Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

Household ID

CAMBODIA ANTHROPOMETRIC SURVEY 2008

A. To be completed by interviewer before interview		
Province /City		
District /Khan		
Commune/Sankat		
Sample Village/Mondol		
Zone		
Sector (Urban=1, Rural=2)		
Sample reference number of household		

B. To be completed by interviewer		
Name of household head		Phone:
Address (house No., street….) of other identification)		
Date of visit to Household	Day:	Month:	Year:
Team Number		Interviewer's Id:
Interviewer's name:		Interviewer's signature:

Reception		Preparation		Data Entry	
Id:	Date:	Id:	Date:	Id:	Date

Result Codes	Survey Result	Total Mothers/Caretakers
1 COMPLETED		
2 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	record after completing all interviews	record after listing mothers / caretakers
3 REFUSED		
4 DWELLING NOT FOUND, VACANT or DESTROYED		
9 OTHER		

Section 1 : Household

Record all of the birth mothers of children under 5 (0-59 months) who are currently living in the household
Record caretaker 101, 102 and 103 if child's birth mother deceased or no longer living in the household

101 Mother or Caretaker Name	102 Relationship to Head of Household	103 Age	104 Weight (kg)	105 Height (cm)	106 MUAC (cm)
No. 1	☐☐	☐☐	☐☐☐.☐	☐☐☐.☐	☐☐.☐
No. 2	☐☐	☐☐	☐☐☐.☐	☐☐☐.☐	☐☐.☐
No. 3	☐☐	☐☐	☐☐☐.☐	☐☐☐.☐	☐☐.☐
No. 4	☐☐	☐☐	☐☐☐.☐	☐☐☐.☐	☐☐.☐

Relationship Codes

1 Head	6 Parent	11 Parent-in-Law
2 Spouse	7 Sibling	12 Other Relatives
3 Daughter	8 Grandchild	13 Servant
4 Stepchild	9 Niece	14 Other non-relative
5 Adopted Child/Foster Child	10 Sister-in-Law	

If more than 4 listed, use separate questionnaire, and change row numbers

For a child with no birth mother to be interviewed continue section one,
go to section two and follow the directions at the top of the page for "no mother to be interviewed."
If a mother has both her own child and is a caretaker of another child, she is listed twice and separate interviews done.

107	Does your household have:		YES	NO
	Electricity?	ELECTRICITY	1	2
	A radio?	RADIO	1	2
	A television?	TELEVISION	1	2
	A mobile telephone?	MOBILE TELEPHONE	1	2
	A refrigerator?	REFRIGERATOR	1	2
	A wardrobe?	WARDROBE	1	2
	A Sewing machine or loom?	SEWING MACHINE	1	2

108	MAIN MATERIAL OF THE ROOF.	NATURAL ROOFING	
		NO ROOF	11
	RECORD OBSERVATION.	PALM/BAMBOO/THATCH	12
		RUDIMENTARY ROOFING	
		PLASTIC SHEET	21
		WOOD PLANKS	22
		FINISHED ROOFING	
		METAL	31
		CALAMINE/CEMENT FIBER	32
		CERAMIC TILES	33
		CLAY TILES	34
		CEMENT	35
		OTHER _____	96
		(SPECIFY)	

109	Does any member of this household own:		YES	NO
	A bicycle or cyclo?	BICYCLE/CYCLO	1	2
	A motorcycle or moped or motor scooter?	MOTORCYCLE/SCOOTER . . .	1	2
	A car or truck or van?	CAR/TRUCK/VAN	1	2
	A boat with a motor?	BOAT WITH MOTOR	1	2
	A boat without a motor?	BOAT WITHOUT MOTOR . . .	1	2
	An oxcart or horsecart?	OXCART	1	2

110	Does any member of this household own any land that can be used for agriculture?	YES . . . . 1 NO 2	→ 112

111	How many square meters of agricultural land do members of this household own?	☐☐☐☐☐ . ☐ square meters	

112	Does this household own any livestock, herds, or farm animals? *DHS Khmer translation of "own" is more like "have or feed"*	YES . . . . 1 NO 2	→ 114

113	How many of the following animals does this household own?		
	Water buffalo?	WATER BUFFALO	☐☐
	Cows or bulls?	COWS/BULLS	☐☐
	Horses?	HORSES	☐☐
	Goats?	GOATS	☐☐
	Pigs?	PIGS	☐☐
	Chickens or ducks?	CHICKENS/DUCKS	☐☐
	IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.		

114	During the last 12 months did your family buy rice or borrow rice from other people	YES...................................... 1 NO... 2 → 116	

115	In the last 12 months, for how many months did your family buy rice or borrow rice from other people?	# of months

116	During the past month have their been times when you did not have enough money to buy food or cover other essential expenditures (health, cooking fuel, school, etc)?	YES.. 1 NO... 2

117	Has anyone in your household done any of the following things during the past 30 days?	*ask for each row using provided codes;* → *one number per row*	1 every day 4 hardly at all 2 pretty often 5 never 3 once a while
a.	Rely on less preferred and less expensive food	a.......................	
b.	Borrow food or rely on help from friends or relatives	b.......................	
c.	Purchase food on credit, incur debts	c.......................	
d.	Reduce food eaten in a day	d.......................	
e.	Restrict consumption by adults in order for small children to eat	e.......................	
f.	Mothers and/or elder sisters eat less than other HH members	f.......................	
g.	Consume seed stocks held for the next season	g.......................	
h.	Decrease expenditure for fertilizer, pesticide, fodder, animal feed, vet. care	h.......................	
i.	Sell domestic assets (radio, furniture, carpet)	i.......................	
j.	Sell productive assets (farm implements, sewing machine, motorbike)	j.......................	
k.	Sell land	k.......................	
l.	Sell jewellery	l.......................	
m.	Sell more animals than usual	m.......................	
n.	Decrease expenditures for health care	n.......................	
o.	Take children out of school	o.......................	
p.	Seek alternative or additional jobs	p.......................	
q.	Increase the number of members out-migrating for work and/or food	q.......................	
r.	Increase exploitation of common property resources (fishing, foraging, etc)	r.......................	
s.	Plant more/new crops to cope with high food prices	s.......................	

118	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT .... 1 NO IODINE .... 2 NO SALT IN HH .... 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)

Section 2 : women

201 **If birth mother,** Line Number from Column 101		**If caretaker, use codes:** deceased 97 not living in household 98	If no birth mother to be interviewed, fill out 204, 205, 207, 208, 211, 212, 213, 214, 215 and end the interview	*Record twins and triplets on separate lines*

Now I would like to record the names of all your births in the last 5 years, whether still alive or not, starting from November of 2003. Start with the oldest.

202 What name was given to your (first/next) baby? (NAME)	203 Were any of these births twins?	204 Is (NAME) a boy or a girl?	205 In what month and year was (NAME) born? PROBE: What is his/her birthday? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR THE KHMER DATE OF BIRTH AND CONVERT.	206 Is (NAME) still alive?	207 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	208 IF ALIVE: Is (NAME) living with you?	209 IF DEAD: How much time passed between the birth and death of (NAME)? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; YEARS IF MORE	210 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	211 Weight (kg)	212 Height (cm)	213 Measured lying down or standing up	214 MUAC (cm)	215 Result 1 measured 2 not present 3 refused 6 other
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 209	AGE IN YEARS ☐☐	YES ... 1 NO 2	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	go to next child	☐☐.☐	☐☐☐.☐	lying 1 standing 2	☐☐.☐	☐
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 209	AGE IN YEARS ☐☐	YES ... 1 NO 2	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES ... 1 NO .... 2 **next child**	☐☐.☐	☐☐☐.☐	lying 1 standing 2	☐☐.☐	☐
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 209	AGE IN YEARS ☐☐	YES ... 1 NO ↓... 2	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES ... 1 NO .... 2 **next child**	☐☐.☐	☐☐☐.☐	lying 1 standing 2	☐☐.☐	☐
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 209	AGE IN YEARS ☐☐	YES ... 1 NO 2	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES ... 1 NO .... 2 **next child**	☐☐.☐	☐☐☐.☐	lying 1 standing 2	☐☐.☐	☐
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 209	AGE IN YEARS ☐☐	YES ... 1 NO 2	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES ... 1 NO .... 2 **next child**	☐☐.☐	☐☐☐.☐	lying 1 standing 2	☐☐.☐	☐

If more than 5 children born in the last five years use separate questionnaire, and change row numbers

COMPARE AGE (207) TO DATE (205) WITH AGE CHART AND CORRECT IF INCONSISTENT.

Section 2.A. General Imformation

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
216	In what month and year were you born?	GREGORIAN MONTH .... ☐☐ GREGORIAN YEAR .... ☐☐☐	
217	How old were you at your last birthday? IF GREGORIAN DATE IS RECORDED IN 216, COMPARE AGE TO DATE AND CORRECT 103, 216 AND/OR 217 IF INCONSISTENT. IF RESPONDENT DOES NOT KNOW HER AGE, ASK FOR KHMER DATE OF BIRTH AND RECORD RESPONSE. _____ (specify khmer month & year of birth) USE DATE CONVERSION CHART TO CALCULATE CORRECT AGE FOR HER BIRTHDATE. RECORD THAT AGE IN BOXES ON THE RIGHT.	AGE IN COMPLETED YEARS ☐☐	
218	Have you ever attended school?	YES .... 1 NO 2	→ 221
219	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY .... 1 LOWER SECONDARY .... 2 UPPER SECONDARY .... 3 HIGHER 4	
220	What is the highest grade you completed at that level?	GRADE .... ☐☐	
221	What is your current marital status?	MARRIED/LIVING TOGETHER...................... 1 DIVORCED/SEPARATED.............................. 2 WIDOWED... 3 NEVER MARRIED/PARTNER..................... 4	→ 225
222	Did your (last) husband/partner ever attend school?	YES .... 1 NO .... 2 DON'T KNOW.................................. 8	→ 224
223	What was the highest level of school he attended: primary, lower secondary, upper secondary, or higher?	PRIMARY .... 1 LOWER SECONDARY .... 2 UPPER SECONDARY .... 3 HIGHER .... 4 DON'T KNOW 8	
224	What is/was your husband's/partner's occupation? That is, what kind of work does he mainly do?	☐☐☐ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 227
226	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 228
227	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐☐ _____ _____	
228	CHECK 224 and 227: WORKS IN ☐ DOES NOT WORK AGRICULTURE IN AGRICULTURE ————————————————		→ 230
229	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	

Section 2 B. Health

230	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	
	Now I would like to ask you some questions about your LAST pregnancy, that of (Name)		

231	Did you see anyone for antenatal care for your last pregnancy?
	
	 IF YES: Whom did you see?
	            Anyone else?
	
	 PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		   DOCTOR/MEDICAL
		      ASSISTANT . . . 1
		 NURSE 2
		 MIDWIFE 3
		 OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT . 4
		 OTHER _____ 8
		            (SPECIFY)
		 NO ONE 9
			→ 233

232	How many times did you receive antenatal care during your last pregnancy?	NUMBER OF TIMES . [ ][ ]	
233	During your last pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . 8	→ 235
234	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER DAYS [ ][ ][ ] DON'T KNOW . . . 998	
235	During your last pregnancy, did you take any drug for intestinal parasites? SHOW TABLETS	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
236	During your last pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
237	During your last pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
238	In the first 6 weeks after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES . . . . 1 NO 2	
239	In the first two months after delivery, did you receive iron tablets? SHOW TABLETS	YES . . . . 1 NO . . . . 2 DK 8	

Now I would like to ask you some questions about your last-born child, (Name)

240	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 242) ◄──┤ DON'T KNOW 8
241	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐
242	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 245) ◄──┤ DON'T KNOW 8
243	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
244	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
245	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
246	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 249) ◄──┤ DON'T KNOW 8
247	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 249) ◄──┤ DON'T KNOW 8
248	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8
249	Has (NAME) ever received a vitamin A dose like this? SHOW CAPSULE.	YES . . . . 1 NO . . . . 2 ──► 251 DON'T KNOW 8
250	How many months ago did (NAME) take the last dose?	MONTHS AGO ☐☐ DON'T KNOW 9 8
251	Has (NAME) taken any drug for intestinal parasites in the past 6 months? SHOW CAPSULE.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
252	Are you still breastfeeding (NAME)?	YES . . . . 1 NO . . . . 2 ──► 255
253	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐
254	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
255	Now I would like to ask you about liquids, this child drank yesterday during the day or at night. Did this child drink: Plain water? Infant formula? Any other milk such as tinned, powdered, condensed, or fresh animal milk? Fruit juice? Tea or coffee? Any other liquids?	YES NO DK PLAIN WATER . . . . 1 2 8 FORMULA . . . . 1 2 8 MILK . . . . 1 2 8 JUICE . . . . 1 2 8 TEA/COFFEE . . . . 1 2 8 OTHER LIQUIDS 1 2 8	

256	Now I would like to ask you about the food this child ate yesterday during the day or at night, either separately or combined with other foods.
	
	Did this child eat:
	
	a. Any porridge?
	
	b. Any commercially produced baby cereal?
	
	c. Any bread, rice, noodles, or any other staple
	    foods made from grains?
	
	d. Any pumpkin, carrots, squash or sweet potatoes that are
	    yellow or orange inside?
	
	e. Any white potatoes, white yams, manioc, cassava, or any
	    other foods made from roots?
	
	f. Any dark green, leafy vegetables?
	
	g. Any ripe mangoes or papayas?
	
	h. Any other fruits or vegetables?
	
	i. Any liver, kidney, heart or other organ meats?
	
	j. Any beef, pork, lamb, goat, rabbit or deer?
	
	k. Any chicken, duck or other birds?
	
	l. Any eggs?
	
	m. Any fresh or dried fish or shellfish?
	
	n. Any foods made from beans, peas, or lentils?
	
	o. Any nuts?
	
	p. Any fish paste?
	
	q. Any food made with oil, fat, or butter?
	
	r. Any snake, snail, frog, rat, or insects?
	
	s. Any sugary foods such as chocolates, sweets, candies
	    cakes, or pastries
	
	t. Any other solid or semi-solid food?
		YES NO DK
		
		a 1 2 8
		
		b 1 2 8
		
		c 1 2 8
		
		d 1 2 8
		
		e 1 2 8
		
		f 1 2 8
		
		g 1 2 8
		
		h 1 2 8
		
		i 1 2 8
		
		j 1 2 8
		
		k 1 2 8
		
		l 1 2 8
		
		m 1 2 8
		
		n 1 2 8
		
		o 1 2 8
		
		p 1 2 8
		
		q 1 2 8
		
		r 1 2 8
		
		s 1 2 8
		
		s 1 2 8	

	CHECK 256: AT LEAST ONE "YES"	NOT A SINGLE "YES" →	258
257	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
258	Now I would like to ask you about the foods and liquids you had yesterday during the day or at night, either separately or combined with other foods or liquids. Did (YOU) eat or drink:		
		YES NO DK	
	a. Any bread, rice, noodles, or any other staple foods made from grains?	a 1 2 8	
	b. Any pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	b 1 2 8	
	c. Any white potatoes, white yams, manioc, cassava or any other foods made from roots or tubers?	c 1 2 8	
	d. Any dark green, leafy vegetables?	d 1 2 8	
	e. Any ripe mangoes or papayas?	e 1 2 8	
	f. Any other fruits or vegetables?	f 1 2 8	
	g. Any liver, kidney, heart or other organ meats?	g 1 2 8	
	h. Any beef, pork, lamb, goat, rabbit or deer?	h 1 2 8	
	i. Any chicken, duck or other birds?	i 1 2 8	
	j. Any eggs?	j 1 2 8	
	k. Any fresh or dried fish or shellfish?	k 1 2 8	
	l. Any foods made from beans, peas, or lentils?	l 1 2 8	
	m. Any nuts?	m 1 2 8	
	n. Any fish paste?	n 1 2 8	
	o. Any milk or other milk products	o 1 2 8	
	p. Any foods made with oil, fat, or butter?	p 1 2 8	
	q. Any snake, snail, frog, rat or insects	q 1 2 8	
	r. Any tea or coffee?	r 1 2 8	
	s. Any sugary foods such as pastry, cakes, chocolates, sweets or candies?	s 1 2 8	
	t. Any sugary drinks such as sodas or fruit juices	t 1 2 8	
259	How many times did you eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . □ DON'T KNOW 8	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

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_____

NAME OF THE SUPERVISOR: _____   DATE: _____

EDITOR'S OBSERVATIONS

_____

_____

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_____

NAME OF EDITOR: _____   DATE: _____