/>	OTHER FAMILY RELATION 6 <input type="checkbox"/>	OTHER FAMILY RELATION 6 <input type="checkbox"/>	OTHER FAMILY RELATION 6 <input type="checkbox"/>
NO FAMILY RELATION 7 <input type="checkbox"/>	NO FAMILY RELATION 7 <input type="checkbox"/>	NO FAMILY RELATION 7 <input type="checkbox"/>	NO FAMILY RELATION 7 <input type="checkbox"/>

MALE...1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE.. 2 <input type="checkbox"/>	MALE...1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>
---	---	---	---

ASK AND RECORD FOR EACH PERSON FROM QUESTION 4 ONWARDS (BY COLUMN).

MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
Q6 ←	Q6 ←	Q6 ←	Q6 ←
NOT STATED YEAR.... 9998 <input type="checkbox"/>	NOT STATED YEAR.... 9998 <input type="checkbox"/>	NOT STATED YEAR.... 9998 <input type="checkbox"/>	NOT STATED YEAR.... 9998 <input type="checkbox"/>

COMPLETED AGE..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	COMPLETED AGE..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
--	--	--	--

KINH 1 <input type="checkbox"/>	KINH 1 <input type="checkbox"/>	KINH..... 1 <input type="checkbox"/>	KINH..... 1 <input type="checkbox"/>
OTHER ETHNIC GROUP ...2 <input type="checkbox"/>	OTHER ETHNIC GROUP ...2 <input type="checkbox"/>	OTHER ETHNIC GROUP .. 2 <input type="checkbox"/>	OTHER ETHNIC GROUP ...2 <input type="checkbox"/>
_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP	NAME OF ETHNIC GROUP

YES..... 1 <input type="checkbox"/>	YES 1 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/>	YES 1 <input type="checkbox"/>
_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
NAME OF RELIGION	NAME OF RELIGION	NAME OF RELIGION	NAME OF RELIGION
NO 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>	NO..... 2 <input type="checkbox"/>	NO 2 <input type="checkbox"/>

KT1. CHECK QUESTION 4 OR QUESTION 5: UNDER 5 YEARS OLD (BORN AFTER MARCH 2014) → QUESTION 8; OTHERWISE → QUESTION 9

REGISTERED..... 1 <input type="checkbox"/>	REGISTERED 1 <input type="checkbox"/>	REGISTERED..... 1 <input type="checkbox"/>	REGISTERED 1 <input type="checkbox"/>
NOT REGISTERED 2 <input type="checkbox"/>	NOT REGISTERED 2 <input type="checkbox"/>	NOT REGISTERED 2 <input type="checkbox"/>	NOT REGISTERED 2 <input type="checkbox"/>
NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←

QUESTION	NAME AND ORDER																																																									
9. Where did [NAME] usually reside 5 years ago (on 1 April 2014)?	<p>ABROAD..... 1 <input type="checkbox"/></p> <p>SAME COMMUNE/ WARD...2 <input type="checkbox"/></p> <p style="text-align: center;">Q13 ←</p> <p>OTHER COMMUNE/ WARD IN SAME DISTRICT 3 <input type="checkbox"/></p> <p style="text-align: center;">Q11 ←</p> <p>OTHER DISTRICT 4 <input type="checkbox"/></p>	<p>ABROAD..... 1 <input type="checkbox"/></p> <p>SAME COMMUNE/ WARD...2 <input type="checkbox"/></p> <p style="text-align: center;">Q13 ←</p> <p>OTHER COMMUNE/ WARD IN SAME DISTRICT 3 <input type="checkbox"/></p> <p style="text-align: center;">Q11 ←</p> <p>OTHER DISTRICT 4 <input type="checkbox"/></p>																																																								
10. Which district and city/province did [NAME] move from?	<p>_____ <input type="text"/></p> <p>NAME OF CITY/ PROVINCE</p> <p>_____ <input type="text"/></p> <p>NAME OF DISTRICT <input type="text"/></p>	<p>_____ <input type="text"/></p> <p>NAME OF CITY/ PROVINCE</p> <p>_____ <input type="text"/></p> <p>NAME OF DISTRICT <input type="text"/></p>																																																								
11. Was the above-mentioned place of usual residence of [NAME] a ward, a district town or a commune five years ago?	<p>WARD/DISTRICT TOWN.....1 <input type="checkbox"/></p> <p>COMMUNE 2 <input type="checkbox"/></p>	<p>WARD/DISTRICT TOWN.....1 <input type="checkbox"/></p> <p>COMMUNE 2 <input type="checkbox"/></p>																																																								
12. What was the main reason that [NAME] moved to this household?	<p>TO FIND WORK/ TO START A NEW JOB 1 <input type="checkbox"/></p> <p>CAME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/></p> <p>FOLLOW FAMILY 3 <input type="checkbox"/></p> <p>MARRIAGE 4 <input type="checkbox"/></p> <p>SCHOOLING 5 <input type="checkbox"/></p> <p>OTHER 6 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>TO FIND WORK/ TO START A NEW JOB..... 1 <input type="checkbox"/></p> <p>CAME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/></p> <p>FOLLOW FAMILY 3 <input type="checkbox"/></p> <p>MARRIAGE 4 <input type="checkbox"/></p> <p>SCHOOLING 5 <input type="checkbox"/></p> <p>OTHER 6 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>																																																								
<p>The next questions are about difficulties a person faces when performing certain activities due to health reasons.</p> <p>13. Does [NAME] have any difficulty with: (IF YES: How difficult is it? difficult, very difficult or completely unable)</p> <p>a) Seeing (even if wearing glasses)?</p> <p>b) Hearing (even if wearing hearing aid)?</p> <p>c) Walking on the ground? (even if there is someone to support or aid equipment used)</p> <p>d) Remembering or paying attention?</p> <p>e) Self-care (bathing, changing clothes, eating, going to the bathroom, etc)?</p> <p>f) Communicating? (using normal language)</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>NOT DIFFICULT</th> <th>DIFFICULT</th> <th>VERY DIFFICULT</th> <th>UNABLE [...]</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>NOT DIFFICULT</th> <th>DIFFICULT</th> <th>VERY DIFFICULT</th> <th>UNABLE [...]</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> </tr> </tbody> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																																																							
14. At present, has [NAME] been attending school, stopped school or never attended school?	<p>ATTENDING1 <input type="checkbox"/></p> <p>STOPPED SCHOOL2 <input type="checkbox"/></p> <p style="text-align: center;">Q16 ←</p> <p>NEVER ATTENDED3 <input type="checkbox"/></p> <p style="text-align: center;">Q19 ←</p>	<p>ATTENDING1 <input type="checkbox"/></p> <p>STOPPED SCHOOL2 <input type="checkbox"/></p> <p style="text-align: center;">Q16 ←</p> <p>NEVER ATTENDED3 <input type="checkbox"/></p> <p style="text-align: center;">Q19 ←</p>																																																								

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
ABROAD..... 1 <input type="checkbox"/> SAME COMMUNE/WARD... 2 <input type="checkbox"/> Q13 ←	ABROAD..... 1 <input type="checkbox"/> SAME COMMUNE/WARD... 2 <input type="checkbox"/> Q13 ←	ABROAD..... 1 <input type="checkbox"/> SAME COMMUNE/WARD... 2 <input type="checkbox"/> Q13 ←	ABROAD..... 1 <input type="checkbox"/> SAME COMMUNE/WARD... 2 <input type="checkbox"/> Q13 ←																
OTHER WARD/ COMMUNE IN SAME DISTRICT 3 <input type="checkbox"/> Q11 ←	OTHER WARD/ COMMUNE IN SAME DISTRICT 3 <input type="checkbox"/> Q11 ←	OTHER WARD/ COMMUNE IN SAME DISTRICT 3 <input type="checkbox"/> Q11 ←	OTHER WARD/ COMMUNE IN SAME DISTRICT 3 <input type="checkbox"/> Q11 ←																
OTHER DISTRICT4 <input type="checkbox"/>	OTHER DISTRICT4 <input type="checkbox"/>	OTHER DISTRICT4 <input type="checkbox"/>	OTHER DISTRICT4 <input type="checkbox"/>																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
NAME OF CITY/ PROVINCE	NAME OF CITY/ PROVINCE	NAME OF CITY/ PROVINCE	NAME OF CITY/ PROVINCE																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
NAME OF DISTRICT	NAME OF DISTRICT	NAME OF DISTRICT	NAME OF DISTRICT																
WARD/DISTRICT TOWN..... 1 <input type="checkbox"/>	WARD/DISTRICT TOWN..... 1 <input type="checkbox"/>	WARD/DISTRICT TOWN..... 1 <input type="checkbox"/>	WARD/DISTRICT TOWN..... 1 <input type="checkbox"/>																
COMMUNE 2 <input type="checkbox"/>	COMMUNE 2 <input type="checkbox"/>	COMMUNE..... 2 <input type="checkbox"/>	COMMUNE 2 <input type="checkbox"/>																
TO FIND WORK/ TO START A NEW JOB 1 <input type="checkbox"/> CAME BACK HOMETLAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/> FOLLOW FAMILY 3 <input type="checkbox"/> MARRIAGE..... 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK/ TO START A NEW JOB 1 <input type="checkbox"/> CAME BACK HOMETLAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/> FOLLOW FAMILY 3 <input type="checkbox"/> MARRIAGE..... 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK/ TO START A NEW JOB 1 <input type="checkbox"/> CAME BACK HOMETLAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/> FOLLOW FAMILY 3 <input type="checkbox"/> MARRIAGE..... 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK/ TO START A NEW JOB 1 <input type="checkbox"/> CAME BACK HOMETLAND DUE TO LOST JOB/ENDED JOB/COULD NOT FIND JOB 2 <input type="checkbox"/> FOLLOW FAMILY 3 <input type="checkbox"/> MARRIAGE..... 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)																
<table border="1"> <tr> <td>NOT DIFFICULT</td> <td>DIFFICULT</td> <td>VERY DIFFICULT</td> <td>UNABLE [...]</td> </tr> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]	<table border="1"> <tr> <td>NOT DIFFICULT</td> <td>DIFFICULT</td> <td>VERY DIFFICULT</td> <td>UNABLE [...]</td> </tr> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]	<table border="1"> <tr> <td>NOT DIFFICULT</td> <td>DIFFICULT</td> <td>VERY DIFFICULT</td> <td>UNABLE [...]</td> </tr> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]	<table border="1"> <tr> <td>NOT DIFFICULT</td> <td>DIFFICULT</td> <td>VERY DIFFICULT</td> <td>UNABLE [...]</td> </tr> </table>	NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																
NOT DIFFICULT	DIFFICULT	VERY DIFFICULT	UNABLE [...]																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																
ATTENDING 1 <input type="checkbox"/> STOPPED SCHOOL 2 <input type="checkbox"/> Q16 ←	ATTENDING 1 <input type="checkbox"/> STOPPED SCHOOL 2 <input type="checkbox"/> Q16 ←	ATTENDING..... 1 <input type="checkbox"/> STOPPED SCHOOL 2 <input type="checkbox"/> Q16 ←	ATTENDING..... 1 <input type="checkbox"/> STOPPED SCHOOL 2 <input type="checkbox"/> Q16 ←																
NEVER ATTENDED 3 <input type="checkbox"/> Q19 ←	NEVER ATTENDED..... 3 <input type="checkbox"/> Q19 ←	NEVER ATTENDED..... 3 <input type="checkbox"/> Q19 ←	NEVER ATTENDED 3 <input type="checkbox"/> Q19 ←																

NAME AND ORDER	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
QUESTION		
15. What level of education/training is [NAME] currently attending?	PRE-SCHOOL BELOW 5 YEARS OLD...01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: center;">Q19 ←</div> PRIMARY03 <input type="checkbox"/> LOWER SECONDARY04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD...01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD.....02 <input type="checkbox"/> <div style="text-align: center;">Q19 ←</div> PRIMARY03 <input type="checkbox"/> LOWER SECONDARY04 <input type="checkbox"/> HIGHER SECONDARY05 <input type="checkbox"/> PRE-INTERMEDIATE06 <input type="checkbox"/> INTERMEDIATE07 <input type="checkbox"/> COLLEGE08 <input type="checkbox"/> UNIVERSITY09 <input type="checkbox"/> MASTER10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>
16. What is the highest level of education/training that [NAME] has completed or graduated?	UNDER PRIMARY 01 <input type="checkbox"/> PRIMARY 02 <input type="checkbox"/> LOWER SECONDARY 03 <input type="checkbox"/> HIGHER SECONDARY..... 04 <input type="checkbox"/> PRE-INTERMEDIATE 05 <input type="checkbox"/> INTERMEDIATE 06 <input type="checkbox"/> COLLEGE 07 <input type="checkbox"/> UNIVERSITY 08 <input type="checkbox"/> MASTER..... 09 <input type="checkbox"/> PhD (DOCTORATE)..... 10 <input type="checkbox"/>	UNDER PRIMARY01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> HIGHER SECONDARY04 <input type="checkbox"/> PRE-INTERMEDIATE05 <input type="checkbox"/> INTERMEDIATE06 <input type="checkbox"/> COLLEGE07 <input type="checkbox"/> UNIVERSITY08 <input type="checkbox"/> MASTER09 <input type="checkbox"/> PhD (DOCTORATE)10 <input type="checkbox"/>
17. What is the highest grade of general education that [NAME] has completed? <small>GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL</small>	GENERAL GRADE..... <input type="text"/> <input type="text"/>	GENERAL GRADE..... <input type="text"/> <input type="text"/>
18. How many total years did [NAME] spend attending all forms of vocational training, professional training, and university, master and PhD (doctorate) education, IF ANY?	NUMBER OF YEARS... <input type="text"/> <input type="text"/>	NUMBER OF YEARS... <input type="text"/> <input type="text"/>
KT2. CHECK Q16: Q16 = 1 (UNDER PRIMARY) → Q19; OTHERWISE → KT3.		
19. At present, can [NAME] read and write?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>
KT3. CHECK Q4 OR Q5 : FROM 15 YEARS OLD AND ABOVE (BORN BEFORE APRIL 2004) → Q20; OTHERWISE → KT6		
20. What is [NAME]'s current marital status?	NEVER MARRIED..... 1 <input type="checkbox"/> <div style="text-align: center;">Q23 ←</div> CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED..... 3 <input type="checkbox"/> DIVORCED 4 <input type="checkbox"/> SEPARATED..... 5 <input type="checkbox"/>	NEVER MARRIED..... 1 <input type="checkbox"/> <div style="text-align: center;">Q23 ←</div> CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED..... 3 <input type="checkbox"/> DIVORCED 4 <input type="checkbox"/> SEPARATED..... 5 <input type="checkbox"/>
KT4. CHECK Q4 OR Q5: FROM 15 TO 39 YEARS OLD (BORN SINCE APRIL 1979 TO MARCH 2004) → Q21; OTHERWISES → Q23.		
21. In what solar calendar month and year did [NAME] get married the first time?	MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center;">Q23 ←</div> NOT STATED YEAR..... 9998 <input type="checkbox"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center;">Q23 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>
22. What was solar calendar age of [NAME] when he/she got married the first time?	COMPLETED AGE <input type="text"/> <input type="text"/>	COMPLETED AGE <input type="text"/> <input type="text"/>
23. In the last 7 days, did [NAME] work for at least one hour as part of earning income for him/her-self or family?	YES 1 <input type="checkbox"/> → Q26 NO..... 2 <input type="checkbox"/> ABROAD..... 3 <input type="checkbox"/> → KT6	YES..... 1 <input type="checkbox"/> → Q26 NO..... 2 <input type="checkbox"/> ABROAD..... 3 <input type="checkbox"/> → KT6

<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
PRE-SCHOOL BELOW 5 YEARS OLD..01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD...02 <input type="checkbox"/> <b style="margin-left: 100px;">Q19 ← PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD..01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD...02 <input type="checkbox"/> <b style="margin-left: 100px;">Q19 ← PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD..01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD...02 <input type="checkbox"/> <b style="margin-left: 100px;">Q19 ← PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>	PRE-SCHOOL BELOW 5 YEARS OLD..01 <input type="checkbox"/> PRE-SCHOOL AT 5 YEARS OLD...02 <input type="checkbox"/> <b style="margin-left: 100px;">Q19 ← PRIMARY.....03 <input type="checkbox"/> LOWER SECONDARY.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> PRE-INTERMEDIATE.....06 <input type="checkbox"/> INTERMEDIATE.....07 <input type="checkbox"/> COLLEGE.....08 <input type="checkbox"/> UNIVERSITY.....09 <input type="checkbox"/> MASTER.....10 <input type="checkbox"/> PhD (DOCTORATE).....11 <input type="checkbox"/>
UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>	UNDER PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> HIGHER SECONDARY.....04 <input type="checkbox"/> PRE-INTERMEDIATE.....05 <input type="checkbox"/> INTERMEDIATE.....06 <input type="checkbox"/> COLLEGE.....07 <input type="checkbox"/> UNIVERSITY.....08 <input type="checkbox"/> MASTER.....09 <input type="checkbox"/> PhD (DOCTORATE).....10 <input type="checkbox"/>
GENERAL GRADE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	GENERAL GRADE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	GENERAL GRADE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	GENERAL GRADE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
NUMBER OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NUMBER OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NUMBER OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NUMBER OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
KT2. CHECK Q16: Q16 = 1 (UNDER PRIMARY) → Q19; OTHERWISE → KT3			
YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>
KT3. CHECK Q4 OR CÂU 5: 15 YEARS OLD AND ABOVE (BORN BEFORE APRIL 2004) → Q20; OTHERWISE → KT6			
NEVER MARRIED.....1 <input type="checkbox"/> <b style="margin-left: 100px;">Q23 ← CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> <b style="margin-left: 100px;">Q23 ← CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> <b style="margin-left: 100px;">Q23 ← CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	NEVER MARRIED.....1 <input type="checkbox"/> <b style="margin-left: 100px;">Q23 ← CURRENTLY MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>
KT4. CHECK Q4 OR Q5: FROM 15 TO 39 YEARS OLD (BORN SINCE APRIL 1979 TO MARCH 2004) → Q21; OTHERWISE → Q23.			
MONTH..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <b style="margin-left: 100px;">Q23 ← NOT STATED YEAR.....9998 <input type="checkbox"/>	MONTH..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <b style="margin-left: 100px;">Q23 ← NOT STATED YEAR.....9998 <input type="checkbox"/>	MONTH..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <b style="margin-left: 100px;">Q23 ← NOT STATED YEAR.....9998 <input type="checkbox"/>	MONTH..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <b style="margin-left: 100px;">Q23 ← NOT STATED YEAR.....9998 <input type="checkbox"/>
COMPLETED AGE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	COMPLETED AGE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	COMPLETED AGE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	COMPLETED AGE..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
YES.....1 <input type="checkbox"/> → Q26 NO.....2 <input type="checkbox"/> ABROAD.....3 <input type="checkbox"/> → KT6	YES.....1 <input type="checkbox"/> → Q26 NO.....2 <input type="checkbox"/> ABROAD.....3 <input type="checkbox"/> → KT6	YES.....1 <input type="checkbox"/> → Q26 NO.....2 <input type="checkbox"/> ABROAD.....3 <input type="checkbox"/> → KT6	YES.....1 <input type="checkbox"/> → Q26 NO.....2 <input type="checkbox"/> ABROAD.....3 <input type="checkbox"/> → KT6

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES1 <input type="checkbox"/> → Q26 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q26 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q26 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q26 NO2 <input type="checkbox"/>
YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q31	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q31	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q31	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q31
_____ _____ MAIN TASKS _____ _____ TITLE (IF ANY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (OCCUPATIONAL CODE)	_____ _____ MAIN TASKS _____ _____ TITLE (IF ANY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (OCCUPATIONAL CODE)	_____ _____ MAIN TASKS _____ _____ TITLE (IF ANY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (OCCUPATIONAL CODE)	_____ _____ MAIN TASKS _____ _____ TITLE (IF ANY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (OCCUPATIONAL CODE)
_____ _____ NAME OF THE FACILITY (IF ANY) _____ _____ MAIN PRODUCT/ SERVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SECTORAL CODE	_____ _____ NAME OF THE FACILITY (IF ANY) _____ _____ MAIN PRODUCT/ SERVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SECTORAL CODE	_____ _____ NAME OF THE FACILITY (IF ANY) _____ _____ MAIN PRODUCT/ SERVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SECTORAL CODE	_____ _____ NAME OF THE FACILITY (IF ANY) _____ _____ MAIN PRODUCT/ SERVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SECTORAL CODE
KT5. CHECK (Q23=1 OR Q24=1 OR Q25=1) AND Q16 CODED FROM 1 TO 4 OR FROM Q14=3 → Q28, OTHERWISE: Q30			
YES1 <input type="checkbox"/> → Q30 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q30 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q30 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q30 NO2 <input type="checkbox"/>
YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Owner of the facility (CAN HIRE REGULAR LABORERS) ... 1 <input type="checkbox"/> Self-employed 2 <input type="checkbox"/> Family labor 3 <input type="checkbox"/> Cooperative member 4 <input type="checkbox"/> Salary earner 5 <input type="checkbox"/> KT6 ←	Owner of the facility (CAN HIRE REGULAR LABORERS) ... 1 <input type="checkbox"/> Self-employed 2 <input type="checkbox"/> Family labor 3 <input type="checkbox"/> Cooperative member 4 <input type="checkbox"/> Salary earner 5 <input type="checkbox"/> KT6 ←	Owner of the facility (CAN HIRE REGULAR LABORERS) ... 1 <input type="checkbox"/> Self-employed 2 <input type="checkbox"/> Family labor 3 <input type="checkbox"/> Cooperative member 4 <input type="checkbox"/> Salary earner 5 <input type="checkbox"/> KT6 ←	Owner of the facility (CAN HIRE REGULAR LABORERS) ... 1 <input type="checkbox"/> Self-employed 2 <input type="checkbox"/> Family labor 3 <input type="checkbox"/> Cooperative member 4 <input type="checkbox"/> Salary earner 5 <input type="checkbox"/> KT6 ←
YES1 <input type="checkbox"/> Q33 ← NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> Q33 ← NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> Q33 ← NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> Q33 ← NO2 <input type="checkbox"/>

QUESTION	NAME AND ORDER	
32. What is the reason why [NAME] has not found a job?	TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/> PUPIL/ STUDENT/ HOUSEWIFE 02 <input type="checkbox"/> BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/> DON'T KNOW WHERE/HOW TO FIND A JOB..... 04 <input type="checkbox"/> BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/> WAITING/WAITING FOR A BUSINESS TO OPEN 06 <input type="checkbox"/> SEASONAL BREAK.....07 <input type="checkbox"/> BAD WEATHER 08 <input type="checkbox"/> TEMPORARY ILLNESS/ BUSY... 09 <input type="checkbox"/> OTHER _____ 10 <input type="checkbox"/> (SPECIFY)	TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/> PUPIL/ STUDENT/ HOUSEWIFE02 <input type="checkbox"/> BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/> DON'T KNOW WHERE/HOW TO FIND A JOB..... 04 <input type="checkbox"/> BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/> WAITING/WAITING FOR A BUSINESS TO OPEN 06 <input type="checkbox"/> SEASONAL BREAK07 <input type="checkbox"/> BAD WEATHER08 <input type="checkbox"/> TEMPORARY ILLNESS/ BUSY... 09 <input type="checkbox"/> OTHER _____ 10 <input type="checkbox"/> (SPECIFY)
33. Would [NAME] be ready to begin a job or production activity in the next two weeks?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/>
KT6. CHECK Q3, Q4, AND Q5 TO DEFINE WOMEN AGED FROM 10 TO 49 (BORN SINCE APRIL 1969 TO MARCH 2009) → Q34; OTHERWISE → NEXT PERSON.		
34. Have you ever given birth? (GIVEN BIRTH: ONLY COUNT ON LIVE BIRTHS)	GIVEN BIRTH..... 1 <input type="checkbox"/> NOT GIVEN BIRTH2 <input type="checkbox"/> NEXT PERSON ←	GIVEN BIRTH..... 1 <input type="checkbox"/> NOT GIVEN BIRTH.....2 <input type="checkbox"/> NEXT PERSON ←
35. Of those you have given birth to, how many sons and daughters are living in your household?	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>
36. Of those you have given birth to, how many sons and daughters are living elsewhere?	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>
37. Were there any instances where you gave birth to a living child but they later died? IF YES , what is the number of sons and daughters who died?	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>
38. In what solar calendar month and year did you last give birth?	MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
39. How many sons and daughters did you have as of your last birth?	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>
KT7. CHECK Q38: MONTH, YEAR OF THE LAST BIRTH SINCE APRIL 2018 TO MARCH 2019 → Q40; OTHERWISE → KT8.		
40. How many sons and daughters did you give birth to from April 2018 to March 2019?	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/> NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>
KT8. CHECK Q38: MONTH, YEAR OF THE LAST BIRTH FROM 4/2017 TO 3/2019 → Q41; OTHERWISE → NEXT PERSON.		
41. Who assisted your last birth delivery?	HEALTH STAFF 1 <input type="checkbox"/> VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/> OTHER (SPECIFY) _____ 3 <input type="checkbox"/> NO ONE..... 4 <input type="checkbox"/>	HEALTH STAFF 1 <input type="checkbox"/> VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/> OTHER (SPECIFY) _____ 3 <input type="checkbox"/> NO ONE..... 4 <input type="checkbox"/>
KT9. CHECK IF THERE ARE ANY OTHER FAMILY MEMBERS TO ASK, OTHERWISE, CONTINUE TO PART 2		

_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>
TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/>	TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/>	TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/>	TOO OLD/ YOUNG/ LOSING LABOR CAPACITY.....01 <input type="checkbox"/>
PUPIL/ STUDENT/ HOUSEWIFE02 <input type="checkbox"/>	PUPIL/ STUDENT/ HOUSEWIFE02 <input type="checkbox"/>	PUPIL/ STUDENT/ HOUSEWIFE02 <input type="checkbox"/>	PUPIL/ STUDENT/ HOUSEWIFE02 <input type="checkbox"/>
BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/>	BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/>	BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/>	BELIEVE THAT THEY CAN'T FIND A JOB / NO SUITABLE JOBS03 <input type="checkbox"/>
DON'T KNOW WHERE/HOW TO FIND A JOB.....04 <input type="checkbox"/>	DON'T KNOW WHERE/HOW TO FIND A JOB.....04 <input type="checkbox"/>	DON'T KNOW WHERE/HOW TO FIND A JOB.....04 <input type="checkbox"/>	DON'T KNOW WHERE/HOW TO FIND A JOB.....04 <input type="checkbox"/>
BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/>	BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/>	BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/>	BREAK DUE TO DOWNSIZING/ CLOSING BUSINESS05 <input type="checkbox"/>
WAITING/WAITING FOR A BUSINESS TO OPEN06 <input type="checkbox"/>	WAITING/WAITING FOR A BUSINESS TO OPEN06 <input type="checkbox"/>	WAITING/WAITING FOR A BUSINESS TO OPEN06 <input type="checkbox"/>	WAITING/WAITING FOR A BUSINESS TO OPEN06 <input type="checkbox"/>
SEASONAL BREAK07 <input type="checkbox"/>	SEASONAL BREAK07 <input type="checkbox"/>	SEASONAL BREAK07 <input type="checkbox"/>	SEASONAL BREAK07 <input type="checkbox"/>
BAD WEATHER08 <input type="checkbox"/>	BAD WEATHER08 <input type="checkbox"/>	BAD WEATHER08 <input type="checkbox"/>	BAD WEATHER08 <input type="checkbox"/>
TEMPORARY ILLNESS/ BUSY...09 <input type="checkbox"/>	TEMPORARY ILLNESS/ BUSY...09 <input type="checkbox"/>	TEMPORARY ILLNESS/ BUSY...09 <input type="checkbox"/>	TEMPORARY ILLNESS/ BUSY...09 <input type="checkbox"/>
OTHER _____ 10 <input type="checkbox"/>	OTHER _____ 10 <input type="checkbox"/>	OTHER _____ 10 <input type="checkbox"/>	OTHER _____ 10 <input type="checkbox"/>
(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)
YES.....1 <input type="checkbox"/>	YES.....1 <input type="checkbox"/>	YES.....1 <input type="checkbox"/>	YES.....1 <input type="checkbox"/>
NO2 <input type="checkbox"/>	NO2 <input type="checkbox"/>	NO2 <input type="checkbox"/>	NO2 <input type="checkbox"/>

KT6. CHECK Q3, Q4, AND Q5 TO DEFINE WOMEN AGED FROM 10 TO 49 (BORN SINCE APRIL 1969 TO MARCH 2009) → Q34; OTHERWISE → NEXT PERSON.

GIVEN BIRTH1 <input type="checkbox"/>	GIVEN BIRTH1 <input type="checkbox"/>	GIVEN BIRTH1 <input type="checkbox"/>	GIVEN BIRTH1 <input type="checkbox"/>
NOT GIVEN BIRTH.....2 <input type="checkbox"/>	NOT GIVEN BIRTH.....2 <input type="checkbox"/>	NOT GIVEN BIRTH.....2 <input type="checkbox"/>	NOT GIVEN BIRTH.....2 <input type="checkbox"/>
NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←	NEXT PERSON ←
NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>
NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>
NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>
NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>
NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>
NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>
MONTH... <input type="text"/> <input type="text"/>	MONTH... <input type="text"/> <input type="text"/>	MONTH... <input type="text"/> <input type="text"/>	MONTH... <input type="text"/> <input type="text"/>
YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>
NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS.. <input type="text"/> <input type="text"/>

KT7. CHECK Q38: MONTH, YEAR OF THE LAST BIRTH SINCE APRIL 2018 TO MARCH 2019 → Q40; OTHERWISE → KT8.

NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>	NO. OF SONS <input type="text"/> <input type="text"/>
NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>	NO. OF DAUGHTERS... <input type="text"/> <input type="text"/>

KT8. CHECK Q38: MONTH, YEAR OF THE LAST BIRTH FROM 4/2017 TO 3/2019 → Q41; OTHERWISE → NEXT PERSON.

HEALTH STAFF 1 <input type="checkbox"/>	HEALTH STAFF 1 <input type="checkbox"/>	HEALTH STAFF 1 <input type="checkbox"/>	HEALTH STAFF 1 <input type="checkbox"/>
VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/>	VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/>	VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/>	VILLAGE HEALTH/MIDWIFE...2 <input type="checkbox"/>
OTHER (SPECIFY) _____3 <input type="checkbox"/>	OTHER (SPECIFY) _____3 <input type="checkbox"/>	OTHER (SPECIFY) _____3 <input type="checkbox"/>	OTHER (SPECIFY) _____3 <input type="checkbox"/>
NO ONE.....4 <input type="checkbox"/>	NO ONE.....4 <input type="checkbox"/>	NO ONE.....4 <input type="checkbox"/>	NO ONE.....4 <input type="checkbox"/>

KT9. CHECK IF THERE ARE ANY OTHER FAMILY MEMBERS TO ASK, OTHERWISE, CONTINUE TO PART 2.

PART 2: INFORMATION ON THE DECEASED MEMBERS OF THE HOUSEHOLD

42. From the first day of the 2018 Lunar New Year “Mau Tuat” (16 February 2018 on the solar calendar) to the end of 31 March 2019, did any of the usual residents of your household die (including infants)?		YES 1 <input type="checkbox"/>		NO..... 2 <input type="checkbox"/> → PART 3	
QUESTION	NUMBER	THE DECEASED NO... <input type="checkbox"/>	THE DECEASED NO... <input type="checkbox"/>	THE DECEASED NO... <input type="checkbox"/>	
43. Please list the full name of the deceased person?		_____	_____	_____	
44. Is [NAME] male or female?		MALE..... 1 <input type="checkbox"/> FEMALE..... 2 <input type="checkbox"/>	MALE..... 1 <input type="checkbox"/> FEMALE..... 2 <input type="checkbox"/>	MALE 1 <input type="checkbox"/> FEMALE..... 2 <input type="checkbox"/>	
45. In what solar calendar month and year did [NAME] die?		MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 2 0 1 <input type="checkbox"/>	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 2 0 1 <input type="checkbox"/>	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 2 0 1 <input type="checkbox"/>	
46. In what solar calendar month and year was [NAME] born?		MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q48 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q48 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q48 ← NOT STATED YEAR 9998 <input type="checkbox"/>	
47. What was [NAME]'s solar calendar age when he/she died?		AGE <input type="checkbox"/> <input type="checkbox"/>	AGE <input type="checkbox"/> <input type="checkbox"/>	AGE <input type="checkbox"/> <input type="checkbox"/>	
48. What was the cause of [NAME]'s death?		DISEASE.....1 <input type="checkbox"/> LABOR ACCIDENT2 <input type="checkbox"/> TRAFFIC ACCIDENT3 <input type="checkbox"/> OTHER ACCIDENT4 <input type="checkbox"/> SUICIDE5 <input type="checkbox"/> OTHER6 <input type="checkbox"/> (SPECIFY)	DISEASE.....1 <input type="checkbox"/> LABOR ACCIDENT.....2 <input type="checkbox"/> TRAFFIC ACCIDENT3 <input type="checkbox"/> OTHER ACCIDENT4 <input type="checkbox"/> SUICIDE5 <input type="checkbox"/> OTHER6 <input type="checkbox"/> (SPECIFY)	DISEASE.....1 <input type="checkbox"/> LABOR ACCIDENT2 <input type="checkbox"/> TRAFFIC ACCIDENT3 <input type="checkbox"/> OTHER ACCIDENT4 <input type="checkbox"/> SUICIDE5 <input type="checkbox"/> OTHER6 <input type="checkbox"/> (SPECIFY)	
KT10. CHECK Q44 (CODE “2”); Q45 AND Q46 OR Q47 (PEOPLE DIED AT AGE 10-54); Q48 (CODE “1” OR “6”) → Q49; THE REMAINING → KT11					
49. How did [NAME] die?		PREGNANCY1 <input type="checkbox"/> CHILDBIRTH.....2 <input type="checkbox"/> WITHIN 42 DAYS AFTER GIVING BIRTH..... 3 <input type="checkbox"/> WITHIN 42 DAYS AFTER MISCARRIAGE/ ABORTION/STILLBIRTH. 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	PREGNANCY..... 1 <input type="checkbox"/> CHILDBIRTH..... 2 <input type="checkbox"/> WITHIN 42 DAYS AFTER GIVING BIRTH.....3 <input type="checkbox"/> WITHIN 42 DAYS AFTER MISCARRIAGE/ ABORTION/STILLBIRTH. 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	PREGNANCY1 <input type="checkbox"/> CHILDBIRTH.....2 <input type="checkbox"/> WITHIN 42 DAYS AFTER GIVING BIRTH..... 3 <input type="checkbox"/> WITHIN 42 DAYS AFTER MISCARRIAGE/ ABORTION/STILLBIRTH. 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)	
KT11. CHECK IF THERE ARE ANY OTHER DECEASED PERSONS, ASK Q43; OR MOVE TO PART 3					

PART 3: INFORMATION ON HOUSING

QUESTIONS	ANSWERS		
<p>50. Does your household have housing?</p> <p>(INTERVIEWER OBSERVES AND TICKS THE APPROPRIATE ANSWER)</p>	<p>YES.....1 <input type="checkbox"/></p> <p>NO, IN BUILDING PROCESS AND STAY IN TEMP. PLACE 2 <input type="checkbox"/></p> <p>NO.....3 <input type="checkbox"/></p> <p style="text-align: right;">Q60 ←</p>		
<p>51. Does your household share its dwelling/flat with other household(s)?</p>	<p>YES..... 1 <input type="checkbox"/></p> <p>NO..... 2 <input type="checkbox"/></p> <p style="text-align: right;">Q53 ←</p>		
<p>52. Is your household the representative household?</p>	<p>YES..... 1 <input type="checkbox"/></p> <p>NO..... 2 <input type="checkbox"/></p> <p style="text-align: right;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Q60 ← </p> <p style="text-align: center;">NAME OF HOUSEHOLD REPRESENTATIVE</p>		
<p>53. Is the dwelling/flat where your household lives an apartment building or the single detached house?</p> <p>How many separated bedrooms does this dwelling/flat have?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>APARTMENT BUILDING.....1 <input type="checkbox"/></p> <p>SINGLE DETACHED HOUSE...2 <input type="checkbox"/></p> </td> <td style="width: 50%;"> <p>NO. OF BEDROOMS... <input type="checkbox"/><input type="checkbox"/></p> </td> </tr> </table>	<p>APARTMENT BUILDING.....1 <input type="checkbox"/></p> <p>SINGLE DETACHED HOUSE...2 <input type="checkbox"/></p>	<p>NO. OF BEDROOMS... <input type="checkbox"/><input type="checkbox"/></p>
<p>APARTMENT BUILDING.....1 <input type="checkbox"/></p> <p>SINGLE DETACHED HOUSE...2 <input type="checkbox"/></p>	<p>NO. OF BEDROOMS... <input type="checkbox"/><input type="checkbox"/></p>		
<p>54. How many square meters of total floor space does this dwelling/flat have?</p>	<p>FLOOR SPACE (m²)..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>		
<p>55. What is the main construction material used for the pier (or the pivot or the load-bearing wall) of this dwelling/flat?</p>	<p>DURABLE MATERIAL (CONCRETE, BRICK/STONE, STEEL/IRON/DURABLE WOOD)..... 1 <input type="checkbox"/></p> <p>UNDURABLE MATERIALS (WOOD OF LOW QUALITY/BAMBOO, SOIL, OTHER) 2 <input type="checkbox"/></p>		
<p>56. What is the main construction material used for the roof of this dwelling/flat?</p>	<p>DURABLE MATERIAL (CONCRETE, TILE, SLAB)..... 1 <input type="checkbox"/></p> <p>UNDURABLE MATERIALS (ROOF PIECE, LEAF, STRAW, OIL PAPER, OTHER) 2 <input type="checkbox"/></p>		
<p>57. What is the main construction material used for the outer walls of this dwelling/flat?</p>	<p>DURABLE MATERIAL (CONCRETE, BRICK/STONE, METAL/ WOOD)..... 1 <input type="checkbox"/></p> <p>NON DURABLE MATERIAL (CLAY/STRAW, WATTLE/PLYWOOD, OTHER) 2 <input type="checkbox"/></p>		
<p>58. What year was this dwelling/flat built?</p>	<p>BEFORE 1975..... 1 <input type="checkbox"/></p> <p>FROM 1975 TO 1999 2 <input type="checkbox"/></p> <p>FROM 2000 TO 2009 3 <input type="checkbox"/></p> <p>FROM 2010 TO NOW 4 <input type="checkbox"/></p> <p style="text-align: right;">20 <input type="checkbox"/><input type="checkbox"/> ←</p> <p>NOT STATED..... 5 <input type="checkbox"/></p>		
<p>59. Whose dwelling/ flat do you live in?</p>	<p>A PRIVATE DWELLING/ FLAT OF THE HOUSEHOLD..... 1 <input type="checkbox"/></p> <p>RENTED FROM THE STATE 2 <input type="checkbox"/></p> <p>RENTED/ BORROWED FROM INDIVIDUALS..... 3 <input type="checkbox"/></p> <p>COOPERATIVE/ BUILDING APARTMENT 4 <input type="checkbox"/></p> <p>OTHER OWNERSHIP OR UNCLEAR OWNERSHIP 5 <input type="checkbox"/></p>		

QUESTIONS	ANSWERS																																							
<p>60. Does your household plan to buy a dwelling/ flat? IF YES : in which province/ city?</p>	<p>YES1 <input type="checkbox"/></p> <p>_____ <input type="text"/> <input type="checkbox"/></p> <p>NAME OF PROVINCE/ CITY</p> <p>NO2 <input type="checkbox"/></p>																																							
<p>61. What is the main kind of fuel (energy) that your household uses for lighting?</p>	<p>ELECTRICITY1 <input type="checkbox"/></p> <p>ELECTRIC GENERATOR2 <input type="checkbox"/></p> <p>KEROSENE3 <input type="checkbox"/></p> <p>GAS4 <input type="checkbox"/></p> <p>OTHER5 <input type="checkbox"/></p> <p>(SPECIFY)</p>																																							
<p>62. What is the main kind of fuel (energy) that your household uses for cooking?</p>	<p>ELECTRICITY1 <input type="checkbox"/></p> <p>GAS/ BIOGAS2 <input type="checkbox"/></p> <p>COAL3 <input type="checkbox"/></p> <p>WOOD4 <input type="checkbox"/></p> <p>OTHER5 <input type="checkbox"/></p> <p>(SPECIFY)</p> <p>NO USE6 <input type="checkbox"/></p>																																							
<p>63. What is the main source of cooking/drinking water for your household?</p>	<p>TAP WATER1 <input type="checkbox"/></p> <p>PURCHASED WATER (XITÉC, VASE...)2 <input type="checkbox"/></p> <p>DRILLED WELL3 <input type="checkbox"/></p> <p>PROTECTED DIG WELL4 <input type="checkbox"/></p> <p>UNPROTECTED DIG WELL5 <input type="checkbox"/></p> <p>PROTECTED SLOT WATER6 <input type="checkbox"/></p> <p>UNPROTECTED SLOT WATER7 <input type="checkbox"/></p> <p>RAINWATER8 <input type="checkbox"/></p> <p>OTHER9 <input type="checkbox"/></p> <p>(SPECIFY)</p>																																							
<p>64. What kind of toilet facility does your household use most?</p>	<p>INDOOR FLUSH/SEMI-FLUSH TOILET1 <input type="checkbox"/></p> <p>OUTDOOR FLUSH/SEMI-FLUSH TOILET2 <input type="checkbox"/></p> <p>OTHER3 <input type="checkbox"/></p> <p>NO TOILET4 <input type="checkbox"/></p>																																							
<p>65. At present, does your household have any of the following appliances: (READ THE NAME OF THE APPLIANCES IN THE ANSWER OPTIONS)</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>TELEVISION1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>RADIO (Radio/Radio Cassettes)1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>COMPUTER1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>LANDLINE TELEPHONE1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>REFRIGERATOR1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>WASHING MACHINE1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>WATER HEATER1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>AIR CONDITIONER1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>MOTORCYCLE/MOTORBIKE/ ELECTRIC BIKE1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>BICYCLE1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>BOAT/DINGHY/JUNK1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> <tr> <td>CAR1</td> <td><input type="checkbox"/></td> <td>...2 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	TELEVISION1	<input type="checkbox"/>	...2 <input type="checkbox"/>	RADIO (Radio/Radio Cassettes)1	<input type="checkbox"/>	...2 <input type="checkbox"/>	COMPUTER1	<input type="checkbox"/>	...2 <input type="checkbox"/>	LANDLINE TELEPHONE1	<input type="checkbox"/>	...2 <input type="checkbox"/>	REFRIGERATOR1	<input type="checkbox"/>	...2 <input type="checkbox"/>	WASHING MACHINE1	<input type="checkbox"/>	...2 <input type="checkbox"/>	WATER HEATER1	<input type="checkbox"/>	...2 <input type="checkbox"/>	AIR CONDITIONER1	<input type="checkbox"/>	...2 <input type="checkbox"/>	MOTORCYCLE/MOTORBIKE/ ELECTRIC BIKE1	<input type="checkbox"/>	...2 <input type="checkbox"/>	BICYCLE1	<input type="checkbox"/>	...2 <input type="checkbox"/>	BOAT/DINGHY/JUNK1	<input type="checkbox"/>	...2 <input type="checkbox"/>	CAR1	<input type="checkbox"/>	...2 <input type="checkbox"/>
	YES	NO																																						
TELEVISION1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
RADIO (Radio/Radio Cassettes)1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
COMPUTER1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
LANDLINE TELEPHONE1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
REFRIGERATOR1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
WASHING MACHINE1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
WATER HEATER1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
AIR CONDITIONER1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
MOTORCYCLE/MOTORBIKE/ ELECTRIC BIKE1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
BICYCLE1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
BOAT/DINGHY/JUNK1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						
CAR1	<input type="checkbox"/>	...2 <input type="checkbox"/>																																						

Please share a landline or mobile phone number of the household. _____