

CONFIDENTIAL

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Royal Government of Cambodia

National Institute of Statistics

Ministry of Planning

CSES FORM 4**CAMBODIA SOCIO-ECONOMIC SURVEY 1997****SOCIAL SECTOR HOUSEHOLD MODULE**

<i>A. To be completed by supervisors before interview</i>		<i>B. To be completed by enumerators at time of the interview</i>
Province/City		Name of Respondent
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		
Serial No. of Selected Village		
Name of Household Head		
Address (Location)		
(Enter house number, street and 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. EDUCATION

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.

A. Current School Attendance

1. Please provide the following information on all members aged 5-24 years (whether in school or not):

Line No.	Name of member	ID No. (Order No. from List of Household Members)	Ever attend- ed school? 1=Yes 2=No (>> next person) (Enter Code)	Highest grade level completed successfully (use Grade Level Codes below)	Currently attending school? 1=Yes (>>Col. 8) 2=No (Enter Code)	Reason for stopping (use Drop-Out Codes below)	Is the school private or public? 1=Public 2=Private (Enter Code)	Current grade level (use Grade Level Codes below)	Age at entry into grade or class one (years)	Did child ever repeat a year or more of school? 1=Yes 2=No (>> Col. 13) (Enter Code)	Which grade was repeated? (Use Grade Level Codes below)	Performance rating for most recent grading period (use Performance Rating Codes below)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

CODES

Grade Level Codes (cols. 5, 9, 12)	0=none, 1=class one, 2=class two, ... , 11=class eleven, 12=class twelve, 13=secondary school certificate, 14=technical/vocational pre-secondary diploma/certificate, 15=technical/vocational post-secondary diploma/certificate, 16=college/university under-graduate, 17=college/university graduate, 18=post-graduate, 19=Other (specify)
Drop-Out Codes (col. 7)	1=satisfied with level attained, 2= no school at next level in village, 3=person did not do well in school, 4=school too far away, 5=school too expensive, 6=school quality is poor, 7= person not healthy, 8= person did not like school, 9=no benefit from attending school, 10=had to help in household chores, 11= had to participate in economic activity, 12= person got married, 13= person got pregnant, 14=other (specify)
Performance Rating Codes (col.13)	1=Very poor, 2=Poor, 3=Average, 4= Good, 5=Very good, 6=Excellent.

B. Schooling Costs

2. Please provide the following information on annual fees and other expenses of schooling for all members aged 5-24 currently enrolled in school.

Name of member	ID No. (Order No. from List of Household Members)	Was ---- partially or fully exempted from fees? 1=Fully 2=Partially 3=No exemption (Enter Code)	Reasons for exemption (use Reasons for Exemption Codes below)	Does ----- receive any government or private scholarship at this time? 1=Yes, 2=No (Enter Code)	What was the total amount (in Riels) spent on this member during the last 12 months for the following items?									
					School fees	School improvement fees	School uniform	Text-books	School supplies & materials	Transport & travel	Private tutoring	Accommodation charges	Other including extra-curricular activities	Total (sum of columns 6-14)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

CODES

Reasons for Exemption Codes (Col. 4)

1=handicapped person, 2=orphan; 3=ethnic minority student, 4= low income family, 5=child of deceased or seriously wounded soldier, 6=child of disabled government worker, 7=lives in mountainous or remote areas, 8=attends government primary school, 9=other(specify)

C. Distance to School

3. (Please ask the following question for each level of school currently attended by one or more children in the household)

If your children currently attend the following types of institutions, from your home, what is the:

	Pre-school	Primary school (classes 1-5)	Lower secondary school (classes 6-8)	Upper secondary school (classes 9-12)	Technical and vocational institution	College or university
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Distance (kilometers 0.0)						
2. Type of transport used (use Transport Type Codes below)						
3. Travel time, one way (minutes)						
4. Travel cost, one way (Riels)						
CODES						
Transport Type Codes (row 2)	1=walk; 2=bicycle; 3=boat; 4=cyclo; 5=motorbike; 6=bus; 7=car; 8=other (specify)					

II. HEALTH

A. Illness and Utilization of Health Services

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

4. Please provide the following information on *all members* usually residing in the household and record any major illness, injury, or health problem they had suffered from during the preceding 4 weeks.

[illegible]

Illness and Utilization of Health Services (Contd.)

ID No.	Name of person	Did this person have any major illness, injury or other health problems in the last 4 weeks? 1=Yes 2=No (>> next person) (Enter Code)	What was the main initial symptom of this condition? (use Symptom Codes below)	Did the person seek treatment for this condition in the last 4 weeks? 1=Yes 2=No (>> Col. 25) (Enter Code)	How many days did person wait before seeking treatment?	First Consultation						
						Which provider was consulted first for treatment (Use Provider Codes below)	Was this provider public or private? 1=Public 2=Private (Enter Code)	Was the person hospitalized on this visit? 1=Yes 2=No (>> column 11) (Enter Code)	How many nights did person spend in the hospital for this treatment?	What was the cost of this consultation, including any medicines provided and inpatient costs, if any? (Riels)	Additional amount paid for medicines prescribed during this visit but purchased elsewhere (Riels)	How much was spent on travel costs for this visit? (Riels)
(1b)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

CODES

Symptom Codes (col. 4)	1=Fever, 2=Diarrhoea, 3=Colds and cough without rapid or difficult breathing, 4=Colds and cough with rapid or difficult breathing, 5=Symptoms pregnancy related, 6=Injury (specify) 7=Other (specify)
Health Provider Codes (col. 7)	1=Xhum Clinic, 2=District health center, 3=Provincial hospital, 4=Central hospital, 5=Pharmacy, 6=Private doctor or nurse, 7=Private clinic, 8=Private hospital, 9=Khru Khmer, 10=Other traditional healer, 11=Other (specify)

Illness and Utilization of Health Services (Contd.)

[illegible]

Main Purpose of Other Visits (Col. 23)	1=Follow-up to earlier visit, 2=Another illness episode, 3=Prenatal or post natal care, 4=Immunization, 5=Other preventive care visit (specify), 6= Other (specify)
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Illness and Utilization of Health Services (Contd.)

[illegible]

(Col. 15)	11=Other traditional healer, 12=Other (specify)
Main Purpose of Other Visits (Col. 23)	1=Follow-up to earlier visit, 2=Another illness episode, 3=Prenatal or post natal care, 4=Immunization, 5=Other preventive care visit (specify), 6= Other (specify)

B. Hospitalization

5 (This question refers to hospitalizations during the past 12 months by any household member, apart from the past 4 weeks. In cases where household members who were hospitalized during the past 4 weeks, as reported in Q4, were also hospitalized prior to that time, the information on their prior hospitalization should be provided below. For these persons, the information provided in columns 4-7 below should refer **only** to the **additional** period hospitalized prior to the past 4 weeks.)

[In addition to information you have already provided about hospitalization during the past 4 weeks,] were any household members hospitalized at any other time during the past 12 months? (*Encircle Code*)

1. Yes 2. No (>> Q7)

6 Please provide the following information about household members' [additional] hospitalizations during the past 12 months:

Name of person hospitalized	ID No. (Order No. from List of Household Members)	Where hospitalized (use Health Facility Codes below)	[Additional] number of days hospitalized during past 12 months	[Additional] out-of-pocket amount paid to hospital or clinic (includes consultations, treatment, surgery, tests, food, medicines) during past 12 months (Riels)	[Additional] other out-of-pocket costs of hospitalization (for example, purchased medicines and medical supplies, gifts to providers, food, and transportation) during the past 12 months (Riels)	(Additional) amount for treatment or drugs reimbursed by employer or insurance (Riels)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
CODES						
Health Facility Codes (Col. 3)		1=Khum clinic; 2=District health center; 3=Provincial hospital; 4=Central hospital; 5=Private hospital, 6=Other (specify)				

C. Distance to Health Providers

7 (Please ask the following question for each level of health facility.)

From your home to the [level of health facility], what is the type of transport usually used for a **not** critically ill person? What is the:

	Khum clinic	District health center	Provincial hospital	Pharmacy or drug seller	Private Clinic
	(1)	(2)	(3)	(4)	(5)
1. Distance (kilometers, 0.0)					
2. Type of transport used (use Transport Type Codes below)					
3. Travel time, one way (minutes)					
4. Travel cost, one way (Riels)					
CODES					
Transport Type Codes (Row 2)	1=walk; 2=bicycle; 3= cart; 4=boat; 5=cyclo; 6=motorbike; 7=bus; 8 = car, 9=other (specify)				

III. MORTALITY

Please ask the following questions of the head of household or the spouse of the head, or of another adult household member if both the head and spouse are absent.

8 Did any member of your household who was usually residing with you die in the past 24 months? (*Encircle Code*)

1. Yes 2. No (>> Q10)

9 Please provide the following information for all usual household members who died in the past 24 months.

Name of person who died	Sex of person who died 1=Male 2=Female (Enter Code)	Relationship to the current head of the household? (Use Relationship Codes below)	How old was person when he/she passed away? (Years)	How many months ago did the person die?	Did person leave any children living in this household? 1=Yes, 2=No (Enter Code)	ID Numbers(Order Nos. from List of Household Members) of dead person=s children (if any)	Was person the head of the household before he/she died? 1=Yes, 2=No (Enter Code)	Cause of death (use Cause of Death Codes below)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
CODES								
Relationship Codes (Col. 3)	1=Husband, 2=Wife, 3=Child, 4=Stepchild, 5=Grandchild, 6=Parent, 7=Sibling, 8=Niece/nephew, 9=Son/Daughter-in-law, 10=Brother/Sister-in-law, 11=Parent-in-law, 12=Other relative, 13=Servant, 14=Other unrelated person.							
Cause of Death Codes (Col. 9)	1=Illness, 2=Traffic accident, 3=Injury or non - traffic accident, 4=Childbirth and complications, 5=Homicide, 6=Suicide, 7=Malnutrition, 8=Other (specify)							

IV. WATER AND FIREWOOD

(Please ask the following questions of the head of household or the spouse of the head, or of another adult household member, if both the head and spouse are absent.)

A. Water

10 Has any member in your household been usually fetching water during the past 12 months? (*Encircle Code*)

1. Yes 2. No (>> Q13)

11 Please answer the following questions.

Season	Did you fetch water during this season? 1=Yes, 2=No (Enter Code)	Was there a water shortage during this period? 1=Yes, 2=No (Enter Code)	How far did you need to go to fetch water in this season? (Kilometers 0.0)	How many times a day did members of your household go to collect water during this season?	How long did it take to collect water each time? (Round trip)		Where did you store water in this season? (use Water Storage Codes below)
					Hours	Minutes	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Dry (Nov. 96 to May 1997)							
Wet (June to Oct. 1996)							
CODES							
Water Storage Codes (Col. 8)	1= Earthenware pot, 2= Cement jar, 3= Cement/Concrete tank, 4= Plastic or metal container, 5=Other (specify)						

12 Who in the household are mainly responsible for collecting water? (Record in order of importance)

ID No. (Order No. from List of Household Members)	ID No. (Order No. from List of Household Members)	ID No. (Order No. from List of Household Members)

B. Firewood

13 Has any member in your household been *usually collecting* firewood for home use in the past 12 months? (*Encircle Code*)

1. Yes 2. No (>> Q18)

14 How far do you typically need to go to collect firewood? _____ kilometers (0.0)

15 How much time* do members of your household spend on collecting firewood during a typical month? _____ hours

* (Add time spent by different members)

16 Who in the household are mainly responsible for collecting firewood? (Record in order of importance)

ID No. (Order No. from List of Household Members)	ID No. (Order No. from List of Household Members)	ID No. (Order No. from List of Household Members)

17 Where did you mainly collect the firewood? (*Encircle one Code*)

1. Own land
2. Government forest
3. Other (specify)

C. Fodder

18 Did you collect *fodder* for your livestock fairly often over the past 12 months? (*Encircle Code*)

1. Yes 2. No (>> Q20)

19 Where did you mainly collect the *fodder*? (*Encircle one Code*)

1. Own land
2. Government forest
3. Other (specify)

V. BREASTFEEDING AND NUTRITION

Please ask the following questions of the natural mother of each child aged below 5 years. If she is not available, the question should be asked of the household head or the spouse of the head, or of another adult household member if both the head and spouse are absent.

20 Please provide the following information for each child aged below 5 years usually residing in the household.

[illegible]