

CONFIDENTIAL

All information collected in this survey is strictly confidential and will be used for statistical purposes only

Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

Household ID

CAMBODIA SOCIO-ECONOMIC SURVEY 2009
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:								
Interviewer's phone no:														
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:								Supervisor's phone no:					

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

01. INITIAL VISIT

Respondent: head of household, spouse of the head of household, or 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 or 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 01 = Head 02 = Spouse 03 = Son/Daughter 04 = Stepchild 05 = Adopted child/ Foster child 06 = Parent 07 = Sibling 08 = Grand child 09 = Nephew/Niece 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	MONTH	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 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 13 and above:		Is ..[NAME]..khmer or other ethnic group? 1 = Khmer (>> 12) 2 = Cham 3 = Other local ethnic 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
		What is ..[NAME].. 's 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										
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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 Did your household run any business, e.g. agriculture production (farming), producing goods, service etc.during the last 7days?

1 = Yes

2 = No

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

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 in Riels Write '0' if nothing		
		Purchased in cash	Own production, wages in kind, gifts, free collections (imputed value)	Total consumption (Col 3 + Col 4)
	FOOD/BVERAGE/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, traov, sugar beet, etc.)			
09	Pulses and legumes (green gram, dhal, 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, softdrinks purchased outside home)			
20	Prepared meals bought outside and eaten at home			

01. C. RECALL NON-FOOD EXPENDITURES

Respondent: The household member who knows most about the non-food expenditure in the household

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, telephone and internet phone 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 and animal betting: casino gambling, card games, football, boxing, cockfighting etc.)	Last 12 months			
13	Miscellaneous items (special occasions as funeral rituals, weddings, parties, cash gifts, charity, etc.)	Last 12 months			
14	Total 1- 13:				

01. D. VULNERABILITY

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

INITIAL VISIT

Q1 Did your family use iodized salt, yesterday?

Ask the respondent for a teaspoon full of cooking salt and test for iodine.

1 = Iodine present

2 = No iodine

3 = No salt in the household

4 = Salt not tested

Q2 In the last 12 months, has this household had enough food all days or were there days and weeks with very little or no food so that the household had to starve ("was hungry")?

1 = Enough food all the last 12 months (>>

NEXT SECTION)

2 = Not enough food

Q3 How many of the last 52 weeks did the household have so little food that it was starving ("was hungry")?

Number of WEEKS:

Write '0' if less than 1 week

Q4 Which months of the last 12 months did the household starve ("was hungry")?

(1 = January, 2 = February, 3 = March...) Code "1" if starving and "0" otherwise

Month

1	2	3	4	5	6	7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

END OF INITIAL VISIT

02. EDUCATION AND LITERACY

WEEK 1

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

Please provide information on all members aged 3 years and older who usually reside in this household.

ID NUMBER	Can ..[NAME]... read a simple message in any language?	Can ..[NAME]... write a simple message in any language?	Has ..[NAME]... ever attended school?	How many years has ...[NAME]... attended school?	What is the highest level ..[NAME].. has successfully completed?	Is ..[NAME].. currently in the school system?	What's ..[NAME]'s.. current grade?	Is the school public or private?
	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No (>> 11)	Enter completed number of years	98 = Don't know 88 = No class completed 00 = Pre-school/Kindergarten 01 = Class one completed 02 = 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)	1 = Yes 2 = No (>>11) If the child is on holidays, he/she is considered in the school system	00 = Pre-school/ Kindergarten 01 = Class one 02 = 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 = Public 2 = Private
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
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02. EDUCATION AND LITERACY (CONTINUED)

WEEK 1

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

Please provide information on all members aged 3 years and older who usually reside in this household.

ID NUMBER	Is ..[NAME].. currently taking private lessons after school? (languages, math, science, music, sports)? 1=Yes 2=No >>12	If Col. 4 = 2 or Col.7 = 2 and below 18 years of age Why is ..[NAME].. not attending (has never attended) school? 01 = Don't want to 02 = Did not do well in school 03 = No suitable school available/school is too far 04 = No teacher/Supplies 05 = High cost of schooling 06 = Must contribute to household income 07 = Must help with household chores 08 = Too poor 09 = Due to disability 10 = Due to long term illness (over 3 months) 11 = Too young 12 = 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 = Computer literacy 6 = Others (Specify)	Did ..[NAME].. attend school past schoolyear (including non-formal class)? 1 = Yes (>> 16a) 2 = No >> NEXT PERSON)
(1)	(10)	(11)	(12)	(13)	(14)	(15)
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02						
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04						
05						
06						
07						
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12						
13						
14						
15						

02. EDUCATION AND LITERACY (CONTINUED)

WEEK 1

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

Please provide information on all members aged 3 years and older who usually reside in this household.

ID NUMBER	<p>If code 1 in col. 15, please fill up columns 16a-16h, 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, schoolbuilding fund etc.	H. TOTAL (Col 16a - 16g)
	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(16a)	(16b)	(16c)	(16d)	(16e)	(16f)	(16g)	(16h)
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03. INFORMATION ON MIGRATION

Respondents: Household members 5 and older

WEEK 1

A. PAST MIGRATION

Please provide information on migration for all members of the household. (Don't ask children less than 5 years)

ID NUMBER	Has ..[NAME].. always, since birth, lived in this village? 1 = Yes (>> Col 7) 2 = No	How many years has..[NAME].. lived in this village? If less than 1 enter '0'	Which province did [NAME] move from?			Why did ..[NAME].. move to this village (the main reason)? 01 = Transfer of work place 02 = In search of employment 03 = Education 04 = Marriage 05 = Family moved 06 = Lost land/lost home 07 = National calamities 08 = Insecurity 09 = Repatriation or return after displacement 10 = Orphaned 11 = Visiting only 12 = Other (Specify)	In which province were ..[NAME].. born?		
			If moved from abroad, please write the name of the country If moved within the same province write "Same".				If born abroad, please write the name of the country		
			PROVINCE / COUNTRY NAME	PROVINCE CODE	COUNTRY CODE		PROVINCE / COUNTRY NAME	PROVINCE CODE	COUNTRY CODE
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5)	(6a)	(6b)	(6c)
01									
02									
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13									
14									
15									

03. INFORMATION ON MIGRATION (CONTINUED)

Respondents: Household members 5 and older

WEEK 1

A. PAST MIGRATION (CONTINUED)

ID NUMBER	In the past 5 years, has ..[NAME].. migrated to another country for at least 1 month (at the same time) for work? 1 = Yes 2 = No (>> NEXT PERSON)	How many times in the past 5 years has ..[NAME].. migrated to another country? Refer to Col. 7 If 'Don't know' enter '98'	In which year and month was ..[NAME].. 's most recent migration to another country?		How many months did ..[NAME].. stay in the country in this last migration episode? If still abroad enter '99'	Where did ..[NAME].. migrate in this last migration episode? 01 = Bangkok 02 = Other town/city in Thailand 03 = Rural area in Thailand 04 = Seoul 05 = Other places in South Korea 06 = Kuala Lumpur 07 = Other places in Malaysia 08 = Taiwan 09 = Vietnam 10 = Other (specify) 11 = Don't Know	What was ..[NAME]..'s main occupation while in ..[COUNTRY]..? For 'COUNTRY' see Col 11 If no work leave blank Note: beggar and sex worker are occupations		Why did ..[NAME].. return? 1 = Job ended 2 = Family reasons 3 = To get married 4 = Better employment at home 5 = Homesick 6 = Visa expired 7 = Was expelled 8 = Mistreatment or other dissatisfaction 9 = Other (specify)	
			NO OF TIMES	NO OF MONTHS			OCCUPATION DISCRIPTION	NIS OCC. CODE		
				YEAR						MONTHS
(1)	(7)	(8)	(9a)	(9b)	(10)	(11)	(12a)	(12b)	(13)	
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03. INFORMATION ON MIGRATION (CONTINUED)

WEEK 1

B. CURRENT MIGRANTS

Respondent: Head of household, spouse of head of household or another adult if both head and spouse are absent

Q1. In addition to the persons living in your household are there any other persons (spouse or son/daughter), 15 years and older, who previously has been a member of your household but no longer are living in this household?

1 = Yes 2 = No (>>SECTION 4)

ID NUMBER	Please give me the names of spouse, if he or she is no longer living in the household and all the children (son/daughter) 15 years and over who are no longer living in this household (include all children of head and/or spouse)	Sex 1 = Male 2 = Female	What is.. [NAME] ...'s age in completed years?	Where is ..[NAME].. currently living? If in Cambodia, write the province. If abroad, write the country If moved within the same province write "Same".			What year did ..[NAME].. move to [CURRENT LOCATION]..?
	NAME			YEARS	PROVINCE / COUNTRY NAME	PROVINCE CODE	
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(6)
31							
32							
33							
33							
35							
36							
37							
38							
39							
40							

03. INFORMATION ON MIGRATION (CONTINUED)

WEEK 1

B. CURRENT MIGRANTS (CONTINUED)

Respondent: Head of household, spouse of head of household or another adult if both head and spouse are absent

ID NUMBER	Why did ..[NAME].. move to ..[CURRENT LOCATION].. 1 = To take a job 2 = To look for a job 3 = To go to live with a spouse 4 = To study 5 = To go to live with a relative 6 = Other (specify)	What was ..[NAME].. 's main occupation at the time of (before) moving to .. [CURRENT LOCATION].? Enter '0' in Col 8a if unemployed If no work leave blank Note: beggar and sex worker are occupations		What is the highest level ..[NAME].. has successfully completed? 98 = Don't know 88 = No class completed 00 = Pre-school/Kindergarten 01 = Class one completed 02 = 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)
		OCCUPATION DISCRPTION	NIS OCC. CODE	
(1)	(7)	(8a)	(8b)	(9)
31				
32				
33				
33				
35				
36				
37				
38				
39				
40				

03. INFORMATION ON MIGRATION (CONTINUED)

WEEK 1

B. CURRENT MIGRANTS (CONTINUED)

Respondent: Head of household, spouse of head of household or another adult if both head and spouse are absent

ID NUMBER	What is ..[NAME]..'s main occupation now?		Have any members of this household received transfers or gifts in cash from ..[NAME].. the last 12 months?	What is the total value of the transfers and cash gifts that ..[NAME].. has sent to the household the last 12 months?	Through what means/channels do you / does your household receive the money? 1 = Western Union 2 = Bank transfer 3 = From the person or by other person 4 = Other (specify) Enter the two main means	
	Enter '0' in Col. 10a if unemployed If no work leave blank Note: beggar and sex worker are occupations					
	OCCUPATION DISCRIPTION	NIS OCC. CODE		RIELS		
(1)	(10a)	(10b)	(11)	(12)	(13a)	(13b)
31						
32						
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04. HOUSING

Respondent: Head of household, spouse of the head of household, or 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"/>												
<p>Q4 What is the primary construction material of the wall of the housing/dwelling unit occupied by your household?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p><u>WALL CODES</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 = Bamboo, Thatch/leaves, Grass</td> <td style="width: 33%;">4 = Concrete, brick, stone</td> <td style="width: 33%;">7 = Makeshift, mixed materials</td> </tr> <tr> <td>2 = Wood or logs</td> <td>5 = Galvanized iron or aluminium or other metal sheets</td> <td>8 = Clay/dung with straw</td> </tr> <tr> <td>3 = Plywood</td> <td>6 = Fibrous cement/Asbestos</td> <td>9 = Other, specify</td> </tr> </table> </div> <div style="width: 30%; text-align: right;"> <p>CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> </div> </div>			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			
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												
<p>Q5 What are the primary construction material of the roof of the housing / dwelling unit occupied by your household?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p><u>ROOF CODES</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 = Thatch/leaves/grass</td> <td style="width: 33%;">5 = Salvaged materials</td> <td style="width: 33%;">8 = Concrete</td> </tr> <tr> <td>2 = Tiles</td> <td>6 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement</td> <td>9 = Plastic sheet</td> </tr> <tr> <td>3 = Fibrous cement</td> <td>7 = Mixed but predominantly made of thatch/leave /grass or salvaged materials</td> <td>10 = Other (Specify)</td> </tr> <tr> <td>4 = Galvanized iron or aluminium</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 30%; text-align: right;"> <p>CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> </div> </div>			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)	4 = Galvanized iron or aluminium		
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)												
4 = Galvanized iron or aluminium														
<p>Q6 What are the primary construction material of the floor of the housing / dwelling unit occupied by your household?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p><u>FLOOR CODES</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 = Earth, clay</td> <td style="width: 33%;">4 = Cement/Brick/Stone</td> <td style="width: 33%;">7 = Vinyl</td> </tr> <tr> <td>2 = Wooden planks</td> <td>5 = Parquet, polished wood</td> <td>8 = Ceramic tiles</td> </tr> <tr> <td>3 = Bamboo strips</td> <td>6 = Polished stone, marble</td> <td>9 = Other (Specify)</td> </tr> </table> </div> <div style="width: 30%; text-align: right;"> <p>CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> </div> </div>			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)			
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2 = Wooden planks	5 = Parquet, polished wood	8 = Ceramic tiles												
3 = Bamboo strips	6 = Polished stone, marble	9 = Other (Specify)												
<p>Q7 What is your household's main source of lighting?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p><u>LIGHTING SOURCE CODES</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1 = Publicly-provided electricity/City power</td> <td style="width: 33%;">3 = Battery</td> <td style="width: 33%;">5 = Candle</td> </tr> <tr> <td>2 = Generator</td> <td>4 = Kerosene lamp</td> <td>6 = None</td> </tr> <tr> <td></td> <td></td> <td>7 = Other (specify)</td> </tr> </table> </div> <div style="width: 30%; text-align: right;"> <p>CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> </div> </div>			1 = Publicly-provided electricity/City power	3 = Battery	5 = Candle	2 = Generator	4 = Kerosene lamp	6 = None			7 = Other (specify)			
1 = Publicly-provided electricity/City power	3 = Battery	5 = Candle												
2 = Generator	4 = Kerosene lamp	6 = None												
		7 = Other (specify)												
<p>Q8 What is your household's main source of drinking water in wet season?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p><u>DRINKING WATER SOURCE CODES IN WET SEASON</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 01 = Piped in dwelling or on premises (>> Q12) 02 = Public tap 03 = Tubed/piped well or borehole 04 = Protected dug well (including all of the following: lining, headwall, platform, cover) 05 = Unprotected dug well 06 = Pond, river or stream (fetch water from pond, river, stream) 07 = Pond, river or stream (pump to the house) (>> Q12) </td> <td style="width: 50%; vertical-align: top;"> 08 = Improved rainwater collection (catchment tank needs to have all the following: completely closed, tap to withdraw water and at least 3000 litres capacity (>> Q12) 09 = Unimproved rainwater collection (>> Q12) 10 = Water bought from tanker truck or vendor (Vendor brought water home, write "0" in distance and >> Q12) 11 = Water bought from tanker truck or vendor (Any household member goes to collect, write distance in Q9 then ask Q10 and Q11.) 12 = Bottled water 13 = Other (Specify) </td> </tr> </table> </div> <div style="width: 30%; text-align: right;"> <p>CODE: <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> </div> </div>			01 = Piped in dwelling or on premises (>> Q12) 02 = Public tap 03 = Tubed/piped well or borehole 04 = Protected dug well (including all of the following: lining, headwall, platform, cover) 05 = Unprotected dug well 06 = Pond, river or stream (fetch water from pond, river, stream) 07 = Pond, river or stream (pump to the house) (>> Q12)	08 = Improved rainwater collection (catchment tank needs to have all the following: completely closed, tap to withdraw water and at least 3000 litres capacity (>> Q12) 09 = Unimproved rainwater collection (>> Q12) 10 = Water bought from tanker truck or vendor (Vendor brought water home, write "0" in distance and >> Q12) 11 = Water bought from tanker truck or vendor (Any household member goes to collect, write distance in Q9 then ask Q10 and Q11.) 12 = Bottled water 13 = Other (Specify)										
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Q9 What is the distance from home to the drinking water source in wet season (source reported in Q8)?	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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>												
Q10 Which members of your household are fetching drinking water in the wet season?	IDcode (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 PER DAY:	<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"/>												

04. HOUSING (CONTINUED)

WEEK 1

Q12	What is your household's main source of drinking water in dry season?	CODE:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p><u>DRINKING WATER SOURCE CODES IN DRY SEASON</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>01 = Piped in dwelling or on premises (>> Q16)</p> <p>02 = Public tap</p> <p>03 = Tubed/piped well or borehole</p> <p>04 = Protected dug well (including all of the following: Lining, headwall, platform, cover)</p> <p>05 = Unprotected dug well</p> <p>06 = Pond, river or stream (fetch water from pond, river, stream)</p> <p>07 = Pond, river or stream (pump to the house)</p> <p>(>> Q16)</p> </div> <div style="width: 48%;"> <p>08 = Improved rainwater collection (catchment tank needs to have all the following: completely closed, tap to withdraw water and at least 3000 litres capacity (>> Q16))</p> <p>09 = Unimproved rainwater collection (>> Q16)</p> <p>10 = Water bought from tanker truck or vendor (Vendor brought water home, write "0" in distance and >> Q16)</p> <p>11 = Water bought from tanker truck or vendor (Any household member goes to collect, write distance in Q13 then ask Q14 and Q15.)</p> <p>12 = Bottled water</p> <p>13 = Other (Specify)</p> </div> </div>			
Q13	What is the distance from home to the drinking water source in dry season (source reported in Q12)?	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"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Q14	Which members of your household are fetching drinking water in the dry season?	IDcode	(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"/>
Q15	How many minutes per day do they spend in total on fetching drinking water in dry season?	MINUTES PER DAY:	<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"/>
Q16	How much water charges did your household pay last month? (Put "0" for not buying water source)	RIELS:	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
Q17	Did your household boil or otherwise treat the drinking water last month?	1 = Yes, always 2 = Sometimes 3 = No, never (>>Q19)	
Q18	How did you treat your drinking water last month?		
	1 = Yes a. Boil water? <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> c. Chemical? <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> e. Other method (Specify)? <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 2 = No b. Filter water? <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> d. White alum? <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>		
Q19a	What toilet facility does your household have within the premises? (in the area close to the dwelling)	CODE:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 = Pour flush (or flush) to elsewhere (i.e. not a sewer or pit/tank) (>> Q20)</p> <p>4 = Pit latrine with slab(>> Q20)</p> <p>5 = Pit latrine without slab or open pit (>> Q20)</p> <p>6 = Latrine overhanging field or water (drop in the field, pond, lake, river, sea) (>> Q20)</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: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>1 = Public toilet/pit latrine or shared with others (any type)</p> <p>2 = Open land</p> <p>3 = 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; height: 20px; border: 1px solid black;" type="text"/>
Q21	How much did your household spend for garbage collection last month? (Write 0 if nothing)	RIELS:	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>

04. HOUSING (CONTINUED)

WEEK 1

Q22 (a) What type of fuel does your household mainly use for cooking?

FUEL CODESCODE:

- 1 = Firewood
 2 = Charcoal
 3 = Liquefied petroleum gas LPG (>> Q23)
 4 = Kerosene (>> Q23)
 5 = Publicly-provided electricity/City Power (>> Q23)
 6 = Household generator (>> Q23)
 7 = None/don't cook (>> Q23)
 8 = Other (Specify) (>> Q23)

(b) Does the vendor bring the firewood/charcoal home? 1 = Yes (>> Q23)
 2 = No

(c) Which household members are collecting or fetching firewood or charcoal?

IDcode OF HH MEMBER

(1) (2) (3)

(d) How many hours per week in total do they spend on collecting or
 fetching firewood/charcoal?

HOURS PER WEEK:

If less than one hour write '0'

Q23 How much did the household spend on the following items last month (including lights and cooking)?

RIELS

INCLUDE THE VALUE OF OWN PRODUCTION OR RECEIVED AS PAYMENT IN
 KIND FOR WORK OR AS GIFT OR FREE COLLECTION

(ENTER " 0 " IF DID NOT SPEND ANYTHING)

- a. Electricity
 b. Gas (LPG)
 c. Kerosene
 d. Firewood
 e. Charcoal
 f. Battery
 g. Other (Specify)

Q24 What's the legal status of the dwelling?

LEGAL STATUS CODECODE:

- 1 = Owned by the household (>> Q25b)
 2 = Not owned but no rent is paid (>> Q25b)
 3 = Rented
 4 = Other (Specify) (>> Q25b)

Q25a If rented:

How much did you pay for rent of this house last month? (= >> Q26)

RIELS:

Q25b How much would you have to pay per month to rent a similar dwelling? (Estimated value)

RIELS:

Q26 Whether owned or rented:

How much did you spend on maintenance and minor repairs of the dwelling last month?

RIELS:

END OF WEEK 1

05. HOUSEHOLD ECONOMIC ACTIVITIES

WEEK 2

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

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. That means all land that is used or could be used for vegetable gardening, agricultural or farming activities - crop cultivation, livestock raising and private forestry. (Do not include residential land not used to any of these activities)

Q1a Has the household sold any open land in the last 12 months?

1 = YES 2 = NO (>> Q2)

Q1b What was the primary reason/purpose for which you sold the land?

- 1 = To address family health issues
- 2 = Invest in business
- 3 = To weed or buy farm equipment or for other agricultural activities
- 4 = To pay debt
- 5 = To buy motor bike or cell phone or for other household consumption needs
- 6 = Rituals (marriage ceremony, funeral etc.)
- 7 = Other (specify)

Q2 Does anyone in your household own or operate any land that is used / could be used for vegetable gardening, agricultural or farming activities (crop cultivation, livestock raising or private forestry)?

1 = YES 2 = NO (>> NEXT SECTION E)

Q3 How many plots does your household own or operate?

NUMBER OF PLOTS:

Please list each plot that your household owns, or rent in from others, or used for free (including owned land that is rented out)

Note: Use additional questionnaires if there are more than 7 plots

PLOT NUMBER	What is the area of the plot in square meters (m ²)?	Do you own this land, rent it or have it in some other way? 1 = Own (>> 4a) 2 = Own, but rent out (>> 5a) 3 = Rented in (>> 6a) 4 = Free use of land (>> 4a) 5 = Other (specify)	If owned or free use of land Col 3 = 1 or 4			If owned but rented out Col 3 = 2		
			How much would it cost to rent a plot like this in this village? In cash or in kind (>> Col 7)		For what time period?	How much rent do you receive for this plot? In cash or in kind (>> Col 7)		For what time period?
			Amount (if in cash) Quantity (if in kind)	Unit 1 = Riel 2 = Kg 3 = Other (specify)	1 = Month 2 = Season 3 = Year 4 = Other (specify)	Amount (if in cash) Quantity (if in kind)	Unit 1 = Riel 2 = Kg 3 = Other (specify)	1 = Month 2 = Season 3 = Year 4 = Other (specify)
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5a)	(5b)	(5c)
01	m ²							
02	m ²							
03	m ²							
04	m ²							
05	m ²							
06	m ²							
07	m ²							

A. LAND OWNERSHIP (CONTINUED)
WEEK 2

Please fill out the detailed information for each of the plots your household owns or rent in from others or used for free (including owned land that is rented out)

PLOT NUMBER	If rented in Col 3 = 3			What type of land is it? 01 = Wet-season land 02 = Dry-season land 03 = Wet and dry season land 04 = Chamkar land 05 = Kitchengarden (backyard) 06 = Land with permanent crops 07 = Land for raising livestock 08 = Private forestry land 09 = Idle land 10 = Other land (specify)	In what year did you first have/ start using this plot ?	How did you acquire it? 1 = Given by the government or local authority (>> 11) 2 = By inheritance or gift from relatives (>> 11) 3 = Bought it from a relative 4 = Bought it from a non-relative 5 = Cleared land/occupied for free (>> 11) 6 = Donated by friend (>> 11) 7 = Rented in (>> 11) 8 = Other (specify) (>>11)	If bought Col 9 = 3 or 4	
	How much rent do you pay for this plot? In cash or in kind		How much did you pay to buy this plot?					
	Amount (if in cash) Quantity (if in kind)	Unit 1 = Riel 2 = Kg 3 = Other (specify)						
		For what time period? 1 = Month 2 = Season 3 = Year 4 = Other (specify)					YEAR	Riels
(1)	(6a)	(6b)	(6c)	(7)	(8)	(9)	(10)	
01								
02								
03								
04								
05								
06								
07								

Please fill out the detailed information for each of the plots your household owns or rent in from others or used for free (including owned land that is rented out)

PLOT NUMBER	All plots		Do you have a paper to certify your ownership or rental agreement? 1 = Yes 2 = Never had (>> 15) 3 = Lost it (>> 15) 4 = Don't know (>> 15)	If YES in Col 12		Can you show me the document that you have for this plot? Enter 8 if do not see certificate 1 = Application receipt 2 = Land investigation paper 3 = Certificate (title) from the government 4 = Paper from local authority 5 = Rental contract 6 = Other (specify) 7 = Don't know / not sure 8 = No paper shown	Whose name is on the ownership document or rental contract? 1 = Head of household 2 = Spouse 3 = Both head of household and spouse 4 = Father 5 = Mother 6 = Other relative 7 = Other (specify)
	How much would it cost to buy a plot like this in this village today?			What kind of paper do you have? Enter answer given by respondent			
	Riels						
	(1)	(11)		(12)	(13a)		
01							
02							
03							
04							
05							
06							
07							

05. A. LAND OWNERSHIP (CONTINUED)

WEEK 2

Please fill out the detailed information for each of the plots your household owns or rent in from others (including owned land that is rented out)

PLOT NUMBER	Who is the plot manager? Write ID Code if a person in your household 77 = Other, female not in the household 88 = Other, male not in the household 99 = Unknown	Which crop did you grow on this plot in the last seasons? 1 = Rice 2 = Other crops (water melon, pumpkin, vegetables, maize, bean, potato, etc.) 3 = Fruit and nut trees (mango, coconut, cashew etc.) 4 = Rubber 5 = Don't know which crop 6 = None Enter all crops (up to the 3 most important) if you grow more than one crop	Can you add water to this plot with irrigation and / or water pumped from the well? 1 = Yes, dry season 2 = Yes, wet season 3 = Yes, both seasons 4 = No, cannot irrigate or pump water at all for this plot	Have you made any investments on this plot since you acquired it? (record up to 3 most important investments)				
				Enter the 3 most important				
(1)	(15)	(16a)	(16b)	(16c)	(17)	(18a)	(18b)	(18c)
01								
02								
03								
04								
05								
06								
07								

PLOT NUMBER	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 (> 22)	When did you start to have the rights to use it as a collateral?	Have you ever had any conflict about this plot? 1 = Yes, now 2 = Yes, previously 3 = No
	YEAR		If don't know, leave blank YEAR	
(1)	(19)	(20)	(21)	(22)
01				
02				
03				
04				
05				
06				
07				

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 your household 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 your household 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 per kg?
		Name of crop or by-product	NIS code	m ²	m ²	KG Write '0' if nothing	KG Losses mean rotted, lost, eaten by birds, rodents, etc. Write '0' if nothing	KG Write '0' if nothing	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 your household 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 production	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 gasoline and diesel for the farming (not including household use!)	Storage items (eg., burlap bags, plastic sheeting etc.)	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 your household 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, equipment 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 from others	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	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 your household and in your storage December 31 last year.

Did your household have any crops in storage December 31 last year?

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

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

Note: In this module all finished crops (including fruits and vegetables etc.) shall be reported

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)

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 ..[LIVESTOCK].. 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 meat products from livestock/poultry in riels		Value of other products than meat (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 AND AND PULTRY RAISING ACTIVITIES (CONTINUED)

WEEK 2

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

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

WEEK 2

Q1 Did your household or anyone in your household raise fish (or any other aquatic product like frogs or crocodiles) during the past 12 months?	1 = Yes 2 = No (>> Q3)	<input style="width: 40px; height: 20px;" type="text"/>
Q2 Does your household or anyone in your household own or operate a pond for fish or shrimp culture?	1 = Yes 2 = No (>> Q3)	<input style="width: 40px; height: 20px;" type="text"/>

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 from others 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 your household or anyone in your household catch fish, shrimp, crabs, oysters, etc. during the past 12 months?	1 = Yes 2 = No	<input style="width: 40px; height: 20px;" type="text"/>
---	---------------------	---

If Yes on Q1 or Q2 or Q3, please ask the following questions. If No on all 3 questions (Q1-Q3) >> G

ITEM NUMBER	EXPENSES How much did your household 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/shrimp etc.	
02	Feed for raising fish/shrimp etc.	
03	Hired labour (cash plus Kind)	
04	Ice	
05	Repair and maintenance of nets and traps etc.	
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/shrimp/crab etc. 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 your household 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, crab etc. consumed in household	
03	Value of fish, shrimp, crab etc. given away as gift, charity, barter, etc.	
04	Value of fish, shrimp used for drying (dried fish/shrimp, smoked fish etc.)	
05	Value of fish, shrimp used for preparation of fish/shrimp sauce	
06	Value of fish, shrimp used for animal feed	
07	Value of fish, shrimp used for other (specify)	
08	Total 1 - 7:	

(*) Do not include fish, shrimp, crab etc (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 on both of them >>Part H

PRODUCT NUMBER	INCOME	What were the value of products that your household 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 (Col. 3 - 5)
	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

ITEM NUMBER	EXPENSES	Amount spent
	How much did your household spend on the following items during the past 12 months?	Write '0' if nothing
	ITEMS	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	Main person running the enterprise/ business	ID CODE OF							
					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												

Note: Use additional questionnaires if there are more than 5 activities running by the household

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

WEEK 2

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, service etc.					
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, stationary 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 your household 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 (taxi, moto etc)					
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 another adult household member

WEEK 2

Q1 Does your household have outstanding debts to other households or institutions? 1 = Yes 2 = No (>> NEXT SECTION)

LOAN NUMBER	How old is the debt? (In completed months)	In how many months will the debt be fully paid back?	From whom did your household obtain the loan?	What was the primary purpose for which your household borrowed the money?	What was the total amount borrowed?	How much is the outstanding loan now (this month)?	If interest is charged, what is the monthly rate of interest?
	Put '0' if less than one month	Put '0' if less than one month	01 = Relatives in Cambodia 02 = Relatives who live abroad 03 = Friends/neighbours 04 = Moneylender 05 = Trader 06 = Landlord 07 = Employer 08 = Bank 09 = NGO 10 = Other (specify)	01 = Agricultural activities 02 = Non-agricultural activities 03 = Household consumption needs 04 = Illness, injury, accident 05 = Other emergencies (fire, flood, theft) 06 = Rituals (marriage ceremony, funeral etc) 07 = Purchase/improvement of dwelling 08 = Purchase of consumer durables 09 = Servicing and existing debts 10 = Other (specify)		Interest should not be included	Refer to the outstanding loan in Col 7 If no interest, write '0' If don't know, leave it blank
	MONTHS	MONTHS			RIELS	RIELS	PERCENTAGE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01							
02							
03							
04							
05							
06							

07. HOUSEHOLD INCOME FROM OTHER SOURCES

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

WEEK 2

SOURCE NUMBER	REVENUE ITEMS	How much did your household receive from ..[SOURCE].. during the last 12 months?		
		From Cambodia	From abroad	Total (Col 3 + Col 4)
		Write '0' if nothing IN RIELS	Write '0' if nothing IN RIELS	Write '0' if nothing IN RIELS
(1)	(2)	(3)	(4)	(5)
01	Pensions			
02	Remittances from other relatives or others (not reported in current migration section)			
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:			

Note: Income from economic activity will be reported in module 05 (agricultural and non-agricultural activity) and in module 13B (salary if paid employee)

END OF WEEK 2

8. CONSTRUCTION ACTIVITIES IN THE PAST 12 MONTHS

Respondent: Head of household, spouse of the head of household, or 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)

BUILDING NUMBER	What is the building used for? 1 = Residential 2 = Agricultural 3 = Commercial (purchase/sale of goods and services) 4 = Industrial (manufacturing) Enter the three most important			What is the total area for living or other use of the building? SQUARE METERS	What year was the building constructed? Enter the year when the construction was finished YEAR	How much would you have to pay to buy a building like this in the village? RIELS	How much would you have to pay per month to rent a building like this in village? The village where the building is located RIELS	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? RIELS	Was this building constructed, extended or repaired in the last 12 months, that is, since ..[MONTH].. last year? 1 = Yes 2 = No (>> NEXT BUILDING)	
	(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) Enter the most important	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 your household pay those who helped constructing, extending or repairing this building (hired or contracted)? Write '0' if nothing and leave it blank if don't know For building still under work ask for the cost up till now 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 your household spend for materials? Write '0' if nothing and leave it blank if don't 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 for constructing, extending or repairing this building 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 is the estimated remaining cost of the building's construction, extension or repair to be completed?
	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(15)	(16)	(17)	(18)	(19)
1					
2					
3					
4					

09. DURABLE GOODS
WEEK 3
Respondent: Head of household, spouse of the head of household, or another adult household member

ITEM NUMBER	How many of the following items does your 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? If more than one item ask for each item and put a code in each column. If more than 4 ask for the 4 most recent				How many of this (these) ..[ITEM].. were acquired or received...:		For items bought or received within the last 12 months:	For items bought or received before the last 12 months:
	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?	What was the purchase value (or the imputed value) of all these ..[ITEM]s..?	According to current prices, what do you think you could get if you sold ..[ITEM]s..?
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6a)	(6b)	RIELS	RIELS
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 (picture/video)	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									

09. DURABLE GOODS
WEEK 3

ITEM NUMBER	How many of the following items does your 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? If more than one item ask for each item and put a code in each column. If more than 4 ask for the 4 most recent 1 = Purchased 2 = Payment for services 3 = Received as a gift 4 = Other (specify)				How many of this (these) ..[ITEM].. were acquired or received...: a. Within the last 12 months? b. Before the last 12 months?		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							RIELS	RIELS	
	(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6a)	(6b)	(7)	(8)
24	Generator	816										
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. MATERNAL HEALTH

Respondent: All women with living children under 5 years old

WEEK 3

LAST PREGNANCY & DELIVERY

Q1 Are there any women living in the household with living children under 5 years old?

1= Yes 2=No (>> SECTION 11)

(the child can be living in another household)

Please provide the following information on the last pregnancy

SERIAL NUMBER	COPY ID CODE OF THE MOTHER FROM ROSTER	ID No. of child if living in the household Leave blank if the child is not living in the household	During this pregnancy did you have difficulty with your vision during daylight? 1 = Yes (>> 6) 2 = No 8 = Don't know	During this pregnancy did you suffer from night blindness? 1 = Yes 2 = No 8 = Don't know	During this pregnancy were you given or did you buy any iron tablets? Show tablets 1 = Yes 2 = No 8 = Don't know
(1)	(2)	(3)	(4)	(5)	(6)
01					
02					
03					
04					

SERIAL NUMBER	During this pregnancy did you take any drug for intestinal parasites? 1 = Yes 2 = No 8 = Don't know	Did you see anyone for antenatal care for this pregnancy? 1 = Yes 2 = No (>>10) 8 = Don't know (>>10)	I don't want to know the result but were you tested for the AIDS virus as part of your antenatal care? 1 = Yes 2 = No 8 = Don't know	During this pregnancy were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? 1 = Yes 2 = No (>>12) 8 = Don't know (>>12)
(1)	(7)	(8)	(9)	(10)
01				
02				
03				
04				

10. MATERNAL HEALTH (CONT.)

Respondent: All women with living children under 5 years old

WEEK 3

LAST PREGNANCY & DELIVERY (CONT.)

Please provide the following information on your last pregnancy

SERIAL NUMBER	During this pregnancy how many times did you get this tetanus injection?	At any time before this pregnancy did you receive any tetanus injection?	Before this pregnancy how many times did you receive a tetanus injection?	Where did you give birth?	Who assisted you in the delivery of the child?				In the first six weeks after delivery did you receive a Vitamin A dose like this?	In the first two months after delivery did you receive iron tablets?
	Enter Code If don't know enter '98'	1 = Yes 2 = No (>> 14) 8 = Don't know (>> 14)		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 4 most important persons)	15a	15b	15c	15d	16	17
(1)	(11)	(12)	(13)	(14)	(15a)	(15b)	(15c)	(15d)	(16)	(17)
01										
02										
03										
04										

Codes for col.14

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 = Military Hospital
- 10 = Other Public (Specify)

Private Medical Sector

- 11 = Private Hospital
- 12 = Private Clinic
- 13 = Other Private (Specify)

Other:

- 14 = Other (Specify)

11. CHILD HEALTH

Respondents: Mothers or caretakers of children under 2 years old

WEEK 3

YOUNGEST CHILD & AND ALL CHILDREN UNDER 2

Q1 Check in the household list if there are any children 00-23 months old living in the household?

1= Yes 2=No (>> SECTION 12)

Please provide the following information on the youngest child of each mother and all children 00-23 month old

SERIAL NUMBER	COPY ID CODE OF THE MOTHER FROM ROSTER	COPY ID CODE OF THE CHILD FROM ROSTER	Is this your youngest child? 1 = Yes 2 = No (>> 9)	Did you ever breastfeed your child? 1 = Yes 2 = No (>> 9)	How long after birth did you first put the child to the breast? If less than one hour record '00' hours If less than 24 hours record hours Otherwise record days		Are you still breastfeeding? 1 = Yes 2 = No
					HOURS	DAYS	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(7)
01							
02							
03							
04							
05							
06							
07							

SERIAL NUMBER	Now I would like to ask you about liquids your child drank yesterday during day or night. Did your child drink		Have this child ever received a vaccination? 1 = Yes 2 = No (>> NEXT CHILD) 8 = Don't know (>> NEXT CHILD)	Where did the child receive most of the vaccinations? 1 = Outreach activities 2 = Health center 3 = National, provincial, district hospital 4 = Private clinic 5 = Other (specify)
	A A. Infant formula or any other milk such as tinned, condensed or fresh animal milk	B B. Plain water, fruit juice such as coconut juice, tea or coffee or any other liquids such as sugar water, carbonated drinks or soup broth		
(1)	(8a)	(8b)	(9)	(10)
01				
02				
03				
04				
05				
06				
07				

11. CHILD HEALTH (CONTINUED)

Respondents: Mothers or caretakers of children under 2 years old

WEEK 3

YOUNGEST CHILD & ALL CHILDREN UNDER 2 (CONTINUED)

Please provide the following information on the youngest child of each mother and all children 00-23 month old

SERIAL NUMBER	Do you have a yellow card where [NAME]'s vaccinations are written down? If 'Yes': Can I see the yellow card? 1 = Yes 2 = No (-> NEXT CHILD)	If child has yellow card, record the dates of the following vaccinations from the yellow card. The interviewer must see the card.						
		BCG			Hep0			
		a) Has [NAME] ever received BCG vaccination?			a) Did name receive a Hep0 vaccination at birth?			
		b and c) What month and year did [NAME] receive the vaccination?			b, c, and d) What day, month and year did [NAME] receive the latest vaccination?			
		1 = Yes 2 = No	If not recorded leave blank		1 = Yes 2 = No	If not recorded leave blank		
			MONTH	YEAR		DAY	MONTH	YEAR
(1)	(11)	(12a)	(12b)	(12c)	(13a)	(13b)	(13c)	(13d)
01								
02								
03								
04								
05								
06								
07								

SERIAL NUMBER	If child has yellow card, record the dates of the following vaccinations from the yellow card. The interviewer must see the card.					
	DPT-HepB			MEASLES		
	a) How many doses of DPT-HepB vaccine has [NAME] received?			a) Has [NAME] ever received measles vaccination?		
	b and c) What month and year did [NAME] receive the latest vaccination?			b and c) What month and year did [NAME] receive the vaccination?		
	0 = No dose 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4 doses	If not recorded leave blank		1 = Yes 2 = No	If not recorded leave blank	
		MONTH	YEAR		MONTH	YEAR
(1)	(14a)	(14b)	(14c)	(15a)	(15b)	(15c)
01						
02						
03						
04						
05						
06						
07						

12. HEALTH CHECK OF CHILDREN UNDER 5

Respondents: Mothers or caretakers of children under 5 years old

WEEK 3

Q1 Check in the household list if there are any children 00-59 months old living in the household? 1= Yes 2=No (>> SECTION 13)

Please provide information on children 00-59 month old who are household members

SERIAL NUMBER	COPY ID CODE OF CHILD FROM ROSTER	Does s/he have a birth certificate? If No, PROBE Has this child's birth ever been registered with the civil authority 1 = Certificate 2 = Registered 3 = Neither 8 = Don't know	Has this child ever received a Vitamin A dose like this? Show capsule 1 = Yes 2 = No (>>6) 8 = Don't know (>>6)	How many months ago did this child take the last dose? If less than 1 month enter '00' If don't know enter '98'	Has this child taken any drug for intestinal parasitis in the last six months? 1 = Yes 2 = No 8 = Don't know	Did this child sleep under a mosquito net last night? 1 = Yes 2 = No 8 = Don't know	Has this child had diarrhea in the last 2 weeks? 1 = Yes 2 = No (>>10a) 8 = Don't know (>>10a)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1				<input type="text"/>			
2				<input type="text"/>			
3				<input type="text"/>			
4				<input type="text"/>			
5				<input type="text"/>			
6				<input type="text"/>			
7				<input type="text"/>			
8				<input type="text"/>			

12. HEALTH CHECK OF CHILDREN UNDER 5 (CONTINUED)

Respondents: Mothers or caretakers of children under 5 years old

WEEK 3

Please provide information on children 00-59 month old who are household members

SERIAL NUMBER	Was the child given any of the following at any time since he/she started having diarrhea?		Date of measurement		Height measured	If the child was measured: Was this height measured standing up or lying down? 1=Standing up 2=Lying down (Less than 24 months old)	Weight measured
	A fluid made from special packet called oratyle?	A home fluid of porridge water or cooked rice with salt/sugar?	DAY	MONTH	If not measured, leave it blank		If not measured, leave it blank
	1 = Yes 2 = No 8 = Don't know	1 = Yes 2 = No 8 = Don't know					
(1)	(9a)	(9b)	(10a)	(10b)	(11)	(12)	(13)
1					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
2					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
3					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
4					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
5					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
6					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
7					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
8					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

13. HEALTH CARE SEEKING & EXPENDITURE

WEEK 3

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

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

A. SUBSIDIZED HOUSEHOLD HEALTHCARE

Q1	In the last 12 months, has any member of the household received free or subsidized health care that other people would normally have to pay for? (including private health insurance)	1 = Yes	2 = No (>> Q4)	8 = Don't know	<input type="text"/>
Q2	How did they obtain this free / subsidized treatment?	1 = Household Priority Access Card, Equity Card, or other document that allows free or subsidized health care 2 = Name(s) are on a List of Poor Households held by the local authorities 3 = Health facility staff asked them questions from a list / filled out a form before treatment 4 = Health facility staff provided free treatment (without asking questions or filling out a form) 5 = Have private health insurance 6 = Belong to community health insurance scheme 7 = Other (specify) 8 = Don't know			a. <input type="text"/> b. <input type="text"/> c. <input type="text"/>
	Record up to 3 ways in which they obtained free / subsidized treatment				
Q3	When they received free / subsidized treatment, were they treated the same as other people who were paying for their healthcare?	1 = Yes, always treated the same	4 = No, most times not treated the same	<input type="text"/>	
		2 = Yes, most times treated the same	5 = No, never treated the same		
		3 = Sometimes yes, sometimes no	8 = Don't know		
Q4	If Q1 = 2, Otherwise (>> Col.2 next page) Do you or any member of the household have a Priority Access Card, Equity Card, or any other document that allows free or subsidized health care?	1 = Yes	2 = No	8 = Don't know	<input type="text"/>

13. HEALTH CARE SEEKING & EXPENDITURE (CONTINUED)

WEEK 3

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

Please provide information on all members who usually reside in this household.

B ILLNESS AND HEALTHCARE EXPENDITURE DURING THE LAST 30 DAYS

ID NUMBER	Please tell me if any member of your household is sick, has an illness or injury now or at any time in the last 30 days. 1 = Yes 2 = No (>> 7)	If an illness Did ...[Name] ...have this illness for more than one year already? It should be the same illness that comes and goes (chronic) 1 = Yes 2 = No	Was ...[NAME]... so ill that s/he could not do his/her usual activities? 1 = Yes 2 = No (>> 7) 3 = No usual activities (>> 7) (e.g. small children, old person, etc.)	How many days was ...[NAME]... so ill that s/he stopped doing usual activities?	Was consultation or treatment sought for this illness/injury? Refer to the last 30 days 1 = Yes 2 = No	Has there been any other reason to go to a health facility or seek health care? If no, PROBE Has this person received care in relation to a pregnancy, immunization or supplementation? 1 = Antenatal care 2 = Delivery 3 = Postnatal care 4 = Vitamin A or deworming 5 = Other If none enter '0'
				Enter number of days Refer to the last 30 days Number of days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

13. HEALTH CARE SEEKING & EXPENDITURE (CONTINUED)

WEEK 3

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

Please provide information on all members who usually reside in this household.

B ILLNESS AND HEALTHCARE EXPENDITURE (CONTINUED)

ID NUMBER	In the last thirty days, how many times did [NAME] seek health care for illness, injury, or any other reason? If 0, PROBE. Has this person bought medicine or consulted with kru khmer, a traditional birth attendant, or a monk Enter number of times sought health care If '0' >> NEXT PERSON	In the past 30 days, which was the first provider that was consulted for [NAME]'s health? Enter Code (See below) If don't know enter '98'	Ask if answer in Col. 8 is more than 1 In the past 30 days, which was the last / most recent provider that was consulted for [NAME]'s health? Enter Code (See below) If don't know enter '98'	How much in total was spent on transport to go to and return from any health provider in the past 30 days?	How much in total was spent on treatment at any health provider in the past 30 days?
				Write '0' if nothing	Write '0' if nothing
				RIELS	RIELS
(1)	(8)	(9a)	(9b)	(10)	(11)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

Codes for col. 9a and 9b

Public sector:

01 = National hospital (PP)
 02 = Provincial hospital (RH)
 03 = District hospital (RH)
 04 = Health center
 05 = Health post
 06 = Provincial rehabilitation centre (PRC) or Community based rehabilitation (CBR)
 07 = Other public (Specify)

Private medical sector:

08 = Private hospital
 09 = 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)

14. DISABILITY

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

WEEK 3

Please provide information on all members who usually reside in this household.

ID NUMBER	Does ..[NAME].. have any of the following? Enter the 3 most important 01 = Difficulty seeing 02 = Difficulty hearing 03 = Difficulty speaking 04 = Difficulty moving 05 = Difficulties in feeling or sensing 06 = Psychological or behavioural difficulties 07 = Learning difficulties 08 = Fits 09 = Other (specify) 98 = Don't knowW Enter '0' if none, (>> NEXT PERSON)			Is the difficulty ... 1 = Mild 2 = Moderate 3 = Severe Enter one code for each of the difficulties reported in Col 2a-2c			What was the cause? 01 = Mine/UXO 02 = Traffic Accident 03 = Work Accident 04 = Disease(s) 05 = Congenital 06 = Fever 07 = Difficulty Delivery 08 = Chemical Accident 09 = Rape 10 = Violent Attack 11 = Domestic Violent 12 = Suicide Attempt 13 = Mental Trauma due to war and other traumatic events 14 = War Injuries 15 = Malnutrition 16 = Burns 17 = Torture 18 = Old Age 19 = Other (specify) 98 = Don't know Enter one code (the most important) for each of the difficulties reported in Col 2a-2c			
	(1)	(2a)	(2b)	(2c)	(3a)	(3b)	(3c)	(4a)	(4b)	(4c)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

14. DISABILITY (CONTINUED)

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

WEEK 3

Please provide information on all members who usually reside in this household.

ID NUMBER	Does the difficulty/difficulties prevent ..[NAME].. from participation or access to any of the following?		
	1 = Education (ask if aged 3 or over) 2 = Housing 3 = Land ownership (ask if aged over 18) 4 = Employment and income generation 5 = Health services 6 = Transport Enter the three most important		
(1)	(5a)	(5b)	(5c)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

END OF WEEK 3

15. CURRENT ECONOMIC ACTIVITY

Respondents: All household members aged 5 years and older

WEEK 4

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 the household members individually

ID NUMBER	ID NUMBER OF RESPONDENT	Did ..[NAME].. do any work at all, even one hour, during the past 7 days, i.e. - worked or helped on a farm, grinding grain, making palm sugar, caring for animals, weaving etc. - worked in a business or workplace (private or public sector, own account or in a business belonging to someone else in your household) 1 = Yes (>> 5) 2 = No	Although ..[NAME].. did not work even for one hour during the past 7 days, did ..[NAME].. have a job/activity from which he/she was temporarily absent? (e.g.: absent due to holiday or illness) 1 = Yes 2 = No (>>26)	What was ..[NAME].. 's main occupation/economic activity (primary occupation) during the past 7 days?	
				Occupation description	NIS OCC: CODE
(1)	(2)	(3)	(4)	(5a)	(5b)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	In what kind of industry/business (economic activity) did ..[NAME].. work in his/her main occupation/activity (e.g. agriculture, manufacturing, construction, hotel/restaurant, trade)?	NIS ISIC CODE	Under what type of employer did ..[NAME].. work in his/her main occupation/economic activity?	What was ..[NAME]..'s employment status in his/her main occupation/economic activity?
	Industry description		1 = Government 2 = State owned enterprise 3 = Cambodian enterprise 4 = Foreign enterprise (private) 5 = Non profit institution 6 = Household sector 7 = Embassies, International institutions and foreign aid and development agencies 8 = Other, specify	1 = Employee 2 = Employer 3 = Own account worker 4 = Unpaid family worker (contributing family worker) 5 = Other(specify)
(1)	(6a)	(6b)	(7)	(8)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	If Col. 3 = 1 (Work during the the past 7 days) Otherwise (>> 11) How many hours did ..[NAME]..work in his/her main occupation/economic activity during the past 7 days?	How many days did ..[NAME].. work in his/her main occupation/economic activity during the past month?	Besides ..[NAME]..'s main job/activity, how many additional jobs/economic activities did he/she have during the past 7 days? Enter '0' if no more jobs (>> 20)	What was ..[NAME]..'s secondary occupation/economic activity during the past 7 days? Note: beggar and sex worker are occupations	NIS OCC: CODE
	HOURS	DAYS	NO OF JOBS	Occupation description	
(1)	(9)	(10)	(11)	(12a)	(12b)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	In what kind of industry/business (economic activity) did ..[NAME].. work in his/her secondary occupation/activity (e.g. agriculture, manufacturing, construction, hotel/restaurant, trade)?		Under what type of employer did ..[NAME].. work in his/her secondary occupation/economic activity? 1 = Government 2 = State owned enterprise 3 = Cambodian enterprise 4 = Foreign enterprise (private) 5 = Non profit institution 6 = Household sector 7 = Embassies, International institutions and foreign aid and development agencies 8 = Other, specify	What was ..[NAME].. 's employment status in his/her secondary occupation/economic activity? 1 = Employee 2 = Employer 3 = Own account worker 4 = Unpaid family worker (contributing family worker) 5 = Other(specify)
	Industry description	NIS ISIC CODE		
(1)	(13a)	(13b)	(14)	(15)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	How many hours did ..[NAME].. work in his/her secondary occupation/economic activity during the past 7 days?	How many days did ..[NAME].. work in his/her secondary occupation/economic activity during the past month?	If Col 11 more than 1 (3 or more jobs/economicactivities) If Col 11 = 1 (>> Col 19) Besides the hours worked during the past 7 days in ..[NAME]..'s main and secondary occupation/economic activity, how many hours did [NAME] work in other jobs/activities during the past 7 days?	How many hours in total did ..[NAME].. work (main + secondary + additional occupations/economic activities) during the past 7 days?	Ask only if Employee (Code 1 in Col 8 - main occupation/economic activity or Col 15 - secondary occupation) How much did ..[NAME].. earn in salary/wages during the last month from all jobs? (In cash or in kind) Write "0" if nothing
	HOURS	DAYS	HOURS	HOURS	RIELS
(1)	(16)	(17)	(18)	(19)	(20)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	Given the total number of hours worked during the past 7 days, would ..[NAME].. like to work less, more or unchanged hours, given that the income would change in a corresponding way? 1 = Less hours 2 = More hours 3 = Unchanged hours (>> NEXT PERSON)	How many hours would ..[NAME].. like to work ...more / ...less? Col 21 = 2 (more hours) Col 21 = 1 (less hours)	If Col 21 = 2 (more hours) If Col 21 = 1 (>> NEXT PERSON) Was ..[NAME].. able to (available to) work more hours (stated in Col 19) during the past 7 days or start working more hours within 2 weeks from now (the interview)? 1 = Yes 2 = No	Why did.. [NAME].. work less hours the past 7 days than the hours he/she liked to work? 1 = Temporary illness 2 = Not enough work available 3 = Other reasons	If Col 21 = 2 (more hours) and Col 23 = 1 (available to work more hours) If Col 23 = 2 (>> NEXT PERSON) How long has ..[NAME].. been working less hours than he/she wanted (hours stated in Col 19) and also been available to work more hours? Leave it blank if don't know months and years	
		HOURS	MONTHS	YEARS		
(1)	(21)	(22)	(23)	(24)	(25a)	(25b)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

15. CURRENT ECONOMIC ACTIVITY (CONT.)

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITY STATUS DURING THE PAST 7 DAYS (CONT.)

ID NUMBER	<p>If No work during the past 7 days (Col 3 = 2 and Col 4 = 2)</p> <p>If work (Col 3 = 1 or Col 4 = 1 (>> NEXT PERSON))</p> <p>Has ..[NAME].. been actively seeking work during the past 4 weeks?</p> <p>1 = Yes 2 = No (>> 31)</p>	In what ways did ..[NAME].. try to find a work?			<p>Was ..[NAME].. available for work during the past 7 days or available to start working within 2 weeks from now (interview)?</p> <p>1 = Yes 2 = No</p>	<p>How many hours does ..[NAME].. want to work per week?</p> <p>Write '0' if none</p>	How long has ..[NAME].. been out of work and actively been looking for work?			<p>If Col 26 = 2 (Not actively seeking work)</p> <p>If Col 26 = 1 >> NEXT PERSON</p> <p>Why did [NAME] not actively seek work during the past 4 weeks?</p> <p>1 = Believes no work is available 2 = Awaiting result of application 3 = Waiting to start new job 4 = Permanent disabled 5 = Illness/disease/injured 6 = Too young, too old, retired 7 = Student 8 = Housekeeping, caring for children, elderly or disabled 9 = Other reasons (specify)</p>
		Enter up to 3 codes					HOURS	MONTHS	YEARS	
(1)	(26)	(27a)	(27b)	(27c)	(28)	(29)	(30a)	(30b)	(31)	
01										
02										
03										
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14										
15										

16. USUAL ECONOMIC ACTIVITY

Respondents: All household members aged 5 years and older

WEEK 4

ACTIVITIES IN THE LAST 12 MONTHS

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	What were .. [NAME].. main activity during the past 12 months? (More than 6 months or 183 days) 1 = Employed (>>3) 2 = Unemployed but employed any time before (>> 3) 3 = Unemployed and never employed any time before 4 = Home maker 5 = Student 6 = Dependent (infants and children not attending school, work cannot do any work because of permanent disability or illness or old age) 7 = Retired (from service and for most of the time was doing no other work such as cultivation, business, trade etc.) 8 = Rent-receiver or other income recipient 9 = Other (specify) (If 1 and 2 then ask Cols 3 to 7 If 3 - 9 >> Col. 8)	How many months were .. [NAME].. employed during the last 12 months? Round off to nearest month	What was the main occupations/economic activity ..[NAME].. had during the past 12 months? Note: beggar and sex worker are occupations	NIS OCC. CODE
(1)	(2)	(3)	(4a)	(4b)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

ACTIVITIES IN THE LAST 12 MONTHS (CONT.)

ID NUMBER	What was the employment status in ..[NAME].. in his/her main occupation/economic activity? 1 = Employee 2 = Employer 3 = Own account worker 4 = Unpaid family worker (contributing family worker) 5 = Other (specify)	In what kind of economic activity like agriculture, manufacturing, trade etc. did ..[NAME].. work in his/her primary occupation/economic activity during the past 12 months?	NIS ISIC CODE	Under what type of employer did ..[NAME].. work in his/her main occupation/economic activity? 1 = Government 2 = State owned enterprise 3 = Cambodian enterprise 4 = Foreign enterprise (private) 5 = Non profit institution 6 = Household sector 7 = Embassies, International institutions and foreign aid and development agencies 8 = Other, specify
			Industry description	
(1)	(5)	(6a)	(6b)	(7)
01				
02				
03				
04				
05				
06				
07				
08				
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10				
11				
12				
13				
14				
15				

ACTIVITIES IN THE LAST 12 MONTHS (CONT.)

ID NUMBER	All In terms of contribution to income or subsistence , what was the second most important activity ..[NAME].. had during the past 12 months? 01 = None Farming (growing crops) 02 = Unpaid employment (Own account worker or employed in family enterprise) 03 = Paid employment (wage labourer) Livestock farming 04= Unpaid employment (Own account worker or employed in family enterprise) 05 = Paid employment Other activities 06= Fishing 07= Other household-based production or services 08 = Construction 09 = Wholesale or retail trade 10 = Transport 11 = Other paid employment (services lik teaching, cooking, child care, medical etc.)	For employed persons, unemployed but employed any time during the last 12 months and students only (main activity) (Col 2 = 1 or 2 or 5) If Col 2 = 3, 4, 6-9 (>> NEXT PERSON) In what place/Where did ..[NAME].. work or study? 1 = Working at home 2 = Working or schooling in the same district 3 = Working or schooling in another district 4 = Working or schooling across the border of the country
(1)	(8)	(9)
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		

17. VICTIMIZATION

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

WEEK 4

A HOUSEHOLD SECURITY

Q1 Do you feel safe from crime and violence in this neighborhood?

1 = Yes 2 = No

Q2 Do you feel you can rely on local police to protect your family and your property?

1 = Yes 2 = No

B VICTIM OF THEFT

Q1 Has this household or any of its members been exposed to theft, burglary or robbery in the last 12 months, that is, since ..[MONTH].. last year?

1 = Yes 2 = No (>> C)

EVENT NUMBER	Who was the victim of the event?	In what month did it happen?	Was it...	Was the event reported to some authorities?	Which authority did ..[VICTIM].. report the event to?	Did the event go to court procedure?	How much was lost by this event?
	COPY ID CODE OF PERSON FROM ROSTER If no specific person enter "88"	MONTH	1 = .. Theft? 2 = .. Burglary? 3 = .. Robbery?	1 = Yes 2 = No (>> 7)	1 = Village leader 2 = Police 3 = Other (specify)	1 = Yes 2 = No	RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1							
2							
3							
4							

C VICTIM OF ACCIDENTS

Q1 Has anyone in the household had an accident that caused injury in the last 12 months?

1 = Yes 2 = No (>> D)

EVENT NUMBER	Who was the victim of the event?	Where did the accident happen?	In which month did it happen?	Was the injury so serious that medical care was needed?	How long did it take for the injury to heal?
	COPY ID CODE OF PERSON FROM ROSTER	1 = At home 2 = At work 3 = In traffic 4 = In sports 5 = At school 6 = Other (specify)	MONTH	1 = Yes 2 = No	1 = Less than one week 2 = 1- 2 weeks 3 = 3- 4 weeks 4 = One month or more 5 = Not yet healed
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					

17. VICTIMIZATION (CONTINUED)

D. VICTIM OF VIOLENCE

Ask each household member individually, for children ask their parents

WEEK 4

ID NUMBER	Have you been exposed to any act of violence that caused injury in the last 12 months? 1 = Yes 2 = No (-> NEXT PERSON)	To which kind of violence? 01 = Push you, shake you, or throw something at you. 02 = Twist your arm. 03 = Punch you with a fist or with something that could hurt you. 04 = Kick you or drag you. 05 = Try to strangle you or burn you. 06 = Attack you with a knife, gun or other type of weapon 07 = Rape, forced to have sexual intercourse when you did not want to 08 = Slap/Strike/Beat you with hand 09 = Slap/Strike/Beat you with object 10 = Rob you 11 = Other (specify)			How often have you been exposed in the last 12 months? 1 = Once 2 = Twice 3 = Three times 4 = 4-9 times 5 = 10 or more times	Was any event reported to some authorities? 1 = Yes 2 = No (-> 8)	Which authority did you report the event(s) to? 1 = Village leader 2 = Police 3 = Other (specify)	Did any event go to court procedure? 1 = Yes 2 = No	Was this act of violence committed by some unknown or by someone known to you? Refer to the most serious event 1 = Unknown person(s) - male 2 = Unknown person(s) - female 3 = Known person (s) - male 4 = Known person (s) - female 5 = Other (specify)	Was the injury so serious that medical care was needed? 1 = Yes 2 = No	How long did it take for the injury to heal? 1 = Less than one week 2 = 1- 2 weeks 3 = 3- 4 weeks 4 = One month or more
(1)	(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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02											
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END OF WEEK 4

18. 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)
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18. 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)
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