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Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

Household ID					

CAMBODIA ANNUAL SOCIO-ECONOMIC SURVEY 2008
HOUSEHOLD QUESTIONNAIRE

A. To be completed by interviewer before interview						
Province /City						
District /Khan						
Commune/Sangkat						
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 first visit to Household						Day:				Month:				Year:			
Date of last visit						Day:				Month:				Year:			
Team Number						Interviewer's Id:											
Interviewer's name:								Interviewer's signature:									
Month and Year of Survey						Month				Year:							

To be completed after filling-out the list of household members				Male:				Female:				Total members:			
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C. To be completed by supervisor after checking completed questionnaire thoroughly													
Supervisor's name:								Id:					
Date checked by supervisor								Day		Month		Year	
Date checked week 1													
Date checked week 2													
Date checked week 3													
Date checked week 4													
Supervisor's signature													

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

01. INITIAL VISIT

Respondent: head of household, spouse of the head of household, or of another adult household member

INITIAL VISIT

A LIST OF HOUSEHOLD MEMBERS

The questions should be asked of the head of household, spouse of the head of household, or other adult household member, If both head and spouse are absent.

Please provide the following information on all members usually residing in this household.

ID NUMBER	Please give me the names of all household members, starting with head of the household. A person is counted as a household member if he/she lives here or has been absent for less than 12 months.	Sex 1 = Male 2 = Female	What is..[NAME]..'s date of birth? Write ' - ' if don't know, for day or month and year			What is.. [NAME] ...'s age in completed years? Write '0' if less than one year of age, and " - " if don't know	Relationship to the head 1 = Head 2 = Spouse 3 = Son/Daughter 4 = Stepchild 5 = Adopted child/ Foster child 6 = Parent 7 = Sibling 8 = Grand child 9 = Niece/Nephew 10 = Son/Daughter-in-law 11 = Brother/Sister-in-law 12 = Parent-in-law 13 = Other relatives 14 = Servant 15 = Other non-relative including boarder	Does the father of ..[NAME].. live in the household? If YES, write the ID CODE, if NO write " - "
			DAY	MTH	YEAR	YEARS		
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5)	(6)	(7)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

Respondent: head of household, spouse of the head of household, or of another adult household member

INITIAL VISIT

01. A. LIST OF HOUSEHOLD MEMBERS (CONTINUED)

ID NUMBER	Does the mother of ..[NAME].. live in the household? If YES, write the ID CODE, if NO write " - "	Only for members aged 15 and above:		Is ..[NAME]..khmer or other ethnic group? 1 = Khmer (=> 12) 2 = Cham 3 = Other local group 4 = Chinese 5 = Vietnamese 6 = Thai 7 = Lao 8 = Other (Specify)	Does ..[NAME].. speak Khmer? 1=Yes 2=No	Can ..[NAME]..speak other languages than Khmer? 0=No 1= French 2= English 3= Chinese 4= Vietnamese 5= Thai 6= Lao 7= Chaam 8= Other local language 9= Other (Specify)			Has ..[NAME].. been present all days last week? 1=Yes =>> Next person 2=No	How many weeks has ..[NAME].. been absent from home during the past 12 months? WRITE '0' IF LESS THAN ONE WEEK =>> Next Person
		Marital Status 1 = Married/Living together 2 = Divorced/Separated (=>> 11) 3 = Widowed (=>> 11) 4 = Never married/Never lived with a partner (=>> 11)	Does the spouse of ..[NAME].. live in this household? If YES, write the ID CODE, if NO write " - "			1	2	3		
(1)	(8)	(9)	(10)	(11a)	(11b)	(12a)	(12b)	(12c)	(13)	(14)
01										
02										
03										
04										
05										
06										
07										
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10										
11										
12										
13										
14										
15										

01. B. FOOD, BEVERAGES AND TOBACCO CONSUMPTION DURING THE LAST 7 DAYS

Respondent: the household member who knows most about food, beverage, tobacco consumption in the last 7 days

INITIAL VISIT

Q1 Does your household run any business, producing goods, service etc.

1 = Yes

2 = No

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Any household's expenditure on business purposes will not be included in this section, because it will be asked in the economic activities

The following questions should be asked of the household member who knows most about food consumption, beverage and tobacco in the last 7 days.

ITEM NUMBER	For each item group, try to estimate quantity of items consumed and then how much of the consumed quantity had been purchased in cash and how much was from own production or received as payment in kind for work, or as gift, or free collection.	Value of consumption		
		Purchased in cash	Own produce, wages in kind, gifts, free collections (imputed value)	Total consumption (Col 3 + Col 4)
	FOOD/BEVERAGE/TOBACCO ITEMS	RIELS	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)
01	Cereals (rice, bread, corn, wheat flour, rice flour, corn meal, rice cakes, noodles, biscuits, etc.)			
02	Fish (fresh fish, salted and dried fish, canned fish, shrimp, prawn, crab, etc.)			
03	Meat & poultry (beef, buffalo, mutton, lamb, pork, chicken, duck, innards, incl liver, spleen, dried beef)			
04	Eggs (chicken egg, duck egg, quail egg, fermented/salted egg, etc.)			
05	Dairy products (fresh milk, condensed or powdered milk, ice cream, cheese, other dairy products, etc.)			
06	Oil and fats (rice bran oil, vegetable oil, pork fat, butter, margarine, coconut/frying oil, etc.)			
07	Fresh vegetables (trakun, onion, shallot, cabbage, spinach, carrot, beans, chilli, tomato, etc.)			
08	Tuber (cassava, sweet potato, potato, taro, sugar beet, etc.)			
09	Pulses and legumes (green gram, dhall, cowpea, bean sprout, other seeds, etc.)			
10	Prepared and preserved vegetables (cucumber pickles, other pickles, tomato paste, etc.)			
11	Fruit (banana, orange, mango, pineapple, lemon, papaya, durian, water melon, grape, apple, canned and dried fruits, etc.)			
12	Dried nuts and edible seeds (coconut, cashew nut, lotus nut, peanut, gourd seed, other nuts)			
13	Sugar, salt and spices (sugar, jaggery, salt, chocolate, candy, coriander, red pepper, spice, garlic, ginger, soy sauce, fish sauce, monosodium glutamate, etc.)			
14	Tea, coffee, cocoa			
15	Non-alcoholic beverages (canned or bottled soft drinks, mineral water, fruit juice, fruit syrup, etc.)			
16	Alcoholic beverages (beer, wine, whisky, scotch, other distilled spirits)			
17	Tobacco products (cigarettes, mild tobacco, strong tobacco, etc.)			
18	Other food products (fried insects, peanut preparation, flavoured ice, ice, other food products)			
19	Food taken away from home (meals at work, school, restaurants, snacks, coffee, soft drinks purchased outside home)			
20	Prepared meals bought outside and eaten at home			

01. C. Recall non-food expenditures

INITIAL VISIT

Only expenditure for household consumption

No.	What was your household's expenditure on the following items during the indicated time periods?	Time period	Value (in Riels), Write '0' if nothing		
			In-cash expenditure	In-kind expenditure or gifts given away	Total expenditure (Col 4 + Col 5)
(1)	NON-FOOD ITEMS (2)	(3)	(4)	(5)	(6)
01	Medical care (doctors' fees, other medical services, drugs, hospital charges, other medical supplies, etc.)	Last 1 month			
02	Transportation (personal transport equipment, operation of transport equipment, maintenance and repair of equipment, gasoline and diesel for own transportation, fees for public transport, moving fee, driving lessons, etc.)	Last 1 month			
03	Communication (postage stamps, fax and telephone charges, cell phones, phone cards, Internet charges etc.)	Last 1 month			
04	Personal care (soap, toothpaste, razor, sanitary napkins, haircut, manicure, etc.)	Last 1 month			
05	Clothing and footwear (tailored clothes, ready-made clothes, rain clothes, underwear, baby clothes, diapers, hats, shoes, boots, etc.)	Last 6 months			
06	Furniture, furnishings and household equipment and operation (curtain, household appliances, cooking utensils, light bulbs, soap and detergents etc.)	Last 12 months			
07	Domestic salaries (servant's salary, hired labour for cleaning, laundry, cooking etc.)	Last 12 months			
08	Recreation within Cambodia (entertainment services, recreational goods and supplies, tourist travel, hotel accommodation)	Last 12 months			
09	Recreation abroad (entertainment services, recreational goods and supplies, tourist travel, hotel accommodation)	Last 12 months			
10	Education (school fees, textbooks, private tutoring charges, etc.)	Last 12 months			
11	Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, clocks, umbrella)	Last 12 months			
12	Gambling (lottery, sports betting, casino gambling, card games etc.)	Last 12 months			
13	Miscellaneous items (special occasions as funerals, weddings, parties, rituals, cash gifts, charity, etc.)	Last 12 months			
14	Total 1- 13:				

END OF INITIAL VISIT

02. EDUCATION AND LITERACY
Respondent: all household members aged 5 years and older
WEEK 1

Please provide information on all members aged 5 years and older who usually reside in this household.

ID NUMBER	Can ..[NAME]... read a simple message in any language? 1 = Yes 2 = No	Can ..[NAME]... write a simple message in any language? 1 = Yes 2 = No	Has ..[NAME]... ever attended school? 1 = Yes 2 = No (=>> 11)	How many years has ...[NAME]... attended school? Enter completed number of years	What is the highest level ..[NAME].. successfully completed? 98 = Don't know 88 = No class completed 0 = Pre-school/Kindergarten 1 = Class one completed 2 = Class two completed..., 11 = Class eleven completed 12 = Class twelve completed 13 = Lower Secondary school certificate 14 = Upper secondary school certificate 15 = Technical/vocational pre-secondary diploma/certificate 16 = Technical/vocational post-secondary diploma/certificate 17 = College/university undergraduate 18 = Bachelor degree (B.A., BSc, etc.) 19 = Masters degree (M.A., MSc, etc) 20 = Doctorate degree (PhD) 21 = Other (Specify)	Is ..[NAME].. currently in the school system? 1 = Yes 2 = No (=>>11) If the child is on holidays, he/she is considered in the school system	What's ..[NAME]'s.. current grade? 0 = Pre-school/Kindergarten 1 = Class one 2 = Class two..., 11 = Class eleven 12 = Class twelve 13 = Technical/vocational pre-secondary diploma/certificate 14 = Technical/vocational post-secondary diploma/certificate 15 = College/university undergraduate studies 16 = Postgraduate studies
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01							
02							
03							
04							
05							
06							
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15							

ID NUMBER	Is the school public or private? 1 = Public 2 = Private	Is ..[NAME].. currently taking private lessons after school? (languages, math, science, music, sports)? 1=Yes 2=No <div>=>>12</div>	If below 18 years of age: Why is ..[NAME].. not attending (has never attended) school? 1 = Don't want to 2 = Did not do well in school 3 = No suitable school available/ school is too far 4 = No teacher/Supplies 5 = High cost of schooling/ No money 6 = Must contribute to household income 7 = Must help with household chores 8 = Due to disability/illness 9 = Other (specify)	Has ..[NAME].. ever attended non-formal class? 1 = Yes 2 = No (=>> 15)	Is ..[NAME].. currently attending non-formal classes? 1 = Yes 2 = No (=>> 15)	What kind of non-formal class is ..[NAME].. currently attending? 1 = Literacy programmes (6 months) 2 = Vocational training (Tailoring, motor repairing, Khmer classical music training, hairdressing, pottery...etc. 3 = Post literacy programmes (Agricultural training includes such as planting vegetable, mushrooms, raising fish, animal.. 4 = Foreign Languages 5 = Others (Specify)
(1)	(9)	(10)	(11)	(12)	(13)	(14)
01						
02						
03						
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ID NUMBER	<p>If code 1 in col.7 or col. 10 or col.13, please fill up columns 15a-15h, otherwise, leave it blank and continue with next person.</p> <p>What were the educational expenses for ..[NAME]..during the past school year including the expense on non-formal education and private lesson?</p> <p>Write 0 if no expenses</p>							
	A. School fees	B. Tuition	C. Text books	D. Other school supplies	E. Allowances for children studying away from home	F. Transport cost	G. Gifts to teachers, building fund etc.	H. TOTAL
	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(15a)	(15b)	(15c)	(15d)	(15e)	(15f)	(15g)	(15h)
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04. HOUSING*Respondent: head of household, spouse of the head of household, or of another adult household member***WEEK 1**

The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.

Q1 How many households reside in the same housing unit as your household?	NUMBER OF HOUSEHOLDS:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Q2 What is the floor area of the housing/dwelling unit occupied by your household?	NUMBER OF SQUARE METERS:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Q3 How many rooms in the dwelling unit are used by the household (other than kitchen, toilet and bathrooms)?	NUMBER OF ROOMS:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Q4 What is the primary construction material of the wall of the housing/dwelling unit occupied by your household?		
WALL CODES 1 = Bamboo, Thatch/leaves, Grass 4 = Concrete, brick, stone 7 = Makeshift, mixed materials 2 = Wood or logs 5 = Galvanized iron or aluminium or other metal sheets 8 = Clay/dung with straw 3 = Plywood 6 = Fibrous cement/Asbestos 9 = Other, specify		CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Q5 What are the primary construction material of the roof of the housing /dwelling unit occupied by your household?		
ROOF CODES 1 = Thatch/leaves/grass 5 = Salvaged materials 8 = Concrete 2 = Tiles 6 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement 9 = Plastic sheet 3 = Fibrous cement 7 = Mixed but predominantly made of thatch/leave /grass or salvaged materials 10 = Other (Specify)		CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Q6 What are the primary construction material of the floor of the housing /dwelling unit occupied by your household?		
FLOOR CODES 1 = Earth, clay 4 = Cement/Brick/Stone 7 = Vinyl 2 = Wooden planks 5 = Parquet, polished wood 8 = Ceramic tiles 3 = Bamboo strips 6 = Polished stone, marble 9 = Other (Specify)		CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Q7 What is your household's main source of lighting?		
LIGHTING SOURCE CODES 1 = Publicly-provided electricity/City power 3 = Battery 5 = Candle 7=Other (specify) 2 = Generator 4 = Kerosene lamp 6 = None		CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Q8 What is your household's main source of drinking water in wet season?		
DRINKING WATER SOURCE CODES 1 = Piped in dwelling or on premises (=> Q12) 7 = Rainwater (=> Q12) 2 = Public tap 8 = Tanker truck, vendor or otherwise bought (vendor brought water home, write "0" in distance and ==> Q12) 3 = Tubed/piped well or borehole 9 = Tanker truck, vendor or otherwise bought (Any household member goes to collect bought water, write distance in Q9 then ask Q10 and Q11.) 4 = Protected dug well 10 = Other (Specify) 5 = Unprotected dug well 6 = Pond, river or stream		CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Q9 What is the distance to the main source of drinking water source in wet season?		
		METERS: <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
Q10 Which members of your household are fetching drinking water in the wet season?		
		(1) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> (2) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> (3) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Q11 How many minutes per day do they spend in total on fetching drinking water in wet season?		
		MINUTES: <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>

04. HOUSING (CONTINUED)

WEEK 1

Q12	What is your household's main source of drinking water in dry season?	CODE:	<input style="width: 50px;" type="text"/>
<p><u>DRINKING WATER SOURCE CODES</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1 = Piped in dwelling or on premises (==> Q16)</p> <p>2 = Public tap</p> <p>3 = Tubed/piped well or borehole</p> <p>4 = Protected dug well</p> <p>5 = Unprotected dug well</p> <p>6 = Pond, river or stream</p> </div> <div style="width: 48%;"> <p>7 = Rainwater (==> Q16)</p> <p>8 = Tanker truck, vendor or otherwise bought (vendor brought water home, write "0" in distance and ==> Q16)</p> <p>9 = Tanker truck, vendor or otherwise bought (Any household member goes to collect bought water, write distance in Q13 then ask Q14 and Q15.)</p> <p>10 = Other (Specify)</p> </div> </div>			
Q13	What is the distance to the main source of drinking water in dry season source?	METERS:	<input style="width: 50px;" type="text"/>
Q14	Which members of your household are fetching drinking water in the dry season?	(1) <input style="width: 30px;" type="text"/> (2) <input style="width: 30px;" type="text"/> (3) <input style="width: 30px;" type="text"/>	
Q15	How many minutes per day do they spend in total on fetching drinking water in dry season?	MINUTES:	<input style="width: 50px;" type="text"/>
Q16	How much water charges did (your HH) pay last month? (Put "0" for not buying water source)	RIELS:	<input style="width: 100px;" type="text"/>
Q17	Did your household boil or otherwise treat the drinking water last month?	1 = Yes, always 2 = Sometimes 3 = No, never (==>Q19)	<input style="width: 50px;" type="text"/>
Q18	How did you treat your drinking water last month?	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>1 = Yes</p> <p>2 = No</p> </div> <div style="width: 30%;"> <p>a. Boil water? <input style="width: 30px;" type="text"/></p> <p>b. Filter water? <input style="width: 30px;" type="text"/></p> </div> <div style="width: 30%;"> <p>c. Chemical? <input style="width: 30px;" type="text"/></p> <p>d. White alum? <input style="width: 30px;" type="text"/></p> </div> <div style="width: 20%;"> <p>e. Other method (Specify)? <input style="width: 50px;" type="text"/></p> </div> </div>	
Q19a	What toilet facility does your household have inside the premises? (in the area close to the dwelling)	CODE:	<input style="width: 50px;" type="text"/>
<p>1 = Pour flush (or flush) connected to sewerage ==> Q20</p> <p>2 = Pour flush (or flush) to septic tank or pit ==> Q20</p> <p>3 = Pit latrine with slab ==> Q20</p> <p>4 = Pit latrine without slab or open pit ==> Q20</p> <p>5 = Latrine overhanging field or water (drop in the field, pond, lake, river, sea) ==> Q20</p> <p>6 = Latrine overhanging water (drop in lake, river, sea) ==> Q20 (Only for the household living in boat)</p> <p>7 = None ==> Q19b</p> <p>8 = Other, specify ==> Q20</p>			
Q19b	What toilet facility does your household usually use?	CODE:	<input style="width: 50px;" type="text"/>
<p>1 = Public toilet with pour flush (or flush) connected to sewerage</p> <p>2 = Public toilet with pour flush (or flush) to septic tank or pit</p> <p>3 = Public pit latrine with slab</p> <p>4 = Public pit latrine without slab or open pit</p> <p>5 = Public latrine overhanging field or water (drop in the field, pond, lake, river, sea)</p> <p>6 = Public latrine overhanging water (drop in the lake, river, sea) (Only public boat)</p> <p>7 = Open land</p> <p>8 = Other (Specify)</p>			
Q20	How much did your household spend for sewage or waste water disposal last month? (Write 0 if nothing)	RIELS:	<input style="width: 100px;" type="text"/>
Q21	How much did your household spend for garbage collection last month? (Write 0 if nothing)	RIELS:	<input style="width: 100px;" type="text"/>
Q22	(a) What type of fuel does your household mainly use for cooking?	CODE:	<input style="width: 50px;" type="text"/>
<p><u>FUEL CODES</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1 = Firewood</p> <p>2 = Charcoal</p> <p>3 = Liquefied petroleum gas LPG (==> Q23)</p> <p>4 = Kerosene (==> Q23)</p> <p>5 = Publicly-provided electricity/City Power (==> Q23)</p> </div> <div style="width: 48%;"> <p>6 = Household generator (==> Q23)</p> <p>7 = None/don't cook (==> Q23)</p> <p>8 = Other (Specify) (==> Q23)</p> </div> </div> <p style="text-align: right; margin-top: 10px;">Note: For code "1 and 2" if the vendor brought firewood/charcoal home, leave code box (b) and (c) blank, ==>Q23.</p>			
(b) Which household members are fetching firewood or charcoal?		ID CODE OF HH MEMBERS:	(1) <input style="width: 30px;" type="text"/> (2) <input style="width: 30px;" type="text"/> (3) <input style="width: 30px;" type="text"/>
(c) How many hours per week in total do they spend on collecting firewood/Charcoal?		HOURS PER WEEK:	<input style="width: 50px;" type="text"/>

04. HOUSING (CONTINUED)

WEEK 1

Q23	<p>How much did the household spend on the following last month (including lights and cooking)?</p> <p style="text-align: center;">INCLUDE THE VALUE OF OWN PRODUCTION OR RECEIVED AS PAYMENT IN KIND FOR WORK OR AS GIFT OR FREE COLLECTION</p> <p style="text-align: center;">(ENTER " 0 " IF DID NOT SPEND ANYTHING)</p>	RIELS	
	a. Electricity		<input style="width: 100%;" type="text"/>
	b. Gas (LPG)		<input style="width: 100%;" type="text"/>
	c. Kerosene		<input style="width: 100%;" type="text"/>
	d. Firewood		<input style="width: 100%;" type="text"/>
	e. Charcoal		<input style="width: 100%;" type="text"/>
	f. Battery		<input style="width: 100%;" type="text"/>
	g. Other (Specify)		<input style="width: 100%;" type="text"/>

Q24	<p>What's the legal status of the dwelling?</p> <p><u>LEGAL STATUS CODE</u></p> <p>1 = Owned by the household (=>> Q25b)</p> <p>2 = Not owned but no rent is paid (=>> Q25b)</p> <p>3 = Rented</p> <p>4 = Other (Specify) (=>> Q25b)</p>	CODE:	
			<input style="width: 100%;" type="text"/>

Q25a	<p>How much did you pay for rent of this house last month? (=>> Q26)</p>	RIELS:	
			<input style="width: 100%;" type="text"/>

Q25b	<p>How much would you have to pay per month to rent a similar dwelling?</p>	RIELS:	
			<input style="width: 100%;" type="text"/>

Q26	<p>How much did you spend on maintenance and minor repairs of the dwelling last month?</p>	RIELS:	
			<input style="width: 100%;" type="text"/>

END OF WEEK 1

05. HOUSEHOLD ECONOMIC ACTIVITIES

Respondent: head of household, spouse of the head of household, or of another adult household member

WEEK 2

The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.

A. LAND OWNERSHIP

I would now like to ask you about all land owned or operated by your household which could be used for vegetable gardening, agricultural or farming activities - crop cultivation, livestock raising, fishing and fish breeding, and (private) forestry. (Do not include residential land not used to cultivate any crops)

Q1 Has the household sold any open land in the last 12 months?

1 = YES

2 = NO

Q2 Does anyone in your household own or operate any land that could be used for crop production?

1 = YES

2 = NO (=> Part E)

Q3 How many plots of land does your household own or operate?

NUMBER OF PLOTS:

Please list for each plot your household owns (including rented out and rented in) from others.

PLOT NUMBER	What is the area of the plot in square meters (m ²)?	Do you own this land, rent it or have it some other way? 1 = Own 2 = Own, but rent out 3 = Rented in 4 = Free use of land 5 = Other (specify)	What type of land is it? 1 = Wet-season land 2 = Dry-season land 3 = Wet and dry season land 4 = Chamkar land 5 = Kitchengarden (backyard) 6 = Land with permanent crops 7 = Land for raising livestock 8 = Idle land 9 = Other land	In what year did you first have/start using this plot ?	How did you acquire it? 1 = Given by the state or local authority 2 = By inheritance or gift from relatives 3 = Bought it 4 = Cleared land/occupied for free 5 = Donated by friend 6 = Rented in 7 = Other (specify)	Do you have a paper to certify your ownership or rental agreement? 1 = Yes 2 = Never had (=> 9) 3 = Lost it (=> 9) 4 = Don't know (=> 9)	What kind of paper do you have? 1 = Application receipt 2 = Land investigation paper 3 = Certificate (title) from the state 4 = Paper from local authority 5 = Rental contract 6 = Other (specify)
				YEAR			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	m ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

05. A. LAND OWNERSHIP (CONTINUED)

WEEK 2

Please fill out the detailed information for each of the plots your household owns (including rented out) and rented in from others

PLOT NUMBER	Which crop did you grow on this plot in the last season? 1 = Rice 2 = Other crops (water melon, pumpkin, vegetables, maize, bean, potato, etc.) 3 = Rice and other crops 4 = Fruit and nut trees (specify) 5 = None	Is the plot irrigated or not? 1 = Yes, dry season 2 = Yes, wet season 3 = Yes, both 4 = No, never	Have you made any investments on this plot since you acquired it? 1 = None (=> 13) 2 = Digging well 3 = Digging ditch 4 = Terracing 5 = Drainage construction 6 = Soil reclamation 7 = Establish fruit and nut trees 8 = other (specify)			In what year did you make these investments? If more than one investment, ask about the most important	Can you use this plot as collateral for loan? 1 = Yes 2 = No (=> 15)	When did you start to have the rights to use it as a collateral? If don't know, leave blank	Have you ever had any conflict about this plot? 1 = Yes, now 2 = Yes, previously 3 = No
						YEAR		YEAR	
(1)	(9)	(10)	(11a)	(11b)	(11c)	(12)	(13)	(14)	(15)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

05. A. LAND OWNERSHIP (CONTINUED)

WEEK 2

Please fill out the detailed information for each of the plots your household owns (including rented out) and rented in from others

PLOT NUMBER	How much would it cost to rent a plot like this in this village?			If you buy a plot like this in this village, how much would you be willing to pay for it?
	Both seasons	Dry season	Wet season	
	If don't know leave "blank"	If don't know leave "blank"	If don't know leave "blank"	
	Yearly rent	Monthly rent	Monthly rent	
	RIELS	RIELS	RIELS	
(1)	(16a)	(16b)	(16c)	(17)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

05.. B. PRODUCTION OF CROPS (INCLUDING FRUITS AND VEGETABLES ETC.)

WEEK 2

Please provide the following information on crops, including fruits and vegetables, grown by you during the past two seasons. Please provide plot-wise details.

Note: Past wet-season should refer to the wet-season last calendar year.

If interview takes place in January - June: past dry-season should refer to the dry-season last calendar year.

If interview takes place in July - December: past dry-season should refer to the dry-season this calendar year.

Q1 Did your household produce any crops including fruits and vegetables during the past wet-season or the past dry-season? 1 = Yes 2 = No (=> Part E)

SERIAL NUMBER	COPY THE PLOT NUMBER FROM PART A	What crop(s) have you grown (on what plots)?		How big area was cultivated?	How big area was harvested?	How much was produced / harvested?	How much has been the post-harvest loss until the day of interview?	How much (quantity) was given as crop rent?	What was the sale price of the crop produced?
		Name of crop or by-product	NIS code	m ²	m ²	KG	KG	KG	RIELS / Kg
(1)	(2)	(3a)	(3b)	(4)	(5)	(6)	(7)	(8)	(9)
PAST WET SEASON, What year?.....									
01				m ²	m ²				
02				m ²	m ²				
03				m ²	m ²				
04				m ²	m ²				
05				m ²	m ²				
06				m ²	m ²				
07				m ²	m ²				
08				m ²	m ²				
09				m ²	m ²				
10				m ²	m ²				
11									
PAST DRY SEASON, What year?.....									
12				m ²	m ²				
13				m ²	m ²				
14				m ²	m ²				
15				m ²	m ²				
16				m ²	m ²				
17				m ²	m ²				
18				m ²	m ²				
19				m ²	m ²				
20				m ²	m ²				
21				m ²	m ²				
22									

05. C. COST OF CULTIVATION OF CROPS (INCLUDING FRUITS AND VEGETABLES ETC.)

WEEK 2

Please provide the following information on cost of cultivation of crops, including fruits and vegetables, grown by you during the past two seasons. Please provide plot-wise details.

SERIAL NUMBER	COPY THE PLOT NUMBER FROM PART B	Planting materials (seeds, seedlings, young plants): purchased/ supplied from home produce	Chemical fertilizers, pesticide, weedicide and fungicide	Animal and plant manure: purchased/ supplied from home produce	Electricity for the farming (not including household use!)	Oil, gas or diesel oil for the farming (not including household use!)	Storage items (eg., burlap bags, plastic sheeting)	Payment to hired draft power (tractors/animals) including human labour, if any, for ploughing/ harrowing
		Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing
		RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
PAST WET SEASON								
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
PAST DRY SEASON								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								

05. C. COST OF CULTIVATION OF CROPS (INCLUDING FRUITS AND VEGETABLES ETC.) (CONTINUED)

WEEK 2

Please provide the following information on cost of cultivation of crops, including fruits and vegetables, grown by you during the past two seasons. Please provide plot-wise details.

SERIAL NUMBER	Other hired labour charges (cash plus kind)	Irrigation charges	Services/ technical support from government and other agencies	Transportation of input materials and products	Repair and maintenance of farm house, farm equipment, animal shed etc.	Rental paid to owner for farm land, farm house, equipment etc. rented in	Total Col. 3-15
	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Both in cash and in kind	Write '0' if nothing
	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
PAST WET SEASON							
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11	TOTAL 01-10:						
PAST DRY SEASON							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22	TOTAL 12-21:						

05. D. INVENTORY OF CROPS (INCLUDING FRUITS AND VEGETABLES ETC.)

WEEK 2

Please provide the following information on crops, including fruits and vegetables, grown by you and in your storage December 31 last year.

Did you have any crops in storage december 31 last year?

1 = Yes 2 = No (=>> Part E)

SERIAL NUMBER	Crop(s) that you had in storage December 31 last year		How much of ...[CROP]... did you have in storage at December 31 last year?	What was the sales price for ...[CROP]... at December 31 last year?
	Crop Item	NIS code	KG	RIELS/KG
(1)	(2a)	(2b)	(3)	(4)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

05. E. INPUTS AND OUTPUTS OF LIVESTOCK AND POULTRY RAISING ACTIVITIES

WEEK 2

Q1 Has your household or anyone in your household had any livestock in the past 12 months,

that is from ..[MONTH].. last year?

1= Yes 2=No (=> Part F)

Complete the layout below the value of livestock and livestock poultry products sold or consumed in the household or given away as gifts etc.during the past 12 months

SERIAL NUMBER	Type of animal or bird	Has anyone in your household raised any ..[LIVESTOCK].. in the past 12 months? 1=Yes 2=no (=> Next animal/bird)	Number of ..[LIVE STOCK].. currently owned ?	Of the total ..[LIVE STOCK].. currently owned how many are female animals/bird?	What would be the total sales value of ..[LIVESTOCK].. currently owned?	Number of ..[LIVE- STOCK].. owned December 31 last year?	Total sales value of ..[LIVE- STOCK].. owned December 31 last year at the pre- vailing prices?	Value of ..[LIVESTOCK].. sold during the past 12 months?	Total paid for ..[LIVESTOCK].. bought during the past 12 months?
			If none, write '0'	If none, write '0'	Write '0' if nothing	If none write '0'	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing
			NUMBER	NUMBER	RIELS	NUMBER	RIELS	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01	Cattle								
02	Buffaloes								
03	Horses, Ponies								
04	Pigs								
05	Sheep								
06	Goats								
07	Chickens								
08	Ducks								
09	Quail								
10	Other (specify)								
11	TOTAL 01 - 10:								

SERIAL NUMBER	Type of animal or bird	Imputed value of livestock bird in riels		Value of other than meat products (milk, butter, eggs, hide and skin, manure etc.) sold, consumed in household, used as gifts etc. during the past 12 months		
		Consumed in the household during the past 12 months	Used for barter gifts, charity, etc. during the past 12 months	Sold	Consumed in household	Gifts, charity, barter etc.
		Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing	Write '0' if nothing
		RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(2)	(11)	(12)	(13)	(14)	(15)
01	Cattle					
02	Buffaloes					
03	Horses, Ponies					
04	Pigs					
05	Sheep					
06	Goats					
07	Chickens					
08	Ducks					
09	Quail					
10	Other (specify)					
11	TOTAL 01 - 10:					

05. E. INPUTS AND OUTPUTS OF LIVESTOCK RAISING ACTIVITIES (CONTINUED)

WEEK 2

SERIAL NUMBER		How much did you spend on the following items during the past 12 months?
	ITEMS	Write '0' if nothing AMOUNT IN RIELS
(1)	(2)	(3)
1	Feed and feed supplements (e.g. rice straw) for livestock - purchased	
2	Feed and feed supplements (e.g. rice straw) for livestock - supplied from home farm/public land	
3	Hired labour to care for the livestock (cash plus kind)	
4	Veterinary services and medicine	
5	Service /technical support from government /other agencies	
6	Transporting livestock, livestock products, manure, feed and feed suppliments to/from market	
7	TOTAL 1 - 6:	

05. F. INPUT AND OUTPUTS FROM FISH CULTIVATION AND FISHING/TRAPPING OF AQUATIC PRODUCTS

WEEK 2

Q1 Did you raise fish (or any other aquatic product like frogs or crocodiles) during the past 12 months? 1 = Yes 2 = No (=>> Q3)

Q2 Does anyone in your household own or operate a pond for fish or shrimp culture? 1 = Yes 2 = No (=>> Q3)

POND NUMBER	Do you own this pond, rent it or have it some other way? 1 = Own 2 = Own, but rent out 3 = Rented in 4 = Free use of pond 5 = Other (specify)	AREA How many square meters is the pond? SQUARE METERS	MARKET VALUE How much would you have to pay to buy a pond like this in this village? RIELS	MONTHLY RENT How much would you have to pay monthly to rent a pond like this in this village? RIELS
(1)	(2)	(3)	(4)	(5)
1				
2				
3				

Q3 Did you catch fish, shrimp, crabs, oysters, etc. during the past 12 months? 1 = Yes 2 = No

If No to all 3 questions =>> G

If yes on Q1 or Q2 or Q3, please ask:

ITEM NUMBER	EXPENSES How much did you spend on the following items during the past 12 months?	Amount spent Write '0' if nothing
	ITEM	RIELS
(1)	(2)	(3)
01	Breeding stock for raising fish	
02	Feed for raising fish	
03	Hired labour (cash plus Kind)	
04	Ice	
05	Repair and maintenance of nets and traps	
06	Repair and maintenance of boat	
07	Boat fuel	
08	Boat rent (cash)	
09	Cash rent for tank, if leased in	
10	Transportation of fish to market	
11	Services (technical assistance) received	
12	Other (specify)	
13	Total 01 - 12:	

05. F. INPUT AND OUTPUTS FROM FISH CULTIVATION AND FISHING/TRAPPING OF AQUATIC PRODUCTS (CONTINUED)

WEEK 2

ITEM NUMBER	INCOME	Amount received
	How much did you receive under the following item during the past 12 months?	Write '0' if nothing
	ITEM	RIELS
(1)	(2)	(3)
01	Proceeds from sale of fish, shrimp, crab etc. raised or captured (*)	
02	Value of fish, shrimp, etc. consumed in household	
03	Value of fish, shrimp, etc. given away as gift, charity, barter, etc.	
04	Value of fish used for drying	
05	Value of fish used for preparation of fish sauce	
06	Value of fish used for animal feed	
07	Value of fish used for other (specify)	
08	Total 1 - 7:	

(*) Do not include fish (paid in-kind) for renting boat or tank...

05. G. INPUTS AND OUTPUTS FROM FORESTRY AND HUNTING

Q1 Did anyone in your household collect firewood, charcoal, timber or other forest products during the past 12 months? 1 = Yes 2 = No ☐

Q2 Did anyone in your household collect palm juice, root crops, herbs, honey or hunt wild animals or birds during the past 12 months? 1 = Yes 2 = No ☐

If YES on Q1 or Q2 ask the following questions, if NO to both of them ==>Part H

PRODUCT NUMBER		What were the value of products that you collected in this way during the past 12 months?			
		Write '0' if nothing			
		Receipts from sale of products gathered or hunted?	Imputed value of such products consumed in the household?	Imputed value of such products given away for gifts, charity, barter, etc.?	Total amount
	ITEM	RIELS	RIELS	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)
01	Sawing logs				
02	Firewood				
03	Wood for charcoal				
04	Rattan, bamboo, palm leaves, other fibrous material				
05	Palm juice				
06	Root crops, fruits and vegetables				
07	Herbs				
08	Honey				
09	Wild animals and birds				
10	Other products (specify)				
11	Total 01 - 10:				

05. G. INPUTS AND OUTPUTS FROM FORESTRY AND HUNTING (CONTINUED)

WEEK 2

EXPENDITURE No		How much expenditures did you have for these activities during the past 12 months? Write '0' if nothing
	ITEMS OF EXPENDITURES	RIELS
(1)	(2)	(3)
01	Transport costs including transport to market	
02	Fuel	
03	Draft animal feed	
04	Hired labour charges	
05	Tools, equipment, including maintenance	
06	Commissions, tips, rents, etc.	
07	Other (specify)	
08	Total 1 - 7:	

05. H. LIST OF HOUSEHOLD NON-AGRICULTURAL ECONOMIC ACTIVITIES DURING THE PAST 12 MONTHS

Q1 Did anyone in your household run an enterprise or bussiness during the past 12 months?

1 = Yes

2 = No (=> Next Section)

ACTIVITY NUMBER	DESCRIPTION OF THE ACTIVITY	MAIN PRODUCT	NIS Industry code	ID CODE OF								
				Most knowledgeable member	Other household members participating in the activity							
					1°	2°	3°	4°	5°	6°	7°	8°
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	(6d)	(6e)	(6f)	(6g)	(6h)
01												
02												
03												
04												
05												

COST NUMBER	COST ITEM	How much did you spend on the different items listed for activity 1, during the past 12 months, that is since ..[MONTH].. last year? (Use the same question for activity 2-5)				
		Write '0' if nothing				
		Activity 1 RIELS	Activity 2 RIELS	Activity 3 RIELS	Activity 4 RIELS	Activity 5 RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01	Raw material used for processing					
02	Materials used for construction					
03	Fuels used for production or generation of electricity					
04	Lubricants					
05	Purchase of goods for resale					
06	Food, drink and tobacco products served to customers					
07	Electricity purchased					
08	Water and sanitation charges					
09	Containers, packing materials					
10	Freight and transport expenses					
11	Insurance, bank charges, telephone, postage and other communication					
12	Office supplies, stationery and other items					
13	Rents paid for land, buildings, storage, warehousing, equipment & machines					
14	Repair/maintenance of buildings, equipment & machinery/material/services					
15	Registration and other govt. fees, taxes and donations					
16	Wages/salaries of hired labour (cash plus kind)					
17	Services rendered by others (commissions, etc.)					
18	All other expenses not included in the list from 1 to 17					
19	Total 01 -18:					

05. H. LIST OF HOUSEHOLD NON-AGRICULTURAL ECONOMIC ACTIVITIES DURING THE PAST 12 MONTHS (CONTINUED)

WEEK 2

REVENUE NUMBER	REVENUE ITEM	How much did you receive under the different items listed for activity 1, during the past 12 months, that is since ..[MONTH].. last year? (Use the same question for activity 2-5)				
		Write '0' if nothing				
		Activity 1 RIELS	Activity 2 RIELS	Activity 3 RIELS	Activity 4 RIELS	Activity 5 RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01	Receipts from sale of products and by-products					
02	Charges for repair services					
03	Other professional and service charges and commissions, etc.					
04	Charges for construction work done					
05	Proceeds from sale of goods sold					
06	Charges for board and lodging					
07	Receipts from sales/services at hotels/restaurants					
08	Charges for transport services provided					
09	Imputed value of products/goods for resale, etc. consumed in the household					
10	Imputed value of products/by-products used as intermediate goods					
11	Imputed value of products/by-products used as gifts, charity, etc.					
12	Supply of electricity, gas and water					
13	Rental income from land & buildings & storage & warehousing					
14	Rental income from equipment and machinery					
15	Charges for financial / insurance / real estate services					
16	Charges for medical services					
17	Charges for educational services					
18	Charges for recreational and cultural services					
19	Charges for other community, social and personal services					
20	All other income receipts and charges from the activity not included in (01-19)					
21	Total 01 - 20:					

06. HOUSEHOLD LIABILITIES

Respondent: head of household, spouse of the head of household, or of another adult household member

WEEK 2

Q1 Does the household have outstanding loans or debts to other households or institutions?

1 = Yes

2 = No (=> Next section)

Q2 and Q3 will be deleted!

LOAN NUMBER	How old is the debt?	From whom did you obtain the loan?	What was the primary purpose for which you borrowed the money?	What was the total amount borrowed?	How much of the debt remains now (this month)?	If interest is charged, what is the monthly rate of interest?	How much will be repaid including interest (Col 6 and calculated interest)?
	MONTHS			RIELS		PERCENTAGE	RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01							
02							
03							
04							
05							
06	TOTAL 1 - 5:						

07. HOUSEHOLD INCOME FROM OTHER SOURCES

Respondent: head of household, spouse of the head of household, or of another adult household member

WEEK 2

SOURCE NUMBER	REVENUE ITEMS	How much did your household receive from ..[SOURCE].. during the last 12 months?		
		From within Cambodia	From abroad	Total (Col 3 + Col 4)
		Write '0' if nothing AMOUNT IN RIELS	Write '0' if nothing AMOUNT IN RIELS	Write '0' if nothing AMOUNT IN RIELS
(1)	(2)	(3)	(4)	(5)
01	Pensions			
02	Remittances from relatives or others			
03	Governmental scholarships, stipends for any student member of the household			
04	Other scholarships, stipends for any student member of the household (NGO, private institutions etc.)			
05	Transfers (assistance/support) from NGO or other institutions (not credit)			
06	Income from lottery and gamblings			
07	Bank interests			
08	Dividends			
09	Interests on loans to others			
10	Imputed value of goods received through barter (not recorded elsewhere)			
11	Imputed value of gifts received (not recorded elsewhere)			
12	Other (not included in 1 to 11)			
13	Total received: 01 - 12:			

END OF WEEK 2

8. CONSTRUCTION ACTIVITIES IN THE PAST 12 MONTHS

Respondent: head of household, spouse of the head of household, or of another adult household member

WEEK 3

Q1 Does the household own its own dwelling or any other building(s) used for residential, agricultural, commercial or industrial purposes?

1 = Yes

2 = No (=>> NEXT SECTION)

Please fill up the following table below

BUILDING NUMBER	What is the building used for? 1 = Residential 2 = Agricultural 3 = Commercial (purchase/sale of goods and services) 4 = Industrial (manufacturing)			What is the total area for living or other use of the building? SQUARE METERS	What year was the building constructed? Enter year of Construction	How much would you have to pay to buy a building like this in the village?	How much would you have to pay per month to rent a building like this in this village?	Is any part of this building rented-out? 1 = Yes 2 = No (=>> 9)	How much does your household receive in monthly rent for this building?	Was this building constructed, extended or repaired in the last 12 months, that is, since ..[MONTH].. last year? 1 = Yes 2 = No (=>> NEXT BUILDING)
						RIELS	RIELS		RIELS	
(1)	(2a)	(2b)	(2c)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1										
2										
3										
4										

BUILDING NUMBER	What kind of work was it? 1 = Constructed 2 = Extension (=>>14) 3 = Repair (=>> 14)	In what year and month did the construction start?		In what year and month did people start to use this building? (if not yet used leave it blank for month and year)		Who built this building? 1 = Household members only 2 = Household members and other relatives 3 = Household members and hired help 4 = Contracted builder 5 = Other (specify)	How much did you pay those who helped, hired or contracted? Write '0' if nothing and leave it blank if dont know For building still under work ask for the cost up till now
		MONTH	YEAR	MONTH	YEAR		RIELS
(1)	(10)	(11a)	(11b)	(12a)	(12b)	(13)	(14)
1							
2							
3							
4							

8. CONSTRUCTION ACTIVITIES IN THE PAST 12 MONTHS (Continued)
WEEK 3

BUILDING NUMBER	How much did you spend for materials? Write '0' if nothing and leave it blank if dont know For building still under work ask for the cost up till now	If not possible to separate labour and materials: How much were the total costs?	If anyone in the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing	If anyone else not belonging to the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing	For buildings not yet completed: What will be the estimated remaining cost of the building completed?
	RIELS	RIELS	RIELS	RIELS	RIELS
	(1)	(15)	(16)	(17)	(18)
1					
2					
3					
4					

09. DURABLE GOODS

Respondent: head of household, spouse of the head of household, or of another adult household member

WEEK 3

ITEM NUMBER	How many of the following items does the household own? (Write '0' if none and ==> Next item)			Did you buy it, receive it as a gift, as pay for work or in other way?				How many of this(these) this ..[ITEM].. were acquired or received...:		For items bought or received within the last 12 months: What was the purchase value (or the imputed value) of all these ..[ITEM]s..?	For items bought or received before the last 12 months: According to current prices, what do you think you could get if you sold ..[ITEM]s..?
	ITEM	PRO- DUCT CODE	TOTAL NUMBER	1 = Purchased 2 = Payment for services 3 = Received as a gift 4 = Other (specify)				a. Within the last 12 months?	b. Before the last 12 months?		
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6a)	(6b)	(7)	(8)
Home Electronics											
01	Radio	801									
02	Television	802									
03	Telephone	817									
04	Cell phone	818									
05	Video/VCD/DVD player/recorder	807									
06	Stereo	808									
07	Camera	809									
08	Satellite dish	824									
Personal transport											
09	Bicycle	803									
10	Motorcycle	804									
11	Car	829									
12	Jeep/Van	830									
Household equipment											
13	Sewing machine	806									
14	Refrigerator	810									
15	Electric Kitchen/Gas Stove	813									
16	Washing machine	819									
17	Dishwasher	820									
18	Freezer	821									
19	Vacuum cleaner	822									
20	Electric iron	823									
21	Electric fan	811									
22	Air conditioner	812									
23	Suitcases/box for store/ travelling	890									
24	Generator	816									

09. DURABLE GOODS
WEEK 3

ITEM NUMBER	How many of the following items does the household own? (Write '0' if none and => Next item)			Did you buy it, receive it as a gift, as pay for work or in other way?				How many of this(these) this ..[ITEM].. were acquired or received...:		For items bought or received within the last 12 months: What was the purchase value (or the imputed value) of all these ..[ITEM]s..?	For items bought or received before the last 12 months: According to current prices, what do you think you could get if you sold ..[ITEM]s..?
	ITEM	PRO-DUCT CODE	TOTAL NUMBER	1 = Purchased 2 = Payment for services 3 = Received as a gift 4 = Other (specify)				a. Within the last 12 months?	b. Before the last 12 months	RIELS	RIELS
				(5a)	(5b)	(5c)	(5d)				
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6a)	(6b)	(7)	(8)
25	Batteries	891									
Furniture											
26	Sofa set	814									
27	Dining set (dinning table + chairs)	815									
28	Bed sets (Bed, Mattress...)	892									
29	Wardrobe, cabinets	893									
Computers and printers											
30	Computer (desktop or laptop)	825									
31	Printer	826									
Recreation											
32	Musical instruments	827									
33	Sport equipment	828									
Water transport											
34	Rowing boat	831									
35	Motor Boat	832									
Agriculture and other production											
36	Cart (pulled by animal)	805									
37	Tractor	833									
38	Bulldozer/roller	834									
39	Plough	835									
40	Threshing machine	837									
41	Harrow/rake/hoe/spade/axe...	838									
42	Hand Tractor (Kou Yon)	839									
43	Rice mill	840									
44	Water pump	836									
Other items											
45	Other (specify)	841									
46	Other (specify)	894									

10. CHILD CARE

Respondents: Mothers or caretakers of children

WEEK 3

CHILD FEEDING AND VACCINATIONS

Please provide the following information on all children aged up to 2 years old adopted or born to mothers of the household and who are still living in the household.

(If no children aged less than 2 years, => Next section)

SERIAL NUMBER	COPY ID CODE OF THE MOTHER FROM ROSTER	ID No. of child if living in the household	Where did you give birth? Enter Code Leave it blank if don't know	Who assisted you in the delivery of the child? 1 = Doctor/Medical assistant 2 = Nurse 3 = Midwife 4 = Traditional birth attendant 5 = Relative/friend 6 = Other (Specify) 7 = None Leave it blank if don't know (Enter up to 3 most important persons)			After birth of your child, what was the first thing you gave to him/her to drink? 1 = Water 2 = Sugar water 3 = Juice/coconut water 4 = Tea 5 = Sweet condensed milk 6 = Infant formula 7 = Breast milk (=>>8) 8 = Other (specify) Leave it blank if don't know	Did you ever breastfeed your child? 1 = Yes 2 = No (= >> 9)	How long after birth of your child did you initiate breastfeeding? Write only in minutes, or in hours or in days		
				MIN	HRS	DAYS					
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(6)	(7)	(8a)	(8b)	(8c)
01											
02											
03											
04											
05											
06											
07											

SERIAL NUMBER	In total, how many times yesterday during the day and night was your child given the following items? Write '0' if nothing a. Plain water...? b. Infant formula...? c. Other milk, such as powered or sweet condensed milk...? d. Fruit juice, such as coconut water...? e. Any other liquids, such as sugar water, teas, canned soft drink (Coca Cola, 7 up etc...) f. Rice soup water, samlo broth and soup broth...?						How many times did your child eat foods, such as rice, rice soup snack etc other than liquids yesterday during the day and night? Write '0' if nothing	Did you ..[the mother of child].. have night-blindness during this child's pregnancy? 1 = Yes 2 = No 8 = Don't know
	NUMBER OF TIMES							
(1)	(9a)	(9b)	(9c)	(9d)	(9e)	(9f)	(10)	(11)
01								
02								
03								
04								
05								
06								
07								

Codes for col.4
HOME:
01 = Your home
02 = Midwife/TBA home
03 = Other home (Specify)
PUBLIC SECTOR:
04 = National Hospital (PP)
05 = Province Hospital (RH)
06 = District Hospital (RH)
07 = Health Center
08 = Health Post
09 = Outreach
10 = Military Hospital
11 = Other Public (Specify)
PRIVATE MEDICAL SECTOR:
12 = Private Hospital
13 = Private Clinic
14 = Other Private (Specify)
OTHER:
96 = Other (Specify)

10. CHILD CARE

Respondents: Mothers or caretakers of children

WEEK 3

CHILD FEEDING AND VACCINATIONS (CONTINUED)

SERIAL NUMBER	Do you have a yellow card where [NAME]'s vaccinations are written down ? 1 = Yes 2 = No, but child have been vaccinated 3 = No, child never vaccinated (=>> Next Child)	If child has yellow card, record the dates of the following vaccinations from the yellow card. The interviewer must see the card. If yellow card has been lost or they never had one, try to collect the information from household.											
		TB (BCG)			POLIO			DTC/DPT			MEASLES		
		a) Has [NAME] ever received TB (BCG) vaccination? b and c) What month and year did [NAME] receive the vaccination?			a) How many doses of polio vaccine has [NAME] received? b and c) What month and year did [NAME] receive the latest vaccination?			a) How many doses of DTC/DPT vaccine has [NAME] received? b and c) What month and year did [NAME] receive the latest vaccination?			a) Has [NAME] ever received measles vaccination? b and c) What month and year did [NAME] receive the vaccination?		
		1 = Yes 2 = No 8 = Don't know	If no or don't know leave blank		0 = No dose 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4 doses	If no dose or don't know leave blank		0 = No dose 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4 doses	If no dose or don't know leave blank		1 = Yes 2 = No 8 = Don't know	If no dose or don't know leave blank	
		MONTH	YEAR		MONTH	YEAR		MONTH	YEAR		MONTH	YEAR	
(1)	(12)	(13a)	(13b)	(13c)	(14a)	(14b)	(14c)	(15a)	(15b)	(15c)	(16a)	(16b)	(16c)
01													
02													
03													
04													
05													
06													
07													

13. CURRENT ECONOMIC ACTIVITY

Respondents: all household members aged 5 years and older

WEEK 4

A ACTIVITY STATUS DURING THE PAST 7 DAYS

Please provide information on all members aged 5 years and older who usually reside in this household. Try to interview each member personally

ID NUMBER	ID NUMBER OF RESPONDENT	ACTIVITY STATUS DURING PAST 7 DAYS						
		Did ..[NAME].. do any work at all, even one hour, during the past 7 days (worked on farm, private or public sector, own account or in a business belonging to someone else in your household etc.)?	Although ..[NAME].. did not work even for one hour during the past 7 days, did ..[NAME].. have a job from which he/she was temporarily absent? (e.g.: absent due to holiday or illness)	How many hours did ..[NAME].. work in total in the past 7 days?	Is this the number of hours that ..[NAME].. wants to work per week, or would ..[NAME].. prefer to work more or less hours?	Why did ..[NAME].. work less hours the past 7 days than he/she wanted ?	Was ..[NAME].. available for work during the past 7 days?	If ..[NAME].. did not work and did not have a job, was he/she actively seeking work during the past 7 days?
		1 = Yes (=> 5) 2 = No	1 = Yes 2 = No (=> 8)	HOURS	1 = Same (=> 14) 2 = Less (=> 12) 3 = More	1 = Temporary illness 2 = Not enough work available 3 = Other reasons Codes 1-3 => 12	1 = Yes 2 = No	1 = Yes (=> 11) 2 = No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

13. CURRENT ECONOMIC ACTIVITY

Respondents: all household members aged 5 years and older

WEEK 4

A ACTIVITY STATUS DURING THE PAST 7 DAYS (CONTINUED)

Please provide information on all members aged 5 years and older who usually reside in this household. Try to interview each member personally

ID NUMBER	ACTIVITY STATUS DURING PAST 7 DAYS					If more hours (code '3') in Col. 6 or available for work (code '1') in Col. 8 or actively seeking work (code '1') in Col. 9 then ask:		How many occupations did.. [NAME].. have in the past 7 days? Write '0' if none If has a job =>> Part B Otherwise =>> Next Person
	Why did [NAME] not work and not actively seek work during the past 7 days? 1 = Believes no work is available 2 = Awaiting result of application 3 = Waiting to start new job 4 = Permanent disabled 5 = Illness/desease/injured 6 = Too young, too old, retired 7 = Student 8 = Housekeeping, caring for children, elderly or disabled 9 = Other reasons Codes 1-9 =>> 12	In what ways did [NAME] try to find a job? 1 = Applied to advertisement 2 = Contacted potential employers 3 = Enquired with friends relatives etc. 4 = Employment agency 5 = Tried to start own business but failed 6 = Other (specify)	How many hours does ..[NAME].. want to work per week? Write '0' if none	How long has [NAME] been unemployed/ or working less hours than he/she wants to? Leave it blank if don't know months and years				
				Enter up to 3 codes	HOURS	MONTHS	YEARS	
(1)	(10)	(11a)	(11b)	(11c)	(12)	(13a)	(13b)	(14)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

13. B. MAIN OCCUPATIONS DURING THE PAST 7 DAYS

WEEK 4

ID NUMBER	What was ..[NAME].. 's primary occupation during the past 7 days? (Write specific occupation in col. 2a)		In what kind of economic activity, like agriculture, manufacturing, construction, trade or service, did ..[NAME].. work in the past 7 days?	
	What was ..[NAME].. 's secondary occupation during the past 7 days? (Write specific occupation in col. 2a)			
Note: If more than two occupations, note the two most important				
Note: beggar and sex worker are occupations				
	Occupation description	NIS OCCUP. CODE	Industry description	NIS ISIC CODE
(1)	(2a)	(2b)	(3a)	(3b)
01	1°			
	2°			
02	1°			
	2°			
03	1°			
	2°			
04	1°			
	2°			
05	1°			
	2°			
06	1°			
	2°			
07	1°			
	2°			
08	1°			
	2°			
09	1°			
	2°			
10	1°			
	2°			
11	1°			
	2°			
12	1°			
	2°			

13. B. MAIN OCCUPATIONS DURING THE PAST 7 DAYS (CONTINUED)

WEEK 4

ID NUMBER	How many hours did ..[NAME].. work in this primary/secondary occupation in the past 7 days?		How many days did ..[NAME].. work in the past month?	What was ..[NAME]..'s employment status? 1 = Paid employee 2 = Employer 3 = Own account worker/self-employed 4 = Unpaid family worker 5 = Other(specify)	Under what type of employer did ..[NAME].. work? 1 = Government 2 = State enterprise 3 = Private enterprise 4 = Joint venture 5 = Foreign govt, international organization and NGO 6 = Local NGO 7 = Self-employed farm 8 = Non-farm self-employed 9 = Domestic servant 10 = Other (specify)	Ask only if paid employee (code '1') in Col 6.: How much did ..[NAME].. earn salary /wages from this activity last month? Write "0" if nothing
	HOURS	DAYS	RIELS			
(1)	(4)		(5)	(6)	(7)	(8)
01	1 ^o					
	2 ^o					
02	1 ^o					
	2 ^o					
03	1 ^o					
	2 ^o					
04	1 ^o					
	2 ^o					
05	1 ^o					
	2 ^o					
06	1 ^o					
	2 ^o					
07	1 ^o					
	2 ^o					
08	1 ^o					
	2 ^o					
09	1 ^o					
	2 ^o					
10	1 ^o					
	2 ^o					
11	1 ^o					
	2 ^o					
12	1 ^o					
	2 ^o					

14. HEALTH

Respondent: the head of household or the spouse of the head of household

WEEK 4

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are absent.

A. ILLNESSES DURING THE PAST 4 WEEKS

Please provide information on all members usually residing in this household

ID NUMBER	How would you evaluate ..[NAME]'s.. Health? 1 = Very good 2 = Good 3 = Average 4 = Bad 5 = Very bad 8 = Don't know	Compared with others of the same age would you say that ..[NAME]'s.. health is... 1 = Much better 2 = Some what better 3 = About the same 4 = Some what worse 5 = Much worse 8 = Don't know	Does ..[NAME].. Have any disability?			What was the cause of the disability?			Did ..[NAME].. Have any illness, injury or other health problem in the past 4 weeks? 1 = Yes 2 = No (=>> 13)
			1 = Seeing difficulties 2 = Hearing difficulties 3 = Speaking difficulties 4 = Moving difficulties 5 = Feeling difficulties 6 = Psychological difficulties (Strange behaviour) 7 = Learning difficulties 8 = People who have fits 9 = Other (specify) 98 = Don't know			1 = Mine/UXO 2 = Traffic Accident 3 = Work Accident 4 = Disease(s) 5 = Old Age 6 = Congenital 7 = Fever 8 = Difficulty Delivery 9 = Chemical Accident 10 = Rape 11 = Violent Attack 12 = Domestic Violent 13 = Suicide Attempt 14 = Mental Trauma due to war and other traumatic events 15 = War Injuries 16 = Malnutrition 17 = Burns 18 = Torture 19 = Other (specify) 98 = Don't know			
			Enter '0' if none, ==> 6 Enter up to 3 most important			Enter up to 3 most important			
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5a)	(5b)	(5c)	(6)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are absent.

A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

ID NUMBER	What kind of illness, injury or other health problem related symptom?					Was [NAME] so ill that s/he could not do his/her usual activities?	How many days was ..[NAME].. so ill that s/he stopped doing usual activities?	Did ..[NAME].. Seek care for any health problem in the past 4 weeks? 1 = Yes 2 = No (=>> 11)
	1 = Stomach ache 2 = Back pain 3 = Head ache 4 = Ear pain 5 = Eye pain 6 = Fever 7 = Diarrhoea 8 = Cold & cough without rapid or difficult breathing 9 = Cold & cough with rapid or difficult breathing 10 = Bronchitis 11 = Pleurisy 12 = Tuberculosis 13 = Diabetes 14 = Disease of urinary system 15 = Disease of the heart 16 = Measles 17 = Hypertension 18 = Typhoid fever 19 = Dengue fever 20 = Chickenpox 21 = Meningitis 22 = Encephalitis 23 = Cancer 24 = Genecology 25 = Avitaminosis and other nutritional 26 = Anaemia 27 = Jaundice 28 = Skin disorder 29 = Leprosy 30 = Malaria 31 = Food-borne disease 32 = Water-borne disease 33 = Mental disorders 34 = Dropsy (Swollen belly) 35 = HIV/AIDS 36 = Mine injury 37 = Road accident 38 = Other injury 39 = Antenatal care 40 = Poastnatal care 41 = Other care need (specify)							
Enter up to 5 most important								
(1)	(7a)	(7b)	(7c)	(7d)	(7e)	(8a)	(8b)	(9)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

14. HEALTH

ndent: the head of household or the spouse of the head of hous

WEEK 4

[Go to Home Sheet](#)

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are absent.

A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

ID NUMBER	Which provider is usually consulted for care? Public sector: 1 = National hospital (PP) 2 = Provincial hospital (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Other public (Specify) Private medical sector: 8 = Private hospital 9 = Private clinic 10 = Private pharmacy 11 = Home/Office of trained health worker/nurse 12 = Visit of trained health worker/nurse 13 = Other private medical (Specify) Not medical sector: 14 = Shop selling drugs/market 15 = Kru khmer/ Magician 16 = Monk/religious leader 17 = Traditional birth attendant 18 = Other (Specify)	Was ..[NAME].. Hospitalised for the treatment/care during past 4 weeks? 1 = Yes 2 = No (=> 13)	How many nights was ..[NAME].. Hospitalised during past 4 weeks? N° OF NIGHTS	Does ..[NAME].. Use (hammock) mosquito net while sleeping? 1 = Yes 2 = No (=> Next Person)	Were ..[NAME].. nets impregnated with safe pyrethroid insecticide to prevent malaria transmission during the past 12 months, that is since ..[MONTH]..last year? 1 = Yes 2 = No 8 = Don't know
(1)	(10)	(11)	(12)	(13)	(14)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

17. SUMMARY OF PRESENCE IN THE HOUSEHOLD

DURING MONTH

ID NUMBER	DAYS 1 - 7				DAYS 8 - 14			
	Was [NAME].. present all the first 7 days?	How many of the first 7 days has [NAME].. been present in the household?	Were [NAME].. 's consumption expenditures recorded in the diary?	How much were [NAME].. consumption expenditures while he/she was absent from home during the first 7 days?	Was [NAME].. present all the second 7 days?	How many of the second 7 days has [NAME].. been present in the household?	Were [NAME].. 's consumption expenditures recorded in the diary?	How much were [NAME].. consumption expenditures while he/she was absent from home during the second 7 days?
	1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No	
		No of days		RIELS		No of days		RIELS
(1)	(2a)	(2b)	(2c)	(2d)	(3a)	(3b)	(3c)	(3d)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

17. SUMMARY OF PRESENCE IN THE HOUSEHOLD (CONTINUED)

DURING MONTH

ID NUMBER	DAYS 15 - 21				DAYS 22 >>			
	Was [NAME].. present all the third 7 days?	How many of the third 7 days has [NAME].. been present in the household?	Were [NAME].. 's consumption expenditures recorded in the diary?	How much were [NAME].. consumption expenditures while he/she was absent from home during the third 7 days?	Was [NAME].. present the rest of the month?	How many of the rest of the month has [NAME].. been present in the household?	Were [NAME].. 's consumption expenditures recorded in the diary?	How much were [NAME].. consumption expenditures while he/she was absent from home during the rest of the month?
	1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No		1 = Yes (=>> Next person) 2 = No	
		No of days		RIELS		No of days		RIELS
(1)	(4a)	(4b)	(4c)	(4d)	(5a)	(5b)	(5c)	(5d)
01								
02								
03								
04								
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14								
15								