Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

Household ID

CAMBODIA ANNUAL SOCIO-ECONOMIC SURVEY 2007

HOUSEHOLD QUESTIONNAIRE

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

B. To be completed by interviewer

Name of household head		Phone:	
Address (house No., street….) of other identification)			

Date of first visit to Household	Day:	Month:	Year:
Date of last visit	Day:	Month:	Year:

Team Number		Interviewer's Id:
Interviewer's name:		Interviewer's signature:
Month and Year of Survey	Month	Year:

To be completed after filling-out the list of household members	Male:	Female:	Total members:

C. To be completed by supervisor after checking completed questionnaire thoroughly

Supervisor's name:		Id:

Date checked by supervisor	Day	Month	Year
Date checked week 1			
Date checked week 2			
Date checked week 3			
Date checked week 4			
Supervisor' s signature			

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

01. INITIAL VISIT

| Respondent: head of household, spouse of the head of household, or of another adult household member | | *INITIAL VISIT* |

A   LIST OF HOUSEHOLD MEMBERS

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

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

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

ID NUMBER	Does the mother of ..[NAME].. live in the household? If YES, write the ID CODE, if NO write " - "	Only for members aged 15 and above: 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 " - "	Is ..[NAME]..khmer or other ethnic group? 1 = Khmer (=>> 12) 2 = Cham 3 = Other local group 4 = Chinese 5 = Vietnamese 6 = Thai 7 = Lao 8 = Other (Specify)	Does ..[NAME].. speak Khmer? 1=Yes 2=No	Can ..[NAME].speak other languages than Khmer? 0=No 1= French 2= English 3= Chinese 4= Vietnamese 5= Thai 6= Lao 7= Chaam 8= Other local language 9= Other (Specify)			Has ..[NAME].. been present all days last week? 1=Yes =>> Next person 2=No	How many weeks has ..[NAME].. been absent from home during the past 12 months? WRITE '0' IF LESS THAN ONE WEEK =>> Next Person
						1	2	3		Weeks
(1)	(8)	(9)	(10)	(11a)	(11b)	(12a)	(12b)	(12c)	(13)	(14)
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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*

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

ITEM NUMBER	For each item group try to estimate quantity of items consumed, and then how much of the consumed quantity had been purchased in cash and how much was from own production or received as payment in kind for work, or as gift, or free collection.	Value of consumption out of		
		Purchased in cash	Own produce, 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, dhall, cowpea, bean sprout, other seeds, etc.)			
10	Prepared and preserved vegetables (cucumber pickles, other pickles, tomato paste, etc.)			
11	Fruit (banana, orange, mango, pineapple, lemon, papaya, durian, water melon, grape, apple, canned and dried fruits, etc.)			
12	Dried nuts and edible seeds (coconut, cashew nut, lotus nut, peanut, gourd seed, other nuts)			
13	Sugar, salt and spices (sugar, jaggery, salt, chocolate, candy, coriander, red pepper spice, garlic, ginger, soy sauce, fish sauce, monosodium glutamate, etc.)			
14	Tea, coffee, cocoa			
15	Non-alcoholic beverages (canned or bottled soft drinks, mineral water, fruit juice, fruit syrup, etc.)			
16	Alcoholic beverages (beer, wine, whisky, scotch, other distilled spirits)			
17	Tobacco products (cigarettes, mild tobacco, strong tobacco, etc.)			
18	Other food products (fried insects, peanut preparation, flavoured ice, ice, other food products)			
19	Food taken away from home (meals at work, school, restaurants, snacks, coffee, softdrinks purchased outside home)			
20	Prepared meals bought outside and eaten at home			

01. C. Recall non-food expenditures

No.	NON-FOOD ITEMS	Time period	Value (in Riels), **Write '0' if nothing**		
	What was your household's expenditure on the following items during the indicated time periods?		In-cash expenditure	In-kind exp. or gifts given away	Total expenditure (Col 4 + Col 5)
(1)	(2)	(3)	(4)	(5)	(6)
01	House rent (house rent, rental value of rent-free housing, rental value of owner-occupied housing, hotel charges, and house maintenance and repair)	Average per month			
02	Water charges	Last 1 month			
03	Fuel and power (kerosene, candles, electricity, LPG, etc.) Excluding wood fuel.	Last 1 month			
04	Wood fuel (firewood, charcoal)	Last 1 month			
05	Medical care (doctors' fees, other medical services, drugs, hospital charges, other medical supplies, etc.)	Last 1 month			
06	Transportation (personal transport equipment, operation of transport equipment, maintenance and repair of equipment, fees for public transport, moving fee, driving lessons, etc.)	Last 1 month			
07	Communication (postage stamps, fax and telephone charges, cell phones, phone cards, Internet charges etc.)	Last 1 month			
08	Personal care (soap, toothpaste, razor, sanitary napkins, haircut, manicure, etc.)	Last 1 month			
09	Clothing and footwear (tailored clothes, ready-made clothes, rain clothes, underwear, baby clothes, diapers, hats, shoes, boots, etc.)	Last 6 months			
10	Furniture, furnishings and household equipment and operation (curtain, household appliances, cooking utensils, light bulbs, soap and detergents etc.)	Last 12 months			
11	Domestic salaries (servant's salary, hired labour for cleaning, laundry, cooking etc.)	Last 12 months			
12	Recreation (entertainment services, recreational goods and supplies, tourist travel)	Last 12 months			
13	Education (school fees, textbooks, private tutoring charges, etc.)	Last 12 months			
14	Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, clocks, umbrella)	Last 12 months			
15	Gambling (lottery, sports betting, casino gambling, card games etc.)	Last 12 months			
16	Miscellaneous items (special occasions as funerals, weddings, parties, rituals, cash gifts, charity, etc.)	Last 12 months			
17		Total 1- 16:			

END OF INITIAL VISIT

02. EDUCATION AND LITERACY

Respondent: all household members aged 5 years and older

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

ID NUMBER	Can ..[NAME]... read a simple message in any language? 1 = Yes 2 = No	Can ..[NAME]... write a simple message in any language? 1 = Yes 2 = No	Has ..[NAME]... ever attended school? 1 = Yes 2 = No (=>> 11)	How many years has ...[NAME]… attended school? Enter completed number of years	What is the highest level ..[NAME].. successfully completed? 98 = Don´t know 88 = No class completed 0 = Pre-school/Kindergarten 1 = Class one completed 2 = Class two completed..., 11 = Class eleven completed 12 = Class twelve completed 13 = Lower Secondary school certificate 14 = Upper secondary school certificate 15 = Technical/vocational pre-secondary diploma/certificate 16 = Technical/vocational post-secondary diploma/certificate 17 = College/university undergraduate 18 = Bachelor degree (B.A., BSc, etc.) 19 = Masters degree (M.A., MSc, etc) 20 = Doctorate degree (PhD) 21 = Other (Specify)	Is ..[NAME].. currently in the school system? 1 = Yes 2 = No (=>>11) If the child is on holidays, he/she is considered in the school system	What's ..[NAME]'s.. current grade? 0 = Pre-school/Kindergarten 1 = Class one 2 = Class two..., 11 = Class eleven 12 = Class twelve 13 = Technical/vocational pre-secondary diploma/certificate 14 = Technical/vocational post-secondary diploma/certificate 15 = College/university undergraduate studies 16 = Postgraduate studies
(1)	(2)	(3)	(4)	**(5)**	(6)	(7)	(8)
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ID NUMBER	Is the school public or private? 1 = Public 2 = Private	Is ..[NAME].. currently taking private lessons after school? (languages, math, science, music, sports)? 1=Yes 2=No =>>12	If below 18 years of age: Why is ..[NAME].. not attending (has never attended) school? 1=Don't want to 2=Did not do well in school 3=No suitable school available/school is too far 4=No teacher/Supplies 5=High cost of schooling/No money 6=Must contribute to household income 7=Must help with household chores 8=Due to disability/illness 9=Other (specify)	Has ..[NAME].. ever attended non-formal class? 1 = Yes 2 = No (=>> 15)	Is ..[NAME].. currently attending non-formal classes? 1 = Yes 2 = No (=>> 15)	What kind of non-formal class is ..[NAME].. currently attending? 1 = Literacy programmes (6 months) 2 = Vocational training (Tailoring, motor repairing, Khmer classical music training, hairdressing, pottery...etc. 3 = Post literacy programmes (Agricultural training includes such as planting vegetable, mushrooms, raising fish, animal.. 4 = Foreign Languages 5 = Others (Specify)
(1)	(9)	(10)	(11)	(12)	(13)	(14)
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If yes in (col.7 or col. 10 or col.13), please fill up columns 15a-15h, otherwise, leave it blank and continue with next person.

What were the educational expenses for ..[NAME]..during the past school year including the expense on non-formal education and private lesson?

Write 0 if no expenses

ID NUMBER	A. School fees	B. Tuition	C. Text books	D. Other school supplies	E. Allowances for children studying away from home	F. Transport cost	G. Gifts to teachers, building fund etc.	H. TOTAL
	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(15a)	(15b)	(15c)	(15d)	(15e)	(15f)	(15g)	(15h)
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Please provide information on migration for all members of the household. (Don't ask children aged < 5 years)

ID NUMBER	Has ..[NAME].. always, since birth, lived in this village? 1 = YES (=>> NEXT PERSON) 2 = NO	Where was ..[NAME].. living exactly 5 years ago? 1 = Same village (=>>6) 2 = Another village in the same commune(=>>6) 3 = Village in another commune but same district(=>>6) 4 = Village in another district but same province 5 = Village in another province 6 = Abroad 7 = Other (Specify)	Place living exactly 5 years ago				Has ..[NAME].. ever lived abroad for work? 1 = Yes 2 = No
			Province name	Code	District name	Code	
(1)	(2)	(3)	(4a)	(4b)	(5a)	(5b)	(6)
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04. HOUSING

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: [ ][ ][ ]

Q2 What is the floor area of the housing/dwelling unit occupied by your household?   NUMBER OF SQUARE METERS: [ ][ ][ ]

Q3 How many rooms in the dwelling unit are used by the household (other than kitchen, toilet and bathrooms)?   NUMBER OF ROOMS: [ ][ ][ ]

Q4 What is the primary construction material of the wall of the housing/dwelling unit occupied by your household?   CODE: [ ]

WALL CODES
1=Bamboo, Thatch/leaves, Grass
2=Wood or logs
3=Plywood
4=Concrete, brick, stone
5=Galvanized iron or aluminium or other metal sheets
6=Fibrous cement/Asbestos
7=Makeshift, mixed materials
8=Clay/dung with straw
9=Other, specify

Q5 What are the primary construction material of the roof of the housing /dwelling unit occupied by your household?   CODE: [ ]

ROOF CODES
1 = Thatch/leaves/grass
2 = Tiles
3 = Fibrous cement
4 = Galvanized iron or aluminium
5 = Salvaged materials
6 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement
7 = Mixed but predominantly made of thatch/leave /grass or salvaged materials
8 = Concrete
9 = Plastic sheet
10 = Other (Specify)

Q6 What are the primary construction material of the floor of the housing /dwelling unit occupied by your household?   CODE: [ ]

FLOOR CODES
1 = Earth, clay
2 = Wooden planks
3 = Bamboo strips
4 = Cement/Brick/Stone
5 = Parquet, polished wood
6 = Polished stone, marble
7 = Vinyl
8 = Ceramic tiles
9 = Other (Specify)

Q7 What is your household's main source of lighting?   CODE: [ ]

LIGHTING SOURCE CODES
1 = Publicly-provided electricity/City power
2 = Generator
3 = Battery
4 = Kerosene lamp
5 = Candle
6 = None
7=Other (specify)

Q8 What is your household's main source of drinking water in wet season?   CODE: [ ]

DRINKING WATER SOURCE CODES
1 = Piped in dwelling or on premises (=>> Q12)
2 = Public tap
3 = Tubed/piped well or borehole
4 = Protected dug well
5 = Unprotected dug well
6 = Pond, river or stream
7 = Rainwater   (=>> Q12)
8 = Tanker truck, vendor or otherwise bought (vendor brought water home, write "0" in distance and ==> Q12)
9 = Tanker truck, vendor or otherwise bought (Any household member goes to collect bought water, write distance in Q9 then ask Q10 and Q11.)
10 = Other (Specify)

Q9 What is the distance to the main source of drinking water source in wet season?   METERS: [ ]

Q10 Which members of your household are fetching drinking water in the wet season? ID CODE OF HH MEMBERs: (1) [ ]   (2) [ ]   (3) [ ]

Q11 How many minutes per day do they spend in total on fetching drinking water in wet season?   MINUTES: [ ]

Q12   What is your household's main source of drinking water in dry season?   CODE: ☐

DRINKING WATER SOURCE CODES

1 = Piped in dwelling or on premises (=>> **Q16**)
2 = Public tap
3 = Tubed/piped well or borehole
4 = Protected dug well
5 = Unprotected dug well
6 = Pond, river or stream

7 = Rainwater   (=>> **Q16**)
8 = Tanker truck, vendor or otherwise bought (vendor brought water home, write "0" in distance and ==> **Q16**)
9 = Tanker truck, vendor or otherwise bought (Any household member goes to collect bought water, write distance in **Q13** then ask **Q14** and **Q15**.)
10 = Other (Specify)

Q13   What is the distance to the main source of drinking water in dry season source?   METERS: ☐

Q14   Which members of your household are fetching drinking water in the dry season? ID CODE OF HH MEMBER: (1) ☐ (2) ☐ (3) ☐

Q15   How many minutes per day do they spend in total on fetching drinking water in dry season?   MINUTES: ☐

Q16   How much water charges did (your HH) pay last month?   (Put "0" for not buying water source)   RIELS: ☐

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? ☐   c. Chemical? ☐   e. Other method (Specify)? ☐
2 = No   b. Filter water? ☐   d. White alum? ☐

Q19a   What toilet facility does your household have inside the premises? (in the area close to the dwelling)

1 = Pour flush (or flush) connected to sewerage =>> **Q20**   CODE: ☐
2 = Pour flush (or flush) to septic tank or pit =>> **Q20**
3 = Pit latrine with slab =>> **Q20**
4 = Pit latrine without slab or open pit =>> **Q20**
5 = Latrine overhanging field or water (drop in the field, pond, lake, river, sea) =>> **Q20**
6 = Latrine overhanging water (drop in lake, river, sea) =>> **Q20** (Only fro the household living in boat)
7 = None =>> **Q19b**
8 = Other, specify =>> **Q20**

Q19b   What toilet facility does your household usually use?   CODE: ☐

1 = Public toilet with pour flush (or flush) connected to sewerage
2 = Public toilet with pour flush (or flush) to septic tank or pit
3 = Public pit latrine with slab
4 = Public pit latrine without slab or open pit
5 = Public latrine overhanging field or water (drop in the field, pond, lake, river, sea)
6 = Public latrine overhanging water (drop in the lake, river, sea) (Only public boat)
7 = Open land
8 = Other (Specify)

Q20   How much did your household spend for sewage or waste water disposal last month? (Write 0 if nothing)   RIELS: ☐

Q21   How much did your household spend for garbage collection last month?   (Write 0 if nothing)   RIELS: ☐

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

FUEL CODES   CODE: ☐

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**)

Note: For code "1 and 2 " if the vendor brought firewood/charcoal home, leave code box (b) and (c) blank, ==>**Q23**.

         (b) Which household members are fetching firewood or charcoal?   ID CODE OF HH MEMBERs: (1) ☐ (2) ☐ (3) ☐

         (c) How many hours per week in total do they spend on collecting firewood/Charcoal?   HOURS PER WEEK: ☐

Q23	How much did the household spend on the following last month (including lights and cooking)?		
			RIELS
	(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 CODE		**CODE:**
	1 = Owned by the household (=>>Q25b)		
	2 = Not owned but no rent is paid (=>> Q25b)		
	3 = Rented		
	4 = Other (Specify) (=>>Q25b)		
Q25a	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?	**RIELS:**	
Q26	How much did you spend on maintenance and minor repairs of the dwelling last month?	**RIELS:**	

END OF WEEK 1

05. HOUSEHOLD ECONOMIC ACTIVITIES

Respondent: head of household, spouse of the head of household, or of 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 which is used for vegetable gardening, agricultural or farming activities - crop cultivation,

livestock raising, fishing and fish breeding, and (private) forestry.   **(Do not include residencial land not used to cultivate any crops)**

Q1 Has the household sold any open land in the last 12 months?	1 = YES	2 = NO	
Q2 Does anyone in your household own or operate any land that could be used for crop production?	1 = YES	2 = NO (=>> **Part E**)	
Q3 How many plots of land does your household own or operate?		**NUMBER OF PLOTS:**	

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

PLOT NUMBER	What is the area of the plot in square meters (m²)?	Do you own this land, rent it or have it some other way?
		
		1 = Own
		2 = Own, but rent out
		3 = Rented in
		4 = Free use of land
		5 = Other (specify)
			What type of land is it?
			1 = Wet-season land
			2 = Dry-season land
			3 = Wet and dry season land
			4 = Chamkar land
			5 = Kitchengarden (backyard)
			6 = Land with permanent crops
			7 = Land for raising livestock
			8 = Idle land
			9 = Other land
				In what year did you first have/start using this plot ?
				
				YEAR
					How did you acquire it?
					1 = Given by the state or local authority
					2 = By inheritance or gift from relatives
					3 = Bought it
					4 = Cleared land/occu-pied for free
					5 = Donated by friend
					6 = Rented in
					7 = Other (specify)
						Do you have a paper to certify your owner-ship or rental agreement?
						1 = Yes
						2 = Never had
						  (=>> **9**)
						3 = Lost it
						  (=>> **9**)
						4 = Don't know
						  (=>> **9**)
							What kind of paper do you have?
							1 = Application receipt
							2 = Land investigation paper
							3 = Certificate (title) from the state
							4 = Paper from local authority
							5 = Rental contract
							6 = Other (specify)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01	m²						
02	m²						
03	m²						
04	m²						
05	m²						
06	m²						
07	m²						
08	m²						
09	m²						
10	m²						

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

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

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

PLOT NUMBER	How much would it cost to rent a plot like this in this village?			If you buy a plot like this in this village, how much would you be willing to pay for it?
	Both seasons	Dry season	Wet season	
	Yearly rent	Monthly rent	Monthly rent	
	RIELS	RIELS	RIELS	RIELS
(1)	(16a)	(16b)	(16c)	(17)
01				
02				
03				
04				
05				
06				
07				
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09				
10				

Note: Ask for all seasons if the land used only fro one season.

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

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

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

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

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

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

SERIAL NUMBER	COPY THE PLOT NUMBER FROM PART A	What crop(s) have you grown (on what plots)? Name of crop or by-product	NIS code	How big area was cultivated? m²	How big area was harvested? m²	How much was produced / harvested? Write '0' if nothing KG	How much has been the post –harvest loss until the day of interview? Losses mean rotted, lost, eaten by birds, rodents, etc. Write '0' if nothing KG	How much (quantity) was given as crop rent? Write '0' if nothing KG	What was the sale price of the crop produced? RIELS / Kg
(1)	(2)	(3a)	(3b)	(4)	(5)	(6)	(7)	(8)	(9)
PAST WET SEASON, What year?.......................................									
01				m²	m²				
02				m²	m²				
03				m²	m²				
04				m²	m²				
05				m²	m²				
06				m²	m²				
07				m²	m²				
08				m²	m²				
09				m²	m²				
10				m²	m²				
11									
PAST DRY SEASON, What year?.......................................									
12				m²	m²				
13				m²	m²				
14				m²	m²				
15				m²	m²				
16				m²	m²				
17				m²	m²				
18				m²	m²				
19				m²	m²				
20				m²	m²				
21				m²	m²				
22									

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

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

SERIAL NUMBER	COPY THE PLOT NUMBER FROM PART B	Planting materials (seeds, seedlings, young plants): purchased/ supplied from home produce — Write '0' if nothing	Chemical fertilizers, pesticide, weedicide and fungicide — Write '0' if nothing	Animal and plant manure: purchased/ supplied from home produce — Write '0' if nothing	Electricity for the farming (not including household use!) — Write '0' if nothing	Oil, gas or diesel oil for the farming (not including household use!) — Write '0' if nothing	Storage items (eg., burlap bags, plastic sheeting) — Write '0' if nothing	Payment to hired draft power (tractors/animals) including human labour, if any, for ploughing/ harrowing — 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								

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

| SERIAL NUMBER | Other hired labour charges (cash plus kind)

Write '0' if nothing | Irrigation charges

Write '0' if nothing | Services/ technical support from government and other agencies

Write '0' if nothing | Transportation of input materials and products

Write '0' if nothing | Repair and maintenance of farm house, farm equipment, animal shed etc.

Write '0' if nothing | Rental paid to owner for farm land, farm house, equipment etc. rented in

Both in cash and in kind

Write '0' if nothing | Total Col. 3-15

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.)

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

Did you have any crops in storage december 31 last year?   1= Yes   2=No (=>> Part E)

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

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

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

that is from ..[MONTH].. last year? 1= Yes 2=No (=>> **Part F**)

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

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

SERIAL NUMBER	Type of animal or bird	Imputed value of livestock bird in riels		Value of other than meat products (milk, butter, eggs, hide and skin, manure etc.) sold, consumed in household, used as gifts etc. during the past 12 months		
		Consumed in the household during the past 12 months Write '0' if nothing	Used for barter gifts, charity, etc. during the past 12 months Write '0' if nothing	Sold Write '0' if nothing	Consumed in household Write '0' if nothing	Gifts, charity, barter etc. 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:**					

WEEK 2

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

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

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

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

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

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

If No to all 3 questions =>> G

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

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

WEEK 2

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

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

05. G. INPUTS AND OUTPUTS FROM FORESTRY AND HUNTING

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

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

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

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

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

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

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

Q1 Did anyone in your household run an enterprise or bussiness during the past 12 months?   1 = Yes   2 = No (=>> Next Section)

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

COST NUMBER	COST ITEM	How much did you spend on the different items listed for activity 1, during the past 12 months, that is since ..[MONTH].. last year? (Use the same question for activity 2-5) Write '0' if nothing				
		Activity 1 RIELS	Activity 2 RIELS	Activity 3 RIELS	Activity 4 RIELS	Activity 5 RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01	Raw material used for processing					
02	Materials used for construction					
03	Fuels used for production or generation of electricity					
04	Lubricants					
05	Purchase of goods for resale					
06	Food, drink and tobacco products served to customers					
07	Electricity purchased					
08	Water and sanitation charges					
09	Containers, packing materials					
10	Freight and transport expenses					
11	Insurance, bank charges, telephone, postage and other communication					
12	Office suplies, 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:					

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

06. HOUSEHOLD LIABILITIES

Respondent: head of household, spouse of the head of household, or of another adult household member	**WEEK 2**

Q1 Does the household have outstanding loans or debts to other households or institutions?   1 = Yes   2 = No (=>> Q2) ☐

LOAN NUMBER	How old is the debt?	From whom did you obtain the loan? 1 = Relatives in Cambodia 2 = Relatives who live abroad 3 = Friends/neighbours 4 = Moneylender 5 = Trader 6 = Landlord 7 = Employer 8 = Bank 9 = NGO 10 = Other (specify)	What was the primary purpose for which you borrowed the money? 1= Agricultural production and operation 2= Non-agricultural activities 3= Household consumption needs 4= Illness, injury 5= Other emergencies (fire, flood, theft) 6= Marriage ceremony 7= Funeral 8= Other ceremonials (specify) 9= Purchase/improvement of Purchase/improvement of dwelling 10= Purchase of consumer durables 11= Agricultural Implementation 12 = Servicing and existing debts 13= Other (specify)	What was the total amount borrowed?	If interest is charged, what is the monthly rate of interest? If no interest, write '0' If don´t know, leave it blank	How much of the amount in Col. 5 is still to be repaid, including interest?
	MONTHS			RIELS	PERCENTAGE	RIELS
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01						
02						
03						
04						
05						
06					TOTAL 1 - 5:	

Q2 If this household gets into acute need for assistance, are there other related households on whom you could rely upon for assistance, to borrow in cash or in kind at least 100 000 riels?

1=Yes
2=No
8=Don't know

☐

Q3 Are there some related households whom you would be able and willing to assist in case of acute need for assistance, to lend in cash or in kind at least 100 000 riels?

1=Yes
2=No
8=Don't know

☐

07. HOUSEHOLD INCOME FROM OTHER SOURCES

| | | *Respondent: head of household, spouse of the head of household, or of another adult household member* | WEEK 2 |

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

END OF WEEK 2

8. CONSTRUCTION ACTIVITIES IN THE PAST 12 MONTHS

Respondent: head of household, spouse of the head of household, or of another adult household member	WEEK 3

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

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

Please fill up the following table below

BUILDING NUMBER	What is the building used for? 1=Residential 2=Agricultural 3=Commercial (purchase/sale of goods and services) 4=Industrial (manufacturing)			What is the total area for living or other use of the building? SQUARE METERS	What year was the building constructed? Enter year of Construction	How much would you have to pay to buy a building like this in the village? RIELS	How much would you have to pay per month to rent a building like this in this village? 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)	In what year and month did the construction start?		In what year and month did people start to use this building? (if not yet used leave it blank for month and year)		Who built this building? 1=Household members only 2=Household members and other relatives 3=Household members and hired help 4=Contracted builder 5=Other (specify)	How much did you pay those who helped, hired or contracted? Write '0' if nothing and leave it blank if don't know For building still under work ask for the cost up till now RIELS
		MONTH	YEAR	MONTH	YEAR		
(1)	(10)	(11a)	(11b)	(12a)	(12b)	(13)	(14)
1							
2							
3							
4							

BUILDING NUMBER	How much did you spend for materials? Write '0' if nothing and leave it blank if dont know For building still under work ask for the cost up till now	If not possible to separate labour and materials: How much were the total costs?	If anyone in the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing	If anyone else not belonging to the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing	For buildings not yet completed: What will be the estimated remaining cost of the building completed?
	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(15)	(16)	(17)	(18)	(19)
1					
2					
3					
4					

09. DURABLE GOODS

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

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

09. DURABLE GOODS

ITEM NUMBER	ITEM	PRO-DUCT CODE	TOTAL NUMBER	Did you buy it, receive it as a gift, as pay for work or in other way? 1=Purchased 2=Payment for services 3=Received as a gift 4=Other (specify)				How many of this(these) this ..[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..? RIELS	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..? RIELS
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6a)	(6b)	(7)	(8)
25	Batteries	891									
Furniture											
26	Sofa set	814									
27	Dining set (dinning table + chairs)	815									
28	Bed sets (Bed, Mattress…)	892									
29	Wardrobe, cabinets	893									
Computers and printers											
30	Computer (desktop or laptop)	825									
31	Printer	826									
Recreation											
32	Musical instruments	827									
33	Sport equipment	828									
Water transport											
34	Rowing boat	831									
35	Motor Boat	832									
Agriculture and other production											
36	Cart (pulled by animal)	805									
37	Tractor	833									
38	Bulldozer/roller	834									
39	Plough	835									
40	Threshing machine	837									
41	Harrow/rake/hoe/spade/axe…	838									
42	Hand Tractor (Kou Yon)	839									
43	Rice mill	840									
44	Water pump	836									
Other items											
45	Other (specify)	841									
46	Other (specify)	894									

10. CHILD CARE

CHILD FEEDING AND VACCINATIONS

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

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

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

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

Codes for col.4

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

OTHER:
96 = Other (Specify)

CHILD FEEDING AND VACCINATIONS (CONTINUED)

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

Respondents: All household members

A. RICE CONSUMPTION

Please provide information on nutrition for the household members

ID NUMBER	How much rice did ..[NAME].. eat yesterday? Show the plate and enter number of plates. If a person didn't eat rice, enter "0" for that meal. Leave blank if data is not available for a person. Note: If the quantity of rice is less than one plate, please record a half (0.5) or a quarter (0.25) of plate				
	For breakfast	For lunch	For dinner	Other	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

B. OTHER FOOD

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

Note: a palm is approximately 50 grams

FOOD NUMBER	TYPE OF FOOD	2. How many times in the past 7 days did your household consume ..[FOOD ITEM].. at home? If never, write '0' and =>> Next Item	3. How much in total did the household consume of this food in the last 7 days?	UNIT
(1)	(2)	(3)	(4)	(5)
1	Eggs (any)			NUMBER
2	Fish/fish paste, squid, shrimp and prawns, etc.			KILOGRAM
3	Other meat (beef, pork, chicken, duck, etc.)			KILOGRAM
4	Green leafy vegetables			KILOGRAM
5	Orange vegetables (pumpkin, carrot, orange sweet potato, etc.)			KILOGRAM
6	Orange fruits (Ripe mango, ripe papaya, jackfruit, etc.)			KILOGRAM

C. VULNERABILITY

Q1 Did your family use iodized salt, yesterday?   1=Yes   2=No   8=Don't know

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?   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?   Nº WEEKS:
                                                                         Write '0' if less than 1 week

Month

Q4 Which months of the last 12 months did the household starve?   1   2   3   4   5   6   7   8   9   10 11 12
     (1=January, 2=February, 3=March…)   Code "1" if starving not enough food to
                                                 eat and "0" otherwise

12. HEALTH CHECK OF CHILDREN

Ask about: children aged less than 6 years old

Please provide information on children aged less than 6 years old who are household members

SERIAL NUMBER	COPY ID CODE OF CHILD FROM ROSTER	Date of measurement			Height measured If not measured, leave it blank	If the child was measured: Was this height measured standing up or lying down? 1=Standing up 2=Lying down (Less than 24 months)	Weight measured If not measured, leave it blank	Is the child given vitamin A? 1=Yes 2=No	Does the child suffer from night-blindness? Do not ask about children less than 1 year old 1= Yes 2= No
		DAY	MTH	YEAR	CENTIMETERS		KILOGRAMS		
(1)	(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)
1									
2									
3									
4									
5									
6									
7									
8									

END OF WEEK 3

13. CURRENT ECONOMIC ACTIVITY | Respondents: all household members aged 5 years and older | | **WEEK 4**

A   ACTIVITY STATUS DURING THE PAST 7 DAYS

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

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

Respondents: all household members aged 5 years and older

A ACTIVITY STATUS DURING THE PAST 7 DAYS (CONTINUED)

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

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

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

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

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

A. ILLNESSES DURING THE PAST 4 WEEKS   Please provide information on all members usually residing in this household

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

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

A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

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

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

A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

ID NUMBER	Which provider is usually consulted for care? **Public sector:** 1 = National hospital (PP) 2 = Provincial hospital (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Other public (Specify) **Private medical sector:** 8 = Private hospital 9 = Private clinic 10 = Private pharmacy 11 = Home/Office of trained health worker/nurse 12 = Visit of trained health worker/nurse 13 = Other private medical (Specify) **Not medical sector:** 14 = Shop selling drugs/market 15 = Kru khmer/ Magician 16 = Monk/religious leader 17 = Traditional birth attendant 18 = Other (Specify)	Was ..[NAME].. Hospitalised for the treatment/care during past 4 weeks? 1 = Yes 2 = No (=>> **13**)	How many nights was ..[NAME].. Hospitalised during past 4 weeks? N^o OF NIGHTS	How much in total was spent on medical care in the past 4 weeks? **Write '0' if nothing** RIELS	Does ..[NAME].. Use (hammock) mosquito net while sleeping? 1 = Yes 2 = No (=>> **Next Person**)	Were ..[NAME].. nets impregnated with safe pyrethroid insecticide to prevent malaria transmission during the past 12 months, that is since ..[MONTH]..last year? 1 = Yes 2 = No 8 = Don't know
(1)	(10)	(11)	(12)	(13)	(14)	(15)
01						
02						
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12						
13						
14						
15						

B SMOKING INFORMATION

Please provide smoking information on all members of household aged 15 years and over

ID NUMBER	Are you a dialy smoker? 1 = Yes (=>> 5) 2 = No	Does it sometimes happen that you are smoking? 1 = Yes 2 = No	Have you, at any time during your life, been a daily smoker? 1 = Yes (=>> 6) 2 = No (=>> 7)	How many cigarettes are you usually smoking per day? No of cigarettes	For how many years in total have you been smoking daily? if less than one year, write '0' YEARS	Do you think smoking cigarettes can be harmful to one's health? 1 = Yes 2 = No 8 = Don't know
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01						
02						
03						
04						
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15						

| Respondents: all household members aged 15 and above individually | WEEK 4 |

Please ask all members in the household aged 15 and above individually.

ID NUMBER	Have you ever heard of an illness called AIDS? 1 = Yes 2 = No (=>> **Next person**)	Is there anything one can do to avoid getting AIDS or the virus that causes AIDS? 1 = Yes 2 = No (=>> **5**) 8 = Don't know (=>> **5**)	What can one do to avoid becoming infected? Probe "Anything else...? Code up to 5 answers 1 = Abstain from sex 2 = Use condom 3 = Limit sex to one partner/stay faithful to one partner 4 = Limit number of sexual partners 5 = Avoid sex with prostitutes 6 = Avoid sex with persons who have many partners 7 = Avoid sex with homosexua 8 = Avoid sex with persons who inject drugs intravenously 9=Avoid blood transfusions 10=Avoid Injections 11=Avoid kissing 12= Avoid mosquito bites 13=Seek protection from traditional practitioner 14=Avoid sharing razors, blades 15=Avoid manicure or pedicure 16=Other (specify) 98=Don't know					Have you ever been tested for the HIV virus? 1 = Yes 2 = No (=>> **7**) 8 = Unsure (=>> **7**)
			1	2	3	4	5	
(1)	(2)	(3)	(4a)	(4b)	(4c)	(4d)	(4e)	(5)
01								
02								
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14								
15								

NOTE: FOR CODE COL.4, COL.6 AND COL.9 THE INTERVIEWER SHOULD NOT READ OUT THE ANSWER OR PROVIDE LEADING QUESTION TO RESPONDENT, LET THE RESPONDENT ANSWER WHAT HE/SHE KNOW ABOUT THIS SECTION

| Respondents: all household members aged 15 and above individually | WEEK 4 |

ID NUMBER	Where did you go for the test? Public sector: 1 = National hospital (PP) 2 = Provincial hosp (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Military hospital 8 = VCCT center 9 = PMTCT site 10 = Other public (specify) Private medical sector: 11 = Private hospital 12 = Private clinic 13 = Private laboratory 14 = Other private medical (specify) Other sector: 15 = (Specify)	Would you like to be tested for HIV? 1 = Yes 2 = No 8 = Don't know/Unsure	Do you know a place where you could go to be tested for HIV? 1=Yes 2=No (=>> Next person)	Where can you go to be tested? Public sector: 1 = National hospital (PP) 2 = Provincial hosp (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Military hospital 8 = VCCT center 9 = PMTCT site 10 = Other public (specify) Private medical sector: 11 = Private hospital 12 = Private clinic 13 = Private laboratory 14 = Other private medical (specify) Other sector: 15 = (Specify) Enter up to 3 most important		
(1)	(6)	(7)	(8)	(9a)	(9b)	(9c)
01						
02						
03						
04						
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12						
13						
14						
15						

NOTE: FOR CODE COL.4, COL.6 AND COL.9 THE INTERVIEWER SHOULD NOT READ OUT THE ANSWER OR PROVIDE LEADING QUESTION TO RESPONDENT, LET THE RESPONDENT ANSWER WHAT HE/SHE KNOW ABOUT THIS SECTION

16. 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? COPY ID CODE OF PERSON FROM ROSTER	In what month did it happen? MONTH	Was it… 1. Theft? 2. Burglary? 3. Robbery?	Was the event reported to some authorities? 1=Yes 2=No (=>> **7**)	Which authority did ..[VICTIM].. report the event to? 1=Village leader 2=Police 3=Other (specify)	Did the event go to court procedure? 1=Yes 2=No	How much was lost by this event? 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? COPY ID CODE OF PERSON FROM ROSTER	Where did the accident happen? 1= At home 2= At work 3= In traffic 4= In sports 5= At school 6= Other (specify)	In which month did it happen? MONTH	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 5=Not yet healed
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
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? 1 = Push you, shake you, or throw something at you. 2 = Slap you or twist your arm. 3 = Punch you with a fist or with something that could hurt you. 4 = Kick you or drag you. 5 = Try to strangle you or burn you. 6 = Attack you with a knife, gun, or or other type of weapon. 7 = Rape, forced to have sexual inter- course, when you did not want to. 8 = 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 authorites? 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? 1=Unknown person(s) 2=Known person(s) 3=Both kinds	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)
01											
02											
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END OF WEEK 4

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

DURING MONTH

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