

**CHILD QUESTIONNAIRE
OLDER COHORT
ROUND 5
VIETNAM**

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DATA HANDLERS

DATE OF INTERVIEW

Q.1	Date of interview Enter day, month and year.	[__ / __ / ____] DD MM YYYY
Q.2	Fieldworker ID	[__]

DATE OF SUPERVISOR CHECK

Q.3	Date of Supervisor Check Enter day, month and year.	[__ / __ / ____] DD MM YYYY
Q.4	Supervisor ID	[__]

1. MIGRATION

1.1 MOVEMENT HISTORY

SAY: Now I'd like to ask you about the different places in which you have lived since we came to see you in [MONTH AND YEAR OF R4 INTERVIEW] and found you in [R4 CHILD LOCATION]. I would like to know only about moves to a different commune that lasted for at least 1 month (or that are expected to last 1 month or more), excluding holiday trips.

Q.1	Have you moved to a different COMMUNE for at least 1 month (excluding holiday trips) since [MONTH AND YEAR OF R4 INTERVIEW]?	[___]
	00=No ► Skip to next section 01=Yes	

SAY: I would like to ask you about all your moves to a different commune for the duration of more than one month since [MONTH AND YEAR OF R4 INTERVIEW].
FIELDWORKER: The next table should be asked row by row. Start asking for the latest movement first and proceed in chronological order. First register all of the movements and then fill in the information. Add as many rows as necessary.

	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	
MOV/ID	In which year did you move? [CAP: Limit span of years]	How long did you stay in the location that you moved to? Enter duration in months If currently there enter 00 FIELDWORKER: Enter 00 for current location regardless of length of stay or intent of staying further -77=NK -79=Refused to answer	Where did you move to? 01=another commune in same district 02=another district in same province 03=another province 04=Outside country (specify): ___ 77=NK 85=NA 79=RTA	What type of locality/commune did you move to? Enter code from CODEBOX #1	Who did you move with? [CAP: If code 00 = moved alone is selected, do not enable any of the other codes] [TICK ALL THAT APPLY]	What were the two most important reasons for moving? Enter code from CODEBOX #2 Please report up to 2 reasons in order of importance. 00=No 01=Yes	Before moving, did you know anyone at the location you were moving to? (for example: friends, relatives, recruiter) 01=Yes 00=No ► Skip to next row.	Who did you know best in the location that you moved to, prior to moving? Enter code from CODEBOX #3	
01	[_____]	[___] months	Spec. [___]:	[___]	00=Moved alone 01=Father 02=Mother 04=Sibling(s) 06=Spouse/ partner 07=Spouse/ partner's parent(s) 08=Spouse/ partner's sibling(s) 09=Child of YL Child 10=Other relatives from own family 11=Other relatives from spouse/ partner's family 90=Moved with non-household member(s)	[___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]	1. [___]; Spec. _____ 2. [___]; Spec. _____	[___]	[___]: Spec. _____
02	[_____]	[___] months	Spec. [___]:	[___]	00=Moved alone 01=Father 02=Mother 04=Sibling(s) 06=Spouse/ partner 07=Spouse/ partner's parent(s) 08=Spouse/ partner's sibling(s) 09=Child of YL Child 10=Other relatives from own family 11=Other relatives from spouse/ partner's family 90=Moved with non-household member(s)	[___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]	1. [___]; Spec. _____ 2. [___]; Spec. _____	[___]	[___]: Spec. _____
03	[_____]	[___] months	Spec. [___]:	[___]	00=Moved alone 01=Father 02=Mother 04=Sibling(s) 06=Spouse/ partner 07=Spouse/ partner's parent(s) 08=Spouse/ partner's sibling(s) 09=Child of YL Child 10=Other relatives from own family 11=Other relatives from spouse/ partner's family 90=Moved with non-household member(s)	[___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]	1. [___]; Spec. _____ 2. [___]; Spec. _____	[___]	[___]: Spec. _____
(...)	[_____]	[___] months	Spec. [___]:	[___]	00=Moved alone 01=Father 02=Mother 04=Sibling(s) 06=Spouse/ partner 07=Spouse/ partner's parent(s) 08=Spouse/ partner's sibling(s) 09=Child of YL Child 10=Other relatives from own family 11=Other relatives from spouse/ partner's family 90=Moved with non-household member(s)	[___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]	1. [___]; Spec. _____ 2. [___]; Spec. _____	[___]	[___]: Spec. _____

2. SUBJECTIVE WELL-BEING

FIELDWORKER: The following question is intended to filter administration of following sections without trying to collect any additional information.

FIELDWORKER: Observe and record the following question.

Q.1	Sex of [YL Child]	[___]
	01=Male 02=Female	

FIELDWORKER: For reference the name of the area where the respondent lived in [MONTH AND YEAR OF R4 INTERVIEW] is [PREFILLED R4 LOCATION]. Refer to this name every time the questions says [R4 LOCATION]. The [R5 CHILD LOCATION] should correspond to the current location of the child's relevant household.

SAY: Now I would like to ask you about your life now and your life back in [MONTH AND YEAR OF R4 INTERVIEW].

Q.2	Are you living in the same location as in [MONTH AND YEAR OF R4 INTERVIEW]?	[___]
	00= No 01= Yes ► Skip to Q.4	
Q.3	How long have you been living in the current location? Enter duration in months.	[___]

FIELDWORKER: Display the LADDER card and explain how to use it to answer the following questions.

Explain that the ninth step, at the very top, represents the best possible score that respondent can assign to any given situation and the bottom represents the worst possible score.

FIELDWORKER: Help the child think of his own experience now and back in [MONTH AND YEAR OF R4 INTERVIEW]. The questions are not restricted to the geographic limits of these locations, but to whether s/he is living a better life now in comparison to 3 years ago. For example, [YL Child] may have now better chances for work in his current location because it has better connectivity to a big city where he can find a job more easily than in the place he was living in Round 4 ([MONTH AND YEAR OF R4 INTERVIEW]). Ask the next table row by row. Record the step number from 01 to 09.

SAY: I would now like to ask you about different aspects of your life in the locality where you CURRENTLY live and your life back in the locality where you lived THREE YEARS AGO. If you moved, think of your life in the place where you currently live and the one you lived in [MONTH AND YEAR OF R4 INTERVIEW]. If you have not moved, think of the same locality now and three years ago.

FIELDWORKER. Next table should be asked row by row

SITUIDR4	Situation	Q.4	Q.5
		Where on the ladder would you place the locality you CURRENTLY live, in terms of: Step (01-09) -77=NK -79= Refused to answer	Where on the ladder would you place the locality you lived in [MONTH AND YEAR OF R4 INTERVIEW] in terms of: Step (01-09) -77=NK -79= Refused to answer
01	Opportunities for education	[___]	[___]
02	Opportunities for work	[___]	[___]
03	Wealth/Income	[___]	[___]
04	Access to health services	[___]	[___]
05	Quality of housing	[___]	[___]
06	Safety	[___]	[___]
07	Sanitation facilities	[___]	[___]
08	Access to safe water	[___]	[___]
09	General living environment	[___]	[___]
10	Support from neighbours	[___]	[___]

11	Support from friends	[]	[]
12	Support from Government	[]	[]
13	Support from NGOs/Local Associations	[]	[]
14	Food Availability	[]	[]

3. EDUCATION

3.1 CURRENT EDUCATION AND SCHOOLING EXPENDITURE

SAY: I would like to ask you some questions about your current educational status.

<p>Q.1</p>	<p>What is the highest qualification/certificate you have attained (including school leaving certificates/transcripts/report)?</p> <p>Enter code from CODEBOX #4</p> <p>77=NK 88=NA</p>	<p>[_ _]</p>
<p>Q.2</p>	<p>Did you attend any preschool, kindergarten, pre-kindergarten, early learning program or similar programs for more than 6 months before attending grade 1?</p> <p>00 = No 01 = Yes</p> <p>-77 = NK -79 = Refused to answer</p>	<p>[_ _]</p>
<p>Q.3</p>	<p>Are you currently in full-time education?</p> <p>00=No, 01=Yes, attending regularly ► Skip to Q.5 02=Yes, but attending irregularly ► Skip to Q.5 79=Refused to answer ► Skip to Q.10</p>	<p>[_ _]</p>
<p>Q.4</p>	<p>Why are you NOT in full-time education?</p> <p>Enter code from CODEBOX #5</p> <p>Once answered ► Skip to Q.10</p>	<p>[_ _]</p> <p>Specify. _____</p>

EDUCATION EXPENDITURE

SAY: Now we would like to ask you about payments you make and additional costs spent regarding the course you attended during the last academic year at school/ training center/ education institute/ university.

FIELDWORKER: Ask first the total expenditure and then prompt the respondent to see if they can remember the amounts paid for each of the individual items (registration, examination, tuition fees & other payments to schools, parents association, donations, etc.)

<p>Q.5</p>	<p>How much did you spend in total on payments to school / institute / university during the last academic year?</p> <p>FIELDWORKER: This includes matriculation/ registration/ examination, tuition fees, other payments to schools, parents association, donations, etc.</p>	<p>Amount</p> <p>Enter in '000 VND</p> <p>-77 = NK -88 = NA</p> <p>[_____]</p>
<p>Q.6</p>	<p>How much of this total did you spend on:</p>	<p>Enter in '000 VND</p> <p>-77=NK -88=NA</p>
<p>01</p>	<p>Matriculation/registration/examination</p>	<p>[_ _ _ _]</p>
<p>02</p>	<p>Tuition fees</p>	<p>[_ _ _ _]</p>
<p>03</p>	<p>Other payments to schools, parents association, donations, etc.</p>	<p>[_ _ _ _]</p>
<p>Q.7</p>	<p>How much did you spend on other necessary additional costs not paid to school / institute / university during the last academic year?</p> <p>FIELDWORKER: This includes private tuition, food, transport, equipment, etc.</p>	<p>Amount</p> <p>Enter in '000 VND</p> <p>-77 = NK -88 = NA</p> <p>[_____]</p>

		Enter in '000 VND
Q.8	How much of this total did you spend on:	-77=NK -88=NA
01	Payment for private tuition	[_____]
02	Food at school / institute / university	[_____]
03	Transportation (outward and return)	[_____]
04	Special equipment (e.g. laptops, calculator)	[_____]
05	Others expenditures (e.g. uniforms, books, stationary)	[_ _ _ _ _]

FUNDING

FIELDWORKER: The following questions refer to [YL Child]'s last academic year.

Who paid for the total cost of your course in the last academic year? FIELDWORKER: Select all that apply.		Tuition fees/ matriculation/ registration	Other education-related costs (e.g. food, transport, materials, equipment, etc)
Q.9	01=Self	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	02=Parents	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	03=Other household members	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	04=Any other person who is not a household member	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	05=Scholarship (e.g. from Government, NGOs or private organization)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	06=Tertiary education student loan	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	07=Public sources of credit or funding (e.g. National Fund for Employment, Loan credit for college students)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

ABSENTEEISM

SAY: Now I would like to know about the times you missed classes in the last academic year 2015-2016.

Q.10	<p>During the last academic year (2015-2016), have you ever missed school educational institute / university continuously for a week or more? (Excluding school holidays, national holidays, etc)</p> <p>00=No ► Skip to next section 01=Yes 02=Child did not attend school last academic year (2015-2016) ► Skip to next section</p>	[_ _]
Q.11	<p>In the last academic year (2015-2016), how long was the longest period of time you were absent from school/ educational institute/ university? Enter number of days</p>	[_ _ _]
Q.12	<p>Which of the following best describes your attendance overall in the last academic year (2015-2016)? Enter code from CODEBOX #6</p>	[_ _]

3. EDUCATION

3.2. EDUCATION HISTORY

SAY: I would like to ask you some questions about your educational history since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]. In 2012-2013 academic year, [YL Child] was enrolled in [2012-13 GRADE ENROLLED].

Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9	Q.10	Q.11
In the year ... when you were ... years old (NB this is just to help work out years and ages in years - you can work from latest year down or youngest age upwards) Academic Year [PREFILLED]	In what grade/type of programme are/ were you enrolled in? Enter code from CODEBOX #7 00 ► Skip to next row	Did you successfully complete this grade? 01= Yes, completed grade 02= No, failed grade 03= No, dropped out and failed to complete year 04 = Currently attending grade [CAPI: validation rule that option 4 only selected for last year (2016/2017)] FIELDWORKER: If [YL Child] is repeating a grade previously marked as complete (01), please enquire the reasons for this and include these as a comment.	What type of school/educational institute/university is/ was it? Enter code from CODEBOX #8	Are/ Were you enrolled in the same school as in the previous year? 00=No 01=Yes ► Skip to next row 77=НК	Province where the school is located FIELDWORKER: Select from the drop down menu. Select 98=Not a YL province if the province is not listed	Name of the province [Enabled only when province is not a YL province]	Commune where the school is located FIELDWORKER: Select from the drop down menu. Select code 988 if province (Q.7) is 98=Not a YL province	Name of Commune, District [Enabled only when commune is not a YL commune]	Name of the school FIELDWORKER: Please choose from the drop down menu or write the name of the school if not found	Specify the name of the school [Enabled only when school is not in the drop down menu]
2016-2017	[___] Specify _____	[___]	[___] Specify _____	[___]	[___]	_____	[___]	_____ , District	[___]	_____
2015-2016	[___] Specify _____	[___]	[___] Specify _____	[___]	[___]	_____	[___]	_____ , District	[___]	_____
2014-2015	[___] Specify _____	[___]	[___] Specify _____	[___]	[___]	_____	[___]	_____ , District	[___]	_____
2013-2014 [CAPI: always enable]	[___] Specify _____	[___]	[___] Specify _____	[___]	[___]	_____	[___]	_____ , District	[___]	_____

NOTE: Collect full education history (from 1999-2000 onwards) for those for whom we missed collecting complete education history in Round 4

5. EMPLOYMENT, EARNINGS, AND TIME-USE

5.1. LABOUR FORCE PARTICIPATION

SAY. Now I would like to ask you about your current and previous **paid and unpaid** work activities.

Q.1		At any time during the last 12 months have you done for at least one hour any of the following: 00=No ► Skip to next row [CAPI: skip to next row] 01=Yes If NO to ALL ► SKIP to Q.4	Q.2 In the last 7 days , have you done for at least one hour any of the following: 00=No; 01=Yes If NO to ALL ► Continue with Q.3 Otherwise, if at least one Yes ► Skip to Q.6
01	Worked on a farm owned or rented by you or any member of your household , (e.g. cultivating crops, farming tasks, caring for livestock)	[_ _]	[_ _]
02	Worked for someone who is NOT a member of your household (e.g. a company, the government, neighbours farm) - includes agricultural and non-agricultural work	[_ _]	[_ _]
03	Worked on your own account or in a business enterprise belonging to you or someone in your household (e.g. shop-keeper)	[_ _]	[_ _]

Q.3	Do you currently have a job even though you did NOT work in the last 7 days ? 00=No 01=Yes ► Skip to Q.6	[_ _]
Q.4	Did you look for work in the last 7 days ? 00=No 01=Yes ► Skip to Q.6	[_ _]
Q.5	What is the main reason you did NOT look for work in the last 7 days ? Enter code from CODEBOX #9 Once this question is answered ► Skip to Q.8	[_ _] Spec. _____

Q.6	How did you find your current job? FIELDWORKER: Tick all that apply. If the person has more than 1 job, choose the job that the person considers the most important in terms of time spent . Read the options.	
01	Contact Boss/employer	<input type="radio"/> Yes <input type="radio"/> No
02	Contact employment agency/intermediary/broker/ contractor/ recruiter	<input type="radio"/> Yes <input type="radio"/> No
03	Contact friends/relatives	<input type="radio"/> Yes <input type="radio"/> No
04	Read newspaper/ poster/ sign/ leaflet	<input type="radio"/> Yes <input type="radio"/> No
05	Contact union/employee association/group	<input type="radio"/> Yes <input type="radio"/> No
06	Looked in the internet (e.g. Browsing in web pages)	<input type="radio"/> Yes <input type="radio"/> No
07	Sent emails/ contact non-relatives/ non-friends	<input type="radio"/> Yes <input type="radio"/> No
08	Own or household's farm/ business	<input type="radio"/> Yes <input type="radio"/> No
09	Direct offer from employer	<input type="radio"/> Yes <input type="radio"/> No
10	TV/ radio adds	<input type="radio"/> Yes <input type="radio"/> No
11	Other, specify _____	<input type="radio"/> Yes <input type="radio"/> No

Q.7	At any point in the last 12 months were you WITHOUT work for at least one week? (excluding holidays, festivities, etc.) 00=No ► Skip to Q.15 01=Yes	[_ _]
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Q.8	During the time you were WITHOUT work in the <u>last 12 months</u> were you looking for work? 00=No 01=Yes ► Skip to Q.12	[_ _]
Q.9	During the time you were WITHOUT work, what is the main reason you did NOT look for work in the <u>last 12 months</u> ? 01= housewife/childcare 02= Student ► Skip to Q.15 03=disabled ► Skip to Q.15 04=illness ► Skip to Q.15 05=other (specify) ____ ► Skip to Q.15	[_ _]
Q.10	How satisfied are you with this activity? FIELDWORKER: Read the alternatives 01=Very unsatisfied 02=Unsatisfied 03=Normal ► Skip to Q.15 04=Satisfied ► Skip to Q.15 05=Very satisfied ► Skip to Q.15	[_ _]
Q.11	Why are you unsatisfied/very unsatisfied? 01= Want to study 02= Want to work 03= Too tiring 04= Other, specify Once answered ► Skip to Q.15	[_ _] Specify: _____

Q.12	For how long in the <u>last 12 months</u> have you been without work and looking for work? (Enter number of weeks) FIELDWORKER: If less than a week enter 00	[_ _]
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Q.13	What have you done to look for work? FIELDWORKER: Tick all that apply. Read the options.	
01	Contact Boss/employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
02	Contact employment agency/intermediary/ contractor/ recruiter	<input type="checkbox"/> Yes <input type="checkbox"/> No
03	Contact friends/relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No
04	Read newspaper/ poster/ sign/ leaflet	<input type="checkbox"/> Yes <input type="checkbox"/> No
05	Contact union/employee association/group	<input type="checkbox"/> Yes <input type="checkbox"/> No
06	Looked in the internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
07	Sent emails/ contact non-relatives/non-friends	<input type="checkbox"/> Yes <input type="checkbox"/> No
08	Trying to set up a business	<input type="checkbox"/> Yes <input type="checkbox"/> No
09	Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Q.14	FIELDWORKER: This question refers to current or previous unemployment periods. What is (was) the minimum wage/payment for which you would be willing to accept a job offer when you are (were) unemployed?	Amount [_ _ _ _] (in '000 VND)	Period of time wage/ payment cover [_ _] Spec _____ Enter code from CODEBOX #10
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Q.15	Have you ever worked at any point BEFORE the <u>last 12 months</u> on a household farm, on your own account, in a household business enterprise or for someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. EMPLOYMENT, EARNINGS, AND TIME-USE

5.2. WORK ACTIVITIES - PAID AND UNPAID

FIELDWORKER: This sub-section will be asked only if [YL CHILD] reported having worked at least one hour in the last 12 months (at least one Yes to Q.1) in the "Labour force participation" sub-section.

SAY: Now I would like to ask you about your three most important paid or unpaid work activities during the last 12 months. This includes work done inside and outside the household, and EXCLUDES non-working activities (e.g. housewife, student, taking care of other household members, such as children, disabled, ill, elderly).

FIELDWORKER: Ask [YL CHILD] to report his/her 3 most important paid or unpaid work activities in terms of time spent in the last 12 months beginning with the most important one. The table should be asked row by row.

FIELDWORKER: Enter the number of months in which any of this activity was done during the last 12 months. For irregular periods of work, record the average for the whole year.

	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7		Q.8	Q.9	Q.10	Q.11
	Type of activity Enter code from CODEBOX #11	Who do you do this activity for? Enter code from CODEBOX #12	Months per year Enter 01-12 Enter 01 if less than one month. -77=NK	Days per month Enter 01-30 -77=NK	Hours per day Enter 01-24 -77=NK	What form of payment was received or is expected from this activity? Enter code from CODEBOX #13 If 00=None or 04= debt relief ▶ Skip to Q.10.	What are the net earnings from this activity? In cash (In '000 VND) In kind (cash equivalent) (In '000 VND) If Q.6=01 ▶ Enter answer and skip to Q.8		What period of time did this payment cover? 01= hour ▶ Skip to Q.10 02= day ▶ Skip to Q.10 04= month ▶ Skip to Q.10 05= year ▶ Skip to Q.10 06= Per piece 07= Other, specify ▶ Skip to Q.10 79=Refused to answer ▶ Skip to Q.10 FIELDWORKER: If payment is reported in different period, please convert to the most convenient measure.	How many pieces are produced per day? Enter number of pieces -77=NK 79=Refused to answer	Do you currently still perform this activity? 00 = No ▶ Skip to next row 01= Yes 79=Refused to answer ▶ Skip to next row	During the <u>past 12 months</u> , for how many months would you expect to perform this activity? Enter number of months (between 0 and 12) -77=NK 79=Refused to answer FIELDWORKER: If [YL child] has a long-term contract, enter 12.
ACTID	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
01	Specify []	Specify []	[]	[]	[]	Specify []	[]	[]	Specify []	[]	[]	[]
02	Specify []	Specify []	[]	[]	[]	Specify []	[]	[]	Specify []	[]	[]	[]
03	Specify []	Specify []	[]	[]	[]	Specify []	[]	[]	Specify []	[]	[]	[]

Q.12 **FIELDWORKER:** Please select the activity in which the respondent spends more time in.
 ACTID 1
 ACTID 2
 ACTID 3

5. EMPLOYMENT, EARNINGS, AND TIME-USE

5.3. MAIN ACTIVITY

FIELDWORKER: This sub-section will be asked only if [YL Child] reported having worked at least one hour in the last 12 months (at least one Yes to Q.1) in sub-section "5.1 Labour force participation".

FIELDWORKER: If [YL child] is not currently working in [MAIN ACTIVITY], the following questions refer to the period when they were working in [MAIN ACTIVITY] in the last 12 months.

SAY: Now I would like to ask you about [MAIN ACTIVITY] which is your most important paid or unpaid work activity in terms of time spent in the last 12 months.

Q.1	Does [MAIN ACTIVITY] involve any of the following things? FIELDWORKER: Read the alternatives	
01	Carrying heavy loads	<input type="radio"/> Yes <input type="radio"/> No
02	Using dangerous tools such as machetes, knives, sith	<input type="radio"/> Yes <input type="radio"/> No
03	Handling chemicals such as fertilizers, pesticides, solvents or paints	<input type="radio"/> Yes <input type="radio"/> No
04	Working under the hot sun or in the rain	<input type="radio"/> Yes <input type="radio"/> No
05	Working with or close to animals	<input type="radio"/> Yes <input type="radio"/> No
06	Working with insufficient lighting	<input type="radio"/> Yes <input type="radio"/> No
07	Working in very noisy environment	<input type="radio"/> Yes <input type="radio"/> No
08	Working with fumes, gases, dust.	<input type="radio"/> Yes <input type="radio"/> No
09	Being close to moving vehicles or driving (cars, tractors, motorbikes etc.)	<input type="radio"/> Yes <input type="radio"/> No
10	Working in a smelly and/or dirty environment	<input type="radio"/> Yes <input type="radio"/> No
11	Working in heights	<input type="radio"/> Yes <input type="radio"/> No
12	Other, specify	<input type="radio"/> Yes <input type="radio"/> No

Q.2	For how long have you worked in [MAIN ACTIVITY] in all your life ? FIELDWORKER: Enter in months. Round to 0 if less than a month.	[___]
Q.3	All things considered, how satisfied are you with [MAIN ACTIVITY]? FIELDWORKER: Read the alternatives 01=Very unsatisfied 02=Unsatisfied 03=Normal (more or less satisfied) ► Skip to Q.5 04=Satisfied ► Skip to Q.5 05=Very satisfied ► Skip to Q.5	[___]
Q.4	Why are you unsatisfied/very unsatisfied? Enter code from CODEBOX #14	[___]

WORKING ARRANGEMENTS

FIELDWORKER: The following questions are asked only to WAGED/SALARIED EMPLOYEES - only if [ACTID1] reported in section 5.2. is:

05 =Wage Employment - Agriculture

06=Annual farm servant

12=Wage employment - unsalaried/ irregular; non-agriculture

13=Regular Salaried Employment

19=Housemaid

Q.5	How many people altogether work at your place of work in [MAIN ACTIVITY]? -77 = NK	[_____]
Q.6	Do you have a contract/decision for this work in [MAIN ACTIVITY]? 00 = No ► Skip to Q.8 01 = Yes	[___]

Q.7	What is the duration of the contract you have for [MAIN ACTIVITY]? 01= less than 3 months 02= between 3 months and 6 months 03= more than 6 months to 1 year 04= more than 1 year to 3 years 05= more than 3 years	[__]
Q.8	Do you receive any of the following extra benefits from this activity? FIELDWORKER: Read the alternatives	
01	Food	<input type="radio"/> Yes <input type="radio"/> No
02	Housing	<input type="radio"/> Yes <input type="radio"/> No
03	Transportation	<input type="radio"/> Yes <input type="radio"/> No
04	Clothing (excluding uniforms)	<input type="radio"/> Yes <input type="radio"/> No
05	School assistance or supplies	<input type="radio"/> Yes <input type="radio"/> No
06	Debt relief	<input type="radio"/> Yes <input type="radio"/> No
07	Social security	<input type="radio"/> Yes <input type="radio"/> No
08	Health insurance/health expenses	<input type="radio"/> Yes <input type="radio"/> No
09	Paid holidays	<input type="radio"/> Yes <input type="radio"/> No
10	Paid sick leave	<input type="radio"/> Yes <input type="radio"/> No
12	Life insurance	<input type="radio"/> Yes <input type="radio"/> No
13	Loan/credit	<input type="radio"/> Yes <input type="radio"/> No
14	Maternity cover/leave	<input type="radio"/> Yes <input type="radio"/> No

SAY: Now I would like to ask you about the employer for whom you work/ have worked in [MAIN ACTIVITY]. This includes all the time that you have worked there (not only the last 12 months).

FIELDWORKER: Ask the following question if [YL Child] still works in [MAIN ACTIVITY] - **Q.10** in section 5.2=01.

Q.9	For how long have you worked in [MAIN ACTIVITY] for the current employer? Enter in months	[__]
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FIELDWORKER: Ask the following question if [YL Child] does NOT work in [MAIN ACTIVITY] anymore - **Q.10** in section 5.2=00..

Q.10	For how long did you work in [MAIN ACTIVITY] for the latest employer? Enter in months	[__]
-------------	---	--------

5. EMPLOYMENT, EARNINGS, AND TIME-USE

5.4 WORK-RELATED TRAINING

FIELDWORKER: This section should be asked to ALL YL children

SAY: Now I would like to ask you about any training you are currently receiving or you may have received since [MONTH AND YEAR OF R4 INTERVIEW]. Please include only training that lasted for at least one week and entails skill acquisition (e.g. apprenticeship, formal training course at the workplace, learning by doing, etc.) that helps you conduct or find work but that is/was not part of formal education.

FIELDWORKER: Please include only training that lasted for one week or more, but that is NOT part of formal education.

Q.1	<p>Since [MONTH AND YEAR OF R4 INTERVIEW] have you had any work-related training that has lasted at least one week and that is/was not part of formal education?</p> <p>FIELDWORKER: If child is currently attending training that will last for more than one week, it should be included in the next table. Include formal and informal training as well as training under the National Target Program on Employment 2012-2015, and the National Target Program on Education and Training 2012-2015.</p> <p>00=No ▶ Skip to next section (Labour Market Skills) 01=Yes</p>	[_ _]
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FIELDWORKER: Do NOT ask this question for informal training (Q.2=2)

	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9
TRAINID	Type of training 01= formal training 02= informal training 03= apprenticeship 04= public programs (National Target Program on Employment 2012-2015, National Target Program on Education and Training 2012-2015)	Who delivered the training? Enter code from CODEBOX #15	Did you or any member of your household pay for the training?	Has this training been completed?	Duration of the training? Enter number of days After recording ▶ skip to Q.9	Duration of training attended up to now? Enter number of days	Expected additional duration? Enter number of days	Did you receive or do you expect to receive a certificate/ diploma?
1	[_] Spec. _____	[_]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK	<input type="radio"/> Yes <input type="radio"/> No ▶ Skip to Q.7	[_ _]	[_ _]	[_ _]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK
2	[_] Spec. _____	[_]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK	<input type="radio"/> Yes <input type="radio"/> No ▶ Skip to Q.7	[_ _]	[_ _]	[_ _]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK
3	[_] Spec. _____	[_]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK	<input type="radio"/> Yes <input type="radio"/> No ▶ Skip to Q.7	[_ _]	[_ _]	[_ _]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK
(...)	[_] Spec. _____	[_]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK	<input type="radio"/> Yes <input type="radio"/> No ▶ Skip to Q.7	[_ _]	[_ _]	[_ _]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NK

5. EMPLOYMENT, EARNINGS AND TIME-USE

5.5. SKILLS FOR THE LABOUR MARKET

FIELDWORKER: This section will consist of questions about the labour market skills that the index child possesses.

DRIVING SKILLS

SAY: Now I am going to ask you some questions about whether you can drive.

		Q.1	Q.2
		Can you say you are skilled in driving the following: 00 = No ► skip to next row 01 = Yes 77 = NK ► skip to next row	Do you have a driving license for the following: 00 = No 01 = Yes
01	Motorcycle	[__]	[__]
02	Car	[__]	[__]
03	Truck or other heavy vehicles	[__]	[__]
04	Other, specify: _____	[__]	[__]

LANGUAGES

SAY: Now I am going to ask you some questions about the languages you know.

FIELDWORKER: Add more rows as necessary.

	Q.3	Q.4	Q.5	Q.6
Language ID	What languages (including your native language) can you speak, read or write? Enter code from CODEBOX #16	How fluent are you in speaking this language? FIELDWORKER: Read all the options 01 = Fluent 02 = Good 03 = Intermediate 04 = Poor 05 = Cannot speak 77 = NK	How fluent are you in reading this language? FIELDWORKER: Read all the options 01 = Fluent 02 = Good 03 = Intermediate 04 = Poor 05 = Cannot read 77 = NK	How fluent are you in writing this language? FIELDWORKER: Read all the options 01 = Fluent 02 = Good 03 = Intermediate 04 = Poor 05 = Cannot write 77 = NK
01	[__]	[__]	[__]	[__]
02	[__]	[__]	[__]	[__]
03	[__]	[__]	[__]	[__]
...

5. EMPLOYMENT, EARNINGS, AND TIME-USE

5.6 TIME-USE

FIELDWORKER: begin by asking the young adult some background questions about his/her activities- for example, do they go to school/college/university, do they help around the household, do they work. Then show him/her the time-allocation card and explain:

SAY: I want to know how you spent **the 24 hours of a typical day in the last week** (from Monday to Friday, excluding holidays, festivals, etc.) in the activities I have here, starting with 'sleeping'

Q.1	Sleep	[___]
------------	-------	---------

SAY: Now, think about the rest of your day. I want you to tell me how much time you spent on the following activities during a typical day. (i.e. not a weekend or holiday).

FIELDWORKER: RECORD IN HOURS

Q.2	Care for others (younger children, ill household members)	[___]
Q.3	Domestic tasks (Fetching water, firewood, cleaning, cooking, washing, shopping)	[___]
Q.4	Tasks on family farm, cattle herding (household and/or community), other family business, shepherding, piecework or handicrafts done at home (not just farming)	[___]
Q.5	Activities for pay or for money outside of household or for someone not in the household (including traveling time or and return)	[___]
Q.6	At school/college/University (including all time spent not only attending hours, and travelling time, out and return)	[___]
Q.7	Studying at home/ Extra tuition outside the home	[___]
Q.8	Leisure: playing, seeing friends, using the internet, etc.	[___]

FIELDWORKER: After completing the child's activities, ask the child how much time he/she allocates for the following activities:

Q.9	Time used for commuting to the place where the child carries out paid activities (out and return) Enter in minutes [CAPI: Enable if Q.5>0]	[___]
Q.10	Time used for commuting to school / educational centre (out and return) Enter in minutes [CAPI: Enable if Q.5>0]	[___]

6. FEELINGS AND ATTITUDES

6.1 FEELINGS AND ATTITUDES OF INDEX INDIVIDUAL

SAY: Now I will ask your opinion about different things and I want you to tell me what you think or feel about them. This section intends to ask about your opinion, so there are no right or wrong answers.

FIELDWORKER: Prompt the 4-scale card of feelings and attitudes. Read and explain each of the 4 alternatives: **Strongly disagree**, **Disagree**, **Agree** and **Strongly agree**.

SAY: Here you have a card with 4 alternatives that range from Strongly disagree to Strongly agree. Now I will read some comments and statements that young people of your age sometimes say, think or feel. I want you to tell me how much you agree or disagree with them by pointing in this card the option that best reflects your opinion.

FIELDWORKER: Read the following example:
I may say that young people of your age think or say "I like to paint".

SAY: Now let's practice with another example.
If I tell you: "All young people of my age like football". Tell me, how much do you agree or disagree with this?

FIELDWORKER: Wait until [YL Child] points one of the options. Make sure that s(he) has understood how to properly answer these questions.

SAY: Now, think if the following statements somewhat reflect what you think, feel or say. Remember that there are no right or wrong answers; I just want to know your opinion.

Q.1		Strongly disagree	Disagree	Agree	Strongly agree	NK	Refused to answer
01	I like cooperating in a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	I can be a good leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	If someone opposes me, I can find the means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	I make friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	I'm as good as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Overall, I have a lot to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	If I am in trouble, I can usually think of a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I am popular with kids of my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I get a lot of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Most other kids like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I can do things as well as most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I can always manage to solve difficult problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I cooperate well when working in a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am capable of being a good leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other kids want me to be their friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Other people think I am a good person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I am often unhappy, downhearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I have more friends than most other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	A lot of things about me are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I have lots of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I have many fears, you are easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	I do lots of important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	When I do something, I do it well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I am easy to like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	In general, I like being the way I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I am nervous in new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	I get along with other kids easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	I am good at cooperating with team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	I am seen as a capable leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 SUBJECTIVE WELLBEING

SAY: There are nine steps on this ladder. Suppose the ninth step, at the very top, represents the best possible life for you, and the bottom represents

	Where on the ladder do you feel you personally stand at the present time?	
Q.2	Record step number: 01-09 -77=NK -79=Refused to answer	[____]

6.3 GRIT

FIELDWORKER: Prompt CARD ### with the five alternatives from Not like me at all, to Very much like me

SAY: Now you have a SLIGHTLY different card with 5 alternatives that reflect how much like or unlike you are the characteristics described in the statements. Please respond the following statements by using these alternatives. Remember that there are no right or wrong answers and that you can choose to skip items if you are unsure of how to answer or if you prefer not to answer.

Q.3		Not like me at all	Not much like me	Somewhat like me	Mostly like me	Very much like me	NK	Refused to answer
01	New ideas and projects sometimes distract me from previous ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Setbacks don't discourage me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	I have been obsessed with a certain idea or project for a short time but later lost interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	I am a hard worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	I often set a goal but later choose to pursue a different one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	I have difficulty maintaining my focus on projects that take more than a few months to complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	I finish whatever I begin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	I am diligent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.4 SUBJECTIVE WEALTH

SAY: Now think about the area where you live. Think about [NAME OF CURRENT LOCALITY].

Q.4	<p>Compared to other households in your village, would you describe your household at the moment as:</p> <p>01=The richest 02=Among the richest 03=Richer than most households 04=About Average 05=A little poorer than most households 06=Among the poorest 07=The poorest 77=NK 79=Refused to respond</p>	[___]
Q.5	<p>FOUR YEARS AGO: Compared to other households in the village would you describe your household in [MONTH AND YEAR OF R4 INTERVIEW] as:</p> <p>01=The richest 02=Among the richest 03=Richer than most households 04=About Average 05=A little poorer than most households 06=Among the poorest 07=The poorest 77=NK 79=Refused to respond</p>	[___]
Q.6	<p>Which of the following best describes your household?</p> <p>FIELDWORKER: Read the alternatives</p> <p>01=Very rich 02=Rich 03=Comfortable – can manage to get by 04=Never have quite enough, struggle to get by 05=Poor 06=Destitute</p>	[___]
Q.7	<p>FOUR YEARS AGO: How would you describe your household in [MONTH AND YEAR OF R4 INTERVIEW]?</p> <p>FIELDWORKER: Read the alternatives</p> <p>01=Very rich 02=Rich 03=Comfortable – can manage to get by 04=Never have quite enough, struggle to get by 05=Poor 06=Destitute</p>	[___]

7. MARITAL AND LIVING ARRANGEMENTS

7.1. BASIC INFORMATION AND MATCHING

FIELDWORKER: This section captures information about [YL Child]'s marital and/or intimate relationships.

ROUND 4 RELATIONSHIP STATUS:

Relationship status: [PREFILLED ROUND 4 RELATIONSHIP STATUS]

Partner / spouse: [PREFILLED NAME OF ROUND 4 PARTNER / SPOUSE]

SAY: In [MONTH AND YEAR OF R4 INTERVIEW], when we visited you, your relationship status was [PREFILLED ROUND 4 RELATIONSHIP STATUS] (with [PREFILLED NAME OF ROUND 4 SPOUSE / PARTNER]).

We would like to ask you a few questions about your current relationship status.

Q.1	<p>What is your marital status?</p> <p>FIELDWORKER: Cohabitation is included as a type of marital status. In order to make this clear, read the options out.</p> <p>00=Single (never married) ► Skip to section 8 (Household Decision Making) 01= Married (to different person / newly married since Round 4) ► Skip to Q.3 06= Married to same spouse as in Round 4 ► Skip to Q.16 07 = Married since Round 4 to Round 4 partner ► Skip to Q.4 02= Cohabitant (with different person / newly cohabiting since Round 4) 08 = Cohabitant with same partner as in Round 4 ► Skip to Q.10 03= Widow(er) 04= Divorced 05= Separated</p>	[___]
Q.2	<p>Have you gotten married with a partner since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]?</p> <p>00=No 01=Yes If R5 marital status is cohabitant (with different person / newly cohabiting since Round 4) (Q.1=2), once answered ► Skip to Q.4</p>	[___]
Q.3	<p>Have you cohabited with a partner since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]?</p> <p>00=No 01=Yes</p>	[___]

FIELDWORKER: Number of cohabitations is counted for different partners

		Q.4	Q.5	Q.6
MARITAL STATUS		<p>How many times have you gotten married/ cohabited since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]?</p> <p>If 00 ► Skip Q.5 and Q.6 -79 =Refused to answer</p>	<p>Date of first cohabitation / marriage since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]</p> <p>Enter month and year</p>	<p>Date of latest cohabitation / marriage since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]</p> <p>Enter month and year</p> <p>[CAP: Enable if Q.4>1]</p>
01	Cohabitation	[___]	[___] / [___]	[___] / [___]
02	Marriage	[___]	[___] / [___]	[___] / [___]

FIELDWORKER: If R5 marital status is cohabitant [Q.1=02, 08] , skip to Q.10

FIELDWORKER: Ask the following questions for the **current marriage** if YL CHILD has been married since [MONTH AND YEAR OF R4 INTERVIEW] (Q.1=01, 07 OR Q.2=01) or for the **latest marriage** since [MONTH AND YEAR OF R4 INTERVIEW] if YL CHILD is divorced, separated, or widow(er) (Q.1=03, 04, 05 AND Q.2=01).

Q.7	<p>How long had you known your spouse before you married him/her?</p> <p>02 = Less than a month 03 = More than one month but less than one year 04 = More than one year 05 = Since childhood</p>	[___]
Q.8	<p>Who chose your spouse?</p> <p>01 = Index child himself/herself ► Skip to Q.10 02 = Index child and other relatives together ► Skip to Q.10 03 = Parents or other relatives alone 05 = Other non-relatives alone 06 = Other non-relatives and child together ► Skip to Q.10 04 = Other, specify _____</p>	<p>[___]</p> <p>Specify _____</p>
Q.9	Did you have any say in choosing him/her?	<input type="radio"/> Yes <input type="radio"/> No

FIELDWORKER: Ask the following questions for the **current marriage** if YL CHILD has been married since [MONTH AND YEAR OF R4 INTERVIEW] (Q.1=01, 07 OR Q.2=01) or for the **latest marriage** since [MONTH AND YEAR OF R4 INTERVIEW] if YL CHILD is divorced, separated, or widow(er) (Q.1=03, 04, 05 AND Q.2=01) or for the current cohabitation if YL child is cohabiting (Q.1=02, 08)

<p>Q.10</p>	<p>At the time of your marriage/ when you were living together if you compared the economic status of your natal family with your spouse/ partner's family, would you say your natal family was...</p> <p>FIELDWORKER: Read the alternatives</p> <p>1 = Same 2 = Better off 3 = Worse off 77=NK</p>	<p>[_ _]</p>
<p>Q.11</p>	<p>Does spouse/ partner's mother live in the household?</p>	<p><input type="radio"/> Yes ► Skip to Q.13 <input type="radio"/> No</p>
<p>Q.12</p>	<p>What was the highest grade of education completed by your spouse/ partner's mother?</p> <p>Enter code from CODEBOX #17</p>	<p>[_ _]</p>
<p>Q.13</p>	<p>Does spouse/ partner's father live in the household?</p>	<p><input type="radio"/> Yes ► Skip to Q.15 <input type="radio"/> No</p>
<p>Q.14</p>	<p>What was the highest grade of education completed by your spouse's/ partner's father?</p> <p>Enter code from CODEBOX #17</p>	<p>[_ _]</p>
<p>Q.15</p>	<p>Who are you and your spouse/ partner currently living with?</p> <p>01 = Family of spouse/ partner (joint family) 02 = Family of spouse/ partner (nuclear family) 03 = Own family (joint family) 04 = Own family (nuclear family) 05 = Independent 06 = Other, specify 77=NK 88=NA</p>	<p>[_ _]</p> <p>Specify _____</p>

<p>Q.16</p>	<p>In terms of time spent in the last 12 months, what is the most important paid or unpaid work activity for your spouse?</p> <p>Enter code from CODEBOX #11</p>	<p>[_ _]</p> <p>Other, specify.</p>
<p>Q.17</p>	<p>What is your spouse/ partner's ethnic group?</p> <p>41=Kinh 42=H'Mong 43=Cham 44=Ede 45=Ba Na 46=Nung 47=Tay 48=Dao 10=Other, Specify _____ 79=Refused to answer</p>	<p>[_ _]</p> <p>Specify _____</p>

WEDDING SPENDING (FOR INDEX CHILDREN WHO HAVE EVER BEEN MARRIED)

FIELDWORKER: If index child has been married more than once, ask the following questions for the **current marriage** if YL CHILD is married (Q.1=1, 6, 7 OR Q.2=1) or for the **latest marriage** if YL CHILD is divorced, separated, or widowed currently or previously (Q.1=03, 04, 05 OR Q.2 = 1).

SAY: Now I would like to ask you about spending for your wedding. This should include all spending, no matter how small.

<p>Q.18</p>	<p>How much money was spent by <u>you and your family</u> for your wedding?</p> <p>-77 = NK -79 = Refused to answer</p> <p>FIELDWORKER: This should include all spending (however small) on all aspects of the wedding - administrative costs such as the cost of registering a civil marriage should be included.</p> <p>Enter in '000 VND</p>	<p>[_ _]</p>
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<p>Q.19</p>	<p>How much money was spent by <u>your spouse's family</u> for your wedding?</p> <p>-77 = NK -79 = Refused to answer</p> <p>FIELDWORKER: This should include all spending (however small) on all aspects of the wedding - administrative costs such as the cost of registering a civil marriage should be included.</p> <p>Enter in '000 VND</p> <p>Once answered,</p> <ul style="list-style-type: none"> • If R5 marital status is married to the same spouse or cohabitant with the same partner [Q.1=06, 07, 08] ► Skip to section 8 (Household Decision Making) • If R5 marital status is widowed, divorced, or separated (Q.1 = 03, 04, 05) ► Skip to section 8 Household Decision Making 	<p>[_ _]</p>
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7. MARITAL AND LIVING ARRANGEMENTS

7.2 SPOUSE'S / PARTNER'S CHARACTERISTICS

FIELDWORKER: Administer the following questions if YL Child is currently married/ cohabiting and spouse/ partner is NOT living in the household (NOT in the household roster).

If [YL Child] has been married more than once, ask about current marriage/ cohabitation.

Q.1	<p>Is your spouse/ partner currently living in the same household?</p> <p>01=Yes, still lives in household ► Skip to next section 02=No, lives elsewhere temporarily 03=Has died ► Skip to next section 04=No, lives elsewhere permanently 77=NK 88=NA ► Skip to next section 79=RTA ► Skip to next section</p>	[_ _]
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SAY: Now I would like to ask you about your spouse/ partner

Q.2	Full Name	[NAME SPOUSE/ PARTNER]
Q.3	Age in completed years of [NAME SPOUSE/ PARTNER]	[_ _]
Q.4	<p>What is [NAME SPOUSE/ PARTNER]'s relationship to the household head?</p> <p>Enter code from CODEBOX #18</p>	[_ _]
Q.5	<p>What was the highest grade [NAME SPOUSE/ PARTNER] has completed (excluding pre-primary)?</p> <p>Enter code from CODEBOX #17</p>	[_ _]

7. HOUSEHOLD DECISION-MAKING

TO BE ADMINISTERED TO ALL YL INDEX CHILDREN

FIELDWORKER: This section is related to the main [YL Child]'s household (i.e. the one in which the Household Questionnaire is asked).

SAY: I would like to know how some decisions in your current household are made and how much you are involved in them. I will name some household decisions and some individual decisions. If you or your household have never made one of these decisions, think about what would happen should this decision come up.

FIELDWORKER: The next table should be asked row by row (i.e. first read the decision and then ask Q.1, Q.2 and Q.3). If the decision has not been done (Q.1=No) phrase Q.2 in a hypothetical manner: 'who would take the final decision?'

Decision		Q.1	Q.2	Q.3
		Have you/your household ever made this decision?	Do you (would you) have any say on this decision?	Who takes (would take) the final decision? 01 = Index child alone 02 = Spouse/partner only 03 = Index child's parents only 04 = Other household members (excl. YL child) 05 = Non-household members 06 = Index child together with spouse/partner 07 = Index child together with his/her parents 08 = Index child together with other household members 09 = Index child together with other household members 77 = NK 79 = Refused to answer
01	To buy your clothes/shoes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
02	To make large household purchases (e.g. house, livestock, etc)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
03	You visiting your parents, relatives or friends outside the community?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
04	You disposing of any income earned from own work or assets sold?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
05	You joining, changing or leaving school / university?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
06	To buy household purchases for daily needs (e.g. groceries, fuel, water, etc)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
07	You seeking health care advice for yourself	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
08	You being a member of a group in the community (eg. community leaders, mothers club, cooperatives, music band, sports club, etc)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
09	You migrating to another commune?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
10	You getting married?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]
11	You having children?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	[___]

10. FERTILITY

10.1 FERTILITY ATTITUDES

SAY: Now I would like to ask you about what you think of getting married.

Q.1	<p>ONLY ASKED TO UNMARRIED CHILDREN: At what age do you think you will get married?</p> <p>Enter age in years.</p> <p>-77 = NK 00 = I will never get married</p> <p>Once answered ► Skip to Q.3</p>	[_ _]
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Q.2	<p>ONLY ASKED TO MARRIED CHILDREN: Do you think you were married:</p> <p>01 = At the right age 02 = Too young 03 = Older than ordinary</p> <p>77 = NK</p>	[_ _]
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SAY: Now I would like to ask you about what you think of having children.

Q.3	<p>Do you want to have children / another child one day?</p> <p>FIELDWORKER: The question may be introduced as 'Do you like children? Do you want to have children?'</p> <p>00=None ► Skip to Q.7 01=Yes 77=NK 80=No preference ► Skip to Q.7 88= NA 79=Refused to answer</p>	[_ _]
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Q.4	<p>What do you think would be the ideal number of children for you?</p> <p>SAY: This is independent of the number of children that you already have. [CAPI: If Q.3=1, should not be able to answer 0]</p> <p>00=None ► Skip to Q.7 01=Just one 02=Two 03=Three 04=Four 05=Five 06=Six or more 77=NK 80=No preference 88= NA 79=Refused to answer</p>	[_ _]
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Q.5	<p>What do you think would be the ideal number of sons for you to have?</p> <p>00=None 01=Just one 02=Two 03=Three 04=Four 05=Five 06=Six or more 77=NK 80=No preference 88= NA 79=Refused to answer</p>	[_ _]
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Q.6	<p>What do you think would be the ideal number of daughters for you to have?</p> <p>00=None 01=Just one 02=Two 03=Three 04=Four 05=Five 06=Six or more 77=NK 80=No preference 79=Refused to answer</p>	[_ _]
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Q.7	<p>Ideally, at what age would you like/ have liked to have your first child?</p> <p>Enter in years.</p> <p>FIELDWORKER: This is independently from the number of children already born.</p> <p>00 = I don't want to have children -77 = NK</p>	[_ _]
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Q.8	<p>What do you think is the ideal period between child births?</p> <p>Enter in years.</p> <p>FIELDWORKER: This is independently from the number of children already born.</p> <p>00 = I don't want to have children -77 = NK</p>	[_ _]
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Q.9	<p>What do you think is the best age for a man to have children?</p> <p>Enter age in years.</p>	[_ _]
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Q.10	<p>What do you think is the best age for a woman to have children?</p> <p>Enter age in years.</p>	[_ _]
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Q.11	<p>Does your (spouse/partner) want the same number of children that you want?</p> <p>01 = Same number 02 = Fewer 03 = More 77 = NK 88 = NA : I don't have a partner/ spouse</p>	[_ _]
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Q.12	<p>Have you ever had sex education classes at school?</p> <p>00 = No 01 = Yes</p>	[_ _]
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10. FERTILITY

10.2.1. FERTILITY HISTORY - GIRLS

SAY: Now I would like to ask you about all the births, whether still alive or not, you have had since our last visit in [MONTH AND YEAR OF R4 INTERVIEW].

Q.1	Have you been pregnant since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]? 00=No ► Skip to Q.3 01=Yes 79=Refused to answer ► Skip to Q.3	[__]
Q.2	Are you currently pregnant? 00=No 01=Yes 79=Refused to answer	[__]
Q.3	How many births have you given since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]? (including all births, whether still alive or not) Enter number	[__]

FIELDWORKER: The following table asks for children that were born alive. Start asking for the first born and go ahead in chronological order. Please administer this table row by row. Everytime the question refers to [CHILD], the name of the child of the corresponding row should be mentioned.

SAY: We would now like to ask you about all the children you have had, before and since our last visit in [MONTH AND YEAR OF R4 INTERVIEW] who were born alive.

	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9
CH	What is the name of the child? Enter name of the child. [CAPI: Prefill names of existing children, and disable all following questions for children who were not alive in R4]	Is [CHILD] a boy or a girl? 01= Boy 02= Girl [CAPI: prefill for existing children]	When was CHILD born? Enter day, month, and year [CAPI: prefill for existing children]	How is [CHILD] doing? 00= [CHILD] passed away ► Skip to next row 01= [CHILD] is fine, healthy, alive	Does CHILD live with you? 00= No 01= Yes ► Skip to next row	If the child does not live with you, who does CHILD live with? 01=With his/her father 02=with his/her father's family 03=with my relatives 04=Other, (specify)
1		[__]	Day [__] Month [__] Year [____]	[__]	[__]	[__] Spec__
2		[__]	Day [__] Month [__] Year [____]	[__]	[__]	[__] Spec__
3		[__]	Day [__] Month [__] Year [____]	[__]	[__]	[__] Spec__
(...)		[__]	Day [__] Month [__] Year [____]	[__]	[__]	[__] Spec__

FIELDWORKER: The following table only asks for children that are still alive, for whom we have no information. Please administer the next table column by column.

If [CHILD] was still breastfeeding in R4 (Q24 in R4 had response 99 = still breastfeeding), enable Q.26-Q.28 for this child and then skip to next [CHILD]. Otherwise, for existing children in R4, disable all questions.

SAY: I want to ask you some questions about your children's birth and delivery.

CAPI: Prefill following table for existing children from R4

		Child 1	Child 2	Child 3	(...)
Q.11	How much did [CHILD] weigh at birth? FIELDWORKER: Cross check with documentation if available -77 = NK	_____ grams	_____ grams	_____ grams	_____ grams
Q.12	FIELDWORKER: Was the birth weight from documentation? Observe documentation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.13	Length of [CHILD] at birth FIELDWORKER: Cross check with documentation available -77 = NK	_____ cms	_____ cms	_____ cms	_____ cms
Q.14	FIELDWORKER: Was the birth length documented? Observe documentation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.15	When [CHILD] was born was he/she very large, large, average, small or very small? 01=Very large 02=Large 03=Average 04=Small 05=Very small 77=NK	[___]	[___]	[___]	[___]
Q.16	During your pregnancy with [CHILD], how many months pregnant were you when you <u>first</u> saw somebody for antenatal care? FIELDWORKER: Exclude visits for non-pregnancy related illness. Check documentation if available. -77=NK -88=NA (No antenatal)	[___]	[___]	[___]	[___]
Q.17	How many antenatal visits did you have during your pregnancy with [CHILD]? 00=No antenatal -77=NK	[___]	[___]	[___]	[___]
Q.18	During your pregnancy with [CHILD] was your health good, average or bad/poor? 01=Good 02=Average 03=Bad/poor	[___]	[___]	[___]	[___]
Q.19	Did you have a difficult labour with [CHILD]? FIELDWORKER: A difficult labour could be one that lasted more than 12 hours, or when the mother had excessive bleeding after birth, fever with bleeding, or convulsions. 00= No, 01= Yes, 77=NK	[___]	[___]	[___]	[___]
Q.20	Where was [CHILD] born? 01 = At home (own or other's home) 02 = Central hospital ► Skip to Q.22 03 = Provincial hospital ► Skip to Q.22 04 = Dist. hosp./health center ► Skip to Q.22 05 = Comm. Health center ► Skip to Q.22 06 = Delivery house ► Skip to Q.22 08 = Private hospital/clinic ► Skip to Q.22 10 = Other, specify _____	[___] Specify _____	[___] Specify _____	[___] Specify _____	[___] Specify _____
Q.21	Who assisted with your delivery? FIELDWORKER: Tick all that apply. Read the options. 00 = No 01 = Yes				
	01 Doctor	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	02 Nurse	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	03 Midwife	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	04 Traditional birth attendant	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	05 Relative	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	06 Other, specify _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.22	Was [CHILD] delivered by a caesarean section (CS)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.23	Was [CHILD] born before you expected? 00= No ► Skip to Q.25 01= Yes 77=NK ► Skip to Q.25	[___]	[___]	[___]	[___]

		Child 1	Child 2	Child 3	(...)
Q.24	By how many weeks was the birth early? Enter number in weeks	[___]	[___]	[___]	[___]
Q.25	Did you ever breastfeed [CHILD]? 00 = No 01 = Yes 77 =NK	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.26	How old was [CHILD] when you fed him/her with anything else than breast milk (e.g. water, tea, mushy food)? Enter in months 00= less than one month 99= Still giving only breast milk ► Skip to Q.28	[___]	[___]	[___]	[___]
Q.27	How old was [CHILD] when you stopped giving him/her any breast milk? Enter age in months 99 = child is still being fed breastmilk	[___]	[___]	[___]	[___]
Q.28	What was [CHILD] given to drink in the first 2-3 days after birth? Tick all that apply				
01	Milk (other than breast milk) or infant formula milk	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
02	Plain water	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
03	Sugar or glucose water	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
04	Gripe water	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
05	Sugar-salt-water solution	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
06	Fruit juice	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
07	Rice soup	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
08	Tea/ infusions	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
09	Honey	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10	Other, specify _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
11	Colostrum/ first milk	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

10. FERTILITY

10.2.2. FERTILITY HISTORY - BOYS

SAY: Now I would like to ask you about all the births, whether still alive or not, you have had since our last visit in [MONTH AND YEAR OF R4 INTERVIEW].

Q.1	Has your partner/ wife been pregnant since our last visit in [MONTH AND YEAR OF R4 INTERVIEW]? 00=No 01=Yes 79=Refused to answer	[__ __]
Q.2	How many children have you had? (including all births, whether still alive or not) If 00	[__]

FIELDWORKER: The following table asks for children that were born alive. Start asking for the first born and go ahead in chronological order. Please administer this table row by row. Everytime the question refers to [CHILD], the name of the child of the corresponding row should be mentioned.

SAY: We would now like to ask you about all the children you have had, before and since our last visit in [MONTH AND YEAR OF R4 INTERVIEW].

CH	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9		
	What is the name of the child? (Write name down) [CAPI: Prefill names of existing children, and disable all following questions for children who were not alive in R4]	Is CHILD a boy or a girl? 01= Boy 02= Girl [CAPI: prefill for existing children]	When was CHILD born? Enter day, month, and year [CAPI: prefill for existing children]	How is [CHILD] doing? 00= [CHILD] passed away ► Skip to next row 01= [CHILD] is fine, healthy, alive	Does CHILD live with you? 00= No 01= Yes ► Skip to next row	If the child does not live with you, who does CHILD live with? 01=With his/her mother 02=with his/her mother's family 03=with my relatives 04=Other, (specify)	Where does [CHILD] live? Enter Address: Commune, District, Province		
1		[__ __]	Day [__ __] Month [__ __] Year [__ __ __ __]	[__ __]	[__ __]	[__ __] Spec__	Commune	District	Province
2		[__ __]	Day [__ __] Month [__ __] Year [__ __ __ __]	[__ __]	[__ __]	[__ __] Spec__	[__ __]	[__ __]	[__ __]
3		[__ __]	Day [__ __] Month [__ __] Year [__ __ __ __]	[__ __]	[__ __]	[__ __] Spec__	[__ __]	[__ __]	[__ __]
(...)		[__ __]	Day [__ __] Month [__ __] Year [__ __ __ __]	[__ __]	[__ __]	[__ __] Spec__	[__ __]	[__ __]	[__ __]

FIELDWORKER: The following table only asks for children that are still alive, for whom we do not have information. Please administer the next table column by column.
 If [CHILD] was still breastfeeding in R4 (Q23 in R4 had response 99 = still breastfeeding), enable Q.25-Q.27 for this child and then skip to next [CHILD].
 Otherwise, for existing children in R4, disable all questions.

SAY: I want to ask you some questions about your children's birth and delivery.
CAP: Prefill following table for existing children from R4

		Child 1	Child 2	Child 3	(...)
Q.10	How much did [CHILD] weigh at birth? FIELDWORKER: Cross check with documentation if available -77 = NK	_____ grams	_____ grams	_____ grams	_____ grams
Q.11	FIELDWORKER: Was the birth weight from documentation? Observe documentation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.12	Length of [CHILD] at birth FIELDWORKER: Cross check with documentation if available -77 = NK	_____ cms	_____ cms	_____ cms	_____ cms
Q.13	FIELDWORKER: Was the birth length documented? Observe documentation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Q.14	When [CHILD] was born was he/she very large, large, average, small or very small? 01=Very large 02=Large 03=Average 04=Small 05=Very small 77=NK	[___]	[___]	[___]	[___]
Q.15	During your wife/partner's pregnancy with [CHILD], how many months pregnant was she when she first saw somebody for antenatal care? FIELDWORKER: Exclude visits for non-pregnancy related illness. Check documentation if available. -77=NK -88=NA (No antenatal)	[___]	[___]	[___]	[___]
Q.16	How many antenatal visits did your wife/partner have during her pregnancy with [CHILD]? 00=No antenatal -77=NK	[___]	[___]	[___]	[___]
Q.17	During her pregnancy with [CHILD] was her health good/average or bad/poor? 01=Good 02=Average 03=Bad/poor	[___]	[___]	[___]	[___]
Q.18	Did she have a difficult labour with [CHILD]? FIELDWORKER: A difficult labour could be one that lasted more than 12 hours, or when the mother had excessive bleeding after birth, fever with bleeding, or convulsions. 00= No, 01= Yes, 77=NK	[___]	[___]	[___]	[___]
Q.19	Where was [CHILD] born? 01 = At home (own or other's home) 02 = Central hospital ► Skip to Q.21 03 = Provincial hospital ► Skip to Q.21 04 = Dist. hosp./health center ► Skip to Q.21 05 = Comm. Health center ► Skip to Q.21 06 = Delivery house ► Skip to Q.21 07 = Private hospital/clinic ► Skip to Q.21 08 = Other, specify _____	[___]	[___]	[___]	[___]
Q.20	Who assisted with her delivery? FIELDWORKER: Tick all that apply. Read the options. 00 = No 01 = Yes 77=NK				
01	Doctor	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
02	Nurse	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
03	Midwife	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
04	Traditional birth attendant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
05	Relative	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
06	Other, specify _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
Q.21	Was [CHILD] delivered by a caesarean section? 00= No, 01= Yes, 77=NK	[___]	[___]	[___]	[___]
Q.22	Was [CHILD] born before you expected? 00= No ► Skip to Q.24 01= Yes 77=NK ► Skip to Q.24	[___]	[___]	[___]	[___]
Q.23	By how many weeks was the birth early? Enter number	[___]	[___]	[___]	[___]
Q.24	Did your wife/partner ever breastfeed [CHILD]? 00= No 01= Yes 77=NK	[___]	[___]	[___]	[___]
Q.25	How old was [CHILD] when she fed him/her with anything else than breast milk (e.g. water, tea, mushy food)? (Enter baby's age in months) 00 = less than one month 99 = still giving <u>only</u> breastmilk. ► Skip to Q.27	[___]	[___]	[___]	[___]
Q.26	How old was [CHILD] when she stopped giving him/her any breast milk? Enter age in months 99 = child is still being fed breastmilk	[___]	[___]	[___]	[___]
Q.27	What was [CHILD] given to drink in the first 2-3 days after birth? Tick all that apply				
01	Milk (other than breast milk) or infant formula milk	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
02	Plain water	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
03	Sugar or glucose water	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
04	Gripe water	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
05	Sugar-salt-water solution	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
06	Fruit juice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
07	Rice soup	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
08	Teal infusions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
09	Honey	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
10	Other, specify _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK
11	Colostrum/ first milk	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ONK

11. HEALTH

SAY: Now I would like to ask some questions about your health

11.1 INDIVIDUAL HEALTH

Q.1	<p>In general, would you say your health is very poor, poor, average, good or very good?</p> <p>01=very poor 02=poor 03=average 04=good 05=very good 77=NK</p>	[___]
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LONG-TERM HEALTH PROBLEMS

SAY: Now I am going to ask you about some long-term health problems.

Q.2	<p>Do you wear eyeglasses?</p> <p>00= No 01= Yes 77= NK 79 =RA</p>	[___]
Q.3	<p>What other long-term health problems do you think you have?</p> <p>SAY: A long-term health problem that persists for a long time either because it is incurable or because it is not being treated. It can include chronic and mental health problems as well as reoccurring / seasonal problems (e.g.allergy).</p> <p>Enter up to 3 codes from CODEBOX #19</p>	<p>1. [___], Other, specify _____</p> <p>2. [___], Other, specify _____</p> <p>3. [___], Other, specify _____</p>

SERIOUS INJURIES

SAY: Tell me about the most serious injury.

Note: Ask about the injury and code the replies. Ask the following specific questions if you do not have the answers from the narrative.

Q.4	<p>Since [MONTH AND YEAR OF R4 INTERVIEW], how many times have you been seriously injured?</p> <p>SAY: A serious injury is one that prevents the child from doing normal activities and/or that requires medical attention.</p> <p>00= 0 times, ► Skip to Q.7 01= 1 times, 02= 2 times 03= 3 times 04= 4 times 05= 5 times, 06= 6 times or more, 77=NK</p>	[___]
Q.5	<p>What was the <u>most serious</u> injury?</p> <p>SAY: We want to know what sort of lesion, for instance a cut, a head injury, a burn, drowning etc)</p> <p>Enter from CODEBOX #20</p>	<p>[___]</p> <p>Spec. _____</p>

Q.6	What were you doing when the most serious injury happened? Enter code from CODEBOX #21	[__] Spec. _____
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SERIOUS ILLNESSES

Q.7	Since [MONTH AND YEAR OF R4 INTERVIEW] have you been seriously ill? SAY: Serious illnesses are illnesses which prevent [YL Child] from doing normal activities (school, work, etc) and/or require medical attention 00=No ▶ Skip to Q.9 01=Yes 77=NK ▶ Skip to Q.9	[__]
Q.8	What was the most serious of these? Enter code from CODEBOX #22	[__] Specify _____
Q.9	During the last 12 months, how many times have you missed school/work due to illness? FIELDWORKER: This refers to absences from school / work due to all illnesses, and not just serious illnesses. 00= 0 times 01= Between 1 and 5 times 02= More than 5 times 77=NK 79=RTA 88 = NA (Not in school / work in the last 12 months)	[__]

SAY: The next questions ask about the level of difficulty you may have doing certain activities

<p>Q.12</p>	<p>Do you have difficulty seeing, even if wearing glasses?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.13</p>	<p>Do you have difficulty hearing, even if using a hearing aid?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.14</p>	<p>Do you have difficulty walking or climbing steps?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.15</p>	<p>Do you have difficulty remembering or concentrating?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.16</p>	<p>Do you have difficulty (with self-care such as) washing all over or dressing?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.17</p>	<p>Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?</p> <p>00=No, no difficulty 01=Yes, some difficulty 02=Yes, a lot of difficulty 03=Cannot do at all</p>	<p>[__]</p>
<p>Q.10</p>	<p>Do you have a permanent disability that affects your capacity to study, work, or take care of yourself?</p> <p>00=No ► Skip to next section 01=Yes 77=NK ► Skip to next section</p>	<p>[__]</p>
<p>Q.11</p>	<p>How does this disability affect your ability to study, work, or take care of yourself?</p> <p>Enter code from CODEBOX #23</p>	<p>[__]</p>

11. HEALTH

SAY: Now I would like to ask you about smoking and drinking habits you may have

11.2 SMOKING AND DRINKING HABITS

SMOKING

Q.1	How old were you when you tried a cigarette for the first time? 01=9 years old or younger 02=10 to 13 years old 03=14 to 16 years old 04=17 to 19 years old 05 = 20 years and above 00=I have never tried a cigarette ► Skip to Q.4	[___]
Q.2	How often do you smoke cigarettes now? 01=Every day 02=At least once a week 03=At least once a month 04=Hardly ever 00=I never smoke cigarettes ► Skip to Q.4	[___]
Q.3	On the days you smoke, how many cigarettes do you usually smoke? 01=1 cigarette or less per day 02=2 to 5 cigarettes/beedy per day 03=6 or more per day 00=I never smoke cigarettes/ beedy	[___]

DRINKING

Q.4	How many of your best friends drink alcohol at least once a month? 01=All of my friends 02=Most of my friends 03=A few of my friends 00=None of my friends	[___]
Q.5	How often do you usually drink alcohol? 01=Every day 02=At least once a week 03=At least once a month 04=Only on special occasions (for example weddings, funerals) 05=Hardly ever 00=I never drink alcohol ► Skip to next sub-section	[___]
Q.6	When you drink alcohol, how much do you usually drink per day? 00=I never drink alcohol 01= 1 cup/glass or less 02= 2 cups/glasses 03= 3 cups/ glasses or more	[___]

11. HEALTH

SAY: Now I would like your about whether you have or not health insurance.

11.3. ACCESS TO HEALTH INSURANCE

<p>Q.1</p>	<p>Do you have a free health care certificate?</p> <p>00=No 01=Yes ► Skip to next sub-section (Food frequency a& Variety)</p>	<p>[__ _]</p>
<p>Q.2</p>	<p>Do YOU have health insurance?</p> <p>00=No 01=Yes ► Skip to Q.4 77=NK ► Skip to next sub-section (Food frequency & Variety)</p>	<p>[__ _]</p>
<p>Q.3</p>	<p>Why don't you have health insurance (select the most important reason)?</p> <p>01= Too expensive 02= Lack of health insurance information 03= Could not access to buy health insurance 04= Do not trust health insurance service 05= Other (specify)</p> <p>Once answered ► Skip to next section</p>	<p>[__ _]</p> <p>Specify. _____</p>
<p>Q.4</p>	<p>What kind of health insurance do you have?</p> <p>01 = Health insurance for the poor 02 = Health insurance for the policy beneficiary 03 = Required health insurance 04 = Pupil/student health insurance 05 = Optional health insurance 06 = From other organizations 07 = Other (specify)</p>	<p>[__ _]</p> <p>Specify. _____</p>

11. HEALTH

11.4 DIETARY DIVERSITY

SAY: Now I want to ask about your meals and diet.

Q.1	Are you a vegetarian? FIELDWORKER: Vegetarian means that [YL Child] does not eat any meat, fish or poultry. 00=No 01=Yes 77=NK	[___]
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FIELDWORKER: Should first ascertain whether the previous day was a 'usual' or 'normal' day. If it was a special occasion such as a funeral or a feast, another day for the recall should be selected.

Q.2	Food frequency: During the previous 24-hour period did you consume:	00=No 01=Yes 77=NK
1	Any food before a morning meal	[___]
2	A morning meal (breakfast)	[___]
3	Any food between morning and midday meals	[___]
4	A midday meal	[___]
5	Any food between midday and evening meals	[___]
6	An evening meal	[___]
7	Any food after the main evening meal	[___]

FIELDWORKER: Ask about each possible meal or snack. People often leave out or forget certain meal times.

Skip items 8, 9 and 11 in question Q3. if answer yes (vegetarian) in question Q.1.

Q.3	During the previous 24-hour period did you consume any of the following? (Including food you ate at home or outside your home and food you bought, for example on the street)	00=No 01=Yes 77=NK
1	Any noodles (mai fun been hoon, mee suah, laksa), dumplings (banh cuon), pastry, bread or other foods made of rice, wheat, or buckwheat?	[___]
2	Any pumpkin, carrots, squash, red or orange peppers or sweet potatoes?	[___]
3	Any potatoes, yams, cassava, or any other foods made from starchy roots or tubers?	[___]

4	Any dark, green, leafy vegetables such as cassava leaves, bean leaves, pumpkin leaves, spinach?	[__ _]
5	Any other vegetables (onions, egg plants, tomatoes)?	[__ _]
6	Any ripe mangoes, ripe papayas or gac fruit?	[__ _]
7	Any other fruits (citrus fruits, durian, Jack fruit, Lychee, melon, bananas)?	[__ _]
8	Any liver, kidney, heart, or other organ meats? (iron rich)	[__ _]
9	Any other meat (beef, pork, goat, lamb, chicken)?	[__ _]
10	Any eggs?	[__ _]
11	Any fresh or dried fish or shellfish?	[__ _]
12	Any foods made from legumes such as beans, soya beans, lentils, or nuts (pecan nut, peanut etc.)?	[__ _]
13	Any cheese, yogurt, milk or other milk products?	[__ _]
14	Any foods made with oil, fat, or butter?	[__ _]
15	Any sugar, honey, sweets, sugary sweet drinks?	[__ _]

12. COMPUTER, OTHER DIGITAL DEVICES, AND INTERNET USAGE AND SKILLS

USE

SAY: Now I would like to ask you questions about the use of computer, certain digital devices, and internet

Look at this [CARD] and choose the option that best reflects how much do you use/have used computers, laptops, tablets, and mobile phones with internet connection. If you have not heard of some of the devices or you don't understand the item, please mark the last option "I do not know what this is"

Q.1	Have you ever used any of the following?	No, never	Yes, a few times in my life	Yes, many times in my life	I do not know what this is
01	Computer or laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Mobile phone with internet access (e.g. Smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[CAP] Enable item 01 in Q2 if respondent answers "Yes, many times in my life" to item 01 in Q1

[CAP] Enable item 02 in Q2 if respondent answers "Yes, many times in my life" to item 02 in Q1

[CAP] Enable item 03 in Q2 if respondent answers "Yes, many times in my life" to item 03 in Q1

[CAP] Enable item 04 in Q2 if respondent answers "Yes, many times in my life" to item 04 in Q1

Q.2	In the last 12 months, how often have you been using any of the following:	Never	Less than once a month	Monthly	Weekly	Daily
01	Computer or laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Mobile phone with internet access (e.g. Smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[CAP] Enable item 01 in Q3 if respondent answers "Yes, many times in my life" to item 01 in Q1

[CAP] Enable item 02 in Q3 if respondent answers "Yes, many times in my life" to item 02 in Q1

[CAP] Enable item 03 in Q3 if respondent answers "Yes, many times in my life" to item 03 in Q1

[CAP] Enable item 04 in Q3 if respondent answers "Yes, many times in my life" to item 04 in Q1

Q.3	How old were you when you first used each of the following? Enter age in years	Age in years
01	Computer/ laptop	[]
02	Tablet	[]
03	Internet access (e.g. internet cabin, Wi-Fi connection)	[]
04	Mobile phone with internet access (e.g. Smartphone)	[]

[CAP] Enable item 01 in Q4 if respondent answers "Yes, many times in my life" to item 03 or 04 in Q1

[CAP] Enable item 02 in Q4 if respondent answers "Yes, many times in my life" to item 03 or 04 in Q1

Q.4	Which of the following do you currently have?	No	Yes	I do not know what this is
1	E-mail (e.g. john@hotmail.com or john@gmail.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A social network account and/or instant messaging account (e.g. Facebook, LinkedIn, Twitter, WhatsApp, Skype, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS

[CAP] Enable Q5 if respondent answers "Yes, many times in my life" to item 01 in Q1

SAY: The following questions include statements related to different activities that you can perform in a computer or laptop. Please, remember that there are no right or wrong answers. Please, think about how comfortable you feel when you perform the following activities.

Look at this [CARD] with different alternatives that range from "Strongly disagree" to "Strongly agree". I want you to tell me how much you agree or disagree with them by pointing in this card the option that best reflects your performance while using a computer or laptop. If you don't understand the item, please mark the last option "I do not understand what this means".

Q.5		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I do not understand what this means
1	I know how to create a folder on a digital device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I know how to move a file from one folder to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I know how to delete a file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I know how to retrieve a deleted file from the recycle bin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I know how to use the undo and redo functions, while working on a digital document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I know how to change the margins (for example using Word).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I know how to bold, italicize or underline text (for example using Word).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I know how to insert a table in a document (for example using Word).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I know how to use a spreadsheet to plot a graph (for example using Excel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I know how to create a presentation (for example using PowerPoint).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[CAP]: Only enable Q.6 if respondent answers "Yes, many times in my life" to item 03 or 04 in Q.1

SAY: The following statements include different tasks related to digital devices with internet connection. Please, remember that there are no right or wrong answers. I would like you to think about how comfortable you feel about performing these tasks.

Look at this [CARD] with different alternatives that range from "Strongly disagree" to "Strongly agree". I want you to tell me how much you agree or disagree with them by pointing in this card the option that best reflects your performance in internet. If you don't understand the item, please mark the last option "I do not understand what this means".

Q.6		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I do not understand what this means
1	I know how to open downloaded files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I know where to click to go to a different webpage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I know how to complete online forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I know how to connect to a Wi-Fi network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I find it easy to decide what the best keywords are to use for online searches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I find it easy to find a website I visited before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I know how to create something new from existing online images, music or video.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I know which apps or software are safe to download.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.7	Do you use the internet to:	Frequently	From time to time	Not at all
1	Learn from others and/or share your ideas through social media, e.g. Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Search for work-related information or new employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Search for health-related information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Search for goods or services that you want to purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODEBOXES

Movement History

Codebox #1: Type of locality/commune

Section 1.1: Movement History, Q.5

01= Urban commune in major city
02= Urban commune in provincial centre
03= Urban commune
04= Rural commune
05= Town
10= Other, specify
77=NK
88=NA
79=Refused to answer

Codebox #2: Reasons for moving

Section 1.1: Movement History, Q.7

01=Found job
02=To look for work
03=Lost my job
04=Posted on a job
05=To study
06=To do military service
07=To care for a sick person
08=To seek medical treatment
09=Seeking independence
10=Debt burden
11=Marriage
12=Divorce/ separation
13= Better housing facilities
14=To follow inheritance
15=Looking for land
16=Purchase own land
17=Better economic opportunities
18=Parent(s) died
19=Death of a relative (other than parents)
20=To follow spouse/ partner
21=To follow other relatives (excluding spouse/ partner)
22=To join/ to be close to family
23=To visit friends/family
24=Pregnancy/ birth of a child
25=Forced to move by spouse/ partner
26=Forced to move by parents, parents-in-law, siblings, or siblings in law
27=Other family problems
28=To live in a healthier environment
29=To escape war/violence/ crime
30=Escape natural disasters
31 = Hunger/ Lack of food
32=Conflict in the community
33=Urban relocation
34=Rural resettlement
35=Other (specify)
79=Refuse to answer
88=NA

Codebox #3: Person known best in new locality/commune (before moving)

Section 1.1: Movement History, Q.9

01=Parent
02=Sibling
03=Spouse/fiancée
04=Other relatives
05=Friends/acquaintances
06=Recruiter/ Contractor
07=Other (specify)
79=Refused to answer

Current Education

Codebox #4: Highest qualification/ certificate

Section 3.1: Current Education, Q.1

00 = No certificate
01 = Certificate for completion of Lower Secondary Education
02 = Certificate for completion of (short term) vocational training
03 = General Education Diploma (completion of upper secondary school)
04 = Diploma for completion of professional Secondary school
05 = Diploma for completion of vocational Secondary school
06 = Diploma of Vocational College
07 = Diploma for College education
08 = University Diploma
79 = Refused to answer

Codebox #5: Reasons for not being in full-time education

Section 3.1: Current Education, Q.3

01=Fees too expensive
02=Books and/or other supplies too expensive
03=Shoes/Clothes/Uniform for school too expensive
04=Transport too expensive
05=School too far from home
06=Not safe to travel to school

07=Lack of transport
08=Truancy, child does not want to go, not interested
09=Banned from school for behaviour reasons
10=Banned from school because away for too long
11=Banned from school because failed to achieve necessary grade/level at school
12=Quality of education at school (teaching and learning) poor
13=Quality of care (food, non-educational care) poor
14=No sanitation facilities at school
15=Bullying/abuse from peers
16=Ill-treatment/abuse from teachers/principal
17= No need for schooling for future job.
18= Need to learn a trade/skill, e.g. through apprenticeship so went to work
19=Need to stay home to look after siblings
20=Needed for domestic and/or agricultural work at home (include chores, farm work, harvest)
21=Have to do paid work to earn money (including agricultural work other than for household)
22= It's not appropriate for girls to go to/continue at school
23=Marriage
24=Disability, Illness
25=Family member ill/disabled/elderly (including care for this family member)
26=Family issues e.g. problems at home – parent disputes/marital conflict
27=Stigma and Discrimination (child was not be welcome because of ethnic group/ caste/ socioeconomic group etc).
28= School not accessible for seasonal reasons: river prohibits access
32= Terminated the course of education in which I was enrolled in
33 = Wanted to start working
31=Other, (specify)
79 = Refused to answer

Codebox #6: Attendance in the last academic year

Section 3.1: Current Education, Q.11

1 = Less than 1 day absent per month
2 = 2-5 days absent per month (1 day per week or less)
3 = 6-10 days absent per month (up to 2 days per week)
4 = More than 10 days absent per month (more than 2 days per week)
88 = NA
79 = Refused to answer

Education History

Codebox #7: Grade or type of programme

Section 3.2: Education history, Q.2

00 = None
01 - 05 = Primary (Grades 1 - 5)
06 - 09= Lower Secondary Education (Grades 6-9)
10 - 12 = Upper Secondary Education (Grades 10-12)
13 = Short term Vocational Training
14= Vocational Secondary School (1 st year)
15 = Vocational Secondary School (2 nd year)
16 = Vocational Secondary School completion
17 = Professional Secondary (1 st years)
18 = Professional Secondary (2 nd years)
19 = Professional Secondary (3 rd years)
20 = Professional Secondary completion
21 = Vocational College (1st year)
22 = Vocational College (2nd year)
23 = Vocational college completion
24 = College education (1 st year)
25 = College education (2 nd year)
26 = College education completion
27 = In the job, evening/weekend college education
28 = In the job, evening/weekend undergraduate in university
29 = University education (under graduate 1 st year)
30 = University education (under graduate 2 nd year)
31 = University education (under graduate 3 rd year)
32 = University education (under graduate 4 th year)
33= University education (under graduate 5 th year)
37= Centre for continued education (non-formal student)
50= Any pre-primary grade
38=Other, (specify)
77=NK

Codebox #8: Type of school ownership

Section 3.2: Education history, Q.4

01 =Private
02=NGO/Charity/ Religious (not for profit)
03=Public
06=Informal
07=Half public/Half Private
08=Centre for continuing education
05=Others, specify
77=NK
88=NA

Labour Force Participation

Codebox #9: Reason for not looking for work in last 7 days

Section 5.1: Labour Force Participation, Q.5

01=Student

02=housewife/childcare
03=disabled
04=illness
05=waiting for reply from employer
06=waiting for recall by employer
07=waiting for busy season
08=other (specify) _____

Codebox #10: Period of payment

Section 5.1: Labour Force Participation, Q.14

01= Per hour
02= Per day
03= Per week
04= Per month
05= Per year
06= Per piece
07= Other, specify _____

Work Activities

Codebox #11: Occupation/activity codes

Section 5.2: Work Activities, Q.1; Section 7.1: Basic information and matching, Q.16

AGRICULTURE & ALLIED AGRICULTURE	
01=Self Employed (Food crops)	
02=Self Employed (Non-food, including horticulture, sericulture and floriculture)	
03 = Self Employed (Aquaculture)	
04 = Self Employed. (Livestock, beekeeping, chicken)	
05=Wage Employment (Agriculture)	
06=Annual Farm Servant	
07=Other (allied) agriculture, specify _____	
NON-AGRICULTURE	
08=Self Employed (Manufacturing)	
09 Self Employed (Services)	
10= Self Employed (Business)	
11 = Self Employed (Other non-Agriculture.)	
12=Wage Employment (Unsalariated/ irregular; Non-agriculture)	
13=Regular Salaried Employment	
19=house maid	
20=Other non- agriculture specify _____	
88= NA	

Codebox #12: Type of employer

Section 5.2: Work Activities, Q.2

01= A private company/enterprise or cooperative
02= Household member
03= A private individual/ other household (excl. own household)
04= Public sector/government
05= A rural public works program
06= Own account/ self-employed (own business or farm)
07= Other (specify) _____

Codebox #13: Form of payment expected

Section 5.2: Work Activities, Q.6

00=None
01= Cash
02= In kind (non-cash payment)
03= Both in cash and in kind
04= Debt relief
05= Pocket money
06=Other specify _____
77=NK
88=NA
79=Refuse to answer

Main Activity

Codebox #14: Reasons for being unsatisfied

Section 5.3: Main Activity, Q.4

01=Mismatch with profession
02=Low pay/ low income
03=Hard work/ too tiresome
04=Long hours of work
05=Inconvenience of working time
06=Distant work place
07=Routine work
08=Unhealthy/ dangerous work
09=Discriminated at work
10=Treated badly/ harrassed by the employer/ colleagues
11=Not paid what was due/on time/ at all
12=No guarantee of work
13=Un-justly dismissed
15 = Overqualified for job / qualification irrelevant for job
14= Other, (specify) _____

Training

Codebox #15: Entity delivering training

Section 5.4: Training, Q.3

01=Government
02=Educational institute

03=Private company
04=NGO/Church
05=Employer
06=Colleague/peer
07=Other private individual
08 = Parents or other household members
77= NK

Codebox #16:

Languages

Section 5.5: Labour Market Skills Q.3

41=Vietnamese
42=Chinese (Mandarin)
43=Tay
44=H'Mong
45=Nung
46=Ede
47=Thai
48=Dao
49=Giay
50= H' Roi
51= English
52= Cantonese
53= French
54= German
55= Japanese
56= Korean
57= Laos
58= Russian
10= Other, specify
77=NK

Basic Information and Matching

Codebox #17:

Expected grade/level of education

Section 7.1: Basic Information and Matching, Q.12, Q.14; Section 7.2: Spouse's / Partner's Characteristics, Q.5.

00=None (means no more education than the present is expected)
01=Grade 1
02=Grade 2
03=Grade 3
04=Grade 4
05=Grade 5
06=Grade 6
07=Grade 7
08=Grade 8
09=Grade 9
10=Grade 10
11=Grade 11
12=Grade 12
13=Post-secondary technological institute
14=Vocational
15=Degree (graduate)
16=Post-graduate degree (e.g. Masters, PhD.)
17=Other, specify
28=Adult literacy
29=Religious education
77=NK
88=NA
79=Refused to answer

Spouse's / Partner's Characteristics

Codebox #18:

Relationship to household head

Section 7.2: Spouse/ partner's characteristics, Q.4

01=Household head
02=Spouse/Partner
03=Father/mother
04=Brother/sister
05=Daughter/son
06=Son-in-law/Daughter-in-law
07=Grandchild
08=Father-in-law, mother-in-law
09=Other relatives
10=Domestic worker
11=Tenant / lodger
12=Other non-relatives

Individual Health

Codebox #19:

Index child's other long-term health problems

Section 11.1: Child health, Q.3

01=Physical disability (Specify)
03=Fits/Epilepsy
04=Asthma/respiratory problem
05=Malnutrition
06=Skin problems incl Eczema, Acne, Fungal infections, Vitiligo
07=Anaemia
08=HIV/AIDS
09=Digestive problems incl gastritis, gallstones

10= Deafness, hearing problems
11=Sight problems
12=Speech problems
13=Allergies excl eczema/asthma
14=Tooth decay, dental problems
15=Ear ache
16=Congenital illness (Specify)
17=Other (Specify)
18= Orthopedic problems incl Flatfoot
19= Headaches, migraine
20=Other respiratory problem (includes croup, pneumothorax)
21=Gastritis, colic, or other GI problem inc celiac disease
22=Diabetes
23=Obesity
24=Gynecological problem except miscarriage/abortion
25=Male genital problem includes torsion of testis
27=Urinary infection, any renal problem
28=Any mental illness inc depression, psychoses, addiction, alcoholism
29=Blood pressure
30=Cholesterol
77 = NK
88 = NA

Codebox #20: Most serious injury

Section 11.1: Child health, Q.5

01= Cut or laceration
02= Head injury or concussion or knocked out
03= Broken bone (fracture)
04= Joint injury, sprain, bruise, muscle injury
05= Burn
06= Stab wound or penetrating injury
07= Animal bite
08= Eye injury
09= Multiple injuries
10= Gun shot wound
11= Drowning or near drowning
12= Electric shock
13= Snake bite
14= Insect or spider bite
15= Internal injury (abdominal, liver, spleen etc)
16=Poisoning/intoxication
17=Loss of limb or part of limb/amputation
18=Abscess or infection
19=Post traumatic shock or mental problem
20= Other (Specify)

Codebox #21: Activity when most serious injury happened

Section 11.1: Child health, Q.6

01= Farm work (paid or unpaid)
02= Non farm work (paid or unpaid)
03= Household chores, helping in house
04= At school (except sports)
05= Sports (in or out of school)
06= Playing, except sports
07= Travelling to/from school
08= Travelling (other than to/from school)
09= Nothing
10= Other, Specify.
79= Refused to answer

Codebox #22: Most serious illness

Section 11.1: Child health, Q.8

01=Malaria/High fever
02=Pneumonia
03=Diarrhoea & vomiting
04=Asthma/respiratory problem
05=Malnutrition
06=Anaemia
07=Dengue fever
08=Hepatitis/ or jaundice
09=Tuberculosis
10=Epilepsy or convulsions of any type
11=Influenza
12=Typhoid
13=HIV/AIDS
14=Other Infectious disease
15= Any tumour or cancer including brain tumour
17=Heart problem
18= Skin diseases including acne, eczema, urticaria, allergy, fungal etc

19=Problems with drugs and medicines
20=Fatigue
21=Migraine or other headaches
22=Parasitic infection/worms
23=Nose bleed
24=Leech
25=Midge (general name for a number of diseases)
28= Evil eye or any other spell
27=Other specify _____
28=Abortion/miscarriage
29=Apendicitis
30=Chickenpox
31=Other respiratory problem (includes croup, pneumothorax)
32=Gastritis, colic, or other GI problem inc celiac disease
33=Diabetes
34=Obesity

Codebox #23:

Disability scale

Section 11.1: Child health, Q.11

00=Able to work same as others of this age
01=Capable of most types of full-time work but some difficulty with physical work
02=Able to work full-time but only work requiring no physical activity
03=Can only do light work on a part-time basis
04=Cannot work but able to care for themselves (e.g. dress themselves, etc.)
05=Cannot work and needs help with daily activities such as dressing, washing, etc.
06=Other (specify)
77= NK