



Royal Government Of Cambodia
Cambodia Intercensal Population Survey, 2004



STRICTLY CONFIDENTIAL

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Identification Particulars

	Khet / Krong	Srok / Khand	Khum / Sangkat	Phum / Mondol	Sample EA No	No. of Households in the EA
Name						
Code						

Building / Structure and Household Particulars

Line No.	Building / Structure Number			Predominant construction material of Building/Structure*			Purpose of Building/ Structure 1: Residence 2: Residence & Shop 3: Residence & Workshop 4: Residence & any other establishment (specify) (Enter Code)	Household No.	Particulars of Head of Household		Number of persons usually living in the household			Remarks	Serial No. of Household
1	2			3	4	5	6	7	8	9	10	11	12	13	14
1															
2															
3															
4															
5															
6															
7															
8															
9															
0															
(** Count the number of entries and give total) **Total										Total					

* KEY TO CODES

Wall Material (Column 3)

1. Bamboo / Thatch / Grass / Reeds
2. Earth
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Salvaged / Improvised materials
8. Other (specify)

Roof Material (Column 4)

1. Bamboo / Thatch / Grass
2. Tiles
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Plastic / Synthetic material sheets
8. Other (specify)

Floor Material (Column 5)

1. Earth / Clay
2. Wood / Bamboo planks
3. Cement / Brick / Stone
4. Polished stone
5. Parquet / Polished wood
6. Mosaic / Ceramic tiles
7. Other (specify)

Name of Enumerator:

Signature Date

Name of Supervisor:

Signature Date



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FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Identification Particulars

	Khet / Krong	Srok / Khand	Khum / Sangkat	Phum / Mondol	Sample EA No	Building No.	Household No.	Name of Head of Household	Sl. No of Household Selected (copy from col. 14 of Form A)
Name									
Code									

Population Particulars

Statement 1.1: Usual Members Present on Survey Night

Sl. No.	Full Name	Relationship to Head of Household	Sex 1: Male 2: Female (Enter Code)
1	2	3	4
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

Statement 1.2: Visitors Present on Survey Night

Sl. No.	Full Name	Relationship to Head of Household	Sex 1: Male 2: Female (Enter Code)	Usual Residence	
				Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

Statement 1.3: Usual Members Absent on Survey Night

Sl. No.	Full Name	Relationship to Head of Household	Sex 1: Male 2: Female (Enter Code)	Age	Location on Survey Night		How long Absent (in completed months) Write 0 for less than 1 month
					Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country	
1	2	3	4	5	6	7	8
1							
2							
3							
4							
5							

Total No. of Persons in Statement 1.1

Total No. of Persons in Statement 1.2

Total No. of Persons in Statements 1.1 and 1.2

Number of Form B used for the Household

Name

Signature

Day Month Year

Enumerator:.....

.....

...../...../.....

Supervisor:.....

.....

...../...../.....

FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

FOR ALL PERSONS						FOR PERSONS AGED 0-14	FOR ALL PERSONS	FOR OTHER THAN NEVER MARRIED	FOR ALL PERSONS						
Sl. No.	Full Name	Relationship	Sex	Age	Mother	Whether living with own mother	Marital Status	Age at first marriage	Mother Tongue	Religion	Place of Birth	Previous Residence	Duration of Stay	Reason for Migration	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	Names of Usual Members Present and Visitors (Please refer to Statements 1.1 and 1.2 in Part 1)	Relationship to Head of Household (Enter Code from list below)	1: Male 2: Female (Enter Code)	Age in completed years 00: Less than 1 year 01: 1 year 02: 2 years . 97: 97 years 98: 98 years and over	Is your mother (i.e. natural mother) alive ? 1= Yes (for person aged 15 and over skip to col. 8). 2 = No (skip to col. 8) 3 = Don't know (skip to col. 8)	Write serial number of natural mother (if living in this household) for a child aged 0-14. If mother not living in the household write " 0"	1: Never Married(skip to col. 10) 2: Married 3: Widowed 4: Divorced 5: Separated (Enter Code)	Age at first marriage (in completed years) (Ask married, widowed divorced and separated person)	What is your mother tongue ? (Enter Code located at the bottom page)	1: Buddhism 2: Islam 3: Christianity 4: Other (specify)	If in this village, enter code 1. If in another village, give name of district of that village and write name of province within brackets. If outside Cambodia, write name of country.	Where have you been living before? If always lived in this village, enter code 1 and skip to 16. If in another village, give name of district of that village and write name of province within brackets. If outside Cambodia, write name of Country.	How long have you lived in this village? (Enter Code from list below)	Give reason for a change of residence, if present residence is different from previous residence. (Enter Code from list below)	
1															
2															
3															
4															
5															
6															
7															
8															
9															
0															

Codes for Column 3
Relationship to Head of Household

1: Head
2: Wife / Husband
3: Son / Daughter
4: Stepchild
5: Adopted/ foster child
6: Father / Mother
7: Sibling
8: Grand Child
9: Niece/nephew
10: Son/daughter-in-law
11: Brother/sister-in-law
12: Father/Mother-in-law
13: Other Relative
14: Servant
15: Non-relative including boarder

Codes for Column 10
Mother Tongue

01: Khmer
02: Vietnamese
03: Chinese
04: Lao
05: Thai
06: French
07: English
08: Korean
9: Japanese
10: Chaaraay
11: Chaam
12: Kaaveat
13: Klueng
14: Kuoy
15: Krueng
16: Lon

Codes for Column 10 (continued)
Mother Tongue

17: Phnong
18: Proav
19: Tumpoon
20: Stieng
21: Ro Ong
22: Kraol
23: Raadear
24: Thmoon
25: Mel
26: Khogn
27: Por
28: Suoy
29: Other (specify).....

Codes for Column 14
Duration of Stay

00: Less than 1 year
01: 1 to less than 2 years
02: 2 to less than 3 years
.
10: 10 to less than 11 years
.
20: 20 to less than 21 years
.
97: 97 to less than 98 years
98: 98 years and over

Codes for Column 15
Reason for Migration

1: Transfer of work place
2: In search of employment
3: Education
4: Marriage
5: Family moved
6: Natural calamities
7: Insecurity
8: Repatriation or Return after displacement
9: Visiting only
10: Other (specify)

[illegible]

Codes for Column 17 (b)	
What is the highest grade completed?	
01	Elementary School
02	High School
03	Some College
04	College Graduate
05	Postgraduate
06	Professional Degree
07	Doctorate
08	Other

For Never in 17 (a) put dash (–) in 17 (b)
For Now or Past in 17 (a), Code as follows:-

88: No class completed
00: Pre-school/Kindergarten
01: Class 1 completed
02: Class 2 completed
.
11: Class 11 completed
12: Class 12 completed (without Bac)
13: Secondary School / Baccalaureate holder
14: Technical/vocational pre-secondary diploma/certificate
15: Technical/vocational post-secondary diploma/certificate
16: Undergraduate
17: Graduate / Degree holder
18: Postgraduate
19: Master's Degree
20: Post-Master's Degree
21: Ph.D
22: Other (specify)

Codes for Column 18 Main Activity During Last Year	
1	Employed full time
2	Employed part time
3	Unemployed
4	Retired
5	Student
6	Homemaker
7	Volunteer
8	Other

- 1: Employed (Fill in Cols. 19 to 23)
- 2: Unemployed (Employed any time before)
(Fill in Cols. 19 to 23 for last employment)
- 3: Unemployed (Never employed any time before)
- Inactive**
- 4: Home maker
- 5: Student
- 6: Dependent
- 7: Rent-receiver, Retired or other income recipient
- 8: Other (Specify)
(For codes 3 to 8, put dash (-) in Cols. 19 to 23)

**Codes for Column 21
Employment Status**

- 1: Employer
- 2: Paid employee
- 3: Own - account worker
- 4: Unpaid family worker
- 5: Other (specify)

**Codes for Column 23
Sector of Employment**

1: Government
2: State-owned enterprise (Parastatal)
3: Cooperative
4: Private
5: Other (specify)

FORM B: HOUSEHOLD QUESTIONNAIRE PART 3: FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2

Sl. No.	Full Name	Sl No. in Col. 1 of Part 2	Fertility Information									
			Number of Children Born (Give number in two digits like 01, 02,.....10, 11 etc. If none, write 00)						Particulars of Birth in the last 12 months to women aged 15-49 years old			
			How many children have been born alive to the woman ?		How many of them are living?		How many of them have died?		Any child born alive to the woman during the last 12 months? (Give actual number like 1, 2, under the appropriate column If none, write 0) (If no child was born to the woman in the last 12 months, skip to part 4)	Did you register the birth of this baby with the Civil Authority 1 = Yes 2 = No (Enter Code)		
(1)	(2)	(3)	(4)		(5)		(6)		(7)		(8)	
			(a) Male	(b) Female	(c) Male	(d) Female	(e) Male	(f) Female	(g) Male	(h) Female		
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

FORM B HOUSEHOLD QUESTIONNAIRE PART 4: HOUSING CONDITIONS AND FACILITIES*(Enter Code in the box below)*

On what basis does the household occupy this dwelling?	Main source of light	Main cooking fuel	Toilet facility within premises		Main source of drinking water supply	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)
1	2	3	4		5	6
1: Owner occupied 2: Rent 3: Not owner, but rent free 4: Other (specify) <input type="text"/>	1: City power 2: Generator 3: Both city power and generator 4: Kerosene 5: Candle 6: Battery 7: None 8: Other (specify) <input type="text"/>	1: Firewood 2: Charcoal 3: Firewood and charcoal 4: Kerosene 5: Liquefied Petroleum Gas (LPG) 6: LPG and Electricity 7: Electricity 8: None 9: Other (specify) <input type="text"/>	(a) 1 : Available 2 : Not Available (Skip to column 5) <input type="text"/>	(b) If code 1 give type of facility : 1: Connected to sewerage 2: Septic tank 3: Pit latrine 4: Other (specify) <input type="text"/>	1: Piped water 2: Tube / pipe well 3: Protected dug well 4: Unprotected dug well 5: Spring, river, stream, lake / pond, rain 6: Bought (Tanker truck, vender or otherwise bought, bottle bought) 7: Other (specify) <input type="text"/>	1: One Room 2: Two Rooms 3: Three Rooms 4: Four Rooms 5: Five Rooms 6: Six Rooms 7: Seven Rooms 8: Eight Rooms and above <input type="text"/>

Deaths in Households in the last 12 months : Total number of Deaths

PARTICULARS OF THE DECEASED									
Sl. No.	Name of Deceased	Sex 1 = Male 2 = Female (Enter Code)	Relationship to Head of Household (Use Code given for col. 3 of Part 2)	Age at Death Write the age in total years completed at the time of death. 00 : less than 1 year 01 : 1 year to less 2 years 02 : 2 years to less than 3 years . . 97 : 97 years to less than 98 years 98 : 98 years and over		Did you register the Death of this person with the Civil Authority ? 1 = Yes 2 = No (Enter Code)	What was the cause of death ? (Enter Code located at the bottom of the page)	For woman aged 15-49 years who died	
								Did the woman die while pregnant, during delivery or within 42 days after giving birth.? 1 = Yes 2 = No	If "Yes" in column 8,did any health professional attend on her before death? (Enter code from the list below)
(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)
1									
2									
3									
4									
5									
6									
7									
8									
9									

Codes for Cause of Death for col. 7

- Illness:
- 1 : Fever
 - 2 : Diarrhoea
 - 3 : Cholera
 - 4 : Tuberculosis
 - 5 : Heart disease
 - 6 : Measles
 - 7 : Typhoid
 - 8 : Dengue fever
 - 9 : Cancer
 - 10 : Dysentery
 - 11 : Malaria
 - 12 : Tetanus
 - 13 : HIV/AIDS
 - 14 : Sexually- Transmitted Diseases (STDs)
 - 15 : Pregnancy complication
 - 16 : Delivery complication
 - 17 : Abortion
 - 18 : Other illness (Specify)

Codes for Cause of Death for col. 7

- Accidents :
- 19 : Land mine or unexploded bomb injury
 - 20 : Road accident
 - 21 : Drowning
 - 22 : Accident at work (fell from scaffolding, tree etc)
 - 23 : Chemical burns
 - 24 : Animals, insect, snake bite
 - 25 : Electrical shock
 - 26 : Suicide (hanging, poisoning ..)
 - 27 : Death by thunder strike
 - 28 : Death by falling tree
 - 29 : Suffocation
 - 30 : Death by magic spell
 - 31 : Poisoning
 - 32 : Gun shot
 - 33 : Other accident (Specify)

Codes for col. 9

- 1 : Doctor
- 2 : Nurse
- 3 : Midwife
- 4 : Other (specify)
- 5 : No attention by health professional