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

CCLS FORM 3

CAMBODIA CHILD LABOUR SURVEY 2001

QUESTIONNAIRE FOR CHILDREN 5-17 IN THE HOUSEHOLDS

A. To be completed by Interviewers before interview		Enter code	B. To be completed by Interviewer	
Province/City			Date of Initial Interview ____ (day) ____ (month) (2001) Beginning time, Hour:....., Minute:....., End time, Hour:....., Minute:..... Interviewer's Name: Interviewer's Signature: Remark:.....	
District/Khan				
Commune/Sangkat				
Sample Village/Mondol				
Sector (Urban =1, Rural = 2)				
Sample Reference Number of household				
Name of Household head				
Address (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 ____ (day) ____ (month) (2001)

Date of Re-interview (if necessary) ____ (day) ____ (month) (2001)

Supervisor's Signature

THE FOLLOWING QUESTIONS ARE TO BE ADDRESSED TO CHILDREN 5-17 YEARS OF AGE

XV. FOR ALL CHILDREN 5-17 YEARS

The following questions should be asked directly to the children of household.

[illegible]

[illegible]

Please copy all ID from page 3 for column 2/Q16.1=1 or 2

[illegible]

Please copy all ID from page 4

ID No.	Q 16.11 If __ (name) is currently working for own family/parents, grandparents/guardians or spouse, please indicate the location where (name) usually works: (Enter code into col. 18 and specify Name, House no., Street no. and Name of Village/Commune/District/Province) (If outside Cambodia, Specify Name of the country in Province column)								Q 16.12 If __ (name) is currently working for someone other than own family/parents or guardians, do you know where and for whom __ (name) works, please give the name and address of employer: (Enter code into col. 26 and specify Name, House no., Street no. and Name of Village/Commune/District/Province) (If outside Cambodia, Specify Name of the country in Province column)								Q 16.13 If __ (name) is currently working independently somewhere, please give the Location (as precise as possible):..... (Enter code into col. 34 and specify Name, House no., Street no. and Name of Village/Commune/District/Province) (If outside Cambodia, Specify Name of the country in Province column)							
	Name	No.	St.	VIL	DIS	COM	PRO	Name	No.	St.	VIL	DIS	COM	PRO	Name	No.	St.	VIL	DIS	COM	PRO			
(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)

Code for col. 18,
col. 26 & col. 34

1=Own house, 2=Other person's house/ employer's house, 3=Other person's house, 4=Office, 5=Factory/enterprise/handicraft, 6=Farm, 7=Street, 8=Market Place, 9=Water area, 10=Sexual service place, 11=Mine/underground site/quarry site/construction site, 12=Hotel/Restaurant, 13=Others(Specify)

Please copy all ID from page 6

[illegible]

ID No.	Q 17.6 Which the following? (Can be more than one)	Q 17.7. Were/are you aware of any likely health problems or possible hazards, injuries or illnesses in connection with your work?	Q 17.8 What was the main risky /dangerous/hazards that you aware in connection with your work?	Q 17.9 What was the main illness that you aware in connection with your work?	Q 17.10 What was the main injuries that you aware in connection with your work?	Q 17.11. Do you face any problems or difficulties with the present job?	Q 17.12. If you face some problems or difficulties with the present job, what are they?
	1=Power press 2=Milling machines/equipment 3=Sawing machine 4=Plate printing machine 5=Vehicle 6=Other (specify.....)	1=Yes 2=No (Go to Q17.11)	1=Prone to vehicular accident 2= Might get burned 3=May fall 4=May impair hearing 5=May face sight 6=May suffer physical mutilation 7=May contract disease/get sick 8=May bite by animal/snake/insect 9=May face gastro intestinal (e.g. ulcer, hepatitis, etc.) 10=May face anemia 11=May face general exhaustion 12= Respiratory (e.g. asthma, TB, pneumonia, etc.)/breathing problem	1=General, such as fever, cold, etc. 2=Skin diseases (skin allergy, eczema, etc.) 3=Body aches/pains, (Head, neck, back, hand, wrist, joints) 4=Eye strain/eyesight impairment 5=Hearing impairment/ear infection 6=Respiratory (e.g. asthma, TB, pneumonia, etc.)/breathing problem 7=Gastro intestinal (e.g. ulcer, hepatitis, etc.) 8=Anemia 9=General exhausts 10=Others,	1=Contusion, bruises, hematoma, abrasion 2=Cuts/wounds/punctures 3=Amputation, loss of body parts 4=Crushing injuries 5=Dislocations, fractures, sprains 6=Burns 7=Gastro intestinal (e.g. ulcer, hepatitis, etc.) 8=Anemia 9=General exhausts 10=Others, specify.....	1=Yes 2=No (Go to next child/XVIII)	1=Work too hard/too tiring 2=Much work for long hours 3=Working condition is not good/bad 4=Abuse physically/mentally 5=Abuse verbally 6=Abuse morally 7=Pays poorly 8= Does not pay on time 9=Other (specify.....)

[illegible]

XIX. Perceptions of the working child usually resides

Copy all children 5-17 years from page 8

ID No.	Q 19.1 What do you do for fun, when not working? (more than one answer)			Q 19.2 If you are working, what is the main reason for letting you work? 1=Household is poor 2=To supplement household income 3=To pay outstanding debt under contractual arrangement 4=To assist/help in household enterprise 5=To gain experience 6=To pay schooling 7=To start own business 8=Education/training program is not suitable 9=School/training institutions are too far 10=Others, specify.....	Q 19.3 If you stop working, what will happen? 1=Household living standard decline 2=Household cannot afford to live 3=Household enterprise cannot operate fully & other labor not affordable. 4=No effect 5=Stop schooling 6=Others, specify.....	Q 19.4 If given a choice, what would you prefer him/her to do in the future? 1=Going to school full-time 2=Working for income full-time 3=Helping full-time in household enterprise or business 4=Working full-time in household chores or housekeeping 5=Going to school part-time and working part-time for income 6=Part-time in household enterprise or business 7=Part-time in household chores or housekeeping 8=Complete education/training and start to work 9=Full/part time(s) skill training 10=Find a better job/work than the present one 11=Want to do same work 12=Politic leader 13=Other, please specify.....
	1	2	3			
(1)	(2)	(3)	(4)	(5)	(6)	(7)

XX. FOR ALL CHILDREN 5-17 YEARS

D No.	20.1 Was you completely idle during past 7 days, (i.e., you were not attending school/training institution, not engaged in economic or non-economic activities (including housekeeping or household chores in own parents' or guardians' or spouse's home)), 1=Yes 2=No (Go to Q20.3)	Q 20.2 what was the main reason(s)? 1=Sick 2=Disabled 3=Too young 4=Begging 5=Loitering in the streets 6=Addicted drug 7=Don't want 8=Other (please specify):.....	Q 20.3 If given a choice, what would you like to do now and in the future?									
			1. Now					2. In the future				
			What's primary occupation?	Code	In what kind of economic activity?	Code	Other	What's primary occupation?	Code	In what kind of economic activity?	Code	Other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

Description:.....

.....

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END OF QUESTIONNAIRE
