

# Appendix III

Draft as on 20/ 02 / 2012



Royal Government of Cambodia  
Cambodia Inter-Censal Population Survey, 2013



STRICTLY CONFIDENTIAL  
FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Identification Particulars

	Khet /Municipality	Srok / Khand/ Krong	Khum / Sangkat	Phum/Mondol	Enumeration Area No.	Building No.	Household No.	Name of Head of Household	S. 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 (Write in words)	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 (Write in words)	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 (Write in words)	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
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Total No. of Persons in Statement 1.2
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Total No. of Persons in Statements 1.1 & 1.2
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Number of Form B used for the Household

Enumerator: \_\_\_\_\_  
Name Signature Day Month Year

Supervisor : \_\_\_\_\_  
Name Signature Day Month Year

## Appendix III

### 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 of the person	Relationship	Sex	Age	Mother	Whether living with own mother	Marital status	Age at first marriage	Mother Tongue	Religion	Birth Place	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 <i>(Please refer to Statements 1.1 and 1.2 in Part 1 )</i>	Relationship to Head of Household  <i>(Enter Code from the list below )</i>	1: Male 2: Female  <i>(Enter Code)</i>	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 2: Married (i.e. currently married) 3: Widowed 4: Divorced 5: Separated ( Enter Code)  For code 1- Never married , skip to col.10	Age at first marriage in completed years (Ask only married ,widowed, divorced or separated person)	Mother Tongue  <i>(Enter Code from the list below )</i>	Religion 1: Buddhism 2: Islam 3: Christianity 4: Other (Specify)	Place of Birth of the person if in this village, enter code 1. 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.	Where has the person been living before ? If always lived in this village, enter code 1 and skip to col. 16  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 for change of residence, if present residence is different from previous residence.       (Enter Code from the 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: Step child
- 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      | 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 for column 14 Duration of Stay

- 00: less than 1 year
- 01: 1 year to less than 2 years
- 02: 2 years to less 3 years
- 03: 3 years to less than 4 years
- 04: 4 years to less than 5 years
- .....
- 10: 10 years to less than 11 years
- .....
- 20: 20 years to less than 21 years
- .....
- 97: 97 years to less than 98 years
- 98 : 98 years and over

#### Codes for column 15 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)

Appendix III

For All Persons																		
Literacy		Full Time Education					Physical/Mental Disability, if any	Main Activity	Employment Period	Occupation	Employment Status	Industry, Trade or Service	Sector of Employment	Secondary economic activity (For all Codes 1 to 8 in Col 19)				
16		17					18	19	20	21	22	23	24	25				
(a) Can the person read and write with understanding in Khmer language ? 1: Yes 2: No (Enter Code )	(b) Can this person read and write with understanding in any other language? If so which language? (Enter code from list below)	(a) Has the person attended School /Educational Institution ?  1: Never 2: Now 3: Past (Enter Code )	(b) Currently attending Grade for code 2 of col. 15(a)  (Enter Code from list below)	(c) Highest Grade completed  (Enter Code from list below)	(d) Main subject of study for codes 15 to 20 in Col 17(b) or 17( c) (For other codes in col. 17(b),(c) skip to col. 18)  DescriptionCode		If the person is physically/ mentally disabled give appropriate code number from the list below. Otherwise enter (0)	Main activity of the person during last year  (Enter Code from list below )	Number of months employed in the last 12 months	Name of Occupation	Employment Status/Class  (Enter Code from list below )	Nature of Industry, Trade or Service	Sector in which Employed  (Enter Code from list below )	In terms of contribution to income or subsistence, what was the second most important economic activity of this individual over the last year?  (Enter code from list below)				

<b>Codes for column 16(b)</b> <b>Literacy in any other language</b> 1: No other language 2: Vietnamese 3: Chinese 4: Lao 5: Thai 6: French 7: English 8: Cham 9: Other (Specify)	<b>Codes for column 17(b)</b> <b>Current attending Grade</b> For code 1&3 in col.17(a) put dash (-) in 17(b) For code 2 in col. 17(a) , Code from list below. <b>Codes for column 17(c)</b> <b>Highest Grade/Degree/Diploma completed</b> For code 1 in Col. 17(a) put dash (-) in col. 17(c) For codes 2 &3 in col.17(a), Code from the list below <b>COMMON CODES FOR COL.17(b) and 17 (c )</b>  00: Pre-school/Kindergarten 01: Grade 1 02: Grade 2 ..... 11: Grade 11 12: Grade 12  <b>Separate Codes for Col. 17(b)</b> 13: Technical/vocational pre-secondary diploma/certificate Course 16:Technical/vocational post-secondary diploma/certificate Course 17: Undergraduate Course 18: Post Graduate Course 19: Post- Master Degree Course 20: Any other course (specify)	<b>Codes for column 18</b> <b>Type of disability</b> 1: In seeing 2: In speech 3: In hearing 4: In movement 5: Mental Retardation 6: Mental Illness 7:Any Other(specify) 8: Multiple Disability (specify by code)	<b>Codes for Column 19</b> <b>Main Activity During last Year</b> 1 : Employed (Fill in cols. 20 to 24) 2 : Unemployed (Employed any time before) Fill in cols. 20 to 24 for last employment. 3 : Unemployed (Never employed any time before ) 4 : Home maker 5 : Student 6 : Dependent 7: Rent-receiver, Retired or other income recipient 8 : Other (Specify) (For codes 3, 4,5, 6,7 & 8 put dash (-) in Cols. 20 to 24)	<b>Codes for Column 22</b> <b>Employment Status/ Class</b> 1: Employer 2: Paid employee 3: Own-account worker 4: Unpaid family worker 5 : Other (Specify )	<b>Codes for column 24</b> <b>Sector of employment</b> 1. Government 2. State owned enterprise 3. Cambodian enterprise (Private) 4. Foreign enterprise 5. Non profit institution 6. Household sector 7. Embassies, International institutions, and foreign aid and development agencies 8. Other, specify.....	<b>Codes for Column 25</b> <b>Secondary economic activity</b> 01. None ----- <b>Farming (growing crops)</b> 02. Unpaid Employment (Self-employed or employed in family enterprise) 03. Paid Employment (Wage labourer) ----- <b>Livestock farming</b> 04. Unpaid Employment (Self-employed or employed in family enterprise) 05. Paid Employment (Wage labourer) ----- <b>Other Activities</b> 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.)
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Appendix III

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	Age of woman at the time of birth of first child	FERTILITY INFORMATION									
			Give the age in completed years	Number of Children Born (Give number in two digits like 01, 02,.....10, 11. If None, write 00)						Particulars of Birth in the last 12 months to women aged 15-49 years			
				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,put dase(-) in col.9&10 )		State who assisted her during the delivery (Enter Code from list below)	Did she get the birth of this child registered with the civil authority?  Yes = 1 No = 2 (Enter code)
(1)	(2)	(3)	(4)	(5)		(6)		(7)		(8)		(9)	(10)
				(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female		
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

Codes for Column 9

1. Doctor

2. Nurse

3. Midwife

4. Traditional Birth Attendant (TBA)

5. Other

6. None

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : DEATH IN HOUSEHOLD

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

Appendix III

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 Par 2)	Age at Death Write the age in total years completed at the time of death  00: Less then 1 year 01: 1 year to less than 2 years 02: 2 years to less than 3 years ..... 97: 97 years to less than 98 years 98: 98 years and over		What was the cause of death?  (Enter Code from the list below)		Has this death been registered with the civil authority?  1: Yes 2: No	For women 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 7(a)	
										State where the death took place  (Enter Code from the list below)	State who attended on her before death  (Enter Code from the list below)
1	2	3	4	5		6		7	8(a)	8(b)	8 (c)
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

**Codes for column 4**  
**Relationship to Head of Household**  
1: Head  
2: Wife / Husband  
3: Son / Daughter  
4:Step child  
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 col. 6		
Cause of Death		
ILLNESS	ACCIDENT	NOT KNOWN
01: Fever 02: Diarrhoea 03: Tuberculosis 04: Heart disease 05: Dengue fever 06: Malaria 07: Tetanus 08: HIV/AIDS 09: Pregnancy complication 10: Delivery complication 11: Other illness (specify.....)	12: Land mine 13: Road Accident 14: Drowning 15: Other accident (specify.....)	16: Don't known

**Codes for Col. 8(b)**  
**Place of Death**  
1: Hospital  
2: Health Center  
3: Home  
4: Other

**Codes for Col. 8 (c)**  
1: Doctor  
2: Nurse  
3: Midwife  
4: Traditional Birth Attendant (TBA)  
5: Other (Specify)..  
6: None

## Appendix III

### FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : HOUSING CONDITIONS AND FACILITIES

(Enter Code in the box below)

On what basis does this household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Toilet facility within premises	Main Source of drinking water supply	Location of Drinking water source	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)	Availability of separate kitchen within premises
1	2	3	4	5	6	7	8
1 : Owner occupied 2 : Rent 3 : Not owner, but rent free 4 : Other (specify ) ..... <div></div> (Enter Code )	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify ) ..... <div></div> (Enter Code )	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify ) ..... <div></div> (Enter Code )	1 : Not available If available give one of the codes 2 to 5: 2 : Connected to sewerage 3 : Septic tank 4 : Pit latrine 5 : Other type of toilet (specify)..... <div></div> (Enter Code )	1 : Piped water 2 : Tube / pipe well 3 : Protected dug well 4 : Unprotected dug well 5 : Rain 6 : Spring, river, stream, lake/pond 7 : Bought 8 : Other (specify)..... <div></div> (Enter Code )	1: Within the premises 2: Near the premises 3: Away <div></div> (Enter Code )	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 <div></div> (Enter Code )	1: Yes 2: No <div></div> (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 (Desk phone)	Cell phone	Personal Computer	Bicycle	Motorcycle	Refrigerator	Washing Machine	Air-Conditioner	Fan	Car/Van	Boat
9	10	11	12	13	14	15	16	17	18	19	20	21
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Tractor	
22	
(a) <b>Big tractor</b> <div></div>	(b) <b>Hand tractor (Koyaon)</b> <div></div>

### State whether the household accesses the Internet

At home	Outside home	At home and Outside home
23	24	25
1: Yes 2: No <div></div> (Enter Code )	1: Yes 2: No <div></div> (Enter Code )	1: Yes 2: No <div></div> (Enter Code )