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7.	NAME OF EDITOR IN BPS OF REG/CI	TY	8. DATE OF EDITING	9. SIGNATURE

* Cross out category not used

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	TO BE CHECKED BY THE TEAM COORDINATOR ENUMERATOR ENUMERATOR NAME						IAME
 1. Are the numbers, markings, and letters entered in this questionnaire done correctly and clearly? 2. Is the household identification writen correctly and clearly? 3. Are Q201 – Q208 completed for all household members? 4. Is age (Q204) filled for all household members? 5. For household members age 5 years and over (Q204 ≥5), are Q209 – Q214 filled? 6. For household members age 10 years and over (Q204 ≥10), are Q215 – Q218 completed? 					>ODE		
 7. Are there any ever married women age 10 years and over {(Q203 = 2), (Q215 = 2/3/4), (Q204 ≥ 10)}? If any, are Q219 - Q221 filled? 8. Are there any deaths (Q301=1)? If any, are Q302 - Q306 completed? 9. Are Q306=1? If yes, are Q307 - Q308 completed? 				v]] :	DA	TE OF ENUMER	2010

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1. Never/not yet compltd prim. sch. 6. Diploma I/II 2. Primary School 7. Dipl. III/Academy 3. Junior High School 8. Dipl. IV/Undergraduate 4. Senior High School 9. Postgraduate 5. Vocational High School 9. Postgraduate 214. Is (NAME) able to read and write: 1. Yes a. Latin characters 1. Yes 2. No 2. No				
2. Primary School 7. Dipl. III/Academy 3. Junior High School 8. Dipl. IV/Undergraduate 4. Senior High School 9. Postgraduate 5. Vocational High School 1. Yes 214. Is (NAME) able to read and write: 1. Yes a. Latin characters 2. No				
— 4. Senior High School — 9. Postgraduate — 5. Vocational High School — 9. Postgraduate — 214. Is (NAME) able to read and write: 1. Yes — 1. Yes 2. No — 2. No — 2. No — 2. No — 2. No			a. ແທກຊ ແມ ແມຣ ກອບຣອກອາດ	📥 2. Primary School 🦳 🦳 7. Dipl. III/Academy
Constrained High School c. have died 214. Is (NAME) able to read and write: 1. Yes a. Latin characters Constrained			b. living elsewhere	
214. Is (NAME) able to read and write: 1. Yes 2. No a. Latin characters 2. No 221. Has (NAME) ever had a live birth since 1 January 200			c have died	
a. Latin characters \bigcirc \bigcirc				
	ary 2009?			a. Latin characters
D. Uthers characters and an unit in res 2. No			<i>— 1. Yes</i>	b. Others characters 📼 📼
*) Cross out category not used 3 Serial Number :		al Number :	3 Serial Nu	*) Cross out category not used

301 . Have there been any deaths in this household sin	III. MORTALITY			
$\begin{array}{c} \bigcirc 1 \text{ person} \\ \bigcirc 2 \text{ persons} \\ \hline $				
302 . Record the names of the deceased (NAME)				
303. Sex of the deceased (NAME)?	☐ 1. Male☐ 2. Female	<i>□</i> 1. Male<i>□</i> 2. Female	☐ 1. Male☐ 2. Female	
304 . In which month and year did (<i>NAME</i>) die? Hints: January=01,February=02,March=03, April=04,,December=12	Month Year		Month Year	
305 . How old was (<i>NAME</i>) when he/she died? (Put 00 if age less than 1 year. Enter best estimate if the exact age is not known)	: : years	🤅 👬 years	ji ji years	
306 . SEE Q303 and Q305 Was (NAME) a women aged 10 years and older? If "No", skip to other (NAME) or to Q401.	 □ 1. Yes □ 2. No 	- 1. Yes - 2. No	□ 1. Yes□ 2. No	
307 . Did (<i>NAME</i>) die during pregnacy or delivery or childbirth within 2 months after pregnancy? <i>If "No", skip to other (NAME) or to Q401.</i>	$ 1. Yes 2. No \rightarrow to Q401 $	$ 1. Yes 2. No \rightarrow to Q401 $	$ 1. Yes 2. No \rightarrow to Q401 $	
308 . <i>If</i> Q307="Ya", Did (<i>NAME</i>) die during: <i>Skip to other (NAME) or</i> Q401.	 1. Pregnacy 2. Childbirth 3. Two months after pregnancy 	 1. Pregnacy 2. Childbirth 3. Two months after pregnancy 	 1. Pregnacy 2. Childbirth 3. Two months after pregnancy 	
IV. HOUSING CHARACTERISTICS401. What is the primary floor material? \bigcirc 1. Ceramic/marble/granite \bigcirc 5. Bamboo \bigcirc 2. Tiles/terrazzo \bigcirc 6. Dirt/earth \bigcirc 3. Cement/bricks \bigcirc 7. Others \bigcirc 4. Wood/board402. Floor area of this living quarter? \bigcirc \therefore \bigcirc \bigcirc \bigcirc m²403. What is the primary source of lighting?				
 1. State Electricity Company with meter 2. State Electricity Company without meter 3. Electricity not from the State Electricity Company 		408 . What kind of telephone does this household have?		

404. What is the main source of energy for cooking?	- 4. No telephone			
 1. Electricity 2. LPG/National Gas 3. Kerosene 7. None 	 409. Is there any household member who accessed the internet during the last 3 months? 			
- 4. Charcoal	410 . What is the ownership status of this dwelling/living quarter?			
405. What is the main source of drinking water?	1. Owned			
 ○ 01. Bottled water ○ 02. In-house piped water system 	2. Rented 3. Leased 4. Others			
 O3. Piped water outside dweling/retail O4. Pumped water O5. Protected well 	411. Does this household have proof of land ownership of this dwelling unit?			
○ 06. Unprotected well	rightarrow 1. Yes $rightarrow$ 2. No $ ightarrow$ STOP			
○ 07. Protected spring	412. What kind of proof of land ownership of this dwelling unit?			
 O8. Unprotected spring O9. River 10. Rain water 	 1. Ownership Certificate (SHM) belong to hh member 2. Ownership Certificate (SHM) not belong to hh member 			
☐ 10. Rain water ☐ 11. Others	 ⇒ 3. Other Certificate (SHGB, SHP, SSRS) ⇒ 4. Others (Girik, Akte Jual Beli Notaris/ PPAT, etc.) 			