

HOUSEHOLD NO.:.....

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PART 8: HOUSEHOLD INFORMATION

QUESTION/FILTER	ANSWER																		
146. What is your household's average monthly consumption expenditure in the past 12 months?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (THOUSAND VND)																		
147. What are your household's sources of income?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>A) EMPLOYMENT</td><td>1. <input type="checkbox"/></td><td>2. <input type="checkbox"/></td></tr> <tr> <td>B) SOCIAL TRANSFERS</td><td>1. <input type="checkbox"/></td><td>2. <input type="checkbox"/></td></tr> <tr> <td>C) SCHOLARSHIP</td><td>1. <input type="checkbox"/></td><td>2. <input type="checkbox"/></td></tr> <tr> <td>D) RENT OF PROPERTY</td><td>1. <input type="checkbox"/></td><td>2. <input type="checkbox"/></td></tr> <tr> <td>E) PRIVATE TRANSFERS</td><td>1. <input type="checkbox"/></td><td>2. <input type="checkbox"/></td></tr> </table>		YES	NO	A) EMPLOYMENT	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B) SOCIAL TRANSFERS	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C) SCHOLARSHIP	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D) RENT OF PROPERTY	1. <input type="checkbox"/>	2. <input type="checkbox"/>	E) PRIVATE TRANSFERS	1. <input type="checkbox"/>	2. <input type="checkbox"/>
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148. What is your household's average monthly income from above source in the past 12 months?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (THOUSAND VND)																		
149. HOUSEHOLD HAS THE DWELLING OR NOT	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q157																		
150. Is the dwelling of your household the apartment building or the single detached house? <small>COMBINATION OF OBSERVATION TO RECORD</small>	APARTMENT BUILDING 1 <input type="checkbox"/> SINGLE DETACHED HOUSE 2 <input type="checkbox"/>																		
151. How many the following rooms are there in this house/flat: a) Dwelling rooms? b) Bedrooms, in which?	DWELLING ROOMS <table border="1"><tr><td></td><td></td></tr></table> BEDROOMS <table border="1"><tr><td></td><td></td></tr></table>																		
152. How many square meters is the total floor space of the house/flat?	FLOOR SPACE (m ²) <table border="1"><tr><td></td><td></td><td></td></tr></table>																		
153. What is the main construction material of the pier (or the pivot or the load-bearing wall)? L	CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> STEEL/IRON/DURABLE WOOD 3 <input type="checkbox"/> WOOD OF LOW QUALITY/BAMBOO 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)																		
154. What is the main construction material of the roof?	CONCRETE 1 <input type="checkbox"/> TILE (CEMENT, TERRA-COTTA) 2 <input type="checkbox"/> SLAB (CEMENT, METAL) 3 <input type="checkbox"/> LEAF/STRAW/OIL PAPER 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)																		
155. What is the main construction material of the outer walls?	CONCRETE 1 <input type="checkbox"/> BRICK/STONE 2 <input type="checkbox"/> WOOD/METAL 3 <input type="checkbox"/> CLAY/STRAW 4 <input type="checkbox"/> WATTLE/PLYWOOD 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> (SPECIFY)																		
156. To whom does this house (flat) belong? Γ	HOUSEHOLD OWNED 1 <input type="checkbox"/> RENTED/BORROWED FROM THE STATE 2 <input type="checkbox"/> RENTED/BORROWED FROM THE PRIVATE SECTOR 3 <input type="checkbox"/> COLLECTIVE 4 <input type="checkbox"/> RELIGIOUS ORGANIZATION 5 <input type="checkbox"/> JOINT STATE AND INDIVIDUAL 6 <input type="checkbox"/> UNCLEAR OWNERSHIP 7 <input type="checkbox"/>																		

QUESTION / FILTER	ANSWER																																				
157. What is the main kind of fuel (energy) that your household is using for lighting?	ELECTRICITY 1 <input type="checkbox"/> ELECTRIC GENERATOR 2 <input type="checkbox"/> KEROSENE 3 <input type="checkbox"/> GAS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> (SPECIFY)																																				
158. What is the main kind of fuel (energy) your household is using for cooking?	ELECTRICITY 1 <input type="checkbox"/> PARAFFIN 2 <input type="checkbox"/> GAS 3 <input type="checkbox"/> COAL 4 <input type="checkbox"/> FIREWOOD 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> (SPECIFY) NO USE 7 <input type="checkbox"/>																																				
159. What is the main source of cooking/drinking water of your household?	INDOORS TAP WATER 1 <input type="checkbox"/> PUBLIC TAP WATER 2 <input type="checkbox"/> DRILLED WELL 3 <input type="checkbox"/> PROTECTED DIG WELL 4 <input type="checkbox"/> UN-PROTECTED DIG WELL 5 <input type="checkbox"/> PROTECTED SLOTTED WATER 6 <input type="checkbox"/> UNPROTECTED SLOTTED WATER 7 <input type="checkbox"/> RAIN WATER 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)																																				
160. What kind of toilet facility is your household using most?	INDOOR FLUSH/SEMI FLUSH TOILET 1 <input type="checkbox"/> OUTDOOR FLUSH/SEMI FLUSH TOILET 2 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> NO TOILET 4 <input type="checkbox"/>																																				
161. At present, is your household using any of the following appliances:	<table border="0"> <tr> <td></td><td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) Television?</td><td>A) TELEVISION 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>b) Radio/Radio Cassette?</td><td>B) RADIO/RADIO CASSETTS 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>c) Telephone?</td><td>C) TELEPHONE 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>d) Computer?</td><td>D) COMPUTER 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>e) Washing machine?</td><td>E) WASHING MACHINE 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>f) Refrigerator?</td><td>F) REFRIGERATOR 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>g) Air condition?</td><td>G) AIR CONDITION 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> <tr> <td>h) Motorcycle or Motorbike?</td><td>H) MOTORCYCLE/MOTORBIKE 1</td><td><input type="checkbox"/></td><td>2 <input type="checkbox"/></td></tr> </table>			YES	NO	a) Television?	A) TELEVISION 1	<input type="checkbox"/>	2 <input type="checkbox"/>	b) Radio/Radio Cassette?	B) RADIO/RADIO CASSETTS 1	<input type="checkbox"/>	2 <input type="checkbox"/>	c) Telephone?	C) TELEPHONE 1	<input type="checkbox"/>	2 <input type="checkbox"/>	d) Computer?	D) COMPUTER 1	<input type="checkbox"/>	2 <input type="checkbox"/>	e) Washing machine?	E) WASHING MACHINE 1	<input type="checkbox"/>	2 <input type="checkbox"/>	f) Refrigerator?	F) REFRIGERATOR 1	<input type="checkbox"/>	2 <input type="checkbox"/>	g) Air condition?	G) AIR CONDITION 1	<input type="checkbox"/>	2 <input type="checkbox"/>	h) Motorcycle or Motorbike?	H) MOTORCYCLE/MOTORBIKE 1	<input type="checkbox"/>	2 <input type="checkbox"/>
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162. Does your household own any livestock/poultry	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → END OF INTERVIEW																																				
163. How many are there:	<table border="0"> <tr> <td>a) Buffaloes, cows, horses?</td> <td>A) BUFFALOES, COWS, HORSES</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>b) Pigs?</td> <td>B) PIGS</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>c) Poultry?</td> <td>C) POULTRIES</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>d) Others _____</td> <td>H) OTHERS</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	a) Buffaloes, cows, horses?	A) BUFFALOES, COWS, HORSES	<input type="text"/>	<input type="text"/>	<input type="text"/>	b) Pigs?	B) PIGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	c) Poultry?	C) POULTRIES	<input type="text"/>	<input type="text"/>	<input type="text"/>	d) Others _____	H) OTHERS	<input type="text"/>	<input type="text"/>	<input type="text"/>																
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