



THE REPUBLIC OF THE UNION OF MYANMAR
MINISTRY OF LABOUR, IMMIGRATION AND POPULATION
DEPARTMENT OF POPULATION
2019 INTER-CENSAL SURVEY
QUESTIONNAIRE

Mingalabar, My name is I am working with the Ministry of Labour, Immigration and Population. We are conducting the 2019 Inter-Censal Survey all over Myanmar. Your household was selected for the survey, along with other households in other townships. I would like to ask you some questions about your household. The household questions usually take about 45 minutes. All answers you give will be confidential and will not be shared with anyone other than members of the survey team.

IDENTIFICATION

1. STATE / REGION		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
2. DISTRICT		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
3. TOWNSHIP		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
4. WARD / VILLAGE TRACT		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
5. URBAN----1 RURAL-----2		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>			
6. ENUMERATION AREA		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
7. HOUSEHOLD NUMBER		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

INTERVIEWER VISIT

	1	2	3	FINAL VISIT			
DATE				DAY MONTH			
TIME	START	END	START	END	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
RESULT				<input type="checkbox"/> Code START TIME <input style="width: 50px;" type="text"/>			
TOTAL NUMBER OF VISIT <input type="checkbox"/>				END TIME <input style="width: 50px;" type="text"/>			

RESULT CODES:

- | | |
|---------------|-----------------------|
| 1 COMPLETED | 4 REFUSED |
| 2 NOT AT HOME | 5 PARTIALLY COMPLETED |
| 3 POSTPONED | 6 OTHER _____ |
| | (SPECIFY) |

NAME OF INTERVIEWER _____ SIGNATURE _____ Date: _____
 NAME OF SUPERVISOR _____ SIGNATURE _____ Date: _____

CONFIDENTIALITY:

WE ASSURE YOU THAT THE PERSONAL INFORMATION COLLECTED IN THIS INTERVIEW IS STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED IN ANY WAY.

CONTENT

Section	Particulars	Question No.	Page
1	Demographic Characteristics	1 - 13	
2	Internal Migration	14-20	
3	Education	21 - 32	
4	Labour Force	33 - 42	
5	Fertility	43 - 50	
6	Disability	51	
7	Older Population	52 - 56	
8	Participation, support and well-being	57 - 63	
9	International Migration	64 - 78	
10	Housing Characteristics	79 - 89	
11	Water, Sanitation and Hygiene	90 - 103	
12	Mortality/ Maternal Mortality	104 - 110	

DEMOGRAPHIC CHARACTERISTICS

FOR ALL MEMBERS OF THE HOUSEHOLD

1	2	3	4	5	6			
Serial number of household member	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? 01 - Head 02 - Spouse 03 - Son 04 - Daughter 05 - Son-in-law 06 - Daughter-in-law 07 - Grandchild/Great grandchild 08 - Parent 09 - Parent-in-law 10 - Brother or Sister 11 - Grandparent 12 - Adopted/Foster/ Step child 13 - Other relative 14 - Domestic worker 15 - Not related	Is (NAME) a male or a female? 1 - Male 2 - Female	How old was (NAME) at his/her last birthday? IF LESS THAN ONE YEAR, WRITE, "000"	In what day, month, and year was (NAME) born? (dd/mm/yyyy) WRITE THE DATE IN GREGORIAN YEAR, e.g., 15-03-1985 WRITE "99" FOR DON'T KNOW DAY WRITE "99" FOR DON'T KNOW MONTH			
						Day	Month	Year
	1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	7		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	8		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	9		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

ASK THE RESPONDENT: In total, there are ----- members of this household. Is that correct?

1 - YES, PROCEED TO Q7

2 - NO, ASK THE REMAINING MEMBERS OF THE HOUSEHOLD

DEMOGRAPHIC CHARACTERISTICS

FOR ALL MEMBERS OF THE HOUSEHOLD					FOR 10 YEARS OLD AND OVER		
	7		8		9	For ever-married household member (if Q9 = "2", "3", or "4")	
	7.a	7.b	8.a	8.b		10	
Serial number of household member	Is (NAME)'s natural mother alive? 1 - Yes 2 - No, skip to Q8.a 9 - Don't know, skip to Q8.a	Does (NAME)'s natural mother usually live in this household? If yes, what is her name? RECORD MOTHER'S LINE NUMBER. IF NOT A HOUSEHOLD MEMBER, WRITE "00"	Is (NAME)'s natural father alive? 1 - Yes 2 - No, skip to Q9 9 - Don't know, skip to Q9	Does (NAME)'s natural father usually live in this household? If yes, what is his name? RECORD FATHER'S LINE NUMBER. IF NOT A HOUSEHOLD MEMBER, WRITE "00"	What is (NAME)'s current marital status? 1 - Single (never married) 2 - Married 3 - Widowed 4 - Divorced/separated	How old was (NAME) when he/she (first) got married (or in a union)?	
	1	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	2	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	3	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	4	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	5	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	6	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	7	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	8	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	9	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
	10	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

DEMOGRAPHIC CHARACTERISTICS

		FOR 15 YEARS OLD AND BELOW	FOR 18 YEARS OLD AND OVER								
		11	12	13							
Serial number of household member	<p>Does (NAME) have a birth certificate?</p> <p>If no, probe: Has (NAME)'s birth ever been registered with the civil authority?</p> <p>1 - Has certificate 2 - Registered 3 - Neither 9 - Don't know</p>	<p>Does (NAME) currently have a bank account?</p> <p>1 - Yes, skip to Q14 2 - No 9 - Don't know, skip to Q14</p>	<p>Why does not (NAME) have a bank account?</p> <p>PLEASE SELECT UP TO <u>THREE</u> MAJOR REASONS</p> <p>A - Don't need/want a bank account B - Don't have enough money to have a bank account C - No bank has convenient hours or location D - Don't trust bank E - Don't like dealing with bank F - Don't understand the procedure for opening a bank account G - The fees and service charges are too high H - Other, specify</p>								
	1	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	2	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	3	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	4	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	5	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	6	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	7	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	8	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
	9	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____
10	<input type="checkbox"/>	<input type="checkbox"/>	A	B	C	D	E	F	G	H _____	

INTERNAL MIGRATION

FOR ALL MEMBERS OF THE HOUSEHOLD

	Current residence	Place of birth		Reason for movement	
	14	15	16	17	
Serial number of household member	<p>How many years has (NAME) been staying in this township where (NAME) is currently residing?</p> <p>IF LESS THAN 1 YEAR, WRITE "000"</p> <p>IF (NAME) HAS LIVED IN THIS TOWNSHIP FOR HIS/HER ENTIRE LIFE, WRITE "999" AND SKIP TO Q21</p>	<p>In what township was (NAME) born?</p> <p>1 - Same township where enumerated 2 - Other township, specify 3 - Other country, specify and skip to Q17</p>	<p>Specify if the place of birth was</p> <p>URBAN or RURAL</p> <p>1 - Urban 2 - Rural</p>	<p>What was the main reason for moving to this township?</p> <p>1 - Employment/in search for employment/business 2 - Education 3 - Marriage 4 - Followed family 5 - Conflict 6 - Medical/Health services 7 - Natural Disaster 8 - Other, specify</p>	
	1	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	2	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	3	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	4	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	5	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	6	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	7	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	8	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	9	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
	10	<input type="text"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____

INTERNAL MIGRATION

FOR ALL MEMBERS OF THE HOUSEHOLD

	Previous residence		If response in Q14 is 0 to 4 years
	18	19	20
Serial number of household member	Where was (NAME)'s previous residence? 1. Township, specify 2. Other country, specify and skip to Q20	Specify if the previous residence was URBAN or RURAL 1 - Urban 2 - Rural	Where was (NAME)'s usual residence five years ago? 1 - Same township where enumerated 2 - Other township, specify 3 - Other country, specify 4 - Not yet born (age is 0 to 4)
1	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
2	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
3	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
4	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
5	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
6	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
7	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
8	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
9	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
10	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____

EDUCATION

FOR MEMBERS 3 YEARS OLD AND OVER

	School attendance		Highest grade/level completed	
	21	22	23	
Serial number of household member	<p>Has (NAME) ever attended pre-school or school?</p> <p>1 - Yes, skip to Q23 2 - No</p>	<p>What is the main reason that (NAME) never attended school?</p> <p>01 - Too young (If the age of the respondent is less than 10 years old) 02 - Illness, injury, disability 03 - Could not afford schooling (Schooling is expensive) 04 - To help at home with household tasks (including taking care of siblings/parents/relatives) 05 - To help in family farm 06 - To help in family business (non-farm) 07 - Agricultural work other than family farm 08 - Non-agricultural work other than family business 09 - Security situation 10 - School too far/transportation difficult 11 - Parents do not think sending children to school is important 12 - Child not interested in schooling 13 - Language barrier 14 - Other, specify</p> <p>Skip to Q29</p>	<p>What is the highest grade/level of education (INCLUDING public and private schools, nonformal, monastic, and non-state education) (NAME) successfully completed?</p> <p>00 - Attended, but did not complete any grade/standard 01 - Nursery school/preschool 02 - "KG" or "Kindergarten" Completed in or after 2016-17 (new system) 11 - Primary school "Grade 1" completed in or after 2017-18 (new system) 12 - Primary school "Grade 2" completed in 2018-19 (new system) 21 - Primary school "KG" completed in or before 2015-16 (old system) 22 - Primary school "1st standard" completed in or before 2016-17 (old system) 23 - Primary school "2nd standard" completed in or before 2017-18 (old system) 24 - Primary school "3rd standard" (old system) 25 - Primary school "4th standard" (old system) 26 - Nonformal primary education 31-34 - Middle school "5th standard" - "8th standard" (old system) 35 - Nonformal middle education 41-42 - High school "9th standard" - "10th standard" (old system) 48-49 - GTHS (after middle school completion) 50 - Completed 1 or more years of college/university but not yet received any diploma, certificate, or degree 51 - Teacher's certificate less than Bachelor Degree (including undergraduate diploma in teacher education) 52 - Technical and Vocational Education and Training Diploma Course (e.g., GTC, GTI) 53 - Bachelor Degree 54 - Postgraduate Diploma 55 - Master's Degree 56 - PhD or other doctoral-level degree 61 - 1 or more years of post-high school vocational education and training (e.g., ITC etc.) but not yet successfully completed 62 - Successfully completed post-high school vocational education and training qualification (e.g., ITC etc.) 63 - Short term technical and vocational training course (e.g., SMVTI, SITE, NVTI etc.) 70 - Other, specify</p>	
	1	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	3	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	4	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	5	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	6	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	7	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	8	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	9	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
	10	<input type="checkbox"/>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____

EDUCATION

FOR MEMBERS 3 YEARS OLD AND OVER

	Matriculation Exam	Currently attending school		
	24	25	26	
Serial number of household member	<p>Has (NAME) ever taken the matriculation exam and/or plans to take it in March 2020?</p> <p>1 - Not ever taken but plans to take it in March 2020 2 - Not ever taken and does not plan to take it in March 2020 3 - Not ever taken and not sure yet 4 - Taken and successfully passed 5 - Taken, failed and will re-take in March 2020 6 - Taken, failed and will not re-take in March 2020 7 - Taken, failed and not sure yet</p> <p>ASK: IF CODE "41", "42", "48", "49", "61", "62" OR "63" IN Q23</p>	<p>Is (NAME) attending school in the current school year (2019/2020)?</p> <p>1 - Yes, skip to Q27 2 - No</p>	<p>What is the main reason that (NAME) stopped schooling?</p> <p>01 - Completed desired level 02 - Illness, injury, disability 03 - Could not afford schooling (schooling is expensive) 04 - To help at home with household tasks (including taking care of siblings/ parents/relatives) 05 - To help in family farm 06 - To help in family business (non-farm) 07 - Agricultural work other than family farm 08 - Non-agricultural work other than family business 09 - Security situation 10 - School too far/transportation difficult 11 - Language barrier 12 - Child was failing, falling behind 13 - Child was difficult relations with peers, teachers, bullying 14 - School content not relevant to everyday life or future employment/ not interesting 15 - Marriage/ pregnancy/ child birth 16 - Other, specify</p> <p>Skip to Q29</p>	
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____

EDUCATION

FOR MEMBERS 3 YEARS OLD AND OVER

Currently attending school

27

28

What grade/level of education/ training (INCLUDING public and private schools, monastic, and non-state education) is (NAME) attending in the current school year (2019/2020)?

What type of school is (NAME) attending in the current school year (2019/2020)?

- 01 - Nursery school/preschool
- 02 - "KG" or "Kindergarten" (new system)
- 11 - Primary school "Grade 1" (new system)
- 12 - Primary school "Grade 2" (new system)
- 13 - Primary school "Grade 3" (new system)
- 14 - Non-State school primary "Grade 4" (in schools where non-MOE curriculum is taught, e.g., ethnic school, international school, etc.)
- 25 - Primary school "4th standard" (old system)
- 26 - Nonformal primary education
- 31 - Middle school "Grade 6" (new system)
- 32-34 - Middle school "6th standard" – "8th standard" (old system)
- 35 - Nonformal middle education
- 41-42 - High school "9th standard" – "10th standard" (old system)
- 48-49 - GTHS (after middle school completion)
- 51-55 - 1st – 5th year of post-high school teacher education certificate, diploma, or degree program
- 56-59 - 1st – 4th year of post-high school TVET program (e.g., Industrial Training Center-ITC)
- 61-63 - 1st – 3rd year of other undergraduate diploma program
- 71-77 - 1st – 7th year of bachelor degree program
- 81 - Any year of postgraduate or master degree program
- 82 - Any year of PhD or other advanced degree programs
- 90 - Other, specify

- 01 - Nursery school/ Pre-school (public or private)
- 02 - Basic education primary school (BEPS)
- 03 - Branch or affiliated primary school (BPS or APS)
- 04 - Basic education post-primary school (BEPPS)
- 05 - Basic Education Middle School (BEMS)
- 06 - Branch or affiliated Middle school (BMS or AMS)
- 07 - Basic Education High School (BEHS)
- 08 - Branch or affiliated High School (BHS or AHS)
- 09 - Government Technical High School (GTHS)
- 10 - Technical and vocational education and training and Institute/school (e.g., GTC, GTI, SMVTI, SITE, NVTI, etc.)
- 11 - ITC
- 12 - Other public TVET at post-high school level
- 13 - Other public full-time/on-campus college or university
- 14 - Public college or university via distance education
- 15 - Monastic school
- 16 - Other religious school
- 17 - Private school excluding nursery/pre-school
- 18 - Non-state/ethnic school
- 19 - NGO-run school
- 20 - Nonformal/alternative education
- 21 - School outside Myanmar
- 22 - Private TVET School
- 23 - Other, specify

Serial number of household member

1	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
2	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
3	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
4	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
5	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
6	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
7	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
8	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
9	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____
10	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____

EDUCATION

FOR MEMBERS 5 YEARS OLD AND OVER

	Literacy and numeracy (If highest grade completed in Q23 is lower than "31" or Q21 = "2")		Attended training in the last 12 months		
	29	30	31	32	
Serial number of household member	<p>Can (NAME) read and write a simple sentence in any language with understanding?</p> <p>1 - Yes 2 - No</p>	<p>Can (NAME) do simple addition and subtraction calculations (WITHOUT USING CALCULATOR OR PHONE)?</p> <p>1 - Yes 2 - No</p>	<p>In the last 12 months has (NAME) attended any training programs lasting AT LEAST FIVE FULL DAYS OR 35 HOURS? Include language, IT, agriculture, industry, clerical, construction, hospitality, and other types.</p> <p>1 - Yes 2 - No, skip to Q33/ Next household member</p>	<p>What was the main focus of the most recent training lasting AT LEAST FIVE FULL DAYS OR 35 HOURS attended by (NAME)?</p> <p>01 - Foreign language 02 - IT/computer 03 - Agriculture 04 - Construction 05 - Machinery Repair 06 -Other industry-related 07 - Handicrafts 08 - Teacher training 09 - Medical/health-related training 10 - Clerical 11 - Hospitality-related (e.g., hotel, restaurant etc.) 12 - Other service sector jobs 13 - Literacy or numeracy 14 - Electrical 15 - Technical and vocational education and training short term courses 16 - Other, specify</p>	
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____
	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> _____

LABOUR FORCE

FOR MEMBERS 5 YEARS OLD AND OVER

	Current activities and employment			Current activities and employment (If 'Yes' to any in Q33 – Q35:)	
	33	34	35	36	37
Serial number of household member	In the last 7 days, did (NAME) do any work for a wage, salary, commission, tips or any other pay even for only one hour? 1 - Yes, skip to Q36 2 - No	In the last 7 days, did (NAME) do any kind of business (farm or non-farm) to generate income even for only one hour? 1 - Yes, skip to Q36 2 - No	In the last 7 days, did (NAME) help unpaid in a business (farm or non-farm) owned by a household member, even for only one hour? 1 - Yes 2 - No, skip to 40	What is (NAME)'s main occupation in the last 7 days? Specify the details	What is the main activity of (NAME)'s establishment or business where (NAME) worked? Specify the details
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LABOUR FORCE

FOR MEMBERS 5 YEARS OLD AND OVER

	Current activities and employment (If 'Yes' to any in Q33 – Q35:)		Job search (If all 'No' to Q33 – Q35)		
	38	39	40	41	42
Serial number of household member	In this job, is (NAME) ... 1 - Employee (government) 2 - Employee (private) 3 - Paid apprentice/intern 4 - Worked as an employer (with regular employees) 5 - Own account worker (without regular employees) 6 - Helping without pay in a household/family business 7 - Other, specify	How many hours does (NAME) usually work in a week in ALL jobs or businesses? Skip to Q43	During the last 30 days did (NAME) look for a job or try to start a business? 1 - Yes, skip to Q42 2 - No	Even though (NAME) did not look for work in the last 30 days does (NAME) want to work for pay or profit? 1 - Yes 2 - No, skip to Q43	If an opportunity to work for pay or to start a business becomes available could (NAME) start working within the next two weeks? 1 - Yes 2 - No
1	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> _____	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OLDER POPULATION

FOR MEMBERS 60 YEARS OLD AND OVER

	Pension, allowances, benefits										Medical conditions
	52	53									54
	Is (NAME) currently receiving a pension, allowance, or benefit? 1 - Yes 2 - No, skip to Q54	What kind of pension, allowance, benefit? (MARK ALL THAT APPLY) A - Work pension B - Veteran's pension, war widow's pension C - Family pension D - Social pension E - Invalid or Disability allowance pension F - Sickness allowance G - Other, specify H - Don't know									Did (NAME) visit any health care facility during the past 12 months? 1 - Yes 2 - No, skip to Q57
Serial number of household member	1	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	2	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	3	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	4	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	5	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	6	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	7	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	8	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	9	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>
	10	<input type="checkbox"/>	A	B	C	D	E	F	G _____	H	<input type="checkbox"/>

OLDER POPULATION

FOR MEMBERS 60 YEARS OLD AND OVER

		Medical conditions	
		55	56
Serial number of household member	<p>What type of health care facility did (NAME) visit the last time?</p> <p><i>PUBLIC SECTOR</i></p> <p>01 - Government Hospital 02 - Traditional Medicine Hospital/Clinic 03 - Urban Health Center 04 - Disease control Clinic 05 - Maternal and Child Health Center 06 - Rural Health Center (RHC) 07 - Sub-Rural Health Center (SRHC) 08 - Mobile Clinic 09 - Health Volunteer 10 - Other public, specify</p>	<p><i>PRIVATE SECTOR</i></p> <p>11 - Private Hospital/ Clinic 12 - Private Traditional Medicine Clinic 13 - Private Doctor 14- Stand-alone VCT Center 15 - Pharmacy 16 - Mobile Clinic 17 - Diagnostic Laboratory 18 - NGO/INGO 19 - Other private, specify</p>	<p>What was the main reason (NAME) visited the health care facility the last time?</p> <p>1 - Emergency Care 2 - Routine/regular consultations/follow up 3 - Regular laboratory tests 4 - Medicine for maintenance 5 - Got sick and needed consultations and medicines (out-patient) 6 - Got sick and admitted to the health care facility 7 - Other, specify</p>
	1	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	2	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	3	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	4	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	5	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	6	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	7	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	8	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	9	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____
	10	<input type="text"/> <input type="text"/> _____	<input type="checkbox"/> _____

PARTICIPATION, SUPPORT AND WELL-BEING

PERSONS WHO ANSWERED CODE "2", "3" OR "4" IN Q51 OR FOR OLDER POPULATION

	Community participation/activity								Support received during the past 12 months											
	57	58								59	60									
Serial number of household member	<p>During the past 12 months did (NAME) participate in any community/ social/ religious activity?</p> <p>1 - Yes 2 - No, skip to Q59</p>	<p>What types of community/ social/ religious activities did (NAME) participate?</p> <p>(MARK ALL THAT APPLY)</p> <p>A - Recreation and sports B - Socialization such as parties, meeting friends C - Political meetings and gatherings D - Art or cultural activities E - Educational activities F - Religious activities G - Humanitarian activities H - Other, specify</p>								<p>Did (NAME) get any support during the past 12 months?</p> <p>1 - Yes 2 - No, skip to Q62 3 - No need, skip to Q62</p>	<p>What are these supports?</p> <p>(MARK ALL THAT APPLY)</p> <p>A - Financial B - Assistance on daily activities inside the house C - Assistance on activities outside the house D - Medical support E - Home care services F - Day care services G- Transportation services H - Meal delivery service I - Other, specify</p>									
	1	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	2	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	3	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	4	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	5	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	6	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	7	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	8	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	9	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I
	10	<input type="checkbox"/>	A	B	C	D	E	F	G	H	<input type="checkbox"/>	A	B	C	D	E	F	G	H	I

PARTICIPATION, SUPPORT AND WELL-BEING

PERSONS WHO ANSWERED CODE "2", "3" OR "4" IN Q51 OR FOR OLDER POPULATION

	Support received during the past 12 months																	Health status and well-being (Repondent should be him/herself)			
	61																	62	63		
Serial number of household member	Who/which organization provided (NAME) support? (MARK ALL THAT APPLY) <i>LIVING IN THIS HOUSEHOLD</i> <i>LIVING ELSEWHERE (NOT IN THIS HOUSEHOLD)</i> A - Spouse/ partner H - Spouse/partner B - Son/ daughter I - Son/daughter C - Parent J - Parent D - Grandparent K - Grandparent E - Grandchild L - Grandchild F - Other family/ HH member (not hh help) M - Other relatives G - HH help/ caretaker/ caregiver N - HH help/caretaker/ caregiver O - Neighbours or friends P - An organised government/I/NGO/ community service (e.g. volunteer-based home-care services) Q - Private services (not a government or voluntary agency) R - Other, specify																	In a scale of 1 to 5, generally, how do you rate your health? 1 - Very good 2 - Good 3 - Fair 4 - Poor 5 - Very poor 6 - Refused 7 - Persons who answered code "2", "3" or "4" in Q51/ older person not available/ not possible to answer ▶ Q64 9 - Don't know	Are you basically satisfied with your life? 1 - All of the time 2 - Most of the time 3 - Some of the time 4 - A little of the time 5 - None of the time 6 - Refused 7 - Persons who answered code "2", "3" or "4" in Q51/ older person not available/not possible to answer 9 - Don't know		
	1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	2	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	3	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	4	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	5	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	6	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	7	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	8	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>
	10	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	<input type="checkbox"/>	<input type="checkbox"/>

INTERNATIONAL MIGRATION

FORMER HOUSEHOLD MEMBERS LIVING ABROAD

64 Is there any former member of this household who is now currently living abroad?

1 - Yes, how many?

2 - No, skip to Q79

Serial number	65	66	67	68	69	70
	What is the name of the former household member now living abroad?	What is (NAME)'s relationship to the head of this household? 02 - Spouse 03 - Son 04 - Daughter 05 - Son-in-law 06 - Daughter-in-law 07 - Grandchild/Great grandchild 08 - Parent 09 - Parent-in-law 10 - Brother or Sister 11 - Grandparent 12 - Adopted/Foster/Step child 13 - Other relative 14 - Not related	Is (NAME) a male or a female? 1 - Male 2 - Female	What is (NAME)'s age as of his/her last birthday?	Which year did (NAME) leave Myanmar? STATE IN GREGORIAN YEAR	What country is (NAME) currently residing? 01 - Thailand 02 - Malaysia 03 - Singapore 04 - China 05 - Japan 06 - South Korea 07 - India 08 - USA 09 - UAE 10 - Qatar 11 - Other, specify 99 - Don't know
1		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____
3		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____
4		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____
5		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____
6		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> _____

INTERNATIONAL MIGRATION

FORMER HOUSEHOLD MEMBERS LIVING ABROAD

Serial number	71	72	For 5 years old and over	For 10 years old and over	
			73	74	75
	What is (NAME)'s main reason for leaving the country? 1 - Employment/ in search for employment/ business 2 - Education 3 - Marriage 4 - Followed family 5 - Conflict 6 - Medical/Health services 7 - Natural Disaster 8 - Other, specify 9 - Don't know	What type of channel did (NAME) leave the country? 1 - Family connections 2 - Employer made arrangements 3 - Recruitment agency 4 - Labour broker 5 - Friend connections 6 - Made own arrangements 7 - Other, specify 9 - Don't know	What is (NAME)'s highest grade completed prior to departure? 01 - None 02 - Primary 03 - Middle school 04 - High school 05 - TVET diploma (GTI, GTC etc.) 06 - Undergraduate (University/ College) Diploma 08 - Bachelor's Degree 09 - Postgraduate Diploma 10 - Master's Degree/PhD 11 - Monastic/ Religious 12 - Other, specify 99 - Don't know	What is (NAME)'s marital status prior to departure? 1 - Single (never married) 2 - Married 3 - Widowed 4 - Divorced/ separated 9 - Don't know	What is (NAME)'s current activity abroad? 01 - Employee 02 - Employer 03 - Own-account worker 04 - Contributing family worker 05 - Seeking work 06 - Full-time student/ attending training 07 - Household work 08 - Pensioner, retired, older person 09 - Illness, injury or disability 10 - Idle 11 - Other, specify 99 - Don't know
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERNATIONAL MIGRATION

FORMER HOUSEHOLD MEMBERS LIVING ABROAD

For 10 years old and over

Serial number	76	77	78
	<p>Has (NAME) sent money from abroad during the last 12 months?</p> <p>1 - Yes 2 - No, skip to next household member or Q79</p>	<p>How much cash in total did (NAME) send in the last 12 months (in MMK)?</p>	<p>What was the main channel used for sending/ bringing money to your household?</p> <p>1 - Banks 2 - Money transfer operators (Western Union/Money Gram/Xpress Money etc.) 3 - Mobile financial services (Wave Money/True Money/M-Pitesan) 4 - Hundi 5 - Money carried in cash by another person (friend/relative) 6 - Other, specify</p>
1	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
2	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
3	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
4	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
5	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
6	<input type="checkbox"/>	_____	<input type="checkbox"/> _____

HOUSING CHARACTERISTICS

No.	Questions	Coding categories	Skip
79	What type of housing unit does this household occupy?	Condominium 1 Apartment/flat 2 Bungalow/brick house 3 Semi-pucca house 4 Wooden house 5 Bamboo 6 Hut 2-3 years 7 Hut 1 year 8 Other 9 <hr style="width: 20%; margin-left: auto; margin-right: auto;"/> (specify)	
80	Do you own, rent or provided for free this housing unit occupied by your household?	Owned 1 Rented (government) 2 Rented (private) 3 Provided free (individual) 4 Provided free (government quarter)..... 5 Provided free (private company quarter)..... 6 Other 7 <hr style="width: 20%; margin-left: auto; margin-right: auto;"/> (specify)	
81	What is the main source of energy for lighting in the household?	Grid electricity (Gov't grid, border country grid, community based grid)..... 1 Off-grid electricity Generator (private) 2 Solar system energy 3 Wind and water mill 4 Others Kerosene 5 Candle 6 Rechargeable battery 7 Other 8 <hr style="width: 20%; margin-left: auto; margin-right: auto;"/> (specify)	
82	What is the main fuel used for cooking in this household?	Grid electricity (Gov't grid, border country grid, community based grid) 01 Off-grid electricity Generator (private) 02 Solar system energy 03 Wind and water mill 04 Others Kerosene 05 LPG 06 Bio gas 07 Firewood 08 Charcoal 09 Coal 10 Straw/grass 11	

HOUSING CHARACTERISTICS			
No.	Questions	Coding categories	Skip
		Other _____ 12 (specify)	
83	Is the cooking usually done in the house, in a separate building or outdoors?	In the house 1 In a separate building 2 Outdoors 3 Other _____ 4 (specify)	
84	How many rooms do the members of your household occupy, including prayer room, bedrooms, dining and living rooms? (EXCLUDE TOILETS, KITCHENS, BALCONIES, CORRIDORS AND ROOMS USED ONLY FOR BUSINESS)	Number of rooms <input type="text"/> <input type="text"/>	
85	MAIN CONSTRUCTION MATERIALS OF THE OUTER WALLS (DO NOT ASK, OBSERVE AND ENTER THE CODE. IF IN DOUBT, ASK THE RESPONDENT)	Dhani/Theke/Palm/In leaf 1 Bamboo 2 Earth 3 Wood 4 Corrugated sheet 5 Tile/brick/concrete 6 Other _____ 7 (specify)	
86	MAIN CONSTRUCTION MATERIALS OF THE ROOF (DO NOT ASK, OBSERVE AND ENTER THE CODE. IF IN DOUBT, ASK THE RESPONDENT)	Dhani/Theke/Palm/In leaf 1 Bamboo 2 Earth 3 Wood 4 Corrugated sheet 5 Tile/brick/concrete 6 Other _____ 7 (specify)	
87	MAIN CONSTRUCTION MATERIALS OF THE FLOOR (DO NOT ASK, OBSERVE AND ENTER THE CODE. IF IN DOUBT, ASK THE RESPONDENT)	Bamboo 1 Earth 2 Wood 3 Tile/brick/concrete 4 Other _____ 5 (specify)	

HOUSING CHARACTERISTICS

No.	Questions	Coding categories		Skip
88	<p>Which of the items does your household have?</p>	(MARK ALL THAT APPLY)		
		A - Radio	1 2	
		B - Television set	1 2	
		C - Landline/fixed-line telephone	1 2	
		D - Mobile phone	1 2	
		E - Computer	1 2	
		F - Internet access at home (through landline or mobile connection).....	1 2	
		G - Car/pick-up/truck/van	1 2	
		H - Motorcycle/moped/tuk tuk	1 2	
		I - Bicycle	1 2	
		J - Four-wheel tractor	1 2	
		K - Canoe/boat	1 2	
		L - Motor boat	1 2	
		M - Cart (bullock)	1 2	
89	<p>What is your household annual income from all sources of income?</p> <p>Please include income of all household members as well.</p> <p>(If you can't remember the exact number, please give us your best estimate)</p>	Annual income (Lakhs).....		

WATER, SANITATION AND HYGIENE

No.	Questions	Coding categories	Skip
Water source			
90	What is the main source of drinking water for members of your household?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Borehole or tubewell 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Delivered water Tanker-truck 61 Cart with small tank / drum 62 Home water purifier/filter/Bottled water 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other 91 _____ (specify)	Skip to Q94 Skip to Q95
91	Where is the drinking water collected from?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	Skip to Q94
92	How long does it take to go there, get water, queue and come back?	Number of minutes <input type="text"/> <input type="text"/> <input type="text"/> IF DON'T KNOW MINUTES, ENTER "999"	
93	Who oftenly collects water? Is (NAME) a male or a female?	Male 1 Female 2 Both male and female collect water..... 3	
94	In the last summer, has there been any time when your household did not have sufficient quantities of drinking water when needed?	Yes, at least once 1 No, always sufficient 2 Don't know 9	
Sanitation facility			
95	What kind of toilet facility do members of your household usually use? If 'Flush' or 'Pour flush', probe: Where does it flush to?	Flush / pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit latrine 13 Flush to open drain 14 Flush to don't know where 15	

WATER, SANITATION AND HYGIENE

No.	Questions	Coding categories	Skip
		Dry pit latrines Ventilated improved pit latrine 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Container based sanitation 31 Hanging toilet / hanging latrine 41 No facility / Bush / Field 51 Other 61 _____ (specify)	Skip to Q100
Shared sanitation			
96	Do you share this facility with others who are not members of your household?	Yes 1 No 2	
Location of sanitation facility			
97	Where is this toilet facility located?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	
Emptying of on-site sanitation facilities			
98	Has your septic tank ever been emptied or buried when the latrine pit is full? ASK: IF CODE "12", "13", "21", "22", "23", OR "31" IN Q95	Yes 1 No 2 Don't know 9	} Skip to Q100
Disposal of excreta from on-site sanitation facilities			
99	The last time it was emptied or buried, where were the contents emptied to or what did you do? Was it removed by a service provider? ASK: IF CODE "12", "13", "21", "22", "23", OR "31" IN Q95	Removed by service provider to a treatment plant 11 buried in a covered pit..... 12 to don't know where 13 Emptied by household buried in a covered pit 21 to uncovered pit, open ground, water body or elsewhere 22 Other 31 _____ (specify) Don't know 99	
Solid waste disposal			
100	How does your household usually dispose of garbage?	Collected by formal service provider 1 Collected by informal service provider 2 Disposed of in designated waste disposal area ... 3 Disposed of within household yard or plot 4 Buried or burned 5 Disposed of elsewhere 6 Other 7 _____ (specify)	

WATER, SANITATION AND HYGIENE

No.	Questions	Coding categories	Skip
Handwashing facility observation			
101	<p>Can you please show me where members of your household most often wash their hands?</p>	<p>Fixed facility observed (sink/tap)</p> <p>In dwelling 1</p> <p>In yard/plot 2</p> <p>Mobile object observed (bucket/jug/kettle) 3</p> <p>No handwashing place in dwelling/yard/plot 4</p> <p>Not observed, no permission to see 5</p> <p>Not observed, other reason 6</p>	<p>Skip to Q103</p>
Water and Soap observation			
102	<p>OBSERVE AVAILABILITY OF WATER, SOAP OR DETERGENT AT THE PLACE FOR HANDWASHING</p>	<p align="center">(MARK ALL THAT APPLY)</p> <p>Water is available A</p> <p>Water is not available B</p> <p>Soap or detergent available C</p> <p>Soap or detergent not available D</p>	
Water Quality Test			
103	<p>Can you please provide me with a glass of water that members of your household usually drink?</p> <p>CONDUCT TESTS WITHIN 30 MINS OF COLLECTING SAMPLES.</p> <p>WAIT FOR 24 TO 48 HOURS TO SEE THE CHANGES OF WATER COLOUR</p> <p>RECORD THE COLOUR OF WATER; CHANGE TO BLUE GREEN – YES CHANGE TO YELLOW – NO</p>	<p>Presence of E-coli detected in the water sample</p> <p>Yes..... 1</p> <p>No..... 2</p>	

MORTALITY/MATERNAL MORTALITY

DEATH IN THE HOUSEHOLD DURING THE LAST 12 MONTHS

104 Was there any death among the previous members of this household during the past 12 months? 1 - Yes 2 - No, END INTERVIEW						
Serial number	105	106	107	If Q 107 = "000"	If Q106 is "1" - Male or Q107 is less than 10 or greater than 49, END INTERVIEW	If Q109 is "4", "5", or "6", END INTERVIEW
				108	109	110
	What was the name of the deceased household member?	Was (NAME) a male or a female? 1 - Male 2 - Female	How old was (NAME)'s in completed years at the time of his/her death? If less than one year, write "000"	How old was (NAME) in months or days?	Did (NAME) die during pregnancy, delivery, or in the first 6 weeks after delivery? 1 - Pregnancy 2 - Delivery 3 - First 6 weeks after delivery 4 - No, did not die during pregnancy, delivery or within first 6 weeks after delivery 5 - Don't know when she died 6 - Don't know if pregnant	Was (NAME)'s death due to act of violence or accident? 1 - Act of violence 2 - Accident 3 - No, not act of violence, not accident 9 - Don't know
1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Months <input type="text"/> <input type="text"/> 2. Days <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Months <input type="text"/> <input type="text"/> 2. Days <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Months <input type="text"/> <input type="text"/> 2. Days <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Months <input type="text"/> <input type="text"/> 2. Days <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>