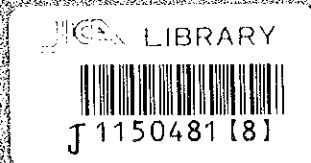


JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)  
MINISTRY OF INFRASTRUCTURE DEVELOPMENT (MID)  
THE GOVERNMENT OF MONGOLIA

THE STUDY  
ON  
GROUNDWATER DEVELOPMENT  
FOR  
ALTAI CITY  
IN  
MONGOLIA

FINAL REPORT  
DATA BOOK



MARCH 1999

PACIFIC CONSULTANTS INTERNATIONAL  
MITSUI MINERAL DEVELOPMENT ENGINEERING CO., LTD.

SSS
JR
99-058



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1150481 (8)

# DATA BOOK

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**CHAPTER 1 SOCIETY AND HYGEINE**



## **Appendix 1 Group Interview / Discussion**

### **Group Interview / Discussion**

#### **A. Introduction**

In order to understand problem of water supply and hygiene , women were invited to group interview and discussion. The following were expected to achieve in the group discussions.

1. Understand the problem of water supply in Altai-city from perception of consumer and caretaker of family.
2. Understand difference of living in ger and living in an apartment
3. Assess the knowledge and awareness related to water related disease.
4. Refer to future direction on social survey and hygiene education.

#### **B. Source**

Through the Mongolian counterpart of the study team, a candidate for moderator and 7-8 women who live in ger area and who live in an apartment were invited to participate in a group discussion. As a candidate of moderator for group discussion, a local women of aged between 30 and 50, experienced of teaching, and respected from local community, was looked for. Participants were only asked for her age between 20 and 60 years old and dwelling.

Consequently, the president of Women Association, Gobi-Altai was selected as a moderator and 8 women from ger area and 6 from apartment area (the central arear) were invited to group discussion through the moderator. For a note-taker, the interpreter for the foreign researcher was asked to record the content of discussion following the prepared recordign form.

#### **C. Method**

On the day before 2 days, the role of moderator and question guidance were introduced to the moderator. She was expected to encourage participants to express their opinion as well as interaction among the participants. Then, prepared questionnaire was translated for the moderator.

In order to create comfortable atmosphere, a ger was prepared with tea and some favorites

in the plot of the Governor's office. Firstly, group interview and discussion for ger group was conducted, then apartment group was invited. About 90 minutes were given for each groups.

Discussion note was taken by the interpreter with itemized form.

#### D. Prepared Question

1. Regarding to your family and the community, what are you concerned about most?
2. What aspects are different between living in a ger and living in an apartment?
3. Fill in the following. In daily life;  
man can decide ..... but woman can not.  
man always does ..... but woman does not.  
woman can decide ..... but man can not.  
woman always does ..... but man does not.  
Children always do .....
4. Are you satisfied with current water supply?  
If "yes", but why?  
If "no", is it because of quality or quantity of water?  
If it is the problem of quantity, how much and what is used for?  
If it is the problem of quality, is it color, smell, or taste? Or other reason? But why?
5. What are the causes of disease related to sanitation and personal hygiene?
6. What in practice should be given to water and sanitation at family and community level? What about aimag and sum level?
7. Have you seen this package? (Showing a package of oral dehydrate salts in front)  
Have you used this package ever?

#### E. Characteristics of Two groups

The age of participants from ger area ranged from 23 to 43 years old. Four out of eight participants with different job engaged in public service. One of the participants was unemployed and the rest came from private sector Three of them live in 4th bag, another three come from 3rd bag, and one live in 2nd bag.

The age of apartment group ranged from 29 to 41 years old. Three out of six participants work in public sector while the others work for private or engineering company. Five of them come from 4th bag and the rest live in 3rd bag.

## F. Result

### Question 1

	ger group	apartment group
	<ul style="list-style-type: none"> <li>- water problem</li> <li>- find a working place</li> </ul>	<ul style="list-style-type: none"> <li>- water, because we can't live without safe water</li> <li>- electricity</li> <li>- heating</li> <li>- environment</li> <li>- information</li> </ul>

### Question 2 - ger group

	good (advantage)	bad (disadvantage)
ger	<ul style="list-style-type: none"> <li>- living in summer</li> <li>- healthier than living in a house</li> <li>- easy to built and put down</li> </ul>	<ul style="list-style-type: none"> <li>- water shortage</li> <li>- fuel shortage (wood and coal)</li> </ul>
apartment	<ul style="list-style-type: none"> <li>- living in winter</li> </ul>	

### Question 2 - apartment group

	good (advantage)	bad (disadvantage)
ger	<ul style="list-style-type: none"> <li>- living in summer (cool in a hot day)</li> <li>- good air change</li> <li>- easy to built and put down</li> </ul>	<ul style="list-style-type: none"> <li>- shortage of both cold and hot water</li> <li>- less free time for adults and children</li> <li>- children work hard</li> </ul>
apartment	<ul style="list-style-type: none"> <li>- more free and relaxing time</li> <li>- not much house work</li> <li>- good supply of cold water</li> </ul>	<ul style="list-style-type: none"> <li>- no supply of hot water</li> </ul>

### Question 3 - ger group

	can decide but	always do
--	----------------	-----------

Men	all <u>outside</u> of house work such as - find summer and winter camp - prepare fuel for winter - do business (buying food, change horses etc.	- slaughter animals - organize funeral - all kinds of repair
Women	all <u>inside</u> of house work such as - take care of children including education - cleaning - washing - cooking - disposing waste/ garbage	- all house work - all shopping
Children		Boys do - chop wood for fire - run cattle - milk cattle - help moving to another place - water animals Girls do - take care of babies - make milk products (cheese, butter, cards, yogurt, and etc.)

Question 3 - apartment group

	can decide but	always do
Men	all the question for living such as - move to winter or summer camp - repair work - business and trading over 1 million figure	- slaughter animals - repair work - find food for a year
Women Women (continue)	- menu of cooking - what to buy - right thing to buy	- shopping - take care of children - prepare for celebration - washing
Children		- home work - playing

		<ul style="list-style-type: none"> <li>- help parents</li> <li>(- involved in trading and business since 1992, for instance, buy and sell goods like cigarettes, animal skin)</li> </ul>
--	--	--

Question 4

	Quantity	Quality
ger group	Not satisfied current water supply because; <ul style="list-style-type: none"> <li>- difficult to keep water longer</li> <li>- only once per every 2 days service</li> <li>- one person need 30-50 liter per day</li> </ul>	Not big problem but; <ul style="list-style-type: none"> <li>- affect people's health. (They think, after using this water for years, people get some disease such as skin disease, stomackdisorder, liver and gallbladder disease.)</li> </ul>
apartment group	Not, because; <ul style="list-style-type: none"> <li>- when power failure occur, water supply stops</li> </ul>	No, but it is not because of color, smell, nor taste. It is because of ; <ul style="list-style-type: none"> <li>- sickness such as loosing weight and feeling no hungry</li> <li>- after hair washing, it gets thinner and loosing the color</li> </ul>

Question 5

ger group	<ul style="list-style-type: none"> <li>- Virus Hepatitis (A)</li> <li>- Dysentery</li> <li>- Diarrhea</li> <li>- Stomach disorder</li> <li>- Different kind of skin disease</li> </ul>
apartment group	<ul style="list-style-type: none"> <li>-Virus Hepatitis (A)</li> <li>- Itches</li> <li>- Diarrhea</li> <li>- Different kinds of skin diseases</li> </ul>

Question 6

	family and community can	aimag and sum can
ger group	- dig more wells - soften water	- provide toilet facilities - facilitate more washing place
apartment group		- provide enough water - fix hot water tab

Question 7

The both of groups mentioned that they are familiar with ORS. They also addressed the effectiveness of ORS for child diarrhea. The summer season, May - August, is the most frequent time that ORS is used. Some people keep 10 packs of ORS in their house because the package sometimes run out from pharmacy.

**G. Process Review**

Due to limited resource and time constrain at Altai-city, the researcher had to limit the question with fewer number but contain broader concept. Actually, this type of approach might be too ambitious for the situation. For instance, questionnaire should have been accessed to avoid miss-leading and poor communication and an experienced sociologist could have been engaged in a moderator or a note-taker. However, all participants were very cooperative and positive to participate in this of group discussion. Information given by the participants were also relevant and constructive.

**H. Participants' Name and Adress**

Ger Area

Name	Age	Occupation	Address
1. Otgen	29	Attached in charge of cultural mater atthe Governor's office	Esunbulag Sum 4th bag 11-4
2. Soyolmaa	28	Service maid at the Governor's office	4th bag
3. Otgen	43	Veterinarian at the Governor's office	3rd bag
4. Tuul	32	unemployed	3rd bag
5. Errhhembayar	23	State mining inspector	3rd bag

6. Tuul	36	economist	4th bag
7. Oyungerel	24	inspector	2nd bag

Apartment Area

Name	Age	Occupation	Address
1. Tseudsuren	30	chief of a private company	4th bag
2. Oyuuchimeg	29	a physician	
3. Bayerfileg	39	engineer-mechanic researcher, Esunbulag sum	3rd bag
4. Undarmaa	37	specialist at the Governor's office	4th bag
5. Bayannuur	36	engineer	4th bag
6. Nyamjar	41	engineer	4th bag
7. Dembee		President of the Women's Association, moderator	4th bag

## Annex 2 Reported Infectious Diseases

Reported Infectious Disease in Gobi-Altai Aimag

1996 ← → 1995

No	Indicator	Month	1	2	3	4	5	6	7	8	9	10	11	12	total
1	Mothers		120	112	154	151	153	139	130	140	159	135	148	139	1680
2	Live birth		121	111	152	150	152	140	129	140	162	130	146	142	1675
3	Maternal death							1				1	1		3
4	Death rate		29	34	44	37	50	49	23	23	64	29	29	46	457
5	Incl. in hospital		14	15	16	12	18	19	9	11	30	20	13	17	194
6	in hospital within 24 hours		1	1	1	1	4	2	1	1	3	4	2		21
7	of children below 1 year		3		1	2	7	5	6	6	9	4	7	5	55
8	of children aged 1-5 year			3	1	1		3	3	6		2	3	2	24
9	Hospital bed / day		3382	3430	4852	7106	6055	2776	9923	9327	0667	1365	3076	5612	157571
10	Hospital discharge		1214	1272	1322	1423	1529	1167	879	875	943	981	1281	1706	14592
11	All non-infectious disease		27	315	2562	716	1078	497	212	262	739	..	..	..	..
12	Enteric typhoid	Disease													
		Death													
13	Dysentery	Disease		1					2						3
		Death													
14	Salmonella	Disease													
		Death													
15	Virus Hepatitis	Disease	20	20	18	17	20	26	15	11	25	27	22	26	247
		Death						1							1
16	Virus Poliomyelitis	Disease													
		Death													
17	Botulinus	Disease													
		Death													
18	Colitis infection	Disease													
		Death													
19	Diarrhea	Disease													
		Death													
20	Brucellosis	Disease						2							2
		Death													
21	Virus Meningitis	Disease		3		2		2				1			8
		Death						1							1
22	Diphtheria	Disease													
		Death													

Source: Social Health Center, Gobi-Altai .. Data not available



### Annex 2 Reported Infectious Diseases

		Reported Infectious Disease in Gobi-Altai Aimag													
		1996						1995							
No	Indicator	Month	1	2	3	4	5	6	7	8	9	10	11	12	
23	Measles	Disease													
		Death													
24	Whooping cough	Disease													
		Death													
25	Parasites	Disease													
		Death													
26	Scarlet	Disease													
		Death													
27	German Measles	Disease													
		Death													
28	Smallpox	Disease													
		Death													
29	Erysipelas	Disease													
		Death													
30	Hydrophobia	Disease													
		Death													
31	Plague	Disease								2	1			3	
		Death								1				1	
32	Tetanus	Disease													
		Death													
33	TB	Disease		6		3	10	4		2		1		1	27
		Death													
34	Scabies	Disease	4	3	7	5	3			1	1	31	6	55	116
		Death													
35	Gonorrhea	Disease	3	1	1	3	2	1		1	1	3	1	5	22
		Death													
36	Syphilis	Disease			2	5	2	1		1		1	2	2	16
		Death													
37	Infectious Syphilis	Disease			2		2	1		1					6
		Death													
38	Compiling Date	Disease													
		Death													
39	Officer collected														

Source: Social Health Center, Gobi-Altai .. Data not available

Annex 2 Reported Infectious Diseases

Reported Infectious Disease in Altai-city			1996 ← → 1995												
No	Indicator	Month	1	2	3	4	5	6	7	8	9	10	11	12	total
1	Mothers		32	26	40	56	37	45	49	39	34	36	35	28	457
2	Live birth		32	25	40	56	37	48	48	40	34	32	35	30	457
3	Maternal death			2	2			1					1		6
4	Death rate		9	8	1	9	14	16	1	5	33	9	7	21	133
5	Incl. in hospital		4	3	1	3	3	6	1	5	12	9	7	4	58
6	in hospital within 24 hours			1		1	1	2			2	4	2		13
7	of children below 1 year		1			1	1	1	1	4		2	3	1	15
8	of children aged 1-5 year			1	1			1			1	2	1		7
9	Hospital bed / day		..	..	..	..	..	..	..	..	..	5269	6054	5746	..
10	Hospital discharge		..	..	..	..	..	..	..	..	..	377	490	..	..
11	All non-infectious disease														
12	Enteric typhoid	Disease													
		Death													
13	Dysentery	Disease		1					1						2
		Death													
14	Salmonella	Disease													
		Death													
15	Virus Hepatitis	Disease	19	13	14	6	13	21	8	10	20	24	19	23	190
		Death						1							
16	Virus Poliomyelitis	Disease													
		Death													
17	Botulinus	Disease													
		Death													
18	Colitis infection	Disease													
		Death													
19	Diarrhea	Disease													
		Death													
20	Brucellosis	Disease						1							1
		Death													
21	Virus Meningitis	Disease		2				1							3
		Death													
22	Diphtheria	Disease													
		Death													

Source: Social Health Center, Gobi-Altai .. Data not available

**Appendix 2 Reported Infectious Diseases**

Reported Infectious Disease in Altai-city

1996 ← → 1995

No	Indicator	Month	1	2	3	4	5	6	7	8	9	10	11	12	total	
23	Measles	Disease														
		Death														
24	Whooping cough	Disease														
		Death														
25	Parasites	Disease														
		Death														
26	Scarlet	Disease														
		Death														
27	German Measles	Disease														
		Death														
28	Smallpox	Disease														
		Death														
29	Erysipelas	Disease														
		Death														
30	Hydrophobia	Disease														
		Death														
31	Plague	Disease														
		Death														
32	Tetanus	Disease														
		Death														
33	TB	Disease		3											1	4
		Death														
34	Scabies	Disease	4	1	2						1	28	1	2	39	
		Death														
35	Gonorrhoea	Disease	2	1	1					2	1	1		1	9	
		Death														
36	Syphilis	Disease			1					1		1			3	
		Death														
37	Infectious Syphilis	Disease			1										1	
		Death														
38	Compiling Date	Disease														
		Death														
39	Officer collected															

Source: Social Health Center, Gobi-Altai .. Data not available

Annex 3 plan of operation

	Study Activities	Noticed Point	Study Methods	Preparation	Expected Output	Weeks													
						1	2	3	4	5	6	7	8						
A	To conduct a household survey on family information, water utilization and knowledge of hygiene practice etc. among Altai residents and interview with the facilities where large amount of water consume																		
1	Interviewing with residents who are randomly selected from gel and apartment area and factories with prepared questionnaires (Local contractor)	Develop point-specific, simplified, time saving, and systematic questionnaire; socially and culturally acceptable questions.	Personnel interviews by prepared questionnaire	Formulating questionnaires; interpretation; testing; revision; training of interviewers; explaining survey protocol to a relevant organization to obtain consent	200 data sets are input														
2	Interviewing with key informants	Clarifying a guideline for selecting key informants and collecting supplementary information through interviews with them.	Interviews	Questionnaires and a proposal for a table of contents	5 page report														

Annex 3 plan of operation

	Study Activities	Noticed Point	Study Methods	Preparation	Expected Output	Weeks								
						1	2	3	4	5	6	7	8	
B	To formulate an implementation plan and prepare educational materials for hygiene education (booklet, poster, etc.) based on the policy on hygiene education.					■	■	■	■	■	■	■	■	■
3	Implementing a supplementary study as for the occurrence of the water-borne disease accordance with seasonal and geographical change, and grasping the progressive situation on the water examination and substance over a standard value	Disease occurrence in accordance with a course of time and geographical area	Collecting data and information	Formulating a list of data to be collected	Comparing with a rate of disease occurrence related to infectious water disease in Altai City	■								
4	Grasping the awareness as for water/hygiene education at each organization and the present situation of the plan for hygiene education	Is there an unified opinion with Mongolian side regarding the quality of water? Position of the hygiene education plan at the Ministry of Health, local administration, and health education in a whole image	Collecting information and interviews	Preparing a list of data to be collected	Clarifying knowledge, interest and attitude of water problems on each organization in Altai City		■	■						
5	Re-arranging the problems on water utility and health at the household level	Grasping the problems by visiting to the households and group discussion	Focused group and interviewing bag-doctor	Guide line for a focused group discussion	Putting problems into a form of diagram			■						
6	Clarifying the possibility of participation from every layer of people for formulating a plan for hygiene education	Assessing the potential capability as a promoter for hygiene education and the expected effects	Interviewing with each organization and an individual and so on	Matrix and questionnaire	Putting the information into a form of diagram or table				■					

Annex 3 plan of operation

7	Grasping the human and organizational capabilities, the present facilities and equipment as an primary promoter or an implementing organization for hygiene education	Assessing the potential capabilities to formulate a plan for hygiene education and expected supporting system	Visiting and interviewing organizations and facilities	Matrix and questionnaires	Putting the information into the form of a diagram or table	
8	Formulating a draft for an implementation plan and teaching materials for hygiene education.	Introducing an implementation plan with an appropriate scale and verifying a mechanism such as monitoring	Participating in formulating educational materials in a focused group, and verifying the preference of promoters for hygiene education	An example of educational materials for hygiene education; tools and resource to formulate educational materials	A draft of educational materials; an implementation plan;	

Study Activities	Noticed Point	Study Methods	Preparation	Expected Output	Weeks									
					1	2	3	4	5	6	7	8		
C Documents•Data Analysis, Report writing														

Ulaanbaatar

Altai

Annex 4 Household English

IDENTIFICATION				
SERIAL NUMBER	1.....200			
HOUSEHOLD ID. NUMBER				
NAME OF HOUSEHOLD				
ADDRESS				
GROUP NUMBER	Ger Group=1. Apartment Group=2 .....			
WARD (Bag)	Bag 1=1, Bag 2 =2, Bag 3=3, Bag 4=4			
	Other=5.....			
DISTRICT , PROVINCE	<i>Esum Balg, Gobi-Altai</i>			
HOUSEHOLD SELECTED MALE SURVEY YES=1, NO=0.....				
INTERVIEWER VISITS				
	1st	2nd	3rd	Final Visit
DATE				DAY.....
				MONTH....
				YEAR.....
MEMO FOR NEXT VISIT DATE				
TIME				
INTERVIEWERS NAME/ID				ID. NO.....
TOTAL NUMBER OF VISITS				
RESULT				
1 COMPLETED .....				1
2 NO HOUSEHOLD MEMBER AT HOME AT TIME OF VISIT.....				2
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD .....				3
4 POSTPONED .....				4
5 REFUSED .....				5
6 DWELLING VACANT OR ADDRESS NOT A DWELLING.....				6
7 OTHER .....				7
	(specify)			
Supervisor Name _____ Date _____		Field Editor Name _____ Date _____		

## Annex 4 Household English

No. Questions and Filters	Cording Categories	Skip to
<p>1 Record the time. Introduce yourself and the purpose of visit.</p>	<p><input type="checkbox"/> Morning / AM..... 1</p> <p><input type="checkbox"/> Afternoon / PM..... 2</p>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>
<p>2 Type of the house. Record observation.</p>	<p><input type="checkbox"/> Ger..... 1</p> <p><input type="checkbox"/> Apartment (Brick building)..... 2</p> <p><input type="checkbox"/> Apartment (Wooden flat)..... 3</p> <p><input type="checkbox"/> Other (specify)..... 99</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>
<p>3 Put the type of house mentioned the above into the two categories, Ger or Others.</p>	<p><input type="checkbox"/> Ger..... 1</p> <p><input type="checkbox"/> Others ( category 2, 3, and 99 of the above) 2</p>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>
<p>4 Main material of the floor Record observation.</p>	<p>Natural floor</p> <p><input type="checkbox"/> Earth / sand..... 11</p> <p>Rudimentary floor</p> <p><input type="checkbox"/> Wood planks..... 21</p> <p>Finished Floor</p> <p><input type="checkbox"/> Parquet or polished wood..... 31</p> <p><input type="checkbox"/> Ceramic tiles..... 32</p> <p><input type="checkbox"/> Cement..... 33</p> <p><input type="checkbox"/> Other(specify)..... 99</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>
<p>5 Record interviewee's sex.</p>	<p><input type="checkbox"/> Male..... 1</p> <p><input type="checkbox"/> Female..... 2</p>	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>



## Annex 4 Household English

6 First I would like to ask some questions about you and your household. How many rooms in your household are used for sleeping?	Number of bed rooms or ger	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	----------------------------	---

7 Are you married?	<input type="checkbox"/> Yes..... <input type="checkbox"/> No.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px solid black; padding: 5px;">1</td> <td style="width: 95%;"></td> </tr> <tr> <td style="width: 5%; border-right: 1px solid black; padding: 5px;">0</td> <td style="width: 95%;"></td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	1		0	
1						
0						

8 How old were you at your last birthday?	Age of interviewee	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	--------------------	---

9 How many children of aged 0 to 14 do you live together with?	Number of children aged 0-14	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	------------------------------	---

10 How many of aged 14 to 60 including you, are there in your household?	Number of adults aged 15-60	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	-----------------------------	---

11 How many of aged more than 61 years are there in your household?	Number of aged more than 61 years	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	-----------------------------------	---

12 How many people are there in your household in total? Compare and correct the above question if inconsistent.	Number of household member	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	----------------------------	---

13 Who is the household head?	<input type="checkbox"/> Husband..... <input type="checkbox"/> Wife..... <input type="checkbox"/> Other (specify).....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px solid black; padding: 5px;">1</td> <td style="width: 95%;"></td> </tr> <tr> <td style="width: 5%; border-right: 1px solid black; padding: 5px;">2</td> <td style="width: 95%;"></td> </tr> <tr> <td style="width: 5%; border-right: 1px solid black; padding: 5px;">99</td> <td style="width: 95%;"></td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	1		2		99	
1								
2								
99								

Annex 4 Household English

14	Do you live in current place all the time through the year or do you stay in short time (temporally)?	<input type="checkbox"/> All the time through the year.....	1	15
		<input type="checkbox"/> Temporally.....	2	16

15	How long have you been living contiguously in current place of residence?	Number of years(Round off to the nearest year)	17

16	How many months do you live in the City?	Number of months	17

17	Do you have any visitor or relative who stay together with? If "yes", ask the interviewee how many visitors or relatives do you live together? If "No", put "0" in the answer box.	Number of visitors or relatives live together with	

18	What is your religion?	<input type="checkbox"/> Buddhism.....	1
		<input type="checkbox"/> Catholic.....	2
		<input type="checkbox"/> Protestant.....	3
		<input type="checkbox"/> Moslem.....	4
		<input type="checkbox"/> None.....	5
		<input type="checkbox"/> Other.....	99

Annex 4 Household English

19	Do you own free plot area?	<input type="checkbox"/> Yes.....	1		
		<input type="checkbox"/> No.....	0		

20	Do you have livestock? If "Yes", continue to Q21, if "No", jump to Q22.	<input type="checkbox"/> Yes.....	1	→	21
		<input type="checkbox"/> No.....	0	→	22

21	How many animals of the followings do you keep?					
		-sheep	Number of Sheep.....			
		-Goat	Number of Goat.....			
		-Camel	Number of Camel.....			
		-Cattle	Number of Cattle.....			
		-Horse	Number of Horse.....			

22	What are the source of income for the household? Name the all source of income.	<input type="checkbox"/> From regular and temporally work (selling goods is included)	Yes	No	
		<input type="checkbox"/> Pension	1	0	
		<input type="checkbox"/> Borrow money	1	0	
		<input type="checkbox"/> Support from relative or friends	1	0	
		<input type="checkbox"/> Other (specify)	1	0	

Annex 4 Household English

23	Have any members of your household done any work in the last 12 months?	<input type="checkbox"/> Yes.....	1	24
		<input type="checkbox"/> No.....	0	32
				<input type="text"/>

24	What is husband's occupation, that is what kind of work does he mainly do?	<input type="checkbox"/> Regular work at public sector (Employed by Government)	1	
		<input type="checkbox"/> Regular work at private sector (Employed by private company)	2	
		<input type="checkbox"/> Self employed (live stock, agriculture, private company owner, house-work etc.)	3	
		<input type="checkbox"/> Temporally work (Irregular)	4	
		<input type="checkbox"/> Unemployed	5	
		<input type="checkbox"/> Not applicable(No husband)	6	
		<input type="checkbox"/> Other(specify)	99	
				<input type="text"/>

25	Does he work for a member of your household, for someone else, or are you self-employed?	<input type="checkbox"/> For family member.....	1	
		<input type="checkbox"/> For someone else.....	2	
		<input type="checkbox"/> Self-employed.....	3	<input type="text"/>

26	Does he earn cash by this work?	<input type="checkbox"/> Yes.....	1	
		<input type="checkbox"/> No.....	0	<input type="text"/>

27	If "Yes", ask how much he earned in the last 12 months? If "No", put "0" in the answer box.	Tg.	<input type="text"/>
----	---	-----	----------------------

Annex 4 Household English

28	What is wife's occupation, that is what kind of work does she(you) mainly do?	<input type="checkbox"/> Regular work at public sector (Employed by Government) 1 <input type="checkbox"/> Regular work at private sector (Employed by private company) 2 <input type="checkbox"/> Self employed (live stock, agriculture, private company owner, house-work etc.) 3 <input type="checkbox"/> Temporally work (Irregular) 4 <input type="checkbox"/> Unemployed 5 <input type="checkbox"/> Not applicable(No wife) 6 <input type="checkbox"/> Other(specify) 99	<input style="width: 100px; height: 20px;" type="text"/>
----	---	---	--

29	Does she earn cash by this work?	<input type="checkbox"/> Yes..... 1 <input type="checkbox"/> No..... 0	<input style="width: 100px; height: 20px;" type="text"/>
----	----------------------------------	---	--

30	If "Yes", ask how much she earned in the last 12 months? If "No", put "0" in the answer box.	Tg.	<input style="width: 100px; height: 20px;" type="text"/>
----	--	-----	--

31	How much did your family earn from the work last 12 months? That is the sum of earned from the work of husband and wife plus earned from the work of other member of family.	Tg. Annual income from regular and temporally work of all the member of household. Q27 + Q30 + Extra(other family's income).	<input style="width: 100px; height: 20px;" type="text"/>
----	---	--	--

32	How much have any members of your household receive from pension, support from relative or friends etc. in the last 12months?	Tg.	<input style="width: 100px; height: 20px;" type="text"/>
----	---	-----	--

33	How much have any members of your household borrow money from from relative or friends etc. in the last 12months?	Tg.	<input style="width: 100px; height: 20px;" type="text"/>
----	---	-----	--

Annex 4 Household English

34 Record the total income of the household in the last 12 months. That is the sum of Q31 and Q32 then minus Q33.		
	+	Tg. from Q31
	+	Tg. from Q32
	-	Tg. from Q33
	Total	.....
		<input type="text"/>

35 Who mainly decides how the money you earn will be used: you, your husband / partner, you and your husband / partner jointly, or someone else?	<input type="checkbox"/> Wife decides.....	1
	<input type="checkbox"/> Husband / partner decides.....	2
	<input type="checkbox"/> Jointly with Husband / partner.....	3
	<input type="checkbox"/> Someone else decides.....	4
	<input type="checkbox"/> Jointly with someone else.....	5
		<input type="text"/>

36 How much do you spend for your living expenses in average per a month? Please ask them to answer monthly expenses first, then ask to break into the listed items as much as possible.	Tg. Total monthly expenses	<input type="text"/>
	Tg. for food.....	<input type="text"/>
	Tg. for cloths.....	<input type="text"/>
	Tg. for housing (lent is included)	<input type="text"/>
	Tg. for water.....	<input type="text"/>
	Tg. for electricity.....	<input type="text"/>
	Tg. for fuel.....	<input type="text"/>

37 Is there any seasonal difference on monthly living expenses? When is the highest spending season?	<input type="checkbox"/> No seasonal change.....	1
	<input type="checkbox"/> Spring (April-June).....	2
	<input type="checkbox"/> Summer(July - September).....	3
	<input type="checkbox"/> Autumn(October - December).....	4
	<input type="checkbox"/> Winter(January - March).....	5
		<input type="text"/>

## Annex 4 Household English

38	Does any member of your household own			
	A bicycle?	<input type="checkbox"/> Bicycle	Yes	No
	A motorcycle?	<input type="checkbox"/> Motorcycle	1	0
	A car?	<input type="checkbox"/> Car	1	0

39	Does your household have:			
	Electricity?	<input type="checkbox"/> Electricity	Yes	No
	A radio?	<input type="checkbox"/> Radio	1	0
	A television?	<input type="checkbox"/> Television	1	0
	A refrigerator?	<input type="checkbox"/> Refrigerator	1	0

## Annex 4 Household English

No. Questions and Filters	Cording Categories	Skip to
<p>40   What is the main source of drinking water for members of your household?</p>	<p>Piped water</p> <p><input type="checkbox"/> Piped into house / yard..... 11</p> <p><input type="checkbox"/> Public tap..... 12</p> <p>Water truck supply</p> <p><input type="checkbox"/> Delivered by track tank..... 21</p> <p>Well water</p> <p><input type="checkbox"/> Well in residence / yard ..... 31</p> <p><input type="checkbox"/> Public well..... 32</p> <p>Surface water</p> <p><input type="checkbox"/> Spring..... 41</p> <p><input type="checkbox"/> River / Stream..... 42</p> <p><input type="checkbox"/> Pond / Lake..... 43</p> <p>Rainwater..... 51</p> <p>Other (specify)..... 99</p> <div style="border: 1px solid black; width: 200px; height: 15px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 50px; height: 15px; margin: 5px auto;"></div>
<p>41   Put the type of water source mentioned the above into two categories, piped water and truck water supply/other source.</p>	<p><input type="checkbox"/> Piped water (category 11 and 12) 1</p> <p><input type="checkbox"/> Truck water supply/other source 2</p>	<p>42</p> <p>54</p> <div style="border: 1px solid black; width: 50px; height: 15px; margin: 5px auto;"></div>
<p>42   Q42-53 are questions only for the household served with piped water. What kind of service are you getting?</p>	<p><input type="checkbox"/> House connection ..... 1</p> <p><input type="checkbox"/> Yard connection..... 2</p>	<div style="border: 1px solid black; width: 50px; height: 15px; margin: 5px auto;"></div>



Annex 4 Household English

43	If "House connection", ask the following. How many taps do you have in your house? If "Yard connection", put "1".	Number of taps		<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>	

44	If "Yard connection", ask the following. How many households are sharing one yard connection? If "House connection", put "1" in the answer box.	Number of households		<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>	

45	Do you have any of the followings?													
		<input type="checkbox"/> Flush toilet..... <input type="checkbox"/> Bath tab..... <input type="checkbox"/> Shower..... <input type="checkbox"/> Kitchen with faucet.....	<table border="1"> <thead> <tr> <th style="width: 40px;">Yes</th> <th style="width: 40px;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Yes	No	1	0	1	0	1	0	1	0	
Yes	No													
1	0													
1	0													
1	0													
1	0													

46	How much do you pay for water charge per a month? This was asked in Q36 but make sure again	Tg		<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>	

47	How much do you pay for heating per a month in cold season ?	Tg		<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>	

48	Can you use any hot water from a heating center ?							
			<table border="1"> <thead> <tr> <th style="width: 40px;">Yes</th> <th style="width: 40px;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Yes	No	1	0	
Yes	No							
1	0							

### Annex 4 Household English

49 | From what time to what time do you use water most?

<input type="checkbox"/> 0-4 o'clock.....	1	
<input type="checkbox"/> 4-8 o'clock.....	2	
<input type="checkbox"/> 8-12 o'clock.....	3	
<input type="checkbox"/> 12-16 o'clock.....	4	
<input type="checkbox"/> 16-20 o'clock.....	5	
<input type="checkbox"/> 20-24 o'clock.....	6	

50 | Are you satisfied with the existing service on water supply?

<input type="checkbox"/> Yes.....	1	
<input type="checkbox"/> Don't know.....	2	
<input type="checkbox"/> No.....	3	

51 | If "No" in the above question, in what respect are you not satisfied? You can select more than one.

		Yes	No	
<input type="checkbox"/> Sometimes water stops coming / Operation status is poor		1	0	
<input type="checkbox"/> Water quality is not good		1	0	
<input type="checkbox"/> Facilities are deteriorating		1	0	
<input type="checkbox"/> Volume of running water is not enough		1	0	
<input type="checkbox"/> Water tariff is too expensive		1	0	
<input type="checkbox"/> Others(specify)		1	0	

Annex 4 Household English

52 What are the things you want most from the authorities concerned in connection with the supply and use of water? Select below whatever you have in mind?

- Availability of water all the time
- Improvement of water quality
- Improvement of facilities
- Sufficient volume of running water
- Reasonable expense on water tariff
- Others(specify)

Yes No

1	0
1	0
1	0
1	0
1	0
1	0

53 Suppose a situation in which the problems such as mentioned in "Q51" are solved and then the improvement of service is only achieved and maintained by cost sharing (increase of charge on water), up to what level of water tariff would be ready to pay for?

Please answer "yes" (meaning you are ready to pay) or "No"(meaning you are not ready to pay) to the tariff levels given by the interviewer.

Confirm the present tariff level at first.....  
Use the following note for evaluating increased tariff

(Tg. ....)	Yes	No
(Tg. ....)	Yes	No
(Tg. ....)	Yes	No
(Tg. ....)	Yes	No
(Tg. ....)	Yes	No
(Tg. ....)	Yes	No

Tg. of increased tariff per month



This is the end of questions for the household served with piped water. Jump to Q76.

→ 76

### Annex 4 Household English

No. Questions and Filters	Cording Categories	Skip to										
54   Q54-75 are questions only for which the household do not have service of piped water. How far is the truck delivery point or the source of water from your house?	<input type="checkbox"/> Less than 100m..... <input type="checkbox"/> 100-199m..... <input type="checkbox"/> 200-399m..... <input type="checkbox"/> 400-499m..... <input type="checkbox"/> 500m or more.....	1 2 3 4 5 <input style="width: 40px; height: 15px;" type="text"/>										
55   How long does it take to go there, get water, and come back? If you go 2 rounds, include it.	Minutes	<input style="width: 40px; height: 20px;" type="text"/>										
56   How many persons from your household go to the water delivery point at a time of truck supply?	Number of people	<input style="width: 40px; height: 20px;" type="text"/>										
57   Who go to the delivery point?	<input type="checkbox"/> Men..... <input type="checkbox"/> Women..... <input type="checkbox"/> Boys..... <input type="checkbox"/> Girls.....	<table border="1" style="border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">0</td> </tr> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">0</td> </tr> </tbody> </table>	Yes	No	1	0	1	0	1	0	1	0
Yes	No											
1	0											
1	0											
1	0											
1	0											
58   Do you go to delivery point every time when a truck comes?	<input type="checkbox"/> Yes..... <input type="checkbox"/> No.....	1 0 <input style="width: 40px; height: 15px;" type="text"/>										
59   Do you get enough water from your expectation?	<input type="checkbox"/> Yes..... <input type="checkbox"/> No.....	1 0 <input style="width: 40px; height: 15px;" type="text"/>										

Annex 4 Household English

60 What other source of water except track supply do you use for household?

<input type="checkbox"/> Only truck water supply.....	1	
<input type="checkbox"/> Spring.....	2	
<input type="checkbox"/> River/ Stream.....	3	
<input type="checkbox"/> Well.....	4	
<input type="checkbox"/> Pond/ Lake.....	5	
<input type="checkbox"/> Rain.....	6	
<input type="checkbox"/> Snow in winter.....	7	<input type="text"/>

61 What volume of container are used for carrying water at a time? Identify every volume and number of container for carrying water, then calculate total volume of water.

<input type="text"/> liter container x	
<input type="text"/> liter container x	
<input type="text"/> liter container x	
<input type="text"/> liter container x	
Total volume (liter).....	<input type="text"/>

62 How much do you pay for collection of water at a time? If you don't get any water from track supply, put "0" in the answer box.

Tg

63 What sort of container is used for storing water?

<input type="checkbox"/> Metal milk pot.....	1	Yes	No
<input type="checkbox"/> Bucket.....	2	1	0
<input type="checkbox"/> Polyethylene container.....	3	1	0
<input type="checkbox"/> Others (specify)	99	1	0

Annex 4 Household English

64   With what is the top of the water container covered when it is stored?	<input type="checkbox"/> Nothing.....	1	<input style="width: 50px; height: 20px;" type="text"/>
	<input type="checkbox"/> Dish or cup.....	2	
	<input type="checkbox"/> Grass.....	3	
	<input type="checkbox"/> Metal lid.....	4	
	<input type="checkbox"/> Wooden lid.....	5	
	<input type="checkbox"/> Other.....	6	

65   How is water taken from the water container?	<input type="checkbox"/> Poured.....	1	<input style="width: 50px; height: 20px;" type="text"/>
	<input type="checkbox"/> Dipper.....	2	
	<input type="checkbox"/> Cup dipped.....	3	
	<input type="checkbox"/> Other.....	4	
	<input type="checkbox"/> Other.....	4	

66   When do you prefer the truck service on water supply to be done?	<input type="checkbox"/> Morning.....	1	<input style="width: 50px; height: 20px;" type="text"/>
	<input type="checkbox"/> Afternoon.....	2	
	<input type="checkbox"/> Evening.....	3	
	<input type="checkbox"/> Other.....	4	

67   Water availability	<input type="checkbox"/> Available throughout year	1	<input style="width: 50px; height: 20px;" type="text"/>
	<input type="checkbox"/> During rainy season only	2	
	<input type="checkbox"/> Partly in dry season as well	3	
	<input type="checkbox"/> Other.....	4	

68   Are you satisfied with the existing way of getting water?	<input type="checkbox"/> Yes.....	1	<input style="width: 50px; height: 20px;" type="text"/>	
	<input type="checkbox"/> Not sure.....	2		71
	<input type="checkbox"/> No.....	3		69
	<input type="checkbox"/> Other.....	4		

Annex 4 Household English

69 If "No" in the question above, answer the following questions  
What will be the source of water you want most and why?

- House Connection..... 1
- Yard Connection..... 2
- Public kiosk..... 3
- Other(specify)..... 4

99

70 Because

- Water is not available whenever you want
- Number of truck service is not sufficient
- Water delivery point is too far
- Water quality is not good
- Water tariff is too expensive
- Fetching water is burden of family's work
- Other(specify)

Yes No

1	0
1	0
1	0
1	0
1	0
1	0
1	0

71 Which service should be improved next? You could select as many as you want.

- Water is available whenever you want
- Number of truck service increased
- Distance to delivery point is shortened
- Water quality is improved
- Burden of family's work on fetching water is reduced
- Other(specify)

Yes No

1	0
1	0
1	0
1	0
1	0
1	0

Annex 4 Household English

<p>72   Do you wish to receive piped water supply service?</p>	<p><input type="checkbox"/> Yes.....</p> <p><input type="checkbox"/> No.....</p>	<p>1 → 73</p> <p>0 → 75</p> <p><input style="width: 50px; height: 15px;" type="text"/></p>
--	--	--

<p>73   Would you be ready to pay for the water tariff of piped water?</p>	<p><input type="checkbox"/> Yes.....</p> <p><input type="checkbox"/> No.....</p>	<p>1 → 74</p> <p>0 → 75</p> <p><input style="width: 50px; height: 15px;" type="text"/></p>
--	--	--

<p>74   In the future, water tariff for piped water supply likely to be raised to cover cost for improving and maintaining the system in good condition. In this event, up to how much would you be ready to pay for piped water supply service.</p> <p>Suppose a situation in which you will get water in sufficient amount and good quality.</p> <p>Please answer "yes" (meaning you are ready to pay) or "No" (meaning you are not ready to pay) to the tariff levels given by the interviewer.</p>	<p>Confirm the present tariff level at first.....</p> <p><input style="width: 50px; height: 25px;" type="text"/></p> <p>Use the following note for evaluating increased tariff</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> <tr><td>(Tg. )</td><td>Yes</td><td>No</td></tr> </table> <p>Tg. of increased tariff per month</p>	(Tg. )	Yes	No	(Tg. )	Yes	No	(Tg. )	Yes	No	(Tg. )	Yes	No	(Tg. )	Yes	No	(Tg. )	Yes	No	<p><input style="width: 50px; height: 25px;" type="text"/></p> <p><input style="width: 50px; height: 15px;" type="text"/></p>
(Tg. )	Yes	No																		
(Tg. )	Yes	No																		
(Tg. )	Yes	No																		
(Tg. )	Yes	No																		
(Tg. )	Yes	No																		
(Tg. )	Yes	No																		



Annex 4 Household English

75 If you wish to continue getting water from water truck service and to solve the problems mentioned in Q70, cost sharing is needed to keep the system in good condition.  
 Suppose a situation in which you will get water in sufficient amount and good quality, up to what level of water tariff would you ready to pay?  
 Please answer "yes" (meaning you are ready to pay) or "No"(meaning you are not ready to pay) to the tariff levels given by the interviewer.

Confirm the present tariff level at first.....

Use the following note for evaluating increased tariff

- ( Tg. ) Yes No
- ( Tg. ) Yes No
- ( Tg. ) Yes No
- ( Tg. ) Yes No
- ( Tg. ) Yes No
- ( Tg. ) Yes No

Tg. of increased tariff per month

76 Water usage

- Drinking / Cooking
- House keeping
- Personal Hygiene (bath and shower)/Laundry
- Livestock
- Home garden
- Other

Yes	No
1	0
1	0
1	0
1	0
1	0
1	0

Annex 4 Household English

77 For which of the following category do you use water the most?

<input type="checkbox"/> Drinking / Cooking	1	
<input type="checkbox"/> House keeping	2	
<input type="checkbox"/> Personal Hygiene (bath and shower)/Laundry	3	
<input type="checkbox"/> Livestock	4	
<input type="checkbox"/> Home garden	5	
<input type="checkbox"/> others.(specify).....	99	<input type="text"/>

78 How much volume of water does your household use for drinking / cooking per a day?

liters (1,000ml) / day

79 How much volume of water does your household use personal hygiene/laundry per a day?

liters(1,000ml) / day

80 Do you use water for livestock? This was asked in Q76 too.

<input type="checkbox"/> Yes.....	1	→	81
<input type="checkbox"/> No.....	0	→	84

81 Where do you get water for livestock from?

	Yes	No
<input type="checkbox"/> Piped water.....	1	0
<input type="checkbox"/> Water wagon supply.....	1	0
<input type="checkbox"/> Well water.....	1	0
<input type="checkbox"/> Surface water.....	1	0
<input type="checkbox"/> Other (specify).....	1	0

Annex 4 Household English

82 Do you know how much water do you feed to your livestock?

- Yes I know.....
- Don't know.....

1  
0

83 If "yes" in the above question, specify the number of liters per day you feed the livestock.

liters (1,000ml) / day

### Annex 4 Household English

No. Questions and Filters	Cording Categories	Skip to
<p>84   What sort of toilet facility does your household have?</p> <p style="margin-left: 20px;">If flush toilet, ask if it is shared with another household.</p>	<p>Flush Toilet</p> <p><input type="checkbox"/> Own flush toilet..... 11</p> <p><input type="checkbox"/> shared flush toilet..... 12</p> <p>Pit toilet / latrine</p> <p><input type="checkbox"/> Traditional pit toilet..... 21</p> <p><input type="checkbox"/> Ventilated improved pit latrine..... 22</p> <p><input type="checkbox"/> No facility / bush / field..... 23</p> <p><input type="checkbox"/> Other(specify)..... 99</p> <div style="border: 1px solid black; width: 200px; height: 15px; margin-left: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 15px; margin-left: auto;"></div>
<p>85   How often does sediment of your latrine desludged?</p>	<p style="margin-left: 20px;">Number of times per year</p>	<div style="border: 1px solid black; width: 50px; height: 15px; margin-left: auto;"></div>
<p>86   How much is the desluding cost?</p>	<p style="margin-left: 20px;">Tg. per a time</p>	<div style="border: 1px solid black; width: 50px; height: 15px; margin-left: auto;"></div>
<p>87   Are you satisfied with the type of toilet you use now?</p>	<p><input type="checkbox"/> Yes..... 1</p> <p><input type="checkbox"/> No..... 0</p>	<div style="border: 1px solid black; width: 50px; height: 15px; margin-left: auto;"></div>
<p>88   How is solid waste disposed?</p>	<p><input type="checkbox"/> Collected by city service 1</p> <p><input type="checkbox"/> Thrown anywhere..... 2</p> <p><input type="checkbox"/> In open pit..... 3</p> <p><input type="checkbox"/> In covered pit..... 4</p> <p><input type="checkbox"/> Burnt..... 5</p> <p><input type="checkbox"/> Other(specify)..... 99</p> <div style="border: 1px solid black; width: 200px; height: 15px; margin-left: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 15px; margin-left: auto;"></div>

Annex 4 Household English

89	How is waste water disposed?	<input type="checkbox"/> Anywhere	1		
		<input type="checkbox"/> Pit	2		
		<input type="checkbox"/> Drain	3		
		<input type="checkbox"/> Vegetable garden	4		
		<input type="checkbox"/> Other(specify)	99		
		<input type="text"/>			

90	Record observation, if is the home heavily infested with flies.	<input type="checkbox"/> Yes.....	1		
		<input type="checkbox"/> No.....	0		
		<input type="text"/>			

91	Are livestock kept within the family yard?	<input type="checkbox"/> Yes.....	1		
		<input type="checkbox"/> No.....	0		
		<input type="text"/>			

92	How is the animal waste disposed?	<input type="checkbox"/> Fuel.....	1		
		<input type="checkbox"/> Fertilizer.....	2		
		<input type="checkbox"/> Pit.....	3		
		<input type="checkbox"/> Anywhere.....	4		
		<input type="text"/>			

93	What kind of cleansing materials are used after toilet?	<input type="checkbox"/> Water.....	1		
		<input type="checkbox"/> Paper.....	2		
		<input type="checkbox"/> Nothing.....	3		
		<input type="checkbox"/> Other(specify).....	99		
		<input type="text"/>			

Annex 4 Household English

94 | Do you usually watch television at least once a week?

<input type="checkbox"/> Yes.....	1		[ ]
<input type="checkbox"/> No.....	0		

95 | Have you heard about disease that can be transmitted through contaminated water?

<input type="checkbox"/> Yes.....	1		[ ]
<input type="checkbox"/> No.....	0		

96 | During last two weeks, did any member of your family have diarrhea?

<input type="checkbox"/> Yes.....	1	→ 97		[ ]
<input type="checkbox"/> No.....	2			
<input type="checkbox"/> Don't know.....	3	→ 101		

97 | If " yes", who had it?

		Yes	No
Men		1	0
Women		1	0
Children		1	0
Infants (less than 5 years old)		1	0

98 | When you had this did you seek advice or treatment?

<input type="checkbox"/> Advice / treatment.....	1		[ ]
<input type="checkbox"/> Self treatment.....	2		
<input type="checkbox"/> Didn't do anything.....	3		

Annex 4 Household English

99 | Where did you seek advice or treatment?

<input type="checkbox"/> Hospital.....	1	
<input type="checkbox"/> Social Health Care Center.....	2	
<input type="checkbox"/> Bag Physician.....	3	
<input type="checkbox"/> Private Clinic.....	4	
<input type="checkbox"/> Take medicine.....	5	
<input type="checkbox"/> Nothing.....	6	

100 | When you had this disease, did you do something so as not to get again?

<input type="checkbox"/> No, Noting.....	0	
<input type="checkbox"/> Yes, something (specify).....	1	<input type="text"/>

101 | Do you think a person can protect themselves from getting this disease (diarrhea)?

<input type="checkbox"/> Yes.....	1	
<input type="checkbox"/> No.....	2	
<input type="checkbox"/> Don't know .....	3	<input type="text"/>

102 | Which disease do you know?

<input type="checkbox"/> Hepatitis A	Yes	No
<input type="checkbox"/> Dysentery	1	0
<input type="checkbox"/> Scabies	1	0

103 | During past 2 years, did any member of your household have a disease described the above?

<input type="checkbox"/> No.....	1	→ 107
<input type="checkbox"/> Hepatitis A.....	2	<input type="text"/>
<input type="checkbox"/> Dysentery.....	3	→ 104
<input type="checkbox"/> Scabies.....	4	<input type="text"/>

Annex 4 Household English

104 Who had it?	<input type="checkbox"/> Men	Yes	No
	<input type="checkbox"/> Women	1	0
	<input type="checkbox"/> Children	1	0
	<input type="checkbox"/> Infants (less than 5 years old)	1	0
		1	0

105 When you had this did you seek advice or treatment?	<input type="checkbox"/> Advice / treatment.....	1	[ ]
	<input type="checkbox"/> Self treatment.....	2	
	<input type="checkbox"/> Didn't do anything.....	3	

106 Where did you seek advice or treatment?	<input type="checkbox"/> Hospital.....	1	[ ]
	<input type="checkbox"/> Social Health Care Center.....	2	
	<input type="checkbox"/> Bag Physician.....	3	
	<input type="checkbox"/> Private Clinic.....	4	
	<input type="checkbox"/> Take medicine.....	5	

107 How much medical cost was spent on average for a patient to recover from diarrhea or scabies including the cost for medical checkup and medicine	Tg	[ ]
--	----	-----

108 Can you read and write Mongolian easily, with difficulty, or not at all?	<input type="checkbox"/> Easily.....	1	[ ]
	<input type="checkbox"/> With difficulty.....	2	
	<input type="checkbox"/> Not at all.....	3	

109 Have you ever attended school?	<input type="checkbox"/> Yes.....	1	→ 110
	<input type="checkbox"/> No.....	0	→ 111
			[ ]



Annex 4 Household English

110 What is the highest formal school you completed?

<input type="checkbox"/> Less than 1 years.....	0
<input type="checkbox"/> Primary 1(1 year schooling).....	1
<input type="checkbox"/> Primary 2 (2 year schooling).....	2
<input type="checkbox"/> Primary 3 (3 year schooling).....	3
<input type="checkbox"/> Primary 4 (4 year schooling).....	4
<input type="checkbox"/> Middle 1 (5 year schooling).....	5
<input type="checkbox"/> Middle 2 (6 year schooling).....	6
<input type="checkbox"/> Secondary 1(7 year schooling).....	7
<input type="checkbox"/> Secondary 2 (8 year schooling).....	8
<input type="checkbox"/> Secondary 3 (9 year schooling).....	9
<input type="checkbox"/> Secondary 4 (10 year schooling).....	10
<input type="checkbox"/> College / University (more than 10 year)	11

111 Do you usually listen to a radio at least once a week?

<input type="checkbox"/> Yes.....	1
<input type="checkbox"/> No.....	0

112 Have any members of your household participated in health or hygienic education session given by health professional or school?

<input type="checkbox"/> Yes.....	1	113
<input type="checkbox"/> No.....	0	114

113 If "yes", who participated in it?

<input type="checkbox"/> Men	1	0
<input type="checkbox"/> Women	1	0
<input type="checkbox"/> Boys	1	0
<input type="checkbox"/> Girls	1	0

114 Have any members of your household participated in community sanitation works of the city?

<input type="checkbox"/> Yes.....	1	116
<input type="checkbox"/> No.....	0	115

### Annex 4 Household English

115 If "yes", who participated in it?

- Men
- Women
- Boys
- Girls

Yes	No
1	0
1	0
1	0
1	0

Yes	No
1	0
1	0
1	0
1	0

116 Thank the interviewee for talking today.		
117 Plot the place in the map		

Annex 4 Household English

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about  
Respondent:

.....  
.....  
.....  
.....

Comments on Specific  
Question :

.....  
.....  
.....

Any Other Comments:

.....  
.....  
.....

SUPERVISOR'S OBSERVATIONS

.....  
.....  
.....

Name of Supervisor:

Date.....

EDITOR'S OBSERVATIONS

.....  
.....  
.....

Name of Editor:

Date.....

Annex 5 Questionnaire for Institution English

IDENTIFICATION				
SERIAL NUMBER	1.....			
NAME OF INSTITUTE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
ADDRESS	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
GROUP NUMBER	Private Group=1. Government Group=2 .... c			
WARD (Bag)	Bag 1=1, Bag 2 =2, Bag 3=3, Bag 4=4			
	Other=5.....			
DISTRICT , PROVINCE	<div style="border: 1px solid black; padding: 2px;">Esum Balg, Gobi-Altai</div>			
INTERVIEWER VISITS				
	1st	2nd	3rd	Final Visit
DATE	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			DAY.....
				MONTH.....
				YEAR.....
MEMO FOR NEXT VISIT DATE				
TIME				
INTERVIEWERS NAME/ID				ID. NO.....
TOTAL NUMBER OF VISITS				
RESULT				
1 COMPLETED .....			1	
2 NO REPRESENTATIVE AT INSTITUTE AT TIME OF VISIT.....			2	
3 POSTPONED .....			3	
4 REFUSED.....			4	
5 OTHER.....			5	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
	(specify)			
Supervisor	Field Editor			
Name _____	Name _____			
Date _____	Date _____			

## Annex 5 Questionnaire for Institution English

No. Questions and Filters	Cording Categories	Skip to												
1   Identify respondent's; Name Position	<input style="width: 150px; height: 20px;" type="text"/>													
2   How long have you been working for the institution?	Number of year	<input style="width: 50px; height: 20px;" type="text"/>												
3   Identify the name of top manager.	<input style="width: 150px; height: 20px;" type="text"/>													
4   Identify the year of establishment.		<input style="width: 50px; height: 20px;" type="text"/>												
5   Number of workers and staff.	Number of workers.	<input style="width: 50px; height: 20px;" type="text"/>												
6   Total floor area	Square meter	<input style="width: 50px; height: 20px;" type="text"/>												
7   Total plot area	Square meter	<input style="width: 50px; height: 20px;" type="text"/>												
8   In what industry is the institution categorized ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Agricultural/Animal Husbandry.....</td> <td style="text-align: center; padding-left: 10px;">1</td> <td style="text-align: center;">▶</td> <td style="text-align: right;">11</td> </tr> <tr> <td style="padding-left: 20px;">Manufacturing.....</td> <td style="text-align: center; padding-left: 10px;">2</td> <td style="text-align: center;">▶</td> <td style="text-align: right;">9</td> </tr> <tr> <td style="padding-left: 20px;">Service (Commerce/Health /Education/Religion/Administrative Office)</td> <td style="text-align: center; padding-left: 10px;">3</td> <td style="text-align: center;">▶</td> <td style="text-align: right;">10</td> </tr> </table>	Agricultural/Animal Husbandry.....	1	▶	11	Manufacturing.....	2	▶	9	Service (Commerce/Health /Education/Religion/Administrative Office)	3	▶	10	<input style="width: 50px; height: 20px;" type="text"/>
Agricultural/Animal Husbandry.....	1	▶	11											
Manufacturing.....	2	▶	9											
Service (Commerce/Health /Education/Religion/Administrative Office)	3	▶	10											

Annex 5 Questionnaire for Institution English

<p>9 Classification of activities in manufacturing</p>           <p>Jump to 11</p>	<p>mention specifically</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Manufacturing of food, drinks and Tabasco 1</p> <p>Manufacturing of wood and wood products 2</p> <p>Manufacturing of pulp and paper, and printing 3</p> <p>Manufacturing of textiles and cloths 4</p> <p>Manufacturing of cement and china wares 5</p> <p>Manufacturing of oil and oil products 6</p> <p>Manufacturing of chemicals and chemical products 7</p> <p>Manufacturing of non-ferrous metals and metal products 8</p> <p>Iron and steel industry 9</p> <p>Manufacturing of machinery 10</p> <p>Other 11</p> <div style="border: 1px solid black; width: 50px; height: 15px; margin-left: 100px;"></div>
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<p>10 Classification of activities in service</p>           	<p>mention specifically</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Retail trade (Shop, supermarket, etc.) 1</p> <p>Restaurant 2</p> <p>Hotel 3</p> <p>Educational Institutions 4</p> <p>Medical Institutions 5</p> <p>Religious Institutions 6</p> <p>Administrative Institutions 7</p> <p>Other 8</p> <div style="border: 1px solid black; width: 50px; height: 15px; margin-left: 100px;"></div>
---	--

<p>11 Is the institute private (profit) organization?</p>	<p>Yes..... 1</p> <p>No..... 0</p> <div style="border: 1px solid black; width: 50px; height: 15px; margin-left: 100px;"></div>
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Annex 5 Questionnaire for Institution English

12 | Average monthly sales | Tg. |

13 | What are the major source of water you daily use? |

	Yes	No
1 Piped water supply	1	0
2 Well	1	0
3 Surface water	1	0
4 Others(specify)	1	0

14 | How much do you consume water on average per a month? | tons (cubic meter) per a month |

15 | From what time to what time do you use water most? |

0-4 o'clock.....	1	
4-8 o'clock.....	2	
8-12 o'clock.....	3	
12-16 o'clock.....	4	
16-20 o'clock.....	5	
20-24 o'clock.....	6	<input type="text"/>

16 | For which of the following category do you use water the most? |

commercial use.....	1	
laundry.....	1	
cooking.....	2	
shower and bath.....	3	
others.(specify).....	99	<input type="text"/>

17 | If one for your sources of water is piped supply, how much do you pay for the water supply service on average per month? | Tg. |

18 | How much do you pay for heating in cold season? | Tg. per a month |

Annex 5 Questionnaire for Institution English

19	Can you use any hot water from a heating center?	Yes	No
		1	0

20	Do you have a development plan of the insinuation?	Yes, there is. It is being implemented.	
		Yes, we have made it, but not implemented yet.	
		Yes, we are going to make it.	
		No, there is not.	
		Don't know	

21	If "yes" in the above question, when is the system expansion going to be completed?	by the end of 1997	1
		by the end of 1998	2
		by the end of 1999	3
		by 2,000 or thereafter	4
		by the end of 1997	

22	After the system expansion, by what percentage is the production amount going to increase?	Present	
		after expansion	
		percentage increase.....	

23	If you follow your development plan, how many percentage would you expect to increase the consumption of water by 5 years?	Percent increase of water consumption by 5 years.	
----	--	---	--

24	How many taps do you have in your institution? Include toilet, both and shower.	Number of taps	
----	---	----------------	--



Annex 5 Questionnaire for Institution English

25 If one of your sources of water is piped water supply, answer the following questions  
Are you satisfied with the existing operation and maintenance status of the water supply facilities?

Yes.....  
No.....

1 28  
0 26

26 If "No", in what respect are you not satisfied? You can select more than one.

Sometimes water stops coming /  
Operation status is poor  
Water quality is not good  
Facilities are deteriorating  
Volume of running water is not enough  
Water tariff is too expensive  
Others(specify)

Yes No

1 0  
1 0  
1 0  
1 0  
1 0  
1 0

27 Suppose a situation in which the problems such as mentined in "Q26" are solved and then the improvement of service is only achieved and maintained by cost sharing (increase of charge on water), up to what level of water tariff would be ready to pay for?  
Please answer "yes" (meaning you are ready to pay) or "No"(meaning you are not ready to pay) to the tariff levels given by the

Confirm the present tariff level at first.  
Use the following note for evaluating increased tariff

(Tg. ) Yes No  
(Tg. ) Yes No  
(Tg. ) Yes No  
(Tg. ) Yes No  
(Tg. ) Yes No  
(Tg. ) Yes No

Tg. of increased tariff per month

29

Annex 5 Questionnaire for Institution English

28 In the future, water tariff for piped water supply likely to be raised to cover cost for improving and maintaining the system in good condition. In this event, up to how much would you be ready to pay for piped water supply service.

Suppose a situation in which you will get water in sufficient amount and good quality. Please answer "yes" (meaning you are ready to pay) or "No"(meaning you are not ready to pay) to the tariff levels given by the

Confirm the present tariff level at first.....

Use the following note for evaluating increased tariff

(Tg. .... )	Yes	No
(Tg. .... )	Yes	No
(Tg. .... )	Yes	No
(Tg. .... )	Yes	No
(Tg. .... )	Yes	No
(Tg. .... )	Yes	No

Tg. of increased tariff per month

29 What sort of toilet facility does your institution have?

If flush toilet, ask if it is shared with another organization.

Flush Toilet	
Own flush toilet.....	11
shared flash toilet.....	12
Pit toilet / latrine	
Traditional pit toilet.....	21
Ventilated improved pit latrine.....	22
No facility / bush / field.....	23
Other(specify).....	99

30 Are you satisfied with the type of toilet you use now?

Yes.....	1
No.....	0

31 How is solid waste disposed?

Collected by city service	1
Thrown anywhere.....	2
In open pit.....	3
In covered pit.....	4
Burnt.....	5
Other(specify).....	99

Annex 5 Questionnaire for Institution English

32   Do you deal with any poisonous or infectious materials in your institution?	Yes.....	1	▶	33
	No.....	2		
	Don't know.....	3	▶	34

33   If "Yes", put the materials in the box.	<input type="text"/>
--	----------------------

34   How is waste water disposed?	Anywhere	1	
	Pit	2	
	Drain to swage system without processing	3	
	Drain to swage system after processing	4	
	Other(specify)	99	
	<input type="text"/>		<input type="text"/>

35   Is the institute heavily infested with flies?	Yes.....	1	
	No.....	0	<input type="text"/>

36   Have any members of your institution participated in hygiene and sanitary education?	Yes.....	1	
	No.....	0	▶ 38

37   If "yes", who participated in it?	Worker	1	0
	Administrative/Management staff	1	0
	Specialized staff	1	0
	Other(specify)	1	0
	<input type="text"/>		

38   Plot the place in the map	<input type="text"/>
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Annex 5 Questionnaire for Institution English

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent:

.....  
.....  
.....

Comments on Specific Question :

.....  
.....  
.....

Any Other Comments:

.....  
.....  
.....

SUPERVISOR'S OBSERVATIONS

.....  
.....  
.....

Name of Supervisor: ..... Date.....

EDITOR'S OBSERVATIONS

.....  
.....  
.....

Name of Editor: ..... Date.....

Annex 6 Household Mongolia

ҮЗҮҮЛЭЛТ				
Дугаар	1.....200			
Өрхийн бүртгэлийн дугаар				
Өрхийн тэргүүн				
Хаяг				
Бүтэц	Гэр =1, Орон сууцны =2			
Баг	Баг 1=1	Баг 2=2	Баг 3=3	Баг 4=4
	Бусад =5			
Сум/хороо, аймэг	Есөн булаг, Говь-Алтай			
ЯРИЛЦЛАГА АВАХААР ОЧСОН				
	I	II	III	Сүүлийн
Он/ сар/ өдөр				Өдөр
				Сар
				Он
Дарамжийн снх өдөр сар				
цаг				
Ярилцлагын хэр/үгэмлэх				Үгэмлэх No
Очсон өдөр тоо				
ҮР ДҮН				
ДУУССАН				1
ОЧИХ ҮЕД ХҮН БАЙГААГҮЙ				2
ГЭРЭЭРЭЭ УДААН ХУГАЦААГААР БАЙХГҮЙ				3
ХОЙШЛОГДСОН				4
ТАТЛАЛЗСАН				5
ОРШИН СУУГЧ БАЙХГҮЙ ЭСВЭЛ ХАЯГ НЬ БИШ				6
БУСАД				7
				/тодруулна уу/
Удирлагч				Газар дээр хамтат хийсэн
Нэр				Нэр
Он сар өдөр				Он сар өдөр

No.	Асуулт	Категори	Дараагийн
1	Цаг	Өглөө	1
	Өөрийгөө болон ирсэн зорилгоо тэмцэуулиг	Орой	2
2	Сууцны төрөл	Гэр	1
	Суудалга	Орон сууц /туйлуун	2
		Орон сууц/модон/	3
		Бусад / тодруулна уу/	99
3	Сууцны төрлийг 2 ангилж бич /гэр эсвэл бусад/	Гэр	1
		Бусад/2,3,99-д орсон ангилал/	2
4	Шилэн гол материал	Байгалийн	
	Суудалга	Шороо/ эл	11
		Энгийн шал	
		Модон	21
		Төгс хийгдсэн шал	
		Царсан буюу өнгөлсөн модон	31
		Пантатий	32
		Цемент	33
		Бусад/ тодруулна уу	99
5	Ярилцлага өгөгчийн хүйс	Эр	1
		Эм	2
6	Эхлээд таны болон таныг гэр бүлийн талар асуул		
	Байрныгаа хэдэн өрөөнд унгддаг вэ?	Өрөөний тоо болон өзрийн тоо	

Annex 6 Household Mongolia

1-54

7	Та гэрлэсэн үү?	Тийм .....	1	
		Үгүй .....	0	
8	Төрсөн он сар өдөр	Ярицдлага өгөгчөөн нэс		
9	0-14 насны хэдэн хүүрэд хянт амьдардаг вэ?	0-14 насны хүүхдийн тоо		
10	1 ачааг оруулаад гэр бүлд янш 14-60 насны хэдэн хүн байгаа вэ?	15-60 насны хүүхдийн тоо		
11	61-ээс дээш насны хувий тоо хэд вэ?	61-ээс дээш насны хувий тоо		
12	Танай ам бүлийн тоо хэд вэ? Дээрх асуулуудыг дэс дараа нуугтай байвал харьдуулж өгнө уу?	Гэр бүлийн гишүүдийн тоо		
13	Өрхийн тэргүүн хэн бэ?	Өрхийн тэргүүн .....	1	
		Эцэс .....	2	
		Бусад/тодруулам уу/ .....	99	
14	Та эндээх бэйгэ амьдардаг уу, эсвэл түр байгаа уу?	Бэйгэ .....	1	15
		Түр .....	2	16
15	Та эндээх хэр удаан амьдарч байна вэ?	Амьдарсан жил /ойролцсогсоор/		17

16	Хотод хэдэн сар амьдарч байна?	Сарын тоо		17
17	Танайд амьдарч байгаа зохио бусу хамтатан байгаа юу? "Тийм" бол хэдэн хүн хянт амьдарч байгаа вэ? "Үгүй" бол '0' гэм тэмдэг уу	Хянт амьдарч байгаа хамтатан бусу зохио тоо		
18	Ямар шашин шүтдэг вэ?	Будда .....	1	
		Католик .....	2	
		Протестант .....	3	
		Муслиман .....	4	
		Шүтдэггүй .....	5	
		Бусад .....	99	
19	Танайх газар эзэмшдэг үү?	Тийм .....	1	
		Үгүй .....	0	
20	Танайх малтай юу?	Тийм .....	1	21
	Тийм бол 21-ийг зарцуула уу?	Үгүй .....	0	22
	Үгүй бол 22 -аа орно уу?			
21	Ямар төрлийн малтай вэ?	Хоньны тоо .....		
	- хонь	Ямааны тоо .....		
	- ямаа	Тэмээний тоо .....		
	- тэмээ	Үхрийн тоо .....		
	- үхэр	Адууны тоо .....		
	- адуу			

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22	Төний өрхийн орлогын эх үүсвэр юу вэ?			Тийм Үгүй
	Бүх орлогоо харгалзан үү?	Тур болон байнгын ажил /аржамтг оруулах/	1 0	
		Тэтгэвэр	1 0	
		Мөнгө зээлд	1 0	
		Хамгаатан, найз нөхдийн тусламж	1 0	
		Бусад / тодруулна уу/	1 0	
23	Төний гэрлийнхээс хэв нэг нь 1 жилд өмнө хийсэн үү?	Тийм .....	1	▶ 24
		Үгүй .....	0	▶ 32
24	Нөхрийн эрхлэдэг ажил, голчлон ямар ажил хийдэг вэ?	Улсын секторт байнгын ажилтай.	1	
		Хувийн секторт байнгын ажилтай.	2	
		Өөрөө ажил эрхлэдэг /мал, газар тариалан, хувийн компанитай, гэрлийн ажил г. м./	3	
		Тур ажилтай.	4	
		Ажилгүй	5	
		Бөглөггүй / нөхөргүй/	6	
		Бусад /тодруулна уу/	99	
25	Тэр гэр бүлийнхээ төлөө ажилладаг уу, эсвэл бусдын төлөө юу? Эсвэл танийх өөрөө ажил эрхлэдэг үү?	Тэр бүлгийнхээ төлөө .....	1	
		Бусад .....	2	
		Өөрөө ажил эрхлэдэг .....	3	
26	Тэр цаалигаа бэлгээр авдаг уу?	Тийм .....	1	
		Үгүй .....	0	
27	"Тийм" бол өнгөрсөн 1 жилд хэднэг авсан бэ? "Үгүй" бол 0 гэж тавина уу?	/ төг /		

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28	Эхнэрийн эрхлэдэг ажил, ямар төрлийн ажил голчлон хийдэг вэ?			
		Улсын секторт байнгын ажилтай.	1	
		Хувийн секторт байнгын ажилтай.	2	
		Өөр ажил эрхлэдэг /мал, газар тариалан, хувийн компанитай, гэрлийн ажил г. м./	3	
		Тур ажилтай.	4	
		Ажилгүй	5	
		Бөглөггүй / эхжээргүй/	6	
		Бусад /тодруулна уу/	99	
29	Тэр цаалигаа бэлгээр авдаг уу?	Тийм .....	1	
		Үгүй .....	0	
30	"Тийм" бол өнгөрсөн 12 сард хэднэг авсан бэ? "Үгүй" бол 0 гэж тавина уу?	/ төг /		
31	Танийх сүүлчийн 12 сард хэднэг авсан бэ? "Үгүй" бол 0 гэж тавина уу?			
	Эхэ нь нөхөр, эхнэрийн цаали дээр өрхийн бусад гишүүдийн олсон орлого уу?	/төг/ Өрхийн бүх гишүүдийн байнгын болон тур ажилын жилийн орлого, Асуулт 27+ 30+ нэмэгдэл /өрхийн бусад орлого/		
32	Төний өрхийн гишүүдийн хэтгээр, хамгаатан, найз нөхдийн тусламжийг оруулах сүүлчийн 12 сард авсан нийт орлого хэд вэ?	Төг.		
33	Төний өрхийн аль нэг гишүүн сүүлчийн 12 сард хамгаатан буюу нөхрөөсөө хэднэг хэр мөнгө зээлсэн бэ?	Төг.		
34	Сүүлчийн 12 сарын нийт орлогын хэмжээ. Асуулт 31, 32-ын нийлбэрээс 33-ыг хасна.			
		+ /31/-ын төг.		
		+ /32/-ын төг.		
		- /33/-ын төг.		
		Нийт		

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35	Олсон орлогын эхнийг нь хэрэглэхийг голчлон хэн шийддэг вэ? Тэг тэнэй нөхөр/хамтран амьдрагч, та 2 хамтрай эсвэл бусад				
		Өмнөр шийддэг .....	1		
		Нөхөр /хамтран амьдрагч/шийддэг	2		
		Нөхөр, хамт амьдралтайгаа хамтраад .....	3		
		Бусад хүн .....	4		
		Бусад хүнтэй хамтраад .....	5		
36	Тө амьжиргаандаа сэрх хэд орчимг зардуулдаг вэ? Сэрхи зарлагыг асуусым дараа доорх захсем хэсгүүдэд хувиан асуун уу?				
		Төг. сэрхи нийт зарлага			
		Төг. Хоолов			
		Төг. Хуудсвил			
		Төг. Гэр ахуйд /байрам хөлсийг оруулах/			
		Төг. Ус			
		Төг. Цанилгаан			
		Төг. Түлш			
37	Амьжиргааны сэрхи зарлага нь улхраас замаарч ялгатай байдаг уу?				
	Хамгийн их зарлагатай улирал нь юу вэ?	Улхрами ялгаатуй .....	1		
		Хавар /V-VI сар/ .....	2		
		Зуу /VII-IX сар/ .....	3		
		Намар /X-XII сар/ .....	4		
		Өвөл /I-III сар/ .....	5		
38	Тэнэй орхийн хэн нэг нь				Тийм Үгүй
	дугуй	дугуй			1 0
	мотоджил	мотоджил			1 0
	машинтай юу?	машинтай			1 0
39	Тэнэй сөрт				Тийм Үгүй
	цахилгаан	цахилгаан			1 0
	радио	радио			1 0
	телевиз	телевиз			1 0
	хэргэгч	хэргэгч			1 0
	утгалгын машин бий юу?	утгалгын машин			



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No.	Асуулт	Категори	Дараагийн
40	Тамхи гаргивчид хэрэглэдэг усны усны гол эх үүсвэр нь юу вэ?	Ус дамжуулах шугамас	
		Гэр, цэцэрлэг, хашаандаа шугамтай	11
		Нийтийн цорго	12
		Усны машин	
		Эвэрний машиннар	21
		Хуулийн ус	
		Гэр, цэцэрлэг/хашаандаа хуудтай	31
		Нийтийн хууд	32
		Гадаргын ус	
		Булаг	41
		Гол, гөрж	42
Цөөрөг, шуур	43		
Голын ус	51		
Бусад /тодруулаа уу/	99		
41	Дээр зурдсан усны эх үүсвэрийг 2 тинжж танин уу, ус дамжуулах шугамын болон эвэрний/бусад гэж	Ус дамжуулах шугам/11,12 -р категори/	42
		Эвэрний/бусад	54
42	42-53 -р асуултууд нь ус дамжуулах шугамтай өрхд хамарна. Ямар төрлийн шугамтай вэ?	Байрандаа холбоотой	1
		Хашаандаа холбоотой	2
43	Байрандаа холбоотой бол Тамхи хэдэн крантын вэ? Хашаандаа холбоотой бол '1' гэж танин уу?	Крантын тоо	
44	Хашаандаа холбоотой бол Хэдэн өрх нэг холбоотой хамт хэрэглэдэг вэ? 'Байрандаа холбоотой' бол '1' гэж танин уу?	Хамт хэрэглэдэг өрхийн тоо	

45	Доорхи зүйлүүд танд байх үү?	Ус татагч шорон	Тийн Үгүй
			1 0
		Бич	1 0
		Шурвур	1 0
		Кранттай гяа тосгоо	1 0
46	Усны талбар сард хэднйг талдэг вэ? / 36-д асуулаа байгаа/	Төг.	
47	Хүтнэй улиралд халаатад хэднйг талдэг вэ?	Төг.	
48	1а халаатад халуун ус авч хэрэглэх боломжтой юу?	Тийн Үгүй	
		1 0	
49	Хэдэс хэдэс цагийн хооронд та усны хамгийн ихэр хэрэглэдэг вэ?	0-4 цагт	1
		4-8 цагт	2
		8-12 цагт	3
		12-16 цагт	4
		16-20 цагт	5
		0-24 цагт	6
50	Одоогийн усны хамгийн их үйлчилгээнд сэтгэл хангалуун байдаг уу?	Тийн	1
		Мэдэлгүй	2
		Үгүй	3
			52
			51
51	Дээрх асуултад үгүй гэж хариуцсан бол эг зурд нь сэтгэл хангалуун баш байдаг вэ?	Заримдаа ус гоошиж байгаад тасардаг	Тийн Үгүй
		Ажиллагаа муу	1 0
		Усны чанар муу	1 0
		Товч төхөөрөмж муудаж байгаа	1 0
		Ирж байгаа усны хэмжээ хялгалтай баш	1 0
		Усны үнэ хэтэрхий их	1 0
		Бусад/тодруулаа уу/	1 0

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52	Усмыг хангамж хэрэгслэхийн талаар хэвд албан тушаалын хүрнүүс хэвт мхүү анхааралтай гэж үздэг вэ? Та бүх санхээг сонгоно уу?	Тийн Үгүй 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
	Үргэлж үстэй байх боломж Усны чанарыг сайжруулах Тогот төхөөрөмжийг сайжруулах Тоготны усны хэмнэл хангалттай байх Усны үнэ бодитой байх Буцаал /таларуулаа уу/		
53	Өмнөх 51-д тооцогдсон нөхцөлд шийдэгдсэн тохиолдолд үйлчилгээг сайжирна.Тэгвэл материал хангамжаа датаад усны үнэ нэмэгдэнэ. Ингэсэн тохиолдолд усны үнийг ямар хэмжээнд тэмхэлж болж байна вэ? "Тийн" гэж зарцуулбал та үүнийг тэмхэлж болж гэсэн үг.  "Үгүй" гэж зарцуулбал арилагдгийн өмнө тарифын түвшиний үнийг төлж чаддаггүй.	Эхлээд одоогийн усны тарифийн түвшинг төлжрөх  Доорхыг өсөө тарифанд хэрэглэнэ үү. /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй /Төг. /Тийн Үгүй  1 сард өсөж тариф	Тийн Үгүй 1 0 1 0 1 0 1 0 1 0 1 0
	Үүгээр ус дамжуулах зөөлийн байрны талаарх асуулаа дуусч байна. 76-р асуулаа руу орно уу?	➔	

No.	Асуулт	Категори	Дараагийн
54	54-75 -р асуулт зөвхөн ус дамжуулах шугамгүй архад хэмжэрнэ. Зөөрийн тэрэг өссөд усны өх үүсвэр тэмхгэрээс хэр хол вэ?	100 м-ээс бага ..... 1 100-199 м-ээс бага ..... 2 100 м-ээс бага ..... 3 400-499 м-ээс бага ..... 4 500 м-ээс дээш ..... 5	
55	Тондос ус алаад өргөн өрхөд хэвд хэр хувиар ширдэг вэ? 2 удаа хавд бол өрх охиноо оруулаад	Мягт	
56	Зөөрийн тэрэг өрхөд болон ус түгээх бийр луу тэмхгээс хэвд хүн хавд вэ?	Хүний тоо	
57	Ус түгээх цэг рүү хн явдаг вэ?	Эрэгтэй..... Эмэгтэй..... Хүү..... Овог.....	Тийн Үгүй 1 0 1 0 1 0 1 0
58	Усны тэрэг нрэх бүрд та ус түгээх цэг рүү явдаг уу?	Тийн..... 1 Үгүй..... 0	
59	Санамсдаа хүрэх хэвдхөнөө ус авч чаддаг уу?	Тийн..... 1 Үгүй..... 0	

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60	Тэр ахуйдаа зөөврийн тэрэгнэхээс өөр бусад усны ямар их үүсвэрийг хэрэглэдэг вэ?	Зөвхөн зөөврийн тэрэг.....	1		
		Булаг.....	2		
		Гол / горз.....	3		
		Хулаг.....	4		
		Цөөрөм/ нуур.....	5		
		Бороо.....	6		
		Өвөл цэс.....	7		
61	Ус авахдаа ямар хэмжээний сав хэрэглэдэг вэ? Савныдаа хэмжээ, тоог тооцоод нийт авдаг усныг хэмжээг тодорхойлно уу?	..... л-ийн сав			
		..... л-ийн сав			
		..... л-ийн сав			
		..... л-ийн сав			
		Нийт хэмжээ /л/.....			
62	Нэг удаа ус авахдаа хэдий хэр төлдөг вэ? Зөөврийн тэрэг/ус түгээх цагаас ус авдаггүй бол '0' гэж тавина уу?	Тог.			
63	Усаа ямар саванд хадгалдаг вэ?		Тийм	Үгүй	
		Сүүний металл сав.....	1	1	0
		Хувийн.....	2	1	0
		Полиэтилен сав.....	3	1	0
		Бусад / тодруулна уу/.....	99	1	0

64	Усаа хадгалж буйдаа ямар тэг хэрэглэдэг вэ?	Юу ч хэрэглэдэггүй	1	
		Таваг алга	2	
		Шил	3	
		Метал тэг	4	
		Модон тэг	5	
		Бусад	6	
65	Усны савныг хэрэглэх үед ямар аргаар авдаг вэ?	Юулик	1	
		Шангиар	2	
		Алгар	3	
		Бусад	4	
66	Ус тээврийн тэрэг хэзээ ирж бийвэл тэнд тогиромжтой вэ?	Өмнө	1	
		Өвөр	2	
		Орой	3	
67	Ус авах боломж	Бүтэн мөлддөг	1	
		Зөвхөн борооны улиралд	2	
		Заримдаа хуурай улиралд ч	3	
68	Та ус авдаг өдөргүйн нөхцөлдөө ситлаа хангалуун байдаг уу?	Тийш	1	
		Үгүй	2	71
		Мэдэггүй	3	69

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69	Дээрх асуултад "Үгүй" гэж хариубал Усны ямар их үзвэртэй байсанг хүснэгт байсан, хэцүүд?	Байрандал холбоотой	1	
		Хэвчинд холбоотой	2	
		Нийгмийн ус тусгах цэг	3	
		Бусад / тодруулна уу/	4	
			99	
				Тийм Үгүй
70	Учир нь	Ус хэрэгтэй үед ус байдаггүй	1	0
		Ус зөөврийн тэрэгтэй тоо хяналттай бус	1	0
		Ус тусгах цэг хяналттай хэл	1	0
		Усны чимэг сайн биш	1	0
		Усны үнэ хяналттай юу	1	0
		Ус зөөх биеийн хүчинд ажил гаргын аниал хяналттай байдаг	1	0
		Бусад / тодруулна уу/	1	0
				Тийм Үгүй
71	Цашид ямар үйлчилгээг сайжруулах шаардалтай вэ? Та хэднээг ч сонгом болно.	Хэрэгтэй үед ус болон байх ЦУ":	1	0
		Үйлдлэл машинд тоог нэмэх	1	0
		Ус тусгах цэг хуртлах зайг багасгах	1	0
		Усны чимэгийг сайжруулах	1	0
		Ус зөөх ажил гаргын аниал хяналттай байдаг.	1	0
		Бусад / тодруулна уу/	1	0

72	Усан хяналтын цэгтэй үйлчилгээг хүснэ байх уу?	Тийм	1	→	73		
		Үгүй	0	→	75		
73	Усан хяналтын цэгтэй усны үнэ таллахад болж байх уу	Тийм	1	→	74		
		Үгүй	0	→	75		
74	Цашид усан хяналтын цэгтэй усны үнэ нь үнэ дараах байдал болон материал хяналтын цэгтэй усны. Тэгвэл усан хяналтын цэгтэй үйлчилгээнд хэр их таллахад болж байх вэ?						
						Ямар нөхцөлд хяналттай хэвсгээр, сайн чимэртэй усныг авч хэрэглэх болох вэ? Та үнэ таллахад болж байгаа бол "Тийм" гэж хариулна уу	Эхлээд одоогийн усны тарифийн түвшинг тодорхойл
						Ярлалтын өсөн тарифийн түвшин үнэ тал хяналттай бол "Үгүй" гэж хариулна уу	Доорхны өсөн тарифанд хэрэглэнэ үү
							/Төг. / Тийм Үгүй
							/Төг. / Тийм Үгүй
							/Төг. / Тийм Үгүй
							/Төг. / Тийм Үгүй
	/Төг. / Тийм Үгүй						
	1 сард өсөн тариф / төг/						

Annex 6 Household Mongolia

75	Хэрэв усны зөөврийн механизм үргэлжлүүлэн ашиг зарсаны дараах байдла бол 70-р асуултанд өгөгдсөн зарчлуудыг шийдвэрлэх тулд үнд нь тэд системийг сайн нөхцөлд барьж байхад хяналттай байх зарчтай.				
	Хяналттай элементий, сайн чанарын ус ашиг зарсаны болох нөхцөл ямар байх вэ, усны тарифийн үнийг ямар түвшинд төлөхөд болон байна вэ?	Эхлээд өдөргүй усны тарифийн түвшинг тодорхойл.			
	Та үүнийг төлөхөд болон байна бол "Тийм", болон бус байдла бол "Үгүй" гэж захируулна уу.	Дээрхийг өсөх тарифанд зарчлана уу			
		/Төг. / Тийм Үгүй			
		/Төг. / Тийм Үгүй			
		/Төг. / Тийм Үгүй			
		/Төг. / Тийм Үгүй			
		/Төг. / Тийм Үгүй			
		/Төг. / Тийм Үгүй			
		1 сард өсөх тариф / төг/			
76	Ус зарсала			Тийм Үгүй	
	Унамы / гал тогоо			1 0	
	Гэр ахуйд			1 0	
	Хувийн ариун цэвэр/машин, шүршүүр, утгаалаг зэвсэг/			1 0	
	Мал усалгаа			1 0	
	Гарийн цэвэрлэгч			1 0	
	Бусад			1 0	

77	Дээрхи категориоос алинд нь та усны хэмжээг их зарчладаг вэ?				
		Унд/хоол	1		
		Гэр ахуйд	2		
		Хувийн ариун цэвэр/машин, шүршүүр, утгаалаг зэвсэг/	3		
		Мал усалгаа	4		
		Гарийн цэвэрлэгч	5		
		Бусад / тодруулна уу/	99		
78	Тиймийг унд болон хоол хийхэд хэдэн сар ус зарчладаг вэ?	1000мл/ хоног			
79	Хувийн ариун цэвэр болон утгаалагч өдөр хэдэн сар ус зарчладаг вэ?	1000мл/ хоног			
80	Мал усалгаанд зарчладаг уу				
	76-д мөн асуугдсан	Тийм	1		81
		Үгүй	0		84
81	Мал усалгааны усныг хэвмэс авдаг вэ?				Тийм Үгүй
		Усны хоолойгоор	1	0	
		Усны машин	1	0	
		Хуудал	1	0	
		Гадаргын ус	1	0	
		Бусад /тодруулна уу/	1	0	
82	Мал усалгаанд хэдэн сар ус зарчладаг вэ?				
		Тийм, магна	1		
		Мэдээгүй	0		
83	Тийм бол мал усалгаанд өдөрт хэдэн литр ус зарчладаг вэ?	1000 мл/хоног			

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No.	Асуулт	Категори	Параметрийн
84	Тэнгэж ямар төрлийн жорлонтой вэ?	Ус татаг жорлон	
		Өөрийн жорлон	11
		Бусадтай хамтгай хэрэглэдэг	12
		Ухсан жорлон	
		Жирийн нүрэн жорлон	21
		Агариудалтай сийрүүлсэн жорлон	22
85	Хэвдэй хувианд тэнгэж жорлонтой усанг цэвэрлэдэг үү?	Жинд цэвэрлэдэг тоо	
		1 удаа цэвэрлэх үнэ	
		Тийм	1
		Үгүй	0
		Бусад /тодруулам уу/	99
86	Хуурай нэг эмгэдлэл яадаг вэ?	Хотын үйлчилгээгээр	1
		Хал ч хэмэлгүй хоньд	2
		Онгорхой нүхэнд	3
		Талтай нүхэнд	4
		Шитийдэг	5
		Бусад /тодруулам уу/	99

89	Халдгад усан яадаг вэ?	Хал ч хэмэлгүй	1
		Нүхэнд	2
		Ширээндэг сувгаар	3
		Ногооны талбай руу	4
		Бусад /тодруулам уу/	99
90	Тэнгэж ямар их бэлдэг үү?	Тийм	1
		Үгүй	0
91	Малга гарийнхээ хашинд бэлддэг үү?	Тийм	1
		Үгүй	0
92	Малын гэрлэлийг жогоо ямар зориулалттай вэ?	Хашма хэрэгцээд хэрэглэдэг	1
		Түүхэнд	2
		Борлоонд	3
		Нүхэнд халддаг	4
		Хал ч хэмэлгүй	
93	Жорлонд орсны дараа ямар материал хэрэглэдэг вэ?	Ус	1
		Цэвэр	2
		Юу ч хэрэглэдэггүй	3
		Бусад /тодруулам уу/	99

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94	Та телевизор байгаа үү?	Тийм	1	
		Үгүй	0	
95	Та бодир угсаар дамжин халдварчдад өвчиний талар мэдэх үү?	Тийм	1	
		Үгүй	0	
96	Сүүлийн 2 долоо хоногт таныгэнэ зэн нэг нь гүйлэсэн үү?	Тийм	1	97
		Үгүй	2	
		Мэдэлгүй	3	101
97	"Тийм" бол зэн өвдсэн бэ?		Тийм	Үгүй
		Нэгэр	1	0
		Энэр	1	0
		Хүүрэн	1	0
		5 мкснээс доош нисэн хүүрэн	1	0
98	Өвдэх үед зөвлөгөө, зөвлөгөө авсан үү?	Зөвлөгөө/ зөвлөгөө	1	
		Өөрөө зөвлөгөө	2	
		Юу ч хийгэлгүй	3	

99	Халдас зөвлөгөө авсан буюу мэрүүлсэн бэ?	Өвдөлөг	1	
		Эрүүл мэндийн тэм	2	
		Билгийн эм	3	
		Хүний зөвлөгөө	4	
		Эн уусан	5	
		Юу ч хэрэглэлгүй	6	
100	Та өвдэх үедээ, мэдсэн өвдөлгүй талар мэдэр нэг зүйл хийсэн үү?	Юу ч хийгэлгүй	0	
		Тийм/тодруулан уу/	1	
101	Энэ өвчөөс хүн өөрөөрөө хамгаалж чадсан бэ та бодож байна уу?	Тийм	1	
		Үгүй	2	
		Мэдэлгүй	3	
102	Ямар халдарт өвчлүүдэй та мэдэх вэ?		Тийм	Үгүй
		Халдарт шэр А	1	0
		Цусан суулга	1	0
	Хануу	1	0	
103	Сүүлийн 2 жилд дээрх өвчлүүдээр таныгэнэс хүн өвдсэн үү?	Үгүй	1	107
		Халдарт шэр А	2	
		Цусан суулга	3	104
		Хануу	4	

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104	Хоч өндөрчлөн бэ?		Тийм	Үгүй	
		Нөхөр	1	0	
		Эцэвр	1	0	
		Хүүхэд	1	0	
		5-аас доош насны насны хүүхэд	1	0	
105	Өмчлөх үедээ зөвлөлгөө явах буюу халин явчлаасан				
		Зөвлөлгөө/явчлагдсан	1		
		Өөрийгөө явчлаасан	2		
		Юу ч явчлалгүй	3		
106	Халинас зөвлөлгөө явах буюу халин явчлаасан?				
		Эмнэлэг	1		
		Эрүүд ахуйн төв	2		
		Багайч амч	3		
		Хувийн эмнэлэг	4		
	Эн уусан	5			
107	Өмчлөх суугаага, халуу өргөн явчлаасан болон цэвэрлэгээ, эмчид хувийн хэр мөнгө зарцуулсан бэ?				
		Төг.			
108	Та монголоор хэр зэрэг уншдаг вэ?				
		Амархан	1		
		Сайн биш	2		
		Огт чаддаггүй	3		
109	Та сургуульд сурт байсан уу?		Тийм		110
			Үгүй		111

110	Няар сургуульд ашигласан бэ?		1 мялаар доош	0		
			Бага сургууль /1 мялаар/	1		
			Бага сургууль /2 мялаар/	2		
			Бага сургууль /3 мялаар/	3		
			Дунд сургууль /4 мялаар/	4		
			Дунд сургууль /5 мялаар/	5		
			Дунд сургууль /6 мялаар/	6		
			Дунд сургууль /7 мялаар/	7		
			Дунд сургууль /8 мялаар/	8		
			Дунд сургууль /9 мялаар/	9		
			Дунд сургууль /10 мялаар/	10		
			Хөдөөт/дунд сургууль /10 мялаар доош/	11		
		111	Та радио байгаа гэнэвч уу?		Тийм	
	Үгүй				0	
112	Тусгай төрөлөөрөө эрүүл мэндийн байгууллагад, сургуульд орлуулж эрүүл ахуй болон эрүүл дээрхээ боловсролын сургуульд орлогсон уу?		Тийм		1	
			Үгүй		0	
113	"Тийм" бол эвч орлогсон бэ?				Тийм үгүй	
			Нөхөр	1	0	
			Эцэвр	1	0	
			Хүү	1	0	
			Охин	1	0	
114	Тусгайгаар эвч нөг нь эвчид орон зургаан ортуу эрүүл ахуйн жилд орлогсон уу?		Тийм		1	
			Үгүй		0	
115	"Тийм" бол эвч орлогсон бэ?				Тийм	Үгүй
			Нөхөр	1	0	
			Эцэвр	1	0	
			Хүү	1	0	
			Охин	1	0	
116	Иргэддээ өгөгчид өмнөдөр арлагдсан ахуйд боловсрол өргөжүүлсэн уу?					
117	Балын гачирт гурал дээр тэмдэглэсэн үү?					



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No.		Skip to																
1	Хариулагч Нэр Албан тушаал	<input style="width: 150px; height: 20px;" type="text"/>																
2	Угбайгуулагад хир удаан ажиллаж байна?	Ажилласан жил <input style="width: 60px; height: 20px;" type="text"/>																
3	Даргын нэр	<input style="width: 150px; height: 20px;" type="text"/>																
4	Байгуулагдсан он	<input style="width: 60px; height: 20px;" type="text"/>																
5	Ажилтан ажилаагсдын тоо	Ажилчдын тоо <input style="width: 60px; height: 20px;" type="text"/>																
6	Давхар	кв. м <input style="width: 60px; height: 20px;" type="text"/>																
7	Нийт талбай	кв. м <input style="width: 60px; height: 20px;" type="text"/>																
8	Уг байгууллага ямар үйлдвэрлэлийн категорид ордог вэ? ЦМ:	<table style="border: none;"> <tr> <td style="padding-right: 10px;">1</td> <td style="padding-right: 10px;">▶</td> <td style="padding-right: 20px;">ХАА / Мал эмнэлэг</td> <td style="text-align: right;">11</td> </tr> <tr> <td style="padding-right: 10px;">2</td> <td style="padding-right: 10px;">▶</td> <td style="padding-right: 20px;">Үйлчилгээ/худаадаа, эрүүл мэнд/</td> <td style="text-align: right;">9</td> </tr> <tr> <td style="padding-right: 10px;">3</td> <td style="padding-right: 10px;">▶</td> <td style="padding-right: 20px;">Боловсрол /шашин/захиргааны</td> <td style="text-align: right;">10</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;"><input style="width: 60px; height: 20px;" type="text"/></td> </tr> </table>	1	▶	ХАА / Мал эмнэлэг	11	2	▶	Үйлчилгээ/худаадаа, эрүүл мэнд/	9	3	▶	Боловсрол /шашин/захиргааны	10				<input style="width: 60px; height: 20px;" type="text"/>
1	▶	ХАА / Мал эмнэлэг	11															
2	▶	Үйлчилгээ/худаадаа, эрүүл мэнд/	9															
3	▶	Боловсрол /шашин/захиргааны	10															
			<input style="width: 60px; height: 20px;" type="text"/>															

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9 Үйлдвэрлэлийн үйл ажиллагаан  
ангиалал

Тусгайлан бич

- Хоол, хүнс, ундаа, тамхи үйлдвэрлэгч 1
- Мод, модон бүтээгдэхүүн үйлдвэрлэгч 2
- Цаас хэвлэл үйлдвэрлэгч 3
- Сүлжмэл болон хувцас үйлдвэрлэгч 4
- Цемент шаазан үйлдвэрлэгч 5
- Шатаах, тослох материал үйлдвэрлэгч 6
- Химийн бодис үйлдвэрлэгч 7
- Төмрийн бус металл, металл үйлдвэрлэгч 8
- Төмөр ган үйлдвэрлэгч 9
- Машин тоног төхөөрөмж үйлдвэрлэгч 10
- Бусад 11

11 — рүү орно уу

10 Үйлчилгээний үйл ажиллагааны  
ангиалал

Тусгайлан бич

- Жижиглэн худалдаа/Дэлгүүр, их дэлгүүр г.м/ 1
- Ресторан 2
- Зочид буудал 3
- Боловсролын байгууллага 4
- Эмнэлгийн байгууллага 5
- Шашны байгууллага 6
- Засаг захиргааны байгууллага 7
- Бусад 8

11 Хувийн /ашгийн/ байгууллага эсэх

- Тийм 1
- Үгүй 2

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12 | Сарын дундаж гүйлгээ | төг. |

13   Таны өдөр бүрийн хэрэглэдэг усны гол эх үүсвэр нь юу вэ				
	Төвлөрсөн шугамаас	1	Тийм	Үгүй
	Худаг	2	1	0
	Гадаргын ус	3	1	0
	Бусад /тодруулна уу/ <input style="width: 150px; height: 20px;" type="text"/>	4	1	0

14 | Сард дунджаар хэдий хир ус хэрэглэдэг вэ | тн /м3/ сар |

15   Хэдээс хэдэн цагийн хооронд хамгийн их ус хэрэглэдэг вэ?				
	0-4 цагт	1		
	4-8 цагт	2		
	8-12 цагт	3		
	12-16 цагт	4		
	16-20 цагт	5		
20-24 цагт	6			<input style="width: 80px; height: 20px;" type="text"/>

16   Дараах хэрэглээнүүдийн алинд нь ус голдуу хамгийн их хэрэглэдэг вэ?				
	Албаны хэрэглээнд	1		
	Юм угаах	2		
	Гал тогоо	3		
	Шүршүүр, баян	4		
	Бусад /бичнэ үү/ <input style="width: 150px; height: 20px;" type="text"/>	99		

17 | Төвлөрсөн хангамжаас гол усаа хэрэглэдэг бол сард дунджаар хэдийг усан хангамжийн үйлчилгээнд төлдөг вэ? | төг. |

18 | Хүйтний улиралд халаалтанд хэдий хэрийг төлдөг вэ? | сард/төг |

19   Халаалтын төвөөс халуун ус авч хэрэглэх боломжтой юу?				
			Тийм	Үгүй
			1	0

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20 Байгууллагын хөгжлийн төлөвлөгөө боловсруулсан уу?	Тийм. Энэ нь хэрэгжиж байна.  Тийм. Бид хийсэн хэрэгжиж эхлээгүй байна. Тийм. Бид хийх гэж байна. Үгүй. Байхгүй. Мэдэхгүй.	
---	---	--

21 Тийм бол өргөтгөл хэзээ хийж дуусах вэ?	1997 оны эцэст 1998 оны эцэст 1999 оны эцэст 2000 онд, эсвэл цаашид 1997 оны эцэст	
--	--	--

22 Өргөтгөл хийсний дараа танай бүтээгдэхүүний хэмжээ хэдэн хувиар өсөх вэ?	Хувь <input style="width: 100%;" type="text"/> Өргөтгөлийн дараа <input style="width: 100%;" type="text"/> өсөх хувь	<input style="width: 100%; height: 20px;" type="text"/>
---	--	---

23 Хэрэв хөгжлийн төлөвлөгөөг хэрэгжүүлбэл жилд танай усны хэрэглээ хэдэн хувь өснө гэж бодож байна?	5 жилд усны хэрэглээний өсөх хувь	<input style="width: 100%; height: 50px;" type="text"/>
--	-----------------------------------	---

24 Танай байгууллагад хэдэн усны крант байдаг вэ?	Крантын тоо	<input style="width: 100%; height: 20px;" type="text"/>
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25 Усан хангамжийн шугамаас ус хэрэглэдэг бол: Одоогийн усан хангамжийн тоног төхөөрөмжийн ажиллагаа, материал хангамжинд сэтгэл хангалуун байдаг уу?	Тийм Үгүй	
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## Annex 7 Questionnaire for Institution Mongolia

<p>26   Үгүй бол юу нь хангалтгүй. Та 1-ээс пээшийг тоочиж болно.</p>	<p>Заримдаа ус ирж байгаад зогсчихдог / Ажиллагаа муу Усны чанар муу. Тоног төхөөрөмж муудсан Гарч байгаа усны хэмжээ хангалттай биш Усны үнэ хэтэрхий их Бусад/заана уу/ <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;">Тийм</th> <th style="padding: 2px 5px;">Үгүй</th> </tr> </thead> <tbody> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> <tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">0</td></tr> </tbody> </table>	Тийм	Үгүй	1	0	1	0	1	0	1	0	1	0	1	0
Тийм	Үгүй															
1	0															
1	0															
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<p>27   Өмнөх 26-д тоочигдсон нөхцлүүд шийдэгдсэн тохиолдолд үйлчилгээ сайжирна. Тэгвэл материал хангамжаа дагаад усны үнэ нэмэгдэнэ. Ингэхэд усны үнийг ямар хэмжээнд төлөхөд бэлэн бэ? 'Тийм' гэж хариулбал та үүнийг төлөхөд бэлэн гэсэн үг.</p>	<div style="border: 1px solid black; height: 60px; width: 100%; margin-bottom: 10px;"></div> <p>Эхлээд одоогийн усны тарифийн төвшинг тодорхойл.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Доорхийг өсөх тарифанд хэрэглэнэ үү</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">/Төг</td><td style="width: 30%;">/ Тийм</td><td style="width: 30%;">Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> </table> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="text-align: right;">29</p>	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p style="text-align: right;">29</p>
/Төг	/ Тийм	Үгүй																					
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/Төг	/ Тийм	Үгүй																					
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Нэг сард өсөх тариф

## Annex 7 Questionnaire for Institution Mongolia

<p>28 Цаашид усан хангамжийн шугамын усны үнэ нь үүнийг дээшлүүлэх болон материал хангамжаа дагаад өснө.</p> <p>Тэгвэл, усан хангамжийн шугамын үйлчилгээнд хэр их төлөхөд бэлэн байна вэ?</p> <p>Ямаа нөхцөлд хангалттай хэмжээгээр, сайн чанартай усыг авч хэрэглэж болох вэ? 'Тийм' гэж харуулбал та үүнийг төлөхөд бэлэн байна гэсэн үг.</p> <p>Үгүй гэж харуулбал ярилцагчийн өгсөн тарифийн усны түвшний үнийг төлж чадахгүй гэсэн үг.</p>	<p style="text-align: center;">Эхлээд одоогийн усны тарифийн түвшинг тодорхойл</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px auto;"></div> <p style="text-align: center;">Доорхийг өсөх тарифанд хэрэглэнэ үү.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">/Төг</td><td style="width: 33%;">/ Тийм</td><td style="width: 33%;">Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> <tr><td>/Төг</td><td>/ Тийм</td><td>Үгүй</td></tr> </table> <p style="text-align: center;">1 сард өсөх тариф /төг/</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 10px auto;"></div>	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	/Төг	/ Тийм	Үгүй	
/Төг	/ Тийм	Үгүй																		
/Төг	/ Тийм	Үгүй																		
/Төг	/ Тийм	Үгүй																		
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/Төг	/ Тийм	Үгүй																		
/Төг	/ Тийм	Үгүй																		

<p>29 Танайд ямар төрлийн жорлон байдаг вэ?</p> <p>Хэрэв усыг нь татдаг жорлон байдаг бол үүнийг өөр байгууллагатай хамтран хэрэглэдэг</p>	<p>Усыг нь татдаг жорлон</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">тухайн байгууллагын жорлон</td><td style="width: 20%; text-align: right;">11</td></tr> <tr><td>бусад байгууллагатай хамтран хэрэглэдэг</td><td style="text-align: right;">12</td></tr> <tr><td>Ухсан жорлон</td><td style="text-align: right;">21</td></tr> <tr><td>Жирийн нүхэн жорлон</td><td style="text-align: right;">22</td></tr> <tr><td>Агааржуулагчтай сайжруулсан жорлон</td><td style="text-align: right;">23</td></tr> <tr><td>99</td><td style="text-align: right;">99</td></tr> </table> <p style="border: 1px solid black; display: inline-block; padding: 2px;">Бусад / тодруулна уу/</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	тухайн байгууллагын жорлон	11	бусад байгууллагатай хамтран хэрэглэдэг	12	Ухсан жорлон	21	Жирийн нүхэн жорлон	22	Агааржуулагчтай сайжруулсан жорлон	23	99	99	
тухайн байгууллагын жорлон	11													
бусад байгууллагатай хамтран хэрэглэдэг	12													
Ухсан жорлон	21													
Жирийн нүхэн жорлон	22													
Агааржуулагчтай сайжруулсан жорлон	23													
99	99													

<p>30 Та одоогийн хэрэглэж байгаа жорлонгийн талаар сэтгэл хангалуун байдаг уу?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Тийм</td><td style="width: 20%; text-align: right;">1</td></tr> <tr><td>Үгүй</td><td style="text-align: right;">0</td></tr> </table> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	Тийм	1	Үгүй	0	
Тийм	1					
Үгүй	0					

<p>31 Хог хаягдлаа яадаг вэ?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Хотын үйлчилгээгээр</td><td style="width: 20%; text-align: right;">1</td></tr> <tr><td>Хаа ч хамаагүй хаядаг</td><td style="text-align: right;">2</td></tr> <tr><td>Онгорхой нүхэнд</td><td style="text-align: right;">3</td></tr> <tr><td>Тагтай нүхэнд</td><td style="text-align: right;">4</td></tr> <tr><td>Шатаадаг</td><td style="text-align: right;">5</td></tr> <tr><td>Бусад / тодруулна уу/</td><td style="text-align: right;">99</td></tr> </table> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	Хотын үйлчилгээгээр	1	Хаа ч хамаагүй хаядаг	2	Онгорхой нүхэнд	3	Тагтай нүхэнд	4	Шатаадаг	5	Бусад / тодруулна уу/	99	
Хотын үйлчилгээгээр	1													
Хаа ч хамаагүй хаядаг	2													
Онгорхой нүхэнд	3													
Тагтай нүхэнд	4													
Шатаадаг	5													
Бусад / тодруулна уу/	99													

## Annex 7 Questionnaire for Institution Mongolia

32   Танайх ямар нэгэн хортой болон халдвартай материалтай ажилладаг уу?	Тийм Үгүй Мэдэхгүй	1 2 3	▶  ▶	33  34	<input style="width: 100%;" type="text"/>
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33   Тийм бол материалын нэрийг бичнэ үү?	<input style="width: 100%;" type="text"/>
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34   Хаягдал усыг яадаг вэ?	Хаа ч хамаагүй Нүхэнд Цэвэрлэлгүйгээр цэвэрлэх системд оруулдаг Цэвэрлэсний дараа жэвэрлэх системд оруулдаг Бусад / тодруулна уу/	1 2 3 4 99	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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35   Танайд их ялаа байдаг уу?	Тийм Үгүй	1 0	<input style="width: 100%;" type="text"/>
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36   Танай байгууллагын ямар нэг гишүүн аркун цэвэр, эрүүл ахуйн боловсролд оролцсон уу?	Тийм Үгүй	1 0	▶	38	<input style="width: 100%;" type="text"/>
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37   'Тийм' бол хэн оролцсон бэ?	Ажилчин Захиргааны ажилтан Тусгай мэргэжилтэн Бусад	<input style="width: 100%;" type="text"/>	Тийм Үгүй	1 0 1 0 1 0 1 0
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38   Байгууллагын байршлыг хойно байгаа зурагт тэмдэглэнэ үү?	<input style="width: 100%;" type="text"/>
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Annex 7 Training Sheet English

IDENTIFICATION	
SERIAL NUMBER	1.....200
HOUSEHOLD ID. NUMBER	
NAME OF HOUSEHOLD	
ADDRESS	
GROUP NUMBER	Ger Group=1. Apartment Group=2
WARD (Bag)	Bag 1=1, Bag 2 =2, Bag 3=3, Bag 4=4 Other=5.....
DISTRICT, PROVINCE	<i>Esrum Balg, Gobi-Altai</i>
HOUSEHOLD SELECTED MALE SURVEY YES=1, NO=0.....	
INTERVIEWER VISITS	
DATE	1st      2nd      3rd      Final Visit
	DAY.....
	MONTH.....
	YEAR.....
MEMO FOR NEXT VISIT DATE	
TIME	
INTERVIEWERS NAME/ID	ID. NO.....
TOTAL NUMBER OF VISITS	
RESULT	
1 COMPLETED .....	1
2 NO HOUSEHOLD MEMBER AT HOME AT TIME OF V .....	2
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PER .....	3
4 POSTPONED .....	4
5 REFUSED .....	5
6 DWELLING VACANT OR ADDRESS NOT A DWELLING.....	6
7 DWELLING DESTROYED .....	7
8 OTHER	8
	(specify)
Supervisor	Field Editor
Name _____	Name _____
Date _____	Date _____

Serial number is marked after printing of questionnaire.

Always note when you visit the house even nobody attend to you! Only you can filled in "final visit" when you finish the questionnaire.

You are given ID Number as a interviewer

After checking the completed questionnaire, supervisor will sign. Field Editor will sign if there is no discrepancy of answers in questionnaire.