Final draft approved by CTC on 24 August 2006

FORM A HOUSELIST



8. Other (specify)

STRICTLY CONFIDENTIAL

8. Other (specify)

Royal Government of Cambodia General Population Census of Cambodia, 2008



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Identific	ation	Part	icula	ırs														5			
				Kh	et / Kroi	ng		Sro	k / Khar	nd			Kh	um / Sangka	ıt		Phum		Enumeration	Area No.	
Name																					
Code																					
Buildi	ng/S	Stru	ıctu	re and	House	hold Pa	rticula	rs						•		-					
Line	Buil	ding	2/	Predomi	inant Con	struction	Purpose	e of Building/Structure	Househ	old	Particulars	of Head	d of Hou	sehold	Number o	f Persons Usu	ially		Remarks		
No.	Stru	ıctui		Material			•		No.							ne Householo	•				
	Nun	nber	•	Building	/ Structu	ıre*	1. Resider	nce													
								nce & Shop													
				***	D 6	T		nce & workshop						IC.		Tr. 1	Th.				
				Wall	Roof	Floor		nce & any other nent (specify)			Nai	me		Sex 1 = Male	Males	Females	Persons				
								ter Code)						2 = Female							
							(Eiii	lei Code)						(Enter Code)							
														(Enter Code)							
1		2		3	4	5		6		7		8		9	10	11	12		13		
1																					
2	1 1																				
3																					
4																					
5																					
6																					
7																					
8																					
9																					
0																					
	(**C	Cour	nt th	e numb	er of ent	ries and	give tot	tal) **Total						Total							
*KEY T	осо	DES	;								_	-				_		_			
Wall Ma	aterial	(Co	lum	n 3)				Roof Material (Colum	ın 4)				Floor M	laterial (Colu	nn 5)			Name of Enumerator	::		
1. Bamb	00 / Th	natch	/ Gr	ass / Reed	is			1. Bamboo / Thatch / G	rass				1. Earth	/ Clay							
2. Earth								2. Tiles					2. Wood	l / Bamboo plar	ıks					/ /	
3. Wood	/ Plyw	vood						3. Wood / Plywood					3. Concr	rete / Brick / St	one			Signature	Day	Month	Year
4. Concr	ete / B	rick /	/ Sto	ne				4. Concrete / Brick / Sto	one				4. Polish	ned stone							
5. Galva	nised I	ron /	Alu	minium /	Other met	al sheets		5. Galvanised Iron / Alu	ıminium /	Other me	tal sheets		5. Parqu	et / Polished w	ood			Name of Supervisor	:		
6. Asbes	tos cen	nent	shee	ts				6. Asbestos cement shee	ets				6. Mosa	ic / Ceramic tile	es					, ,	
7. Salvaş	ged / In	mpro	vised	l material	s			7. Plastic / Synthetic ma	iterial shee	ets			7. Other	(specify)						/ /	



* In these cases, fill-in only Identification Particulars

Population Particulars in Statements 1.1,1.2 and 1.3 are not be collected in these cases

Royal Government of Cambodia General Population Census of Cambodia, 2008



Identificat	ion Particulars	To the second		G	seneral	Popu	ilation Cen	sus o	f Cam	ibodia, 2008	5		DEPELOPMENT OF	FOI	RM B H	OUSEHOLD QUESTIONNA	AIRE PART 1
	Khet / Krong		Srok / Khand		Khum / Sa	ngkat	Ph	num		numeration rea No.	Buildin	g No.		Househol	d No.	Name of Head of E	Household
Name																	
Code																	
		•	n Particulars	l D	C	.1.4			64-4			NI' - 1-4					
Tyn	e of Household/	Statement Sl.	1.1 : Usual Men Full Name		Relationsh		Sex	1 F	Staten Sl.	Full Name		elationship	, to	Sex		Usual Reside	nco
• •	Population	No.	run ivanie		Head o	-	1 = Male		No.	run Name	I N	Head of	7 10	1 = Male	-	Within Cambodia	Outside
	appropriate code	110.			Househo		2 = Female		110.			Household	i :	2 = Femal		Give name of district and	Cambodia
	the box below)				(Write in w		(Enter code)					/rite in wor		(Enter cod		write name of province	Give name of
	l or Regular														W	within brackets	country
Househ	nold	1	2		3		4		1	2		3		4		5	6
2 = Institut	ional Household*	1							1								
3 = Homel	ess Household*	2						╝	2								
4 = Boat Po	opulation*	3						_	3								
5 = Transie	ent Population*	4						_	4								
(Spec	cify location)	5						_	5								
		6						-	6		_						
I		7						-	7								
		8						-	8 -								
		9						-	9								
		0						╝┖	0								
	1.3 : Usual Members A				1		<u> </u>					1			7 -		
SL.	Full Name		tionship to	Sex	Age				Census Ni				ng Absen	nt	1	Total No. of Persons in States	ment 1.1
No.			Iead of	1 = Male			Within Cambodia			Outside Cambod			npleted				
			ousehold	2 = Female			Give name of distri		te name	Give name of cour	ntry		s). Write 0				
		(Writ	te in words)	(Enter code)			of province within					for less	than 1 mo	onth	1 -		
1	2		3	4	5			6		7			8		1	Total No. of Persons in States	ment 1.2
1										-		-			∦ L		
2		-										+			╢┍		
3												-			[Total No. of Persons in Statement	ts 1.1 & 1.2
4										-					∦ L		
5		1								<u> </u>		1]		
	Number of E	.J. Co., 41 - 11 -	h.ald													/	, ,
	Number of Form B use	u for the Hous	senota				Ei	numeratoi	r: 	Name		***********	Signa			Day Mont	

Name

Signature

Day Month Year

FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

			For	all persons														
Sl. No.	Full Name of the person	Relationship	Sex	Age	Marital status		other]	Religion	Birth P	ace			Previous Residence		Duration of Stay	Reason for Migration	
1	2	3	4	5	6		7		8	9				10		11	1	2
	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 the list below)	1: Male 2: Female (<i>Enter</i> Code)	Age in completed years 00: Less than 1 year 01: 1 year 02: 2 years 97: 97 years 98: 98 years and over	2: Married (i.e. currently married)	(Ente		irom 3	1: Buddhism 2: Islam 3: Christianity 4: Other (Specify)	Place of Birth of the per if in this village, enter or If in another village, giv district of that village an province within brackets If outside Cambodia, wr country.	ode 1. e name d write	name	of	Where has the person been living before? If always lived in this village, enter code 1 and skip to col. 13 If in another village, give name of the district of that village and write name of province within brackets If outside Cambodia, write name of the country		How long has the person lived in this village? (Enter Code from the list below)	Give reason to change of res if present res is different fi previous residuent (Enter Code the list below	sidence, sidence rom dence.
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: Father / Mother	
5: Grand child	
6: Other Relative	
7: Non-Relative	

Codes for colu	mn 7	
Mother Tongu	e	
01: Khmer	11: Chaam	21: Ro Ong
02: Vietnamese	12: Kaaveat	22: Kraol
03: Chinese	13: Klueng	23: Raadear
04: Lao	14: Kuoy	24: Thmoon
05: Thai	15: Krueng	25: Mel
06: French	16: Lon	26: Khogn
07: English	17: Phnong	27: Por
08: Korean	18: Proav	28: Suoy
09: Japanese	19: Tumpoon	29: Other (specify)
10: Chaaraay	20: Stieng	

Codes f	or column 11
Duratio	on of Stay
00: less	than 1 year
01: 1 ye	ar to less than 2 years
02: 2 ye	ears to less 3 years
03: 3 ye	ars to less than 4 years
04: 4 ye	ars to less than 5 years
10: 10 у	ears to less than 11 years
20: 20 y	ears to less than 21 years
97: 97 y	ears to less than 98 years
98 : 98	years and over

Codes for column 12
Reason for Migration
01: Transfer of work place
02: In search of employment
03: Education
04: Marriage
05: Family moved
06: Lost land / lost home
07: Natural calamities
08: Insecurity
09: Repatriation or return after displacement
10: Orphaned
11: Visiting only
12: Other (specify)

							For All Persons													d Persons and Stud des 1 or 5 in col. 16	•	
Literacy		Full Time Ed	ucation		Physical/Men Disability, if any	tal	Main Activity	Employn Period	nent	Occ	ıpation	Employment Status	Indi	lustry, Trade or	Service	Sector of Employment	Secondary eco activity (For a 1 to 8 in Col 1	ll Codes	Place of Work or Sch		k or Schoolii	ıg
13	3		14		15		16	17		18		19		20		21	22			23		
(a) Can the person	(b) Can this person read	(a) Has the person	(b) What is the hig		If the person is physically/	5	Main activity of the person	Number of months	of	Name of Occu	oation	Employment Status/Class	Natu Serv	ture of Industry, T	rade or	Sector in which	In terms of contribution to		1: Working at	Home		
read and write with understanding	and write with under- standing in any other	attended School/ Educational	grade complete	ed ?	mentally disab		during last year	employed i								Employed	income or subs		_	schooling in the san		
in Khmer language ?	language? If so which language?	Institution ?			code number	:	(Enter Code	months				(Enter Code				(Enter Code	most important		_	r schooling across th		
2: No	(Enter code	1: Never 2: Now	(Enter Code from		below. Otherwise enter		from list below)					from				from list	this individual	-	(Enter code)	listrict, give name of	the district	
(Enter Code)	from list below)	3: Past (Enter Code)	list below)		Ollier Wase Clin	. (0)	ociow y					nst octow)				Jeiow /	ano aust year		and write nam	ne of province within	brackets.	
(Enter Code)		(Enter Code)			(a) Since birth	(b) After birth											(Enter code fro	m list	Code	Name of District/ Province/Country	countr	y
																				l		

Codes for column 13(b)
Literacy in any other language
1: No other language
2: Vietnamese
3: Chinese
4: Lao
5: Thai
6: French
7: English

8: Other (Specify)

Codes for column 14(b) What is the Highest Grade Completed ? For Never in 14(a) put dash (-) in 14(b) For Now or Past in 14(a), Code as follows:-00: No class completed 19: Post graduate 01: Class 1 completed and above 02: Class 2 completed 20: Other (specify) 11: Class 11 completed 12: Class 12 completed 13: Lower Secondary diploma holder 14: Secondary School/Baccalaureate holder 15: Technical/vocational pre-secondary diploma/certificate 16:Technical/vocational post-secondary diploma/certificate 17: Undergraduate 18: Graduate

Codes for column 15
Type of disability
1: In seeing
2: In speech
3: In hearing
4: In movement
5: Mental

Codes for Column 16

Main Activity During last Year

1: Employed (Fill in cols. 17 to 23)
2: Unemployed (Employed any time before)

(Fill in cols. 17 to 21 for last employment, fill in Col. 22
and put dash (-) in col. 23)
3: Unemployed (Never employed any time before)

4: Home maker

5: Student (Put dash (-) in cols 17 to 21 and fill in cols 22&23)

6: Dependent

7: Rent-receiver, Retired or other income recipient

8: Other (Specify)

(For codes 3, 4, 6,7 & 8 put dash (-) in Cols. 17 to 21
fill in Col. 22 and put dash (-) in Col. 23)

Codes for Column 19 Codes for column 21 Employment Status/ Sector of employment Class . Government 1 : Employer 2. State owned enterprise 2 : Paid employee 3. Cambodian enterprise (Private) 4. Foreign enterprise 3 : Own-account worker 4 : Unpaid family worker 5. Non profit institution 5 : Other (Specify) 6. Household sector 7. Embassies, International institutions, and foreign aid and development agencies 3. Other, specify......

Codes for Column 22 Secondary economic activity 01. <u>None</u> Farming (growing crops) 02. Unpaid Employment (Self-employed or employed in family enterprise) 03. Paid Employment (Wage labourer) Livestock farming 04. Unpaid Employment (Self-employed or employed in family enterprise) 05. Paid Employment (Wage labourer) Other Activities 06. Fishing 07. Other household -based production or services 08. Construction 09. Wholesale or retail trade 10. Transport 11. Other paid employment (services like

teaching, cooking, child care, medical, etc.)

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 of woman	Sl. No. in col.1 of Part 2		FERTILITY INFORMATION												
				(Give num	ber in two d			dren Born	None, write	e 00)				Particulars of Birth women aged 15-49 y		s to
			How many (been born al woman ?				many of th	em are			many of the			Any child born alive woman during the la 12 months? (Give actual number l under the appropriate If none write 0) (If no child was born the last 12 months, sk	like 1,2 column.	State who assisted her during the delivery (Enter Code from list below)
(1)	(2)	(3)		(4)			(:	5)			(6)				(7)	(8)
			(a) Male		b) nale	(a Ma		(l Fen			a) ale	(l Fen		Male	Female	
1																
2																
3		1														+
5																
6																
7																
8																
9																1
0																

Codes for Column 8

1. Doctor

2. Nurse

3. Midwife

4. Traditional Birth Attendant (TBA)

5. Other

6. None

FORM B HOUSEHOLD QUESTIONNAIRE PART 4: HOUSING CONDITIONS AND FACILITIES (Part 4 need not be filled in for institutional and homeless households and for boat and transient population)

(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	Drinking water	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)
1	2	3	4	5	6	7
	1 : City power	1 : Firewood	1 : Not available	1 : Piped water	1: Within the	1 : One Room
1 : Owner occupied	2 : Generator	2 : Charcoal	If available give one of the	2 : Tube / pipe well	premises	2 : Two Rooms
2 : Rent	3: Both city power and generator	3 : Kerosene	codes 2 to 5:	3: Protected dug well	2: Near the	3 : Three Rooms
3: Not owner, but rent free	4 : Kerosene	4 : Liquefied Petroleum Gas (LPG)	2 : Connected to sewerage	4 : Unprotected dug well	premises	4 : Four Rooms
4 : Other (specify)	5 : Candle	5 : Electricity	3 : Septic tank	5 : Rain	3: Away	5 : Five Rooms
	6 : Battery	6 : None	4 : Pit latrine	6 : Spring, river, stream,		6 : Six Rooms
	7 : Other (specify)	7 : Other (specify)	5 : Other type	lake/pond		7 : Seven Rooms
		·····	of toilet (specify)	7 : Bought		8 : Eight Rooms and above
				8 : Other (specify)		
(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)

INFORMATION ON OWNERSHIP OF SOME FACILITIES BY THE HOUSEHOLD (Under each item write "00" in the square if not available, or give the actual number if available)

Radio/ Transistor	Television	Telephone (Fixed)	Cell phone	Personal Computer	Bicycle	Motorcycle	Car/Van	Boat	Tractor
8	9	10	11	12	13	14	15	16	17
									(a) (b) Big tractor Hand tractor (Koyaon)

State whether the household accesses the Internet

At home	Outside home
18	19
1: Yes 2: No	1: Yes 2: No
(Enter Code)	(Enter Code)

FORM B HOUSEHOLD QUESTIONNAIRE PART 5: DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months: Total Number of Deaths



PARTICULARS OF THE DECEASED										
Sl. No.	Name of Deceased	Sex 1: Male 2: Female	Relationship to Head of Household	Age at Death Write the age in total yea at the time of death		What was the cause		For woman aged 15-49 years who died Did the woman die If 'yes' in column 7 (a)		
		(Enter Code)	(Use Code given for col.3 of Par 2)	00: less than one year 01: 1 year to less than 2 y 02: 2 year to less than 3 y		(Enter Cod	le	while pregnant, during delivery or within 42 days after giving birth?	State where the death took place.	State who attended on her before death .
				97:97 year to less than 98 98: 98 year and over	3 years			1: Yes 2: No	(Enter Code from the list below)	(Enter Code from the the list below)
1	2	3	4	5		6		7(a)	7(b)	7(c)
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

Codes for col. 6 Cause of Death					
ILLNESS	ACCIDENT	NOT KNOWN			
01: Fever	12: Land mine	16: Don't know			
02: Diarrhoea	13: Road Accident				
03: Tuberculosis	14: Drowning				
04: Heart disease	15: Other accident				
05: Dengue fever					
06: Malaria					
07: Tetanus					
08: HIV/AIDS					
09: Pregnancy complication					
10: Delivery complication					
11: Other illness					

Codes for Col. 7(b)
Place of Death
1: Hospital
2: Health Center
3: Home
4: Other

Codes for col. 7(c)
Attended by:
1: Doctor
2: Nurse
3: Midwife
4: Traditional Birth Attendant (TBA)
5: Other (Specify).....
6: None