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**Royal Government of Cambodia  
Ministry of Planning  
National Institute of Statistics**

**CSES FORM 3**

**CAMBODIA SOCIO-ECONOMIC SURVEY 1997**

**CORE QUESTIONNAIRE FOR HOUSEHOLDS**

A. To be completed by supervisors before interview		Enter code		B. To be completed by interviewer	
Province/City				Name of person interviewed	
District/Khan				Relationship to head of household	
Commune/Sangkat				Date of Initial Interview (1997)      _____ (month) _____ (day)	
Sample Village/Mondol				Interviewer's Name	
Urban( =1)/Rural( = 2)				Interviewer's Signature	
Sample Reference Number					
Name of Household head					
Address (Location) (Enter house No., Street or other identification)					

C. To be completed by supervisors after checking completed questionnaire thoroughly	
Supervisor's Name	
Date Checked by Supervisor (1997)	_____ (month) _____ (day)
Date of Re-interview (if necessary) (1997)	_____ (month) _____ (day)
Supervisor's Signature	

**I. LIST OF HOUSEHOLD MEMBERS**

The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent

1. Please provide the following information on all members usually residing in this household.

ID No.	Name of household member	Relationship to the head (use Relationship Codes below)	Sex (1=Male, 2=Female) (ENTER CODE)	What is ___'s date of birth ?			What calendar are you using? 1. Western/Universal 2. Buddhist/Cambodian (ENTER CODE)	What is ___'s age in completed years? (Enter 98 if age is 98 or over)	Marital Status (use Marital Status Codes below)
				Day	Month	Year			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

**CODES**

Relationship Codes (Col.3)	1=Head, 2=Spouse, 3=Son/daughter, 4=Stepchild/adopted child, 5=Parent, 6=Sibling, 7=Grandchild, 8=Niece/nephew, 9=Son/daughter-in-law, 10=Brother/sister -in- law, 11=Parent -in -law, 12=Other relative, 13=Servant, 14=Other non-relative including boarders
Codes for Col. (7) - Year for Cambodian calendar	1= Rat/Mouse, 2= Ox, 3= Tiger, 4= Rabbit, 5= Dragon, 6= Snake, 7=Horse, 8= Ram/Sheep, 9= Monkey, 10= Rooster, 11=Dog, 12= Pig
Marital Status Codes (Col.10)	1=Never married, 2= Currently married, 3= Widowed ,4= Divorced , 5= Separated

ID No.	Does person have any disability? 1=Yes, 2=No (Enter Code) If no, >> Col.(14)	If yes, what type of disability does person have? (use Disability Codes below)	Cause of disability (use Cause of Disability Codes below)	Where was _____ living exactly five years ago, that is, in June 1992? (ENTER "SAME" IN COL. 14 IF SAME DISTRICT, OTHERWISE SPECIFY NAME OF PROVINCE/DISTRICT) (ENTER "NA" IN COL. 14 FOR CHILDREN UNDER 5 YEARS OLD)			
				District	Code	Province	Code
(1)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
<b>CODES</b>							
Disability Codes (Col. 12)		1=Amputation of one or more limbs, 2=Unable to use one or more limbs, 3=Blind, 4=Deaf, 5=Mute, 6=Mentally disturbed or retarded, 7=Permanent disfigurement, 8=Paralyzed, 9=Deaf and Mute, 10= Other multiple disabilities, 11=Other (Specify)					
Cause of Disability Codes (Col.13)		1=Congenital (i.e., since birth), 2=Due to war or conflict, 3=Due to land mine explosion, 4=Due to illness/disease, 5=Due to accident, 6=Other (Specify)					

2. What is the ethnic origin of the household head? (Encircle Code)

1. Khmer 2. Cham 3. Other local group 4. Chinese 5. Vietnamese 6. Thai 7. Other (Specify)













**V. HOUSING AND ENVIRONMENT**

*(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)*

7. What is the floor area of your house/dwelling? \_\_\_\_\_ square meters

8. What is the year of construction of your house?

9. What is the primary construction material of the outer wall of your house? \_\_\_\_\_ (ENTER CODE)

Outer Wall Codes: 1=Bamboo, Thatch, 2=Wood or logs, 3=Plywood, 4=Concrete, brick, stone, 5=Galvanized iron or aluminium, 6=Fibrous cement, 7=Makeshift, salvaged or improvised materials, 8=Other (Specify)

10. What is the primary construction material of the roof of your house? \_\_\_\_\_(ENTER CODE)

Roof Codes: 1=Thatch, 2=Tiles, 3=Fibrous cement, 4=Galvanized iron or aluminium, 5=Salvaged materials, 6=Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement, 7=Mixed but predominantly made of thatch or salvaged materials, 8=Concrete, 9=Plastic sheet, 10=Other (Specify)

11. What is the primary construction material of the floor of your house? \_\_\_\_\_ (ENTER CODE)

Floor Codes: 1=Earth, clay, 2=Wood, bamboo planks, 3=Cement, 4=Parquet, polished wood, 5=Polished stone, marble, 6=Vinyl, 7=Ceramic tiles, 8=Other (Specify)

12. What is your household's main source of lighting? \_\_\_\_\_ (ENTER CODE)

Lighting Source Codes: 1=Publicly-provided electricity, 2=Privately-generated electricity, 3=Battery, 4=Pump lantern, 5=Kerosene lamp, 6=Candles, 7=Other (Specify)

13. What is your household's main source of drinking water? \_\_\_\_\_ (ENTER CODE)

Drinking Water Source Codes: 1=Piped in dwelling, 2=Public tap, 3=Tubed/piped well or borehole, 4=Protected dug well, 5=Unprotected dug well, 6=Pond, river or stream, 7=Rainwater, 8=Tanker truck, vendor or otherwise bought, 9=Other (Specify)

14. What is the distance to the nearest drinking water source? \_\_\_\_\_ kilometers \_\_\_\_\_ meters

15. What toilet facility does your household have? \_\_\_\_\_ (ENTER CODE)

Toilet Facility Codes: 1=Connected to sewerage, 2=Septic tank, 3=Pit latrine, 4=Other without septic tank, 5=Public toilet, 6=None, 7=Other (Specify)

16. What type of fuel does your household use for cooking? \_\_\_\_\_ (ENTER CODE)

Fuel Codes: 1=Firewood, 2=Charcoal, 3=Liquefied petroleum gas, 4=Kerosene, 5=Publicly-provided electricity, 6=Privately-generated electricity, 7=None, 8=Other (Specify)

**VI. HOUSEHOLD CONSUMPTION EXPENDITURES AND MAIN SOURCES OF INCOME**

(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)

17. What was the total value of food , beverages and tobacco consumed in your household during the previous week?

No.	Food item	Value of consumption out of		
		purchase (Riels)	Own produce ,wages in kind, gifts, free collections (imputed value) ( Riels)	Total consumption (Riels)
(1)	(2)	(3)	(4)	(5) = (3) + (4)
1	Cereals (rice, bread, corn, wheat flour, rice flour, corn meal, rice cakes, noodles, biscuits, etc.)			
2	Fish (fresh fish, salted and dried fish, canned fish, shrimp, prawn, crab, etc.)			
3	Meat and poultry (beef, buffalo, mutton, lamb, pork, chicken, duck, innards including liver, spleen, dried beef)			
4	Eggs (chicken egg, duck egg, quail egg, fermented/salted egg, etc.)			
5	Dairy products (fresh milk, condensed milk, powdered milk, ice cream, cheese, other dairy products, etc.)			
6	Oil and fats (rice bran oil, vegetable oil, pork fat, butter, margarine, coconut/frying oil, etc.)			
7	Fresh vegetables (trakun, onion, shallot, cabbage, spinach, carrot, beans, chilli, tomato, etc.)			
8	Tuber (cassava, sweet potato, potato, traov, sugar beet, etc.)			
9	Pulses and legumes (green gram, dhall, cowpea, bean sprout, other seeds, etc.)			
10	Prepared and preserved vegetables (cucumber pickles, other pickles, tomato paste, etc.)			
11	Fruit (banana, orange, mango, pineapple, lemon, papaya, durian, watermelon, grape, apple, canned and dried fruits, etc.)			
12	Other produce (coconut, cashew nut, lotus nut, peanut, gourd seed, other nuts)			
13	Sugar, salt and spices (sugar, jaggery, salt, chocolate, candy, coriander, red pepper spice, garlic, ginger, soy sauce, fish sauce, monosodium glutamate, etc.)			
14	Tea, coffee, cocoa			
15	Non-alcoholic beverages (canned soft drink, bottled soft drink, mineral water, fruit juice, fruit syrup, etc.)			
16	Alcoholic beverages (beer, wine, whisky, scotch, other distilled spirits)			
17	Tobacco products (cigarettes, mild tobacco, strong tobacco, etc.)			
18	Other food products (fried insects, peanut preparation, flavoured ice, ice, other food products)			
19	Food taken away from home (meals at work, school, restaurants, snacks, coffee, softdrinks purchased outside home)			
20	Prepared meals bought outside and eaten at home			
				Total

18. What was your household's expenditure on the following items during the indicated time period?

No	Item	Time period	Value (in Riels) of		
			In-cash expenditure	In-kind exp. or gifts received	Total expenditure
(1)	(2)	(3)	(4)	(5)	(6) =(4)+(5)
1	Clothing and footwear (tailored clothes, ready-made clothes, underwear, baby clothes, baby blanket, hat, shoes etc.)	Last 6 months			
2	House rent (house rent, rental value of rent-free housing, rental value of owner-occupied housing, hotel charges) and house maintenance and repair	Average per month			
3	Water charges	Last 6 months			
4	Fuel and power ( kerosene, candles, electricity, LPG, etc. ) excluding wood fuel	Last 6 months			
5	Wood fuel (firewood, charcoal)	Last 6 months			
6	Furniture, furnishing and household equipment and operation (curtain, mosquito net, household appliances, cooking utensils, light bulbs, soap and detergent, servant's salary etc.)	Last 12 months			
7	Medical care(doctors' fees, other medical services, drugs, hospital charges, other medical supplies, etc.)	Last 6 months			
8	Transportation and communication (personal transport equipment, operation of transport equipment, maintenance and repair of equipment, fees for public transport, postage stamps, fax and telephone charges, moving fee, driving lesson, etc.)	Last 1 month			
9	Recreation(entertainment services, recreational goods and supplies, musical instruments, newspapers etc.)	Last 12 months			
10	Education (school fees, textbooks, private tutoring charges, etc.)	Last 12 months			
11	Personal care (soap, toothpaste, razor, sanitary napkins, haircut, manicure, etc.)	Last 1 month			
12	Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, umbrella)	Last 12 months			
13	Miscellaneous items (special household occasions, rituals, gifts and charity, insurance premium, real estate tax, repayment of debts, etc.)	Last 12 months			

19. What was your household’s main source of income during the previous 12 months? \_\_\_\_\_ (ENTER CODE)

1=Wages and salaries, 2=Agriculture, 3=Livestock and fisheries, forestry, 4= non-agricultural enterprise, 5=Rent of land, house or other assets, 6=Transfers including pensions and remittances, 7=Other (specify)

20. Was your household’s consumption expenditure during the last 12 months unusually lower, higher, or no different from its normal annual expenditure?(ENCIRCLE CODE)

1. Lower (>> Q21)      2. Higher (>> Q22)      3. No different (>> Q23)

21. What was the reason for your household’s consumption last year to be lower than usual? \_\_\_\_\_ (ENTER CODE)

1=Natural disaster (floods, drought), 2=Loss of jobs, 3= Business loss/fall in income, 4=Loss of enterprise, 5=Other (specify)

22. What was the reason for your household’s consumption last year to be higher than usual? \_\_\_\_\_ (ENTER CODE)

1=Good rainfall (and good crop), 2=Addition of earning member, 3=New job, 4=New enterprise, 5=Gift and bequest/inheritance, 6=Purchase of major consumer durable, 7=Ceremonial occasions, 8=Other (specify)

**VII. HOUSEHOLD ASSETS AND LIABILITIES**

*(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)*

23. Does the household own or occupy any residential lands or farm lands? (Encircle Code)

23.1 Residential lands      1. Yes      2. No                                      23.2 Farm lands      1. Yes      2. No

24. If you own or occupy any residential lands or farm lands please provide the following information.

	Residential lands/buildings		Farm Lands	
	area (square meters)	market value (Riels)	area (square meters)	market value (Riels)
	(1)	(2)	(3)	(4)
24.1 Owned with title				
24.2 Ownership unsettled/ held for free				
24.3 Rented/ leased				

25. How many animals does your household own? (Enter Number)

	(1)	(2)	(3)	(4)	(5)
Animal	Pigs	Buffalo	Cow	Poultry (chicken, duck, etc.)	Other (specify)
Number					

26. Does your household own the following? (1=Yes, 2=No) (ENTER CODE)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Item	Bicycle	Cart	Boat	Motorcycle or Scooter	Radio/Cassette recorder	Television set	Car	Truck/van	Tractor/other agricultural equipments
Code									

27. Does your household have its own pond for growing fish (for fish or shrimp culture)? (Encircle Code)

1. Yes                      2. No

28. Does your household have any outstanding loans or debts? (Encircle Code)

1. Yes                      2. No                      (>> Q29)

Loan No.	In which year was the loan originally taken out? (use 4-digit years, e.g., 1994)	From whom did you obtain the loan? (use Source of Loan Codes below)	What was the primary purpose for which you borrowed the money? (use Purpose of Borrowing Codes below)	What was the total amount borrowed initially? (Riels)	How much of the amount in Col. (5) is still to be repaid, including interest? (Riels)
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					
6					

**CODES**

Source of Loan Codes ( Col.(3))	1=Relatives, friends, 2=Money lender, 3=Trader, 4=Landlord, 5=Employer, 6=Government bank, 7= Other bank, 8=NGO, 9=International agency, 10=Other (specify)
Purpose of Borrowing Codes ( Col.(4))	1=Agricultural production, 2=Investment in business, 3=Household normal consumption needs, 4=Emergency needs-- death or sickness, 5=Marriage or other ceremonials, 6=Purchase/improvement of dwelling, 7=Purchase of consumer durables, 8=Other (specify)



30. Please provide the following information on *all children born to mothers (who are usual members) in the past 24 months and who are still living*

Name of mother (who gave birth in the past 24 months)	ID No. of mother (Order No. from List of Household Members)	ID . No. of child if living in household (If not, enter "98" and >> <b>next child</b> )	Is the child currently being breastfed exclusively (i.e., with no solid foods)? 1 = Yes 2 = No (ENTER CODE)	Is the child sometimes given special infant foods? 1 = Yes 2 = No (ENTER CODE)	Does the child have a vaccination card? 1 = Yes 2 = No * (>> <i>next child or end of the Core Quest.</i> )	If child has vaccination card, record the dates of the following vaccinations *													
						TB (BCG)			Polio			DPT			Measles				
						D	M	Y	No.of doses	D	M	Y	No.of doses	D	M	Y	D	M	Y
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)

\* Try to collect the information from neighbours in case the child has been vaccinated, but the vaccination card has been lost.