

MYANMAR LIVING CONDITIONS SURVEY 2016/2017 : HOUSEHOLD QUESTIONNAIRE

1. Cluster Number (1 TO 1,152)

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2. Household Number

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3. State/Region

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4. District

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5. Township

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6. Ward/Village tract

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7. EA

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8. Urban=1 Rural=2

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9. Quarter Number (1,2,3 or 4):

--

10. Enumerator name:

--

11. Enumerator ID CODE

--	--	--

12. Supervisor name:

--

13. Supervisor ID CODE

--	--	--

14. Language used for interview:

--	--

There are

--

questionnaires and this is number

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16. Number of household members

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17. Name of Household Head:

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18. Address

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19. Mobile Phone Number

	/	
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20. Date of final interview

	/		/	
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[DAY / MONTH / YEAR]

21. Final Result

Household interviewed

1

Household refused

2

Non-contact after 3 calls

3

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Address empty/derelict

4

22. Latitude

__ . __ _ ° N

23. Longitude

__ . __ _ ° E

24. Altitude

				feet
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MYANMAR LIVING CONDITIONS SURVEY 2016/2017

Good morning/afternoon, my name is _____, I am an enumerator for the Myanmar Living Conditions Survey 2016/2017, which is being conducted by the Central Statistical Organisation. The objective of this survey is to gain a better understanding of household living conditions in the country. For that purpose your address was randomly selected to be included in this survey, one of thousands of households that is being interviewed in all regions of the country. I would appreciate if you and your household members participated in this survey, answering questions on different topics.

The interview will take approximately two to three hours. Your participation is completely voluntary. All data and information collected during the survey will follow the highest standards of confidentiality.

First, I would like to make a **complete list of all the members of this household**, that is, **all the people who usually sleep in this dwelling, eat most of their meals here, and share expenses together.**

Include all the members of your family, including any children or other persons who may be away for study or work, but who consider this their permanent residence. Also include any other persons not related to you but who normally sleep, eat most of their meals here, and share expenses (for example, servants, lodgers, or other persons who are not relatives).

NOTE: The english verison of the questionnaire is designed to show the content of the questionnaire. The Burmese version has more space to allow easier recording of information.

SECTION 1: ROSTER

	I N D I V I D U A L I D	1
		NAMES OF HOUSEHOLD MEMBERS INTERVIEWER: MAKE A COMPLETE LIST OF ALL HOUSEHOLD MEMBERS AND FILL IN QUESTIONS 1-4 BEFORE GOING ON TO QUESTION 5
AGE (FROM Q 4)		

	1	
	2	
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	12	

MIN



HOUR

MIN

[illegible]

SECTION 1: ROSTER

	9	10	11	12	13	14	15	16	17	18
	Does [NAME] have an identity card?	What is [NAME]'s religion?	Is [NAME] age 18 years or below?	Is [NAME]'s biological <u>mother</u> listed on the household roster?	Please write the ID code of the biological mother.	Where does [NAME]'s biological mother live?	Is [NAME]'s biological father listed on the household roster?	Please write the ID code of the biological father.	Where does [NAME]'s biological father live?	Has [NAME] always lived in this township?
	CITIZENSHIP SCRUTINY CARD (PINK)...1 ASSOCIATE SCRUTINY CITIZEN CARD (BLUE)...2 NATURALISED SCRUTINY CITIZEN CARD...3 NATIONAL REGISTRATION CARD (3 FOLD CARD, GREEN FOR MEN, PINK FOR WOMEN)...4 RELIGIOUS CARD...5 NATIONAL VERIFICATION CARD...6 FOREIGN REGISTRATION CARD (FRC)...7 FOREIGN PASSPORT...8 RESIDENTS CARD...9 NO...10	BUDDHIST...1 CHRISTIAN...2 ISLAM...3 HINDU...4 ANIMIST...5 OTHER RELIGION...6 NO RELIGION...7	REFER TO FLAP YES...1 NO...2 ▶Q18	YES...1 NO...2▶Q14	ALL GOTO Q15	LIVING ELSEWHERE IN MYANMAR....1 LIVING IN ANOTHER COUNTRY TEMPORARILY.2 LIVING IN ANOTHER COUNTRY PERMANENTLY.3 DEAD.....4	YES...1 NO....2▶Q17	ALL GOTO Q18	LIVING ELSEWHERE IN MYANMAR....1 LIVING IN ANOTHER COUNTRY TEMPORARILY.2 LIVING IN ANOTHER COUNTRY PERMANENTLY.3 DEAD.....4	YES...1 ▶Q23 NO....2
	CODE	CODE	CODE	CODE	ID#	CODE	CODE	ID#	CODE	CODE
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SECTION 1: ROSTER

I N D I V I D U A L I D	19	20	21	22	23	24	25
	Since how many years has [NAME] moved to this current township?	Which region/ state or country was the place [NAME] moved from? IF WITHIN SAME REGION CODE THAT REGION REGION CODES KACHIN.....1 KAYAH.....2 KAYIN.....3 CHIN.....4 SAGAING.....5 TANINTHARYI...6 BAGO.....7 MAGWAY.....8 MANDALAY.....9 MON.....10 RAHKINE.....11 YANGON.....12 SHAN.....13 AYEYAWADDY...14 NAYPYITAW15 COUNTRY CODES THAILAND.....21 MALAYSIA.....22 SINGAPORE....23 INDIA.....24 KOREA.....25 JAPAN.....26 CHINA.....27 BANGLADESH..28 USA.....29 AUSTRALIA...30 OTHER31	Was [NAME] born in [response from Q20]? YES...1 ►Q23 NO....2	In which region/state or country was [NAME] born? REGION CODES KACHIN.....1 KAYAH.....2 KAYIN.....3 CHIN.....4 SAGAING.....5 TANINTHARYI...6 BAGO.....7 MAGWAY.....8 MANDALAY.....9 MON.....10 RAHKINE.....11 YANGON.....12 SHAN.....13 AYEYAWADDY...14 NAYPYITAW15 COUNTRY CODES THAILAND.....21 MALAYSIA.....22 SINGAPORE....23 INDIA.....24 KOREA.....25 JAPAN.....26 CHINA.....27 BANGLADESH..28 USA.....29 AUSTRALIA...30 OTHER31	Is [NAME] considered disabled? No.....1 Yes, physical....2 Yes, hearing.....3 Yes, visual.....4 Yes, intellectual /mental.....5 Yes, other.....6 Yes, mixed..... 7	How many days did [NAME] eat at least one meal in this household during the last 7 days?	In the last 12 months has [NAME] been absent from this household? IF ONLY 1 DAY TO 4 WEEKS ABSENT CODE 2 "NO" YES...1 NO....2►SECTION 2
	NUMBER	CODE	CODE	CODE	CODE	NUMBER	CODE
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SECTION 1: ROSTER

I N D I V I D U A L I D	26	27
	In the last 12 months, how many months has [NAME] been absent from this household?	What is the main reason for [NAME] being absent from this household in the last 12 months? WORKING ABROAD.....1 WORKING WITHIN MYANMAR..2 LOOKING FOR WORK.....3 JOIN FAMILY/MARRY.....4 HEALTH.....5 EDUCATION.....6 OTHER..... 7
	NUMBER	CODE
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SECTION 2. EDUCATION, LITERACY, NUMERACY AND TRAINING

	1	2	3	4	5	6
I N D I V I D U A L I D	IS THIS MEMBER 3 YEARS OR OLDER? REFER TO FLAP. YES...1 NO...2 ▶NEXT MEMBER	Has [NAME] <u>ever</u> attended pre-school or school? YES...1▶Q4 NO...2	What is the main reason that (NAME) <u>never</u> attended school? TOO YOUNG.....1 ILLNESS, INJURY, DISABILITY.. 2 COULDN'T AFFORD SCHOOLING.....3 TO HELP IN FAMILY BUSINESS/FARM..... 4 TO HELP AT HOME WITH HOUSEHOLD TASKS..... 5 TO WORK OUTSIDE THE FAMILY BUSINESS..... 6 SECURITY SITUATION.....7 SCHOOL TOO FAR.....8 PARENTS DONT THINK IT'S IMPORTANT.....9 OTHER 10 ▶Q16	Is [NAME] <u>currently</u> attending school? IF SCHOOL HOLIDAYS, CODE YES IF [NAME] REGULARLY ATTENDED SCHOOL DURING THE 2016-2017 SCHOOL YEAR. YES...1 NO...2	What is the highest grade/level successfully completed by [NAME]? NONE.....00 KG COMPLETED(2016-17 new system).21 GRADE 1(Standard 0).....01 GRADES 2-9(Standard 1-8)..... 02-09 GRADE 10(Standard 9).....10 GRADE 11 (Standard 10).....11 THS (AFTER STD 8).....31 TEACHERS CERTIFICATE (AFTER STD 10).....32 TVET DIPLOMA (GTI, GTC ETC.).....12 UNDERGRADUATE DIPLOMA.....13 BACHELOR GRADUATE.....14 POSTGRADUATE DIPLOMA.....15 MASTERS DEGREE.....16 PHD.....17 MONASTIC/ RELIGIOUS.....18 OTHER.....19	Is [NAME] <u>enrolled</u> in school during the current school year? IF SCHOOL HOLIDAYS, CODE YES IF [NAME] WAS ENROLLED DURING THE 2016-2017 SCHOOL YEAR. YES...1 ▶Q8 NO...2 NO, IN A WAITING YEAR...3▶Q13
	CODE	CODE	CODE	CODE	CODE	CODE
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SECTION 2. EDUCATION, LITERACY, NUMERACY AND TRAINING

	7	8	9a	9b	9c
I N D I V I D U A L I D	Why did [NAME] leave schooling? COMPLETED DESIRED LEVEL..... 1 ILLNESS, INJURY, DISABILITY.....2 SCHOOL TOO FAR..... 3 CAN'T AFFORD SCHOOLING.....4 CHILD WAS FAILING, FALLING BEHIND5 CHILD HAS DIFFICULT RELATIONS WITH PEERS, TEACHERS, BULLYING.....6 SCHOOL CONTENT NOT RELEVANT TO EVERYDAY LIFE OR FUTURE EMPLOYMENT.....7 TO WORK IN FAMILY BUSINESS/FARM OR AT HOME WITH HOUSEHOLD TASKS..... 8 TO WORK FOR WAGE.....9 OTHER10 ►Q13	What level/course is [NAME] currently enrolled in? IF SCHOOL HOLIDAYS, CODE THE LEVEL/ COURSE ATTENDED IN 2016-2017 SCHOOL YEAR NURSERY SCHOOL/ PRE- SCHOOL.....00 ►10 Primary.....01 ►9a Middle.....02 ►9b High.....03 ►9c A VOCATIONAL COURSE LESS THAN 6 MONTHS.....12 ►10 A VOCATIONAL COURSE MORE THAN 6 MONTHS.....13 ►10 UNDERGRADUATE DIPLOMA....14 ►10 BACHELORS DEGREE PROGRAM.15 ►10 POSTGRADUATE DIPLOMA....16 ►10 MASTERS DEGREE.....17 ►10 PhD.....18 ►10 MONASTIC SCHOOL /OTHER RELIGIOUS SCHOOL.....19 ►10 OTHER.....20 ►10	How many years of PRIMARY school (including Kindergarten) has [NAME] successfully completed? ►Q10 RESPONSE BETWEEN 0 AND 4	How many years of MIDDLE school has [NAME] successfully completed? ►Q10 RESPONSE BETWEEN 0 AND 3	How many years of HIGH school has [NAME] successfully completed? ►Q10 RESPONSE BETWEEN 0 AND 1
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SECTION 2. EDUCATION, LITERACY, NUMERACY AND TRAINING

	10	11	12	13	14
I N D I V I D U A L I D	What type of school is [NAME] enrolled in? Nursery school/ Pre-school.....1 Basic education primary school (BEPS).....2 Branch primary school (BPS).....3 Basic education post-primary school (BEPPS)..4 Basic Education Middle School (BEMS).....5 Branch Middle school (BMS).....6 Basic Education High School (BEHS).....7 Branch High School (BHS).....8 Government Technical High School (GTHS).....9 GTC OR GTI (post secondary TVET).....10 Other college or university.....11 Monastic school.....12 Other religious school.....13 Private school.....14 Non-state/ethnic school.....15 NGO run school.....16 Other school.....17	What is the usual method of transport used to get to school? ON FOOT....1 BUS.....2 SCHOOL BUS.3 BICYCLE....4 MOTORBIKE..5 CAR.....6 BOAT.....7 OTHER8 LIVES AT SCHOOL....9 ►Q13	How many minutes does it usually take [NAME] to travel to school one way?	Was [NAME] enrolled in school during the last school year? IF SCHOOL HOLIDAYS, REFER TO THE 2015-2016 YEAR AS THE LAST SCHOOL YEAR YES.....1 NO.....2	Has the household spent (or expects to spend) anything on [NAME]'s education (include pre-school) from APRIL 1, 2016 to MARCH 31, 2017? YES..1 NO...2 ►Q16
	CODE	CODE	MINUTES	CODE	CODE
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SECTION 2. EDUCATION, LITERACY, NUMERACY AND TRAINING

	15										16		17		18		19		20	
I N D I V I D U A L I D	How much has the household spent (or expects to spend) on [NAME]'s education (including pre-school) from APRIL 1, 2016 to MARCH 31, 2017)? PUT "0" IF NO EXPENDITURES. INCLUDE ESTIMATE OF IN-KIND DONATIONS/EXPENSES. IF RESPONDENT CANNOT DISAGGREGATE EXPENDITURES, PUT "DK" FOR EACH CATEGORY, AND ENTER TOTAL AMOUNT UNDER "TOTAL".										IS THIS MEMBER 5 YEARS OR OLDER? REFER TO FLAP.		Can [NAME] read and write a simple sentence in any language?		Can [NAME] do simple addition and subtraction calculations? (WITHOUT USING CALCULATOR OR PHONE)		Has [NAME] used a mobile phone in the last 7 days?		Has [NAME] used the internet from any location in the last 7 days, including Facebook and emails?	
	a. OFFICIAL SCHOOL/TRAINING FEES	b. DONATION TO SCHOOL, CLASS, CONSTRUCTION FUND	c. UNIFORMS	d. TEXTBOOKS/REFERENCE BOOKS/STATIONERY	e. COACHING SESSIONS (TUTORING)	f. BOARDING SCHOOL ROOM & BOARD	g. TRANSPORT COSTS (do not include petrol bought by household)	h. SCHOOL MEAL /CANTEEN/SNACKS	i. OTHER	j. TOTAL	YES..1 NO...2 ▶NEXT MEMBER	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2▶Q22					
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SECTION 2. EDUCATION, LITERACY, NUMERACY AND TRAINING

	21	22	23	24
I N D I V I D U A L I D	How often does [NAME] usually use the internet? AT LEAST ONCE A DAY.....1 AT LEAST ONCE A WEEK BUT NOT EVERY DAY....2 LESS THAN ONCE A WEEK.....3	Has [NAME] used a computer at any location in the last 7 days? YES..1 NO..2	In the last 12 months has [NAME] attended any training for at least one week? Include language, computer, agriculture, industrial, repair, craft-related or clerical YES..1 NO..2 ►NEXT MEMBER	In the last 12 months, how much has the household spent on [NAME]'s training in total?
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SECTION 3. HEALTH

Last 30 days

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I N D I V I D U A L I D	During the past 30 days did [NAME] suffer from any injury or health complaints? For example a cold, cough, diarrhoea, back pain, fever, stomach ache, headache etc. Yes....1 No.....2▶Q5	What action did [NAME] take to find relief for the MOST SERIOUS illness or injury in the last 30 days? Did nothing.....1▶Q4 Used medicine had in stock...2▶Q4 Sought treatment with traditional healer.....3▶Q4 Consulted a quack.....4▶Q4 Went to a local store to buy drugs.....5▶Q4 Went to local pharmacy/drug store.....6▶Q4 Went to a medical facility/consulted a health practitioner.....7	Where did the consultation take place? PUBLIC SECTOR GOVT. HOSPITAL.....1 GOVT. HEALTH CENTER (RHC).....2 GOVT. HEALTH POST (SUB-CENTER)..3 STAND-ALONE VCT CENTER.....4 FAMILY PLANNING CLINIC.....5 MOBILE CLINIC.....6 HEALTH VOLUNTEER.....7 OTHER PUBLIC SECTOR8 NGO9 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....10 PRIVATE DOCTOR.....11 STAND-ALONE VCT CENTER.....12 PHARMACY.....13 MOBILE CLINIC.....14 DIAGNOSTIC LABORATORY.....15 OTHER PRIVATE.....16	During the last 30 days for how many days did [NAME] have to stop normal activities because of illness/injury?	Did [NAME] sleep under a mosquito net last night? YES..1 NO..2 ▶Q7	Has the mosquito net been treated with insecticide? YES..1 NO...2
	CODE	CODE	CODE	NUMBER	CODE	CODE
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SECTION 3. HEALTH

Last 12 months

[illegible]

SECTION 3. HEALTH

	16
I N D I V I D U A L I D	Did the household need to sell assets in order to cover the cost of the treatment and/or services?
	YES....1 NO.....2
	CODE
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SECTION 4. HOUSING

If Household Head is not available, find another responsible adult member of the household who can provide information on the household's dwelling characteristics.

HOUR

MIN

1	2	3	4	5	6
<div>DO NOT ASK. OBSERVE AND WRITE CODE.</div> <div>Type of settlement:</div> <div>CLUSTERED RURAL SETTLEMENT.....1</div> <div>DISPERSED ISOLATED RURAL HOUSING.....2</div> <div>PLANNED URBAN HOUSING...3</div> <div>UNPLANNED URBAN HOUSING.....4</div> <div>SLUM.....5</div> <div>OTHER6</div>	<div>DO NOT ASK. OBSERVE AND WRITE CODE.</div> <div>Type of dwelling:</div> <div>HOUSE OR HUT OCCUPIED BY SINGLE HOUSEHOLD.....1</div> <div>HOUSE OR HUT OCCUPIED BY SEVERAL HOUSEHOLDS.....2</div> <div>CONDOMINIUM APARTMENT/FLAT OCCUPIED BY SINGLE HOUSEHOLD.....3</div> <div>CONDOMINIUM APARTMENT/FLAT OCCUPIED BY SEVERAL HOUSEHOLDS.....4</div> <div>OTHER.....5</div>	<div>DO NOT ASK. OBSERVE AND WRITE CODE.</div> <div>Major construction material of the external (outer) walls of dwelling:</div> <div>DHANI/THEKE/IN LEAF.1</div> <div>BAMBOO.....2</div> <div>EARTH.....3</div> <div>WOOD.....4</div> <div>TILE/BRICK/CONCRETE.....5</div> <div>CORRUGATED SHEET...6</div> <div>OTHER.....7</div>	<div>DO NOT ASK. OBSERVE AND WRITE CODE.</div> <div>Major construction material of the floor of the dwelling:</div> <div>BAMBOO.....1</div> <div>EARTH.....2</div> <div>WOOD.....3</div> <div>TILE/BRICK/CONCRETE/PARQUET...4</div> <div>OTHER5</div>	<div>DO NOT ASK. OBSERVE AND WRITE CODE.</div> <div>Main construction material of the roof of the dwelling:</div> <div>THATCH/LARGE LEAVES/PALM/DHANI..1</div> <div>BAMBOO.....2</div> <div>EARTH.....3</div> <div>WOOD.....4</div> <div>CORRUGATED SHEET...5</div> <div>TILE/BRICK/CONCRETE.....6</div> <div>OTHER7</div>	<div>How many rooms do the members of your household occupy, including bedrooms and living rooms?</div> <div>(EXCLUDE TOILETS, KITCHENS, BALCONIES, CORRIDORS AND ROOMS USED ONLY FOR BUSINESS)</div>
CODE	CODE	CODE	CODE	CODE	NUMBER

SECTION 4. HOUSING

7	8	9	10			11	12	13
How many of these rooms are used for sleeping?	What is the living space in squared feet? (EXCLUDE SPACE USED ONLY FOR BUSINESS)	What is the residency status of this dwelling? OWNED (INCLUDE WITH OTHERS) .1 RENTED FROM GOVERNMENT....2 ▶Q13 RENTED FROM EMPLOYER.....3 ▶Q13 RENTED FROM RELATIVE.....4 ▶Q13 RENTED PRIVATELY.....5 ▶Q13 BORROWED/LIVE FOR FREE....6 ▶Q14 OTHER7 ▶Q13	Who in this household owns this dwelling? IF PARTIALLY OWNED WITH NON-HOUSEHOLD MEMBER, PUT '88'			Do you have the right to sell this dwelling? Yes . 1 No . . 2	If you had to pay to rent this dwelling, how much would you have to pay per month? IF IN VILLAGE AND CANNOT ESTIMATE , WRITE 'DK' ▶ Q14	How much do you pay per month to rent this dwelling?
NUMBER	NUMBER	CODE	ID #	ID#	ID#	CODE	KYAT	KYAT

SECTION 4. HOUSING (CONT.)

14a	14b	15	16	17
What is the current <u>main source</u> of water used by the household for <u>drinking in the dry season</u> ? WATER PIPE INTO DWELLING.....1 WATER PIPE INSIDE COMPOUND.....2 WATER PIPE OUTSIDE COMPOUND.....3 TUBE WELL, BOREHOLE.....4 PROTECTED WELL/SPRING.....5 UNPROTECTED WELL/SPRING.....6 POOL/POND/LAKE/DAM/STAGNANT WATER..7 RIVER/STREAM/CANAL.....8 RAINWATER COLLECTION/TANK.....9 BOTTLED WATER10 TANKER/TRUCK.....11 OTHER12	What is the current <u>main source</u> of water used by the household for <u>drinking in the rainy season</u> ? WATER PIPE INTO DWELLING.....1 WATER PIPE INSIDE COMPOUND.....2 WATER PIPE OUTSIDE COMPOUND.....3 TUBE WELL, BOREHOLE.....4 PROTECTED WELL/SPRING.....5 UNPROTECTED WELL/SPRING.....6 POOL/POND/LAKE/DAM/STAGNANT WATER..7 RIVER/STREAM/CANAL.....8 RAINWATER COLLECTION/TANK.....9 BOTTLED WATER10 TANKER/TRUCK.....11 OTHER12	In the Dry season how many minutes does it take to get to the source of drinking water, get water and come back (ROUNDTRIP) ENTER "0" IF WITHIN DWELLING OR COMPOUND	In the Rainy season how many minutes does it take to get to the source of drinking water, get water and come back (ROUNDTRIP) ENTER "0" IF WITHIN DWELLING OR COMPOUND	Have you had more than 2 days of discontinuity of <u>drinking water</u> services in the last 2 weeks? Yes...1 No...2
CODE	CODE	MINUTES	MINUTES	CODE

SECTION 4. HOUSING (CONT.)

18	19	20	21	22
What is the <u>main source</u> of water used by the household for <u>cooking</u> ? WATER PIPE INTO DWELLING.....1 WATER PIPE INSIDE COMPOUND.....2 WATER PIPE OUTSIDE COMPOUND.....3 TUBE WELL, BOREHOLE.....4 PROTECTED WELL/SPRING.....5 UNPROTECTED WELL/SPRING.....6 POOL/POND/LAKE/DAM/STAGNANT WATER..7 RIVER/STREAM/CANAL.....8 RAINWATER COLLECTION/TANK.....9 BOTTLED WATER10 TANKER/TRUCK.....11 OTHER12	What type of toilet facility is used by the household? FLUSH, TO PIPED SEWER SYSTEM.....1 FLUSH, TO SEPTIC TANK.....2 FLUSH, TO PIT LATRINE.....3 FLUSH, TO ELSEWHERE.....4 VENTILATED IMPROVED PIT LATRINE...5 PIT LATRINE WTIH SLAB.....6 PIT LATRINE WITHOUT SLAB/OPEN PIT.7 COMPOSTING TOILET.....8 BUCKET.....9 HANGING TOILET10 NO FACILITIES, BUSH, FIELD.....11 OTHER12	How many households in total use this toilet facility? 1 IF ONLY THIS HOUSEHOLD	How many minutes is the toilet from your dwelling? INSIDE THE DWELLING OR YARD ENTER 0	Is there a place for hand-washing with soap and water present and where is it located? (interviewer please observe) Yes, near the kitchen...1 Yes, near the latrine...2 Yes, other location.....3 No.....4
CODE	CODE	NUMBER	MINUTES	CODE

SECTION 4. HOUSING (CONT.)

23	24	25	26	27	28
The last time your youngest child aged less than 5 years passed stools, what was done to dispose of them? Child used toilet/latrine..1 Put/rinsed into toilet/latrine.....2 Put/rinsed into ditch/drain.....3 Thrown into garbage.....4 Yes, other location.....5 Buried.....6 Left in the open.....7 No child less than 5.....8 Other.....9	Is your household connected to the national electricity grid? Yes..1 No...2	Is your household connected to a community based electricity supply? IF Q24 & Q25 IS NO GOTO Q27 Yes..1 No...2	How much did your household spend on electricity last month from any sort of grid?	What is the main source of lighting for your dwelling in the last 12 months? ELECTRICITY FROM GOVT GRID.....1 BORDER COUNTRY GRID.....2 COMMUNITY BASED ELECTRICITY SUPPLY...3 KEROSENE.....4 CANDLE.....5 RECHARGEABLE BATTERY.....6 GENERATOR (PRIVATE).....7 SOLAR LATERN.....8 SOLAR SYSTEM ENERGY.....9 OTHER.....10	In the last 12 months, what was the main fuel used for cooking? ELECTRICITY.....1 LIQUIFIED PETROLUM GAS (LPG).....2 KEROSENE.....3 BIO GAS.....4 FIREWOOD.....5 CHARCOAL.....6 BRIQUETTES.....7 COAL.....8 STRAW/GRASS/PADDY SHELL/SAWDUST.....9 OTHER.....10
CODE	CODE	CODE	KYAT	CODE	CODE

SECTION 4. HOUSING

29	30
Is your dwelling connected to a fixed line internet source? Yes...1 No...2▶SECTION 5	How much did your household spend on this source of internet last month?
CODE	KYAT

HOUR		MINS	

☐ ID OF RESPONDENT

KYAT

EXCLUDE ITEMS ACQUIRED ONLY FOR FARM OR NON-FARM BUSINESS ACTIVITIES. INCLUDE FOOD EATEN AWAY FROM HOME *IF IT WAS PREPARED IN YOUR HOUSEHOLD*.

[illegible]

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases						
		3	4				5		6		7	8				9
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?
			QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.		QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
01.1.7.18	Pegya *															
01.1.7.19	Pe poke															
01.1.7.20	Boiled garden pea															
01.1.7.39	Green gram (Pedesane) *															
01.1.7.40	Sesame															
01.1.7.41	Groundnut without shell															
01.1.7.42	Cashew nut															
01.1.7.47	Lentils															
01.1.6.02	Coconut															
	Other (specify): _____															
	Other (specify): _____															
	Other (specify): _____															
Roots and tubers																
01.1.7.46	Sweet potatoes															
01.1.7.43	Taro															
01.1.7.44	Pemyit															
01.1.7.45	Palm shoot															
01.1.7.01	Potatoes *															
01.1.7.06	White Radish															
	Other specify															
	Other specify															
	Other specify															
Meat, diary and eggs																
01.1.2.01	Chicken															
01.1.2.02	Duck *															
01.1.2.03	Beef *															
01.1.2.04	Pork *															
01.1.2.05	Mutton *															
01.1.2.06	Dried Meat*															
	Other meat (specify)															
	Other meat (specify)															
	Other meat (specify)															
01.1.4.01	Chicken eggs															
01.1.4.02	Duck eggs															
01.1.4.03	Condensed milk															

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases							
		3	4				5		6		7	8				9	
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?	
		YES . 1 NO . . 2	QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.	PAST DAY 1 PAST WEEK 2 PAST 30 DAYS . 3 MORE THAN 30 DAYS AGO 4 NEVER 5		QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
01.1.4.05	Milk (fresh)																
01.1.4.06	Non diary creamer/Milk Powder																
01.1.4.07	Formula (for elderly or children) e.g. Ensure																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
Fish and other seafood																	
01.1.3.01	Ngamyitchin *																
01.1.3.02	Ngagyin *																
01.1.3.03	Ngayant																
01.1.3.04	Ngakhu *																
01.1.3.05	Ngagyee *																
01.1.3.06	Ngapyayma																
01.1.3.07	Ngaton/ Ngamyinn *																
01.1.3.08	Ngathalauk *																
01.1.3.09	Kakatit *																
01.1.3.10	Ngashwe																
01.1.3.11	Kakhuyan																
01.1.3.12	Ngamoke																
01.1.3.13	Ngapokethin *																
01.1.3.15	Pazun Kyawt																
01.1.3.16	Pazun Doke																
01.1.3.18	Sardine (All Kinds) *																
01.1.3.19	Dried Prawns																
01.1.3.20	Ngakunshut																
01.1.3.21	Ngagyichauk (dried)																
01.1.3.22	Ngabokechauk (dried)																
01.1.3.23	Ngakunshutchauk (dried) *																
01.1.3.24	Nganutchauk (dried)(Ar Bye Gyauk)*																
01.1.3.26	Fish Ngapi (sticky powder)																
01.1.3.27	Hmyin ngapi																
01.1.3.28	Nagpikaung (Salted and dried) *																
01.1.3.29	Nganpyaye (fish sauce)																
01.1.3.31	Nganpyaye (prawn sauce)																

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases							
		3	4				5		6		7	8				9	
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?	
		YES . 1 NO . . 2	QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.	PAST DAY 1 PAST WEEK 2 PAST 30 DAYS . 3 MORE THAN 30 DAYS AGO 4 ►NEXT ITEM NEVER 5 ►NEXT ITEM		QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
01.1.3.32	Pickled prawn																
01.1.3.33	Pickled fish																
01.1.3.35	Dried Prawn powder																
01.1.3.36	Squid/ octopus																
01.1.3.37	Other river fish																
01.1.3.38	Other sea water fish																
01.1.3.39	Other dried fish																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
Vegetables																	
01.1.7.02	Vegetable gourd																
01.1.7.03	Brinjal/ Egg plant																
01.1.7.04	Tomato																
01.1.7.05	Cabbage																
01.1.7.07	Water leaf																
01.1.7.08	Roselle leaf																
01.1.7.09	Cucumber																
01.1.7.10	Long beans																
01.1.7.21	Garlic *																
01.1.7.22	Onions *																
01.1.7.23	Pumpkin																
01.1.7.24	Ash pumpkin																
01.1.7.25	Cauliflower																
01.1.7.26	Chayote																
01.1.7.27	Drumstick tree leaf																
01.1.7.28	Radish leaf																
01.1.7.29	Pumpkin leaf																
01.1.7.30	Drumstick tree vegetable																
01.1.7.31	Bamboo shoots																
01.1.7.32	Bean sprouts																
01.1.7.33	Carrots																
01.1.7.34	Lettuce																
01.1.7.35	Fresh chillie																
01.1.7.36	Mustard leaf																

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases						
		3	4				5		6		7	8				9
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?
		YES . 1 NO . . 2	QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.	PAST DAY 1 PAST WEEK 2 PAST 30 DAYS . 3 MORE THAN 30 DAYS AGO 4 ►NEXT ITEM NEVER 5 ►NEXT ITEM	QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
01.1.7.37	Gourd leaf															
01.1.7.38	Bitter Gourd															
	Other (specify): _____															
	Other (specify): _____															
	Other (specify): _____															
Fruit																
01.1.6.01	Bananas															
01.1.6.03	Papaya															
01.1.6.04	Mango															
01.1.6.05	Oranges															
01.1.6.06	Lime															
01.1.6.07	Lemon															
01.1.6.08	Apple															
01.1.6.09	Pineapple															
01.1.6.10	Pomelo															
01.1.6.11	Watermelon															
01.1.6.12	Grapes															
01.1.6.13	Guava															
01.1.6.14	Durian															
	Other (specify): _____															
	Other (specify): _____															
	Other (specify): _____															
Oil and fats																
01.1.5.01	Groundnut oil *															
01.1.5.02	Sesame oil *															
01.1.5.03	Palm oil *															
01.1.5.04	Vegetable oil (incl sunflower, mustard) *															
	Other (specify): _____															
	Other (specify): _____															
	Other (specify): _____															
Sugar, jam, honey, chocolate and confectionary																
01.1.8.01	Sugar															
01.1.8.02	Palm/cane jaggery															
01.1.8.03	Sweets for children															
01.1.8.04	Chocolate															

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases							
		3	4				5		6		7	8				9	
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?	
		YES . 1 NO . . 2	QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.	PAST DAY 1 PAST WEEK 2 PAST 30 DAYS . 3 MORE THAN 30 DAYS AGO 4 NEVER 5	►NEXT ITEM	QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
01.1.8.05	Jams and honey																
01.1.8.06	Ice lollies																
01.1.8.07	Ice cream																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
Other food products																	
01.1.9.03	Ginger																
01.1.9.04	Black pepper																
01.1.9.07	Seasoning powder																
01.1.9.10	Dried chillies																
01.1.9.12	Chilli powder																
01.1.7.48	Pickled tea leaves (Lahpet)																
01.1.9.15	Pone Ye Gyi (bean powder)																
01.1.9.16	Bean curd (white)																
01.1.9.17	Tofu																
01.1.9.18	Soy bean paste																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
Coffee, tea and cocoa drinks																	
01.2.1.01	Dry tea leaves																
01.2.1.07	Coffee mix or tea mix																
01.2.1.08	Ovaltine, Horlick, etc.																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
Mineral water, soft drinks and fruit juice																	
01.2.2.01	Soft drinks																
01.2.2.02	Mineral water																
01.2.2.03	Fruit juice																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																

COICOP	ASK QUESTION 3 FOR ALL ITEMS BEFORE COMING BACK TO ASK Q 4-9 FOR ANY ITEMS THAT THE HOUSEHOLD ANSWERED YES	Consumption in the last 7 days...								Purchases						
		3	4				5		6		7	8				9
		During the past 7 days, did you or other members of your household consume [ITEM]?	What was the quantity of [ITEM] consumed in the last 7 days? UNIT CODES ON SHOWCARD				How much came from own production? IF NONE, WRITE "0".		How much of this came from gifts and other sources? (not from purchase) IF NONE, WRITE "0".		When was the last time you or other members of your household purchased [ITEM]?	What was the quantity of [ITEM] purchased last time ? UNIT CODES ON SHOWCARD				How much did you spend in total this last time ?
		YES . 1 NO . . 2	QTY.	UNIT	SUP QTY.	SUP UNIT	QTY.	SUP QTY.	QTY.	SUP QTY.		QTY.	UNIT	SUP QTY.	SUP UNIT	KYAT
Alcoholic beverages and tobacco																
02.1.1.01	Liquor															
02.1.3.01	Beer															
02.2.0.01	Betel leaf															
02.2.0.02	Betel nut															
11.1.1.12	Kun yar (Betel quid)															
02.2.0.03	Cigarette															
02.2.0.05	Cheroot															
	Other (specify): _____															
	Other (specify): _____															
	Other (specify): _____															

SECTION 5B: FOOD CONSUMED AWAY FROM HOME

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1. In the last 7 days, has any household member consumed food away from home, for example in a teashop, a friend's house, from an employer a government program or at school? (EXCLUDE SCHOOL SNACKS)

YES.1
NO..2 ▶SECTION 5c

		2	3	4	5
		During the past 7 days, did any member of your household consume [MEAL] away from home? DO NOT INCLUDE MEALS THAT WERE PREPARED AT YOUR HOME. YES.1 NO..2 ▶NEXT ITEM	During the past 7 days, how much did your household spend in total on all [MEAL]s consumed away from home?	During the past 7 days, were any of the [MEAL]s consumed away from home obtained in-kind? YES.1 NO..2 ▶NEXT ITEM	How much would your household have spent if you had to pay for these [MEAL]s obtained in-kind?
	Meal name	CODE	KYAT	CODE	KYAT
1	Breakfast				
2	Lunch				
3	Dinner				
4	Other snacks, drinks, etc.				

SECTION 5C: NON-FOOD CONSUMPTION EXPENDITURE IN THE LAST 30 DAYS

		1	2	3
		During the last 30 days, did any member of your household spend money on or receive in kind, including by gathering or collecting [ITEM] for household consumption? YES . 1 NO . . 2 ►NEXT ITEM	How much did members of your household spend in cash in total on [ITEM] for household consumption during the last 30 days? KYAT	In addition to purchases in cash, what was the value of [ITEM] that your household received from in-kind gifts or items gathered or collected during the last 30 days? IF 'NONE',WRITE '0' KYAT
COICOP	Item name			
Energy for household use				
04.5.4.01	Firewood			
04.5.4.02	Charcoal			
04.5.3.01	Diesel for a generator (excluding for vehicles)			
04.5.3.02	Kerosene			
04.5.2.01	Liquid petroleum gas			
05.6.1.04	Candles			
12.7.1.01	Battery charging			
	Other energy sources			
Water and Sanitation				
04.4.1.02	Water Charges			
04.4.2.01	Garbage disposal services			
Household maintenance products				
05.6.1.01	Washing soap/paste			
05.6.1.02	Washing powder/liquid (clothes)			
05.6.1.03	Washing-up liquid (dishes)			
Personal Care				
12.1.3.01	Body soap			
12.1.3.04	Thanakha (solid)			
12.1.3.05	Thanakha (ready made)			
12.1.3.07	Toothpaste			
12.1.3.08	Toothbrush			
12.1.3.09	Shampoo			
12.1.3.10	Hair Dye			
12.1.3.11	Razor blade			
12.1.3.16	Make up			
12.1.1.01	Haircut, hair dressing, beauty parlour services			
	Other expenditures for personal care			

		1	2	3
		During the last 30 days, did any member of your household spend money on or receive in kind, including by gathering or collecting [ITEM] for household consumption? YES . 1 NO . . 2 ►NEXT ITEM	How much did members of your household spend in cash in total on [ITEM] for household consumption during the last 30 days? KYAT	In addition to purchases in cash, what was the value of [ITEM] that your household received from in-kind gifts or items gathered or collected during the last 30 days? IF 'NONE',WRITE '0' KYAT
COICOP	Item name			
Medicines/drugs (including traditional medicine and excluding those already captured in Section 3)				
06.1.1.01	Traditional medicine			
06.1.1.02	Vitamins			
06.1.1.03	Aspirin/acetaminophen/ibuprofen (all brands)			
06.1.1.04	Antibiotics			
	Other medicines/drugs (cold remedies, vitamins, setsay etc.)			
Passenger transport by road, rail, sea or inland waterway				
07.3.2.01	Bus fares (local)			
07.3.2.02	Taxi fares (local)			
07.3.2.03	Ferry bus (local)			
07.3.2.04	Trishaw (local)			
07.3.2.05	Bus fare (journey)			
07.3.1.01	Rail (local or journey)			
07.3.4.02	Boat/steamer/ship (local)			
07.3.2.06	Other transportation costs (excluding flights)			
Fuel for personal transport				
07.2.2.01	Petrol/Compressed Natural Gas (CNG)			
07.2.2.02	Diesel			
Telephone equipment and telephone services				
08.3.0.02	Mobile phone credit			
08.3.0.01	Charges for fixed line telephone			
Recreation and culture				
09.4.2.02	Cable TV monthly fee			
09.5.2.01	Newspapers, journals and magazines			
09.4.2.03	Internet café			
09.4.2.04	Payment for shared internet Wi-Fi access			
09.4.2.01	Cinema, rent cds			
09.4.3.01	Lottery expense (any)			
	Anything else? (specify)			
	Anything else? (specify)			

SECTION 5D: NON-FOOD CONSUMPTION EXPENDITURE, 6 MONTHS

		1	2	3
		In the last 6 months , did any member of your household purchase or receive in-kind [ITEM] for household consumption? YES . 1 NO . . 2 ►NEXT ITEM	How much did members of your household spend in cash in total on [ITEM] for household consumption during that 6 month period ?	In addition to purchases in cash, what was the value of [ITEM] that your household received as in-kind during that 6 months period ? IF 'NONE', WRITE '0'
COICOP	Item name	CODE	KYAT	KYAT
Clothing and Apparel				
03.1.2.13	Various types of ready-made clothing (e.g. shirts, sport shirt, men/women longyi, pants, underwear (excluding school uniforms)			
03.2.1.01	Shoes, slippers			
03.1.1.01	Cloth, fabric and materials (excluding for school uniforms)			
03.1.4.02	Tailoring including clothing repairs (excluding for school uniforms)			
12.3.2.01	Umbrella			
12.3.1.01	Gold jewellery, gems and precious stones			
12.3.1.02	Watch			
Home equipment				
05.2.1.01	Blankets, linen, bedclothes, curtains,			
05.4.0.01	Crockery, pots, pans, glasses, dishes			
05.2.1.02	Mosquito nets			
05.6.1.05	Insecticides/ products that kill mosquitoes			
05.1.1.01	Mattress, sleeping mats			

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SECTION 5D: NON-FOOD CONSUMPTION EXPENDITURE, 12 MONTHS

		4	5	6
		In the last 12 months , did any member of your household spend money for or receive in-kind [ITEM] for household consumption?	How much did members of your household spend in cash in total on [ITEM] for household consumption during that 12 month period ?	In addition to purchases in cash, what was the value of [ITEM] that your household received as in-kind during that 12 month period ? IF 'NONE', WRITE '0'
		YES . 1 NO . . 2 ▶NEXT ITEM		
COICOP	Item name			
		CODE	KYAT	KYAT
House repairs and expenses				
04.3.1.01	Material for house repair/additions			
04.3.2.01	Labour charges for house repairs			
04.4.4.01	Property/ground taxes			
	Other house repairs (Specify)			
Taxes and service charges for motorbikes, cars etc.				
07.2.3.01	Vehicle maintenance and services			
07.2.3.02	Vehicle registration fees			
Travel/trips (overnight travel excluding for health and education)				
07.3.3.01	Flights			
11.2.1.01	Lodging (during travel)			
	Other travelling expenses in over night travel			
Other expenses				
	Gifts given: can be made in cash or in kind for a wedding, birthday, funeral or other occasion			
	Religious donation			
	Non-religious donations			
	Transfers to non-household members			
Home assets				
05.5.1.02	Rechargable car battery			
05.5.1.05	Dry cell battery			
05.5.1.01	Electric inverter			
05.5.1.03	Generator			
05.3.1.02	Gas stove			
05.3.2.03	Charcoal stove			
05.3.2.04	Regulator			
04.5.5.01	Solar panels			
05.5.1.04	Water pump			
Furniture				
05.1.1.11	Bed Stead			
05.1.1.05	Table			
05.1.1.06	Chair			
05.1.1.07	Sofa/settee			
05.1.1.08	Shrine			
05.1.1.09	Wardrobe			
05.1.1.10	Kitchen cupboard			

		4	5	6
		In the last 12 months , did any member of your household spend money for or receive in-kind [ITEM] for household consumption?	How much did members of your household spend in cash in total on [ITEM] for household consumption during that 12 month period ?	In addition to purchases in cash, what was the value of [ITEM] that your household received as in-kind during that 12 month period ? IF 'NONE', WRITE '0'
		YES . 1 NO . . 2 ▶NEXT ITEM		
COICOP	Item name			
		CODE	KYAT	KYAT
Electrical products				
05.3.2.03	Hot plate			
05.3.2.04	Electric stove			
05.3.2.05	Electric pan			
05.3.1.01	Rice cooker			
05.3.2.01	Electric iron			
05.3.2.02	Electric fan/ Air cooler			
05.3.1.03	Refrigerator/ Deep freezer			
05.3.1.04	Washing machine			
05.3.1.05	Air conditioner			
Audio/ visual products				
09.1.1.05	Radio			
09.1.1.04	Cassette/CD player			
09.1.1.01	Colour TV			
09.1.1.02	VC/DVD player			
08.3.1.01	Loudspeaker			
09.1.4.01	CDs			
09.1.1.06	Stereo speakers			
Computer/ Communication equipment				
09.1.3.01	Computer			
09.1.3.02	Printer			
08.2.0.01	Smart Mobile phone			
08.2.0.02	Non smart mobile phone			
Vehicles (do not record if <u>only</u> used for business)				
07.1.3.01	Bicycle			
07.1.2.01	Motorcycle/moped/tuk tuk/e-bike			
07.1.1.01	Car			
	Other vehicles (Specify____)			
Other				
	Anything else? (specify)			
	Anything else? (specify)			

SECTION 6: HOUSEHOLD DURABLES

		1	2	3	4	5
		How many functioning [ITEM] does your household own (including ones rented to others)? IF NONE ENTER "0" AND GOTO NEXT ITEM	How many years ago was (most valuable) [ITEM] bought? IF LESS THAN 1 YEAR, PUT '0'	How much did you spend on [ITEM] at the time of purchase?	If you purchased a brand new model of [ITEM] today, how much would you pay?	If you sold [ITEM] today, how much would you obtain for it?
COICOP	Description of Items	NUMBER	NUMBER	KYAT	KYAT	KYAT
Home assets						
05.5.1.02	Rechargable car battery					
05.5.1.05	Dry cell battery					
05.5.1.01	Electric inverter					
05.5.1.03	Generator					
05.3.1.02	Gas stove					
05.3.2.03	Charcoal stove					
05.3.2.04	Regulator					
Furniture						
05.1.1.11	Bed Stead					
05.1.1.05	Table					
05.1.1.06	Chair					
05.1.1.07	Sofa/settee					
05.1.1.08	Shrine					
05.1.1.09	Wardrobe					
05.1.1.10	Kitchen Cupboard					
Electrical products						
05.3.2.03	Hot plate					
05.3.2.04	Electric pan					
05.3.1.01	Rice cooker					
05.3.2.01	Electric iron					
05.3.2.02	Electric fan/ Air cooler					
05.3.1.03	Refrigerator/ Deep freezer					
05.3.1.04	Washing machine					
05.3.1.05	Air conditioner					

		1	2	3	4	5
		How many functioning [ITEM] does your household own (including ones rented to others)? IF NONE ENTER "0" AND GOTO NEXT ITEM	How many years ago was (most valuable) [ITEM] bought? IF LESS THAN 1 YEAR, PUT '0'	How much did you spend on [ITEM] at the time of purchase?	If you purchased a brand new model of [ITEM] today, how much would you pay?	If you sold [ITEM] today, how much would you obtain for it?
COICOP	Description of Items	NUMBER	NUMBER	KYAT	KYAT	KYAT
Audio/ visual products						
09.1.1.05	Radio					
09.1.1.04	CD player					
09.1.1.01	Colour TV					
09.1.1.02	VC/DVD player					
08.3.1.01	Loudspeaker					
09.1.1.06	Stereo speakers					
Computer/ Communication equipment						
09.1.3.01	Computer					
09.1.3.02	Printer					
08.2.0.01	Smart Mobile phone					
08.2.0.02	Non smart mobile phone					
Vehicles (do not record if <u>only</u> used for business)						
07.1.3.01	Bicycle					
07.1.2.01	Motorcycle/moped/tuk tuk/e-bike					
07.1.1.01	Car					
	Other vehicles (Specify____)					
	Anything else? (specify)					
	Anything else? (specify)					

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

							Main job in the last 7 days	
I N D I V I D U A L I D	8	9	10	11	12	13	14	
	Does [NAME] continue receiving an income from his/her job during this absence? YES...1▶Q14 NO....2▶Q10	What was the main reason [NAME] did not work in the past 7 days? COULDN'T FIND WORK.....1 IN EDUCATION OR TRAINING/TOO YOUNG.....2 RETIRED/TOO OLD/ILL/DISABLED.....3 NO NEED/DO NOT WANT TO WORK.....4 ENGAGED IN HOME DUTIES.....5 MONK/NUN.....6 VOLUNTEERING.....7 OTHER8	During the last 30 days did [NAME] look for a job or try to start a business? YES...1 ▶Q12 NO....2	Even though [NAME] did not look for work in the last 30 days does he/she want to work for pay or profit? YES...1 NO....2	If an opportunity to work for pay or to start a business became available could [NAME] start working within the next two weeks? YES...1 NO....2	Although [NAME] didn't work in the past 7 days, did he/she do any work for pay, profit or family gain in the past 12 months? YES...1 ▶Q34 NO....2 ▶NEXT PERSON	What is [NAME]'s main occupation in the last 7 days?	
	CODE	CODE	CODE	CODE	CODE	CODE	WRITTEN DESCRIPTION	ISCO
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

	15	16	17	18	19	20	21
INDIVIDUAL	What kind of industry is [NAME]'s main job during the last 7 days connected to?	In general, are the products obtained from this activity for sale/barter or for family use?	In this job is [NAME] ... EMPLOYEE.....1 PAID APPRENTICE/INTERN....2 WORKED AS AN EMPLOYER (WITH REGULAR EMPLOYEES) .3 ▶Q25 OWN ACCOUNT WORKER4 ▶Q25 OPERATOR OF A HOUSEHOLD/ FAMILY BUSINESS.....5 ▶Q25 HELPING WITHOUT PAY IN A HOUSEHOLD/FAMILY BUSINESS.6 ▶Q25 OTHER.....7 ▶Q25	For this main job of the last 7 days, who was the employer? PRIVATE COMPANY.....1 PRIVATE INDIVIDUAL/ FAMILY.....2 GOVERNMENT.....3 PUBLIC WORKS PROGRAM.4 STATE OWNED ENTERPRISE.....5 JOINT VENTURE.....6 COOPERATIVE.....7 RELIGIOUS ORGANIZATION.....8 INTERNATIONAL ORGANIZATION/NGO.....9 POLITICAL PARTY.....10 OTHER11	Is [NAME] employed on the basis of a written contract? YES.....1 NO.....2	Does [NAME]'s employer pay any pension contribution on his/her behalf? YES.....1 NO.....2	Does [NAME] get paid annual leave? YES.....1 NO.....2
	WRITTEN DESCRIPTION	ISIC	CODE	CODE	CODE	CODE	CODE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

							Other jobs in the last 7 days			
	22	23		24		25	26	27	28	29
I N D I V I D U A L I D	Does [NAME] get paid sick leave in case of illness, injury or maternity? Yes, illness/injury only.....1 Yes maternal benefits only...2 Yes, both.....3 No.....4	How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN CASH? What period did this payment cover? <u>CODES FOR TIME UNIT</u> HOUR.....1 DAY.....2 WEEK.....3 MONTH....4 YEAR.....5 IF RECEIVED NO CASH PAYMENT, PUT '0'.		How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN KIND? What period did this payment cover? INCLUDE MEALS AND HOUSING AS FORM OF IN-KIND PAYMENT <u>CODES FOR TIME UNIT</u> HOUR.....1 DAY.....2 WEEK.....3 MONTH....4 YEAR.....5 IF RECEIVED NO IN-KIND PAYMENT, PUT '0'.		Is [NAME] working away from home in this job (i.e. sleeping elsewhere)? YES, WITHIN MYANMAR...1 YES, ABROAD....2 NO.....3	In the last 7 days, how many days did [NAME] work in this main job? IF [NAME] WAS TEMPORARILY ABSENT FROM WORK, REFER TO THE LAST 7 DAYS BEFORE THE ABSENCE.	In the last 7 days on the days worked, what was the average number of hours per day [NAME] spent on this main job? IF [NAME] WAS TEMPORARILY ABSENT FROM WORK, REFER TO THE LAST 7 DAYS BEFORE THE ABSENCE.	During the last 7 days, did [NAME] have any other job for pay, profit or family gain in addition to this main job? YES...1 NO....2 ▶Q30	How many hours in total did [NAME] work in all those other jobs during the last 7 days?
	CODE	KYAT	TIME UNIT	KYAT	TIME UNIT	CODE	DAYS	HOURS	CODE	HOURS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

Underemployment			Primary job during the last 12 months				
30	31	32	33	34		35	
INDIVIDUAL ID	During the last 30 days did [NAME] look for an additional job or try to start a business? YES...1 ▶Q32 NO....2	Even though [NAME] did not look for additional work does he/she want to work more hours for pay or profit than he/she usually works? MORE HOURS IN EXISTING OR NEW JOBS YES...1 NO....2	If an opportunity for additional work became available, could [NAME] start working more hours within the next 2 weeks? YES...1 NO....2	Was [NAME]'s main job in the past 12 months the same as the main job described for the past 7 days (Q14)? ASK RESPONDENT ABOUT ALL JOBS IN THE LAST 12 MONTHS AND THEN CLASSIFY MAIN AND SECONDARY. YES, SAME AS MAIN JOB IN THE LAST 7 DAYS...1 ▶Q42 NO, ANOTHER JOB.....2	What was [NAME]'s occupation for the main job in the last 12 months? ASK RESPONDENT ABOUT ALL JOBS IN THE LAST 12 MONTHS AND CLASSIFY MAIN AND SECONDARY		What kind of industry is this job connected to? AGRICULTURE, FORESTRY, FISHING....201 OTHER..... WRITE DESCRIPTION▶Q37
	CODE	CODE	CODE	CODE	WRITTEN DESCRIPTION	ISCO	WRITTEN DESCRIPTION ISIC
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

	36	37	38	39		40		41	42
I N D I V I D U A L I D	In general, were the products obtained from this activity for sale/barter or for family use?	In this job was [NAME] ...	For this job, who was the employer?	How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN CASH? What period did this payment cover?		How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN KIND? What period did this payment cover? INCLUDE MEALS AND HOUSING AS FORM OF IN-KIND PAYMENT		Was [NAME] working away from home in this job (i.e. sleeping elsewhere)?	In the last 12 months, for how many months did [NAME] work at least one day in this job?
	CODE	CODE	CODE	KYAT	TIME UNIT	KYAT	TIME UNIT	CODE	MONTHS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

Secondary job during the last 12 months									
	43	44	45 a	45 b	46		47		48
I N D V I D U A L I D	During the months worked at this job in the past 12 months, what was the average number of days per month [NAME] spent on this job?	During these days worked, what was the average number of hours per day [NAME] spent on this job?	You have listed [NAME's] main job in the past 12 months as [FILL OCCUPATION FROM Q 34]. In addition to this main job, did [NAME] have another job in the past 12 months? IF MORE THAN ONE OTHER JOB, REFER TO THE MOST IMPORTANT YES...1 NO....2 ►Q57	Is [NAME's] other job in the past 12 months the same as the main job described in the past 7 days (Q14)? YES, SAME AS MAIN JOB IN THE LAST 7 DAYS.....1 ►Q54 NO.....2	What was [NAME]'s main occupation for this job?		What kind of industry is this job connected to? AGRICULTURE, FORESTRY, FISHING....201 OTHER..... WRITE DESCRIPTION ►Q49		In general, were the products obtained from this activity for sale/barter or for family use? ONLY FOR SALE/BARTER.....1 MAINLY FOR SALE/BARTER.....2 MAINLY FOR FAMILY USE.....3 ONLY FOR FAMILY USE.....4
	DAYS	HOURS	CODE	CODE	WRITTEN DESCRIPTION	ISCO	WRITTEN DESCRIPTION	ISIC	CODE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

	49	50	51		52		53	54	55	56
	In this job was [NAME] ...	For this job, who was the employer?	How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN CASH? What period did this payment cover?		How much did [NAME] receive for the last wage/salary and/or bonus/benefit payment IN KIND? What period did this payment cover? INCLUDE MEALS AND HOUSING AS FORM OF IN-KIND PAYMENT		Was [NAME] working away from home in this job (i.e. sleeping elsewhere)?	In the last 12 months, for how many months did [NAME] work at least one day in this job?	During the months worked at this job in the past 12 months, what was the average number of days per month [NAME] spent on this job?	During these days worked, what was the average number of hours per day [NAME] spent on this job?
	CODE	CODE	KYAT	TIME UNIT	KYAT	TIME UNIT	CODE	MONTHS	DAYS	HOURS
I N D I V I D U A L	EMPLOYEE.....1 PAID APPRENTICE/INTERN....2 WORKED AS AN EMPLOYER (WITH REGULAR EMPLOYEES) .3 ▶Q53 OWN ACCOUNT WORKER4 ▶Q53 OPERATOR OF A HOUSEHOLD/ FAMILY BUSINESS.....5 ▶Q53 HELPING WITHOUT PAY IN A HOUSEHOLD/FAMILY BUSINESS.6 ▶Q53 OTHER.....7 ▶Q53	PRIVATE COMPANY.....1 PRIVATE INDIVIDUAL/ FAMILY.....2 GOVERNMENT.....3 PUBLIC WORKS PROGRAM.4 STATE OWNED ENTERPRISE.....5 JOINT VENTURE.....6 COOPERATIVE.....7 RELIGIOUS ORGANIZATION.....8 INTERNATIONAL ORGANIZATION/NGO.....9 POLITICAL PARTY.....10 OTHER11	<u>CODES FOR TIME UNIT</u> HOUR.....1 DAY.....2 WEEK.....3 MONTH....4 YEAR.....5 IF RECEIVED NO CASH PAYMENT, PUT '0'.		<u>CODES FOR TIME UNIT</u> HOUR.....1 DAY.....2 WEEK.....3 MONTH....4 YEAR.....5 IF RECEIVED NO IN-KIND PAYMENT, PUT '0'.		YES, WITHIN MYANMAR...1 YES, ABROAD....2 NO.....3			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

SECTION 7: LABOR AND EMPLOYMENT (CONT.)

Money sent in last 12 months				
	57	58	59	60
I N D I A L I D	During the last 12 months, did [NAME] do any job(s) away from home, either abroad or within Myanmar, for pay or profit for more than three consecutive months ? YES.1 NO..2 ▶NEXT PERSON	Where was this job away from home mostly carried out? REGION CODES KACHIN.....1 KAYAH.....2 KAYIN.....3 CHIN.....4 SAGAING.....5 TANINTHARYI...6 BAGO.....7 MAGWAY.....8 MANDALAY.....9 MON.....10 RAHKINE.....11 YANGON.....12 SHAN.....13 AYEYAWADDY...14 NAYPYITAW ...15 COUNTRY CODES THAILAND.....21 MALAYSIA.....22 SINGAPORE....23 INDIA.....24 KOREA.....25 JAPAN.....26 CHINA.....27 BANGLADESH...28 USA.....29 AUSTRALIA....30 OTHER31	How much money did [NAME] send/bring to your household from this work away from home in the last 12 months?	What was the main channel used for sending/bringing this money to your household? BANK/WESTERN UNION/MONEYGRAM.....1 HUNDI.....2 MONEY CARRIED PERSONALLY.....3 MONEY CARRIED BY ANOTHER PERSON...4 OTHER.....5
	CODE	CODE	KYAT	CODE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SECTION 8A: PARCEL ROSTER (CONT.)

P A R C E L I D	10	11			12	13	14	15	16
	How much did you pay for this plot of land in the last 12 months (rent/lease cost excluding any taxes). ESTIMATE IN KIND COSTS.	What is the main irrigation source used on [PARCEL] in each season? RAIN/ COLLECTED RAINWATER.....1 GOVERNMENT IRRIGATION CHANNEL.....2 COMMUNITY IRRIGATION CHANNEL.....3 INDIVIDUAL IRRIGATION CHANNEL.....4 OTHER5 NONE6			Was the crop produced on this [PARCEL] a permanent tree crop or a seasonal crop? PERMANENT/TREE CROP.....1 SEASONAL CROP.2 ▶Q15	During the past 12 months, was this [PARCEL] that was used for permanent/tree crop... CULTIVATED BY HOUSEHOLD....1▶NEXT PARCEL RENTED/ SHARECROPPED OUT.....2 LEFT FALLOW.....3▶NEXT PARCEL OTHER.....4▶NEXT PARCEL	For this [PARCEL] that was used for permanent/tree crop , how much did the household receive, in cash and in-kind, by renting/ sharecropping out this parcel? ▶NEXT PARCEL	During the DRY SEASON (March-May) , was this [PARCEL]... CULTIVATED BY HOUSEHOLD.....1 RENTED/ SHARECROPPED OUT.....2 ▶Q17 LEFT FALLOW.....3 ▶Q18 OTHER.....4 ▶Q18	During the DRY SEASON , what type of crop was grown on this [PARCEL]? RICE.....1 BEANS/PULSES....2 CORN3 VEGETABLES.....4 SESAME.....5 COTTON.....6 SUGAR CANE.....7 OTHER.....8 ▶Q18
	KYAT	Wet Season	Dry Season	Cool Season	CODE	CODE	KYAT	CODE	CODE
	P1								
	P2								
	P3								
	P4								
	P5								
	P6								
P7									
P8									
P9									
P10									

SECTION 8A: PARCEL ROSTER (CONT.)

P A R C E L I D	17	18	19	20	21	22	23
	During the DRY SEASON , how much did the household receive, in cash or in-kind, by renting/ sharecropping out this [PARCEL]?	During the WET SEASON (June-October) , was this [PARCEL]... CULTIVATED BY HOUSEHOLD.....1 RENTED/SHARECROPPED OUT.....2 ▶Q20 LEFT FALLOW....3 ▶Q21 OTHER.....4 ▶Q21	During the WET SEASON , what type of crop was grown on this [PARCEL]? RICE.....1 BEANS/PULSES....2 CORN3 VEGETABLES.....4 SESAME.....5 COTTON.....6 SUGAR CANE.....7 OTHER.....8 ▶Q21	During the WET SEASON , how much did the household receive, in cash or in-kind, by renting/ sharecropping out this [PARCEL]?	During the COOL SEASON (November-February) , was this [PARCEL]... CULTIVATED BY HOUSEHOLD.....1 RENTED/ SHARECROPPED OUT.....2 ▶Q23 LEFT FALLOW....3 ▶NEXT PARCEL OTHER.....4 ▶NEXT PARCEL	During the COOL SEASON , what type of crop was grown on this [PARCEL]? RICE.....1 BEANS/PULSES....2 CORN3 VEGETABLES.....4 SESAME.....5 COTTON.....6 SUGAR CANE.....7 OTHER.....8 ▶NEXT PARCEL	During the COOL SEASON , how much did the household receive, in cash or in-kind, by renting/ sharecropping out this [PARCEL]? ▶NEXT PARCEL
	KYAT	CODE	CODE	KYAT	CODE	CODE	KYAT
P1							
P2							
P3							
P4							
P5							
P6							
P7							
P8							
P9							
P10							

SECTION 8B: HARVEST AND AGRICULTURAL LABOUR

1. During the last 12 months, did you or any member of your household harvest any **seasonal or permanent/tree crops, including crops harvested from the forest or nature?**

YES..1
NO...2 ►SECTION 8D

1

LIST ALL CROPS, INCLUDING LUMBER, RUBBER, SUGAR CANE, RICE ETC. HARVESTED AND ASK QUESTIONS ON EACH CROP, ROW BY ROW.

[illegible]

SECTION 8C. INPUTS

I N P U T C O D E		1	2
		During the last 12 months, did you use any [INPUT] for agricultural production purposes? YES . 1 NO . . 2 ►NEXT ROW	How much in total did you pay for all [INPUT] purchases during the last 12 months? INCLUDE CASH PAYMENTS AND ESTIMATED VALUE OF IN-KIND PAYMENTS. IF NOTHING 'WRITE '0'
	Input name	CODE	KYAT
101	ORGANIC FERTILIZER (manure, compost, other organic fertilizer)		
102	INORGANIC FERTILIZER (NPK etc.)		
103	PESTICIDES, HERBICIDE, FUNGICIDE, INSECTICIDES AND OTHER AGRO-CHEMICALS		
104	SEED		
105	SEEDLINGS		
106	ELECTRICITY		
107	IRRIGATION		
108	FUELS: FIREWOOD, PETROL, KEROSENE, DIESEL, OIL, COAL/BRIQUETTE, LPG, METHANE, NATURAL GAS		
109	HIRE OF MACHINES, HIRE OF VEHICLES, HIRE OF TRANSPORT		
110	HIRE of STORAGE		
111	HIRE OF PLOUGHING CATTLE		
112	OTHER		

1. Have you or any member of your household owned any livestock in last 12 months?

10

[illegible]

SECTION 8D: LIVESTOCK (cont)

L I V E S T O C K C O D E	Livestock type	11	12	13	14	15	16	17	18	19
		Reduction from 12 months ago...								
		During the last 12 months, how many [LIVESTOCK] have you sold alive or slaughtered (unprocessed or processed)? IF NONE, RECORD ZERO AND ► Q14	What was the total <u>value</u> of [LIVESTOCK] live or slaughter sales during the last 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS.	What was the total value of sales of processed [LIVESTOCK] in the past 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS.	During the last 12 months, what was the value of [LIVESTOCK] your household slaughtered for own consumption? IF NONE, RECORD '0'	During the last 12 months were any by-products from this [LIVESTOCK] sold, such as eggs, milk, leather, manure, etc? YES...1 NO....2►Q17	What was the total value of by-products from [LIVESTOCK] sold in the past 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS	During the last 12 months, how many [LIVESTOCK] did your household give away as gifts or payment for services received? IF NONE, RECORD '0'.	During the last 12 months, how many [LIVESTOCK] got lost or stolen? IF NONE, RECORD '0'	During the last 12 months, how many [LIVESTOCK] were lost to disease/ injury? IF NONE, RECORD '0'
NUMBER	KYAT	KYAT	KYAT	CODE	KYAT	NUMBER	NUMBER	NUMBER		
501	Buffaloes									
502	Cattle (Male)									
503	Cattle (Female)									
504	Goats									
505	Sheep									
506	Pigs									
507	Donkeys, Mules									
508	Horses									
509	Chicken									
510	Ducks/ Other fowl									
511	Rabbits									
512	Other									

SECTION 8D. LIVESTOCK (CONT.)

20. During the last 12 months, how much did your household spend in total on hired labour for all types of livestock owned by your household?

IF NONE, RECORD "0".

KYATS

21. During the last 12 months, how much did your household spend in total on animal feed for all livestock owned by your household?

EXCLUDE OWN-CROPS USED.

KYATS

IF NONE, RECORD "0".

22. During the last 12 months, how much did your household spend in total on medicine, vaccinations or any other veterinary services for all livestock owned by your household?

IF NONE, RECORD "0".

KYATS

SECTION 8E: AQUACULTURE AND FISHING

1. During the last 12 months, did you or any member of your household engage in aquaculture or fishing?

YES..1

NO...2 ►SECTION 8F

[illegible]

EXPENDITURE CODE		12
		How much did you spend on the following items during the past 12 months? WRITE "0" IF NOTHING
	TYPE OF EXPENDITURE	KYAT
1	Hired labour	
2	Refrigeration facility/ ice	
3	Repair and maintenance of nets and traps	
4	Repair and maintenance of tanks and cages	
5	Boat fuel and repair and maintenance of boat	
6	Boat rent (cash)	
7	Transportation of fish or aquaculture products to market	
8	Fishing/ aquaculture licenses	
9	Fish food	
10	Services (technical assistance) received	
11	Other	

SECTION 8F: AGRICULTURAL AND FISHING MACHINERY & EQUIPMENT

1. During the last 12 months, did you or any member of your household engage in any agriculture, livestock or fishing/aquaculture activities?

YES...1
NO...2 ▶SECTION 9

Item code		2	3
		Does your household own,co-own or have access to [ITEM]?	How many?
		YES...1 NO...2 ▶ NEXT ITEM	
		CODE	NUMBER
Agricultural machinery equipment			
1	Tractor		
2	Tractor plough (3/ 4 dishes)		
3	Tractor harrow (16/ 18 numbers)		
4	Tractor operated cultivator/intercultivator		
5	Tractor operated other implements, such as rotary tiller, puddler, two-disc plough, etc.		
6	Power tiller		
7	Other implementations operated by power tiller		
8	Diesel/ petrol engine for agriculture use		
9	Combined Harvester (mechanical)		
10	Thresher (mechanical)		
11	Water pump (mechanical)		
12	Sprayer (mechanical)		
13	Other motorized or mechanical implements, such as dryer, transplanter, etc.		

Item code		2	3
		Does your household own,co-own or have access to [ITEM]?	How many?
		YES...1 NO...2 ▶ NEXT ITEM	
		CODE	NUMBER
Hand equipment or animal-drawn equipment			
14	Bullock cart		
15	Animal pulled plough stalk		
16	Ploughshare		
17	Animal pulled harrow		
18	Animal pulled rotary harrow or pulverizer		
19	Animal pulled harvester/ thresher		
20	Other animal pulled implements		
21	Sickle		
22	Mattock		
23	Hoe		
24	Hand thresher		
25	Fork		
26	Rake		
27	Hand water pump		
28	Other hand or animal agricultural equipment		
Forestry			
29	Equipment for forestry work		
Aquaculture and Fishing			
30	Boat used for fishing		
31	Motor for fishing boats		
32	Tanks		
33	Cages		
34	Nets		
35	Fishing gears (including traps)		
36	Other fishing equipment		

SECTION 9: OWNERSHIP OF NON-FARM BUSINESSES

1. Does any household member own a business, including businesses where only one person is working in the business?

YES.1
NO..2 ►SECTION 10

NON-FARM BUSINESSES	2		3.			4.	5.	6.	
	What income generating businesses did individuals in this household own over the last 12 months? PROBE FOR ALL TYPES (PRODUCTION, TRADING, AND SERVICES). EXCLUDE SALE OF OWN CROPS, OWN LIVESTOCK, OWN AQUACULTURE AND OWN FISHING ACTIVITY.		Who owns/owned this enterprise in the household? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. THE MAIN OWNER SHOULD BE THE FIRST ONE RECORDED			Is this business co-owned with anyone outside the household? YES ONE OTHER PERSON.....1 YES TWO OTHER PEOPLE.....2 YES THREE OR MORE PEOPLE.3 NO.....4	For how many years has this business been in operation? IF LESS THAN 1 YEAR ENTER "0"	Where is the business located? HOME, INSIDE RESIDENCE...1 HOME, OUTSIDE RESIDENCE..2 FIXED LOCATION IN TRADITIONAL MARKET.....3 FIXED LOCATION IN COMMERCIAL AREA.....4 FIXED LOCATION ON ROADSIDE.....5 OTHER FIXED LOCATION.....6 MOBILE.....7 OTHER8	
	WRITTEN DESCRIPTION OF ACTIVITIES		ISIC	ROSTER ID #1	ROSTER ID #2	ROSTER ID #3	CODE	NUMBER	CODE
	B1								
	B2								
	B3								
	B4								
	B5								
	B6								
	B7								

SECTION 9: NON-FARM BUSINESS

NON-FARM BUSINESS ID	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
	During the last 12 months, for how many months was the business in operation for at least one day?	During the <u>last</u> month of operation, what were monthly revenues?	During the last month of operation, what were the operating costs (including stocks and hired labour)? "LAST MONTH" IS THE MONTH BEFORE THE CURRENT MONTH					Does this business operate a storage facility or maintain inventories beyond regular day-to-day stocks? YES..1 NO..2 ▶Q17	How much was the inventory of resale goods/raw materials/input goods and finished products manufactured by this business at the beginnnig of the last month?	How much was the inventory of resale goods/raw materials/input goods and finished products manufactured by the end of the last month?
	NUMBER	KYAT	WAGES AND IN KIND PAYMENTS TO NON HOUSEHOLD MEMBERS	PURCHASE OF GOODS FOR RE-SALE	RAW MATERIALS OR INPUT GOODS	FUEL AND ELECTRICITY	ALL OTHER OPERATING COSTS	CODE	KYAT	KYAT
B1										
B2										
B3										
B4										
B5										
B6										
B7										

SECTION 9: NON-FARM BUSINESS

NON-FARM BUSINESS ID	17.	18.	19.	20.
	How many hired full-time workers did this enterprise employ in the last 12 months? EXCLUDE MEMBERS OF THE HOUSEHOLD RECORD "0" IF NONE	How many hired part-time or seasonal workers did this enterprise employ in the last 12 months? EXCLUDE MEMBERS OF THE HOUSEHOLD RECORD "0" IF NONE	How many household members worked in this enterprise in the last 12 months, including working owners? INCLUDE PAID AND UNPAID	Is this business registered with the municipal office or township/city development committee? YES . 1 NO . . 2
	NUMBER	NUMBER	NUMBER	CODE
	B1			
	B2			
	B3			
B4				
B5				
B6				
B7				

SECTION 10: FINANCE

			OUTSTANDING DEBT		
		1. During last 12 months has any member of this household... YES.....1 NO.....2	2. Is any repayment or debt outstanding for such loan(s)? Please include all outstanding debt of this type, even if taken more than 12 months ago. YES...1 NO...2 ► NEXT ITEM	3. Is this a fixed term loan(s)? YES, FIXED TERM.....1 NO, NOT FIXED TERM.....2	4. What is the repayment or debt amount left on (all these) this loan? FOR NON-FIXED-TERM LOANS, RECORD THE PRINCIPAL ONLY
		CODE	CODE	CODE	KYAT
A1	Taken loan(s) for private purposes from government or private bank?				
A2	Taken loan(s) for private purposes from Evergreen, Emerald, Village fund or Co-operative/local credit union funds?				
A3	Taken loan(s) for private purposes from NGO/microfinance?				
A4	Taken loan(s) for private purposes from money lender/pawn shop/gold shop?				
A5	Taken loan(s) for private purposes from family/friends?				
A6	Taken loan(s) for private purposes from others?				
A7	Held a personal or group account with a government or private bank?				
A8	Taken any insurance from Myanmar Insurance Company (MIC) or private insurance company? INCLUDE CAR, LIFE, FIRE, SNAKE BITE. EXCLUDE HEALTH INSURANCE.				
A9	Taken any insurance from micro-finance, local community based institution or other? INCLUDE CAR, LIFE, FIRE, SNAKE BITE. EXCLUDE HEALTH INSURANCE.				
A10	Borrowed money/ taken a loan to cover food needs for the household?				
A11	Sent money to a person who is not listed on the household roster (living in Myanmar or abroad) via a bank, Western Union or Moneygram?				
A12	Sent money to a person who is not listed on the household roster (living in Myanmar or abroad) via hundi?				
A13	Sent money to a person who is not listed on the household roster (living in Myanmar or abroad) via personal carrying by yourself or others?				
A14	Sent money to a person who is not listed on the household roster (living in Myanmar or abroad) via another method?				

SECTION 11: SHOCKS & COPING STRATEGIES

S H O C K C O D E	SHOCK	1	2
		During the last 12 months, was your household affected negatively by [SHOCK]? YES...1 NO...2 ASK YES/ NO FOR ALL SHOCKS BEFORE GOING ON TO Q2	What did your household do in response to this [SHOCK] to try to regain your former level of well-being? RELIED ON OWN-SAVINGS.....1 RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS.....2 CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED PROPORTION OR NUMBER OF MEALS/DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....3 EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE WORK..4 OBTAINED CREDIT.....5 SOLD AGRICULTURAL ASSETS/DURABLES/LAND/BUILDING/CROP STOCK OR LIVESTOCK.....6 DID NOT DO ANYTHING.....7 OTHER8
		CODE	CODE
1	Drought		
2	Very strong rain/Hail		
3	Floods		
4	Cyclone/Tornado		
5	Earthquake/Tsunami		
6	Landslide		
7	Fire		
8	Lightning		
9	Unusually High Level of Crop Pests or Disease		
10	Unusually Low Prices for agricultural output		
11	Unusually High Prices for Food		
12	Reduction in earnings from/failure of non-agricultural household business (Not due to Illness/accident)		
13	Reduction in earnings/loss of employment of Household Member(s) (Not due to Illness/accident)		
14	Conflict		
15	Serious Illness /Accident of Household Member(s)		
16	Theft of Money/Valuables/Assets/Agricultural Output		

SECTION 12: MONEY SENDERS IN LAST 12 MONTHS

1. Did anyone not listed as being part of this household send money from Abroad or within Myanmar to this household in the last 12 months?

YES.1

NO..2 ▶ SECTION 13

SENDER ID	2	3	4	5	6	7		8	
	What is this persons name?	What is [NAMES] relationship to the Head of Household? SPOUSE.....1 SON/DAUGHTER.....2 SON/DAUGHTER-IN-LAW....3 STEPCHILD.....4 GRANDCHILD.....5 PARENT.....6 PARENT-IN-LAW.....7 BROTHER/SISTER.....8 BROTHER/SISTER-IN-LAW..9 GRANDPARENT.....10 OTHER RELATIVE.....11 OTHER UNRELATED PERSON.12	What sex is [NAME]? MALE...1 FEMALE.2	What is the age of [NAME]?	How many years has [NAME] been away from this household? IF [NAME] WAS NEVER A MEMBER OF THE HOUSEHOLD ENTER 998	In which State/Region or Country is [NAME] currently living? REGION CODES KACHIN.....1 KAYAH.....2 KAYIN.....3 CHIN.....4 SAGAING.....5 TANINTHARYI...6 BAGO.....7 MAGWAY.....8 MANDALAY.....9 MON.....10 RAHKINE.....11 YANGON.....12 SHAN.....13 AYEYAWADDY...14 NAYPYITAW15 COUNTRY CODES THAILAND.....21 MALAYSIA.....22 SINGAPORE....23 INDIA.....24 KOREA.....25 JAPAN.....26 CHINA.....27 BANGLADESH...28 USA.....29 AUSTRALIA....30 AT SEA.....31 OTHER32		What is [NAMES] current occupation?	
	WRITE NAME	CODE	CODE	AGE	NUMBER	CODE		WRITE DESCRIPTION	ISCO
	R1								
	R2								
	R3								
	R4								
	R5								
	R6								
	R7								

SECTION 12: MONEY SENDERS

S E N D E R I D	9	10
	How much cash did [NAME] send in the last 12 months?	What was the main channel used for sending/bringing money to your household? BANK/WESTERN UNION/MONEYGRAM.....1 HUNDI.....2 MONEY CARRIED PERSONALLY.....3 MONEY CARRIED BY ANOTHER PERSON..4 OTHER.....5
	KYAT	CODE
R1		
R2		
R3		
R4		
R5		
R6		
R7		

SECTION 13: OTHER INCOME

		1. During the last 12 months, did any member of this household receive support in cash or in kind from [SOURCE]? YES...1 NO...2 ► NEXT SOURCE	2. What was the value, in cash or in kind, received from [SOURCE] in the past 12 months?
	Income Source	CODE	KYAT
S1	Government assistance, for example cash support to student or elderly or goods such as solar equipment		
S2	NGOs or Development Organizations, for example WFP, UNICEF, or Save the Children		
S3	Assistance from private donors or friends		
S4	Pension payments		
S5	Interest from savings deposits, stocks, shares, lending, contributed capital		
S6	Other sources of income. EXCLUDE REMITTANCES & SALARIES ALREADY MENTIONED		

SECTION 5A: RICE TYPES

Interviewer: Minimise the use of COICOP 01.1.1.18 Other types of local rice by re-coding the rice into one of three main types before giving the questionnaire to the Supervisor

01.1.1.01		01.1.1.02		01.1.1.03	
ငစိန်	Ngasein	ဧည့်မထ	Emata	ငကျွဲ(ပေါ်ဆန်း)	Ngakwe(pawsan)
ရာကျော်	Yarkyaw	ဆင်းသွယ်လတ်	Sinthwelatt	ပေါ်ဆန်းရင်	Pawsanyin
ငွေတိုး	Ngetoe	ရွှေသွယ်လေး	Shwethwelay	ပေါ်ဆန်းဘေးကြား	Pawsanbaekyar
ငစိန်	Ngasein	ပခန်းရွှေဝါ	Pakhanshewar	ပေါ်ဆန်းမွှေး	Pawsanmwei
ရေနက်ရိုးရိုး	Yaenetyoeyoe	ဧရာမင်း/ရိုးနီ(ဧရာမင်း)	Ayarmin/Yoeni(Ayarmin)	ရွှေဘိုပေါ်ဆန်း	Shwebopawsan
ထိုင်းရေနက်	Thaiyaenet	လုံးသွယ်မွှေး	Lonethwehmwei	ပေါ်ဆန်းကြီး	Pawsangyi
တောင်ထိ	Taunghti	မီးကောက်(သာပေါင်း)	Meekaunt	ငကျွဲ	Ngawe
ဆစ်ပွား	Sitpwa	မှော်ဘီ-၂	Mawbi-2	တောင်ပျံမွှေး	Taungpyanmwei
ခုနစ်ရာဘို	Khuhiyarbo	ဇီယာ	Ziiyar	ပေါ်ဆန်း	Pawsan
တစ်တောင်ပို	Tatungpo	အင်းမရဲဘော်	Eainmayebaw		Shan Rice
ယာစပါး	Yarsapar	ရေဆင်းလုံးသွယ်	Yaesinlonethwe		
IR-747	IR-747	ဆင်းဧကရီ-၃	Sineigari-3		
သူဌေးကြီး	Thuhtaygyi	မနောသုခ	Manawthuka		
		ဆင်းသုခ	Sinthukha		
		မဂျမ်းတော	Magyantaw		
		သုခမွှေး	Thukhamwei		
		ရွှေမနော်	Shwemanaw		
		ဆင်းရွှေဝါ	Sinshwewar		
		ကောက်လိမ်ပွား	Kauntlaineypwa		
		တောင်ထိပ်ပန်	Taunghteipan		
			100 day rice		

SECTIONS 5A AND SECTION 8B

FIXED UNITS *	
Gram	1
Kilogram	2
Pound	3
Litre	4
Mililitre	5
Pyi	6
Kyattha	7
Viss	8
Basket (16 Pyi)	9
25 kg bag	10
50 kg bag	11
Rice Bag (24 Pyi)	12
Condensed milk can	13
Betel packet (yar)	14
Teaspoon	15
Tablespoon	16

NON FIXED UNITS	
Small bundle	20
Big bundle	21
Packet	22
Number (piece)	23
Bottle	24
Can	25
Other (specify)	26

SECTION 8B:HARVEST

CROP NAME	CODE
Paddy	101
Wheat	102
Maize	103
Millet	104
Groundnut(Rain)	201
Groundnut(Winter)	202
Sesame(Early)	203
Sesame(Late)	204
Mustard	205
Matpe(Black gram)	301
Pedisein(Green gram)	302
Butter bean	303
Bocate(Cow pea)	304
Sultani	305
Sultapya	306
Pelun	307
Pesigon(Pigeon pea)	308
Peyin(Rice bean)	309
Pebyugale(Duffin bean)	310
Pegyi(Lablab bean)	311
Pegya(Lima bean)	312
Sadawpe(Garden pea)	313
Peyazar(Lentil bean)	314
Penauk(Krishna mung)	315
Gram(Chick pea)	316
Sunflower	317
Peboke(Soy bean)	318
Chillies	401
Onion	402
Garlic	403

CROP NAME	CODE
Tobacco(Virginia)	501
Tobacco(Myanmar)	502
Betel nut	503
Betel leaves	504
Tea	601
Coffee	602
Sugarcane	603
Toddy Palm	604
Potato	701
Other vegetables	702
Orange/ Lime	703
Mango	704
Other fruit	705
Cotton(Wagyi)	801
Cotton(Mahlaing 5/6)	802
Cotton(Long Staple)	803
Jute	804
Rubber	901
Coconut	902
Plants (Medicinal)	903
Thanatphet	904
Dhani	905
Theke/ In leaf/ Palm leaf, etc	906
Flowers	907
Bamboo	908
Trees for Lumber	909
Wood for firewood	910
Other forest products	911

Occupation Codes (ISCO)

Managers

- 111 Chief executives, Senior Officials, and Legislators
- 112 Administrative and Commercial Managers
- 113 Production and Specialized Services Managers
- 114 Hospitality, Retail and Other Services Managers

Professionals

- 121 Science and Engineering Professionals
- 122 Health Professionals
- 123 Teaching Professionals
- 124 Business and Administration Professionals
- 125 Information and Communications Technology Professionals
- 126 Legal, Social and Cultural Professionals

Technicians and Associate Professionals

- 131 Science and Engineering Associate Professionals
- 132 Health Associate Professionals
- 133 Business and Administration Associate Professionals
- 134 Legal, Social, Cultural, and Related Associate Professionals
- 135 Information and Communications Technicians

Clerical Support Workers

- 141 General and Keyboard Clerks
- 142 Customer Services Clerks
- 143 Numerical and Material Recording Clerks
- 144 Other Clerical Support Workers

Services and Sales Workers

- 151 Personal Services Workers
- 152 Sales Workers
- 153 Personal Care Workers
- 154 Protective Services Workers

Skilled Agricultural, Forestry, and Fishery Workers

- 161 Market-oriented Skilled Agricultural Workers
- 162 Market-oriented Skilled Forestry, Fishery and Hunting Workers
- 163 Subsistence Farmers, Fishers, Hunters and Gatherers

Craft and Related Trades Workers

- 171 Building and Related Trades Workers (excluding Electricians)
- 172 Metal, Machinery and Related Trades Workers
- 173 Handicraft and Printing Workers
- 174 Electrical and Electronic Trades Workers
- 175 Food Processing, Woodworking, Garment and Other Craft and Related Trades Workers

Plant and Machine Operators and Assemblers

- 181 Stationary Plant and Machine Operators
- 182 Assemblers
- 183 Drivers and Mobile Plant Operators

Armed Forces Occupations

- 101 Commissioned Armed Forces Officers
- 102 Non-commissioned Armed Forces Officers
- 103 Armed Forces Occupations, Other Ranks

Elementary Occupations

- 191 Cleaners and Helpers
- 192 Agricultural, Forestry, and Fishery Labourers
- 193 Labourers in Mining, Construction, Manufacturing, and Transport
- 194 Food Preparation Assistants
- 195 Street and Related Sales and Services Workers
- 196 Refuse Workers and Other Elementary Workers

Industry Codes (ISIC)	Code
Agriculture, forestry and fishing	201
Mining and quarrying	202
Manufacture of food products, beverages and tobacco products	203
Manufacture of textiles, wearing apparel, leather and related products	204
Manufacture of wood products	205
Manufacture of paper products; printing and reproduction of recorded media	206
Manufacture of coke and refined petroleum products	207
Manufacture of chemicals and chemical products	208
Manufacture of basic pharmaceutical products and pharmaceutical preparations	209
Manufacture of rubber and plastics products, and other non-metallic mineral products	210
Manufacture of basic metals and fabricated metal products, except machinery and equipment	211
Manufacture of computer, electronic and optical products	212
Manufacture of electrical equipment	213
Manufacture of machinery and equipment n.e.c.	214
Manufacture of transport equipment	215
Manufacture of furniture	216
Other manufacturing; repair and installation of machinery and equipment	217
Electricity, gas, and other energy supply (<i>only if providing electric power or natural gas through a permanent infrastructure (network) of lines and pipes</i>).	218
Water collection, treatment and supply [<i>excludes manufacturing of bottled water</i>]; sewerage ; waste collection, treatment and disposal activities	219
Construction	220
Trade and repair of motor vehicles and motorcycles	221
Wholesale trade (except motor vehicles and motorcycles)	222
Retail trade (except motor vehicles and motorcycles)	223
Transportation and storage	224
Accommodation	225
Food service activities	226
Publishing, audiovisual and broadcasting activities	227
Telecommunications	228
IT and other information services	229
Financial and insurance activities	230
Real estate activities	231
Professional, scientific and technical activities	232
Administrative and support service activities	233
Public administration and defence	234
Education	235
Human health activities	236
Residential care and social work activities	237
Arts, entertainment and recreation	238
Other service activities	239
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	240
Activities of extraterritorial organizations and bodies	241