



Royal Government of Cambodia  
General Population Census of Cambodia, 2008



STRICTLY CONFIDENTIAL  
Identification Particulars

Page Number.....  
Total Number of pages used for the EA.....

Name		Khet / Krong		Srok / Khand		Khum / Sangkat		Phum		Enumeration Area No.	
Code											

Line No.	Building / Structure and Household Particulars												Remarks
	Building/ Structure Number	Predominant Construction Material of Building / Structure*		Purpose of Building/Structure	Household No.	Particulars of Head of Household			Number of Persons Usually living in the Household			Total	
		Wall	Roof			Floor	Name	Sex	Males	Females	Persons		
2	3	4	5	6	7	8	9	10	11	12	13		
1													
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													
(**Count the number of entries and give total)													

\*KEY TO CODES

**Wall Material ( Column 3)**

- Bamboo / Thatch / Grass / Reeds
- Earth
- Wood / Plywood
- Concrete / Brick / Stone
- Galvanised Iron / Aluminium / Other metal sheets
- Asbestos cement sheets
- Salvaged / Improvised materials
- Other (specify)

**Roof Material ( Column 4)**

- Bamboo / Thatch / Grass
- Tiles
- Wood / Plywood
- Concrete / Brick / Stone
- Galvanised Iron / Aluminium / Other metal sheets
- Asbestos cement sheets
- Plastic / Synthetic material sheets
- Other (specify)

**Floor Material ( Column 5)**

- Earth / Clay
- Wood / Bamboo planks
- Concrete / Brick / Stone
- Polished stone
- Parquet / Polished wood
- Mosaic / Ceramic tiles
- Other (specify)

Name of Enumerator : .....

Signature \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Supervisor : .....

Signature \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_



# Royal Government of Cambodia General Population Census of Cambodia, 2008



STRICTLY CONFIDENTIAL  
FORM B HOUSEHOLD QUESTIONNAIRE PART I

Identification Particulars

Khet / Krong	Srok / Khand	Khum / Sangkat	Phum	Enumeration Area No.	Building No.	Household No.	Name of Head of Household
Name							
Code							

Population Particulars

Statement 1.1 : Usual Members Present on Census Night

Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)
1	2	3	4
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

Statement 1.2 : Visitors Present on Census Night

Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)	Usual Residence Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

<b>Type of Household/Population</b> <i>(Give appropriate code in the box below.)</i> 1 = Normal or Regular Household 2 = Institutional Household* 3 = Homeless Household* 4 = Boat Population* 5 = Transient Population* (Specify location)	<div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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Statement 1.3 : Usual Members Absent on Census Night

Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)	Age	Location on Census Night Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country	How long Absent (in completed months). Write 0 for less than 1 month
1	2	3	4	5	6	7	8
1							
2							
3							
4							
5							

Total No. of Persons in Statement 1.1	
---------------------------------------	--

Total No. of Persons in Statement 1.2	
---------------------------------------	--

Total No. of Persons in Statements 1.1 & 1.2	
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**Number of Form B used for the Household**

Enumerator: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day Month Year

\* In these cases, fill-in only Identification Particulars

Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day Month Year

Population Particulars in Statements 1.1,1.2 and 1.3 are not be collected in these cases





**FORM B HOUSEHOLD QUESTIONNAIRE PART 3 : FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2**

Sl. No.	Full Name of woman	Sl. No. in col.1 of Part 2	FERTILITY INFORMATION									
			Number of Children Born (Give number in two digits like 01, 02,.....10, 11. If None, write 00)		How many of them have died ?	Particulars of Birth in the last 12 months to women aged 15-49 years		State who assisted her during the delivery (Enter Code from list below)				
			How many Children have been born alive to the woman ?	How many of them are living ?		(a) Male	(b) Female		(a) Male	(b) Female		
(1)	(2)	(3)	(4)		(5)		(6)		(7)		(8)	
			(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	Male	Female		
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

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

**FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : HOUSING CONDITIONS AND FACILITIES (Part 4 need not be filled in for institutional and homeless households and for boat and transient population)**  
(Enter Code in the box below)

1	2	3	4	5	6	7
On what basis does the household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Toilet facility within premises	Main Source of drinking water supply	Location of Drinking water source:	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)
1 : Owner occupied 2 : Rent 3 : Not owner, but rent free 4 : Other (specify) ..... (Enter Code )	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) ..... ..... (Enter Code )	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) ..... ..... (Enter Code )	1 : Not available If available give one of the codes 2 to 5: 2 : Connected to sewerage 3 : Septic tank 4 : Pit latrine 5 : Other type of toilet (specify)..... ..... (Enter Code )	1 : Piped water 2 : Tube / pipe well 3 : Protected dug well 4 : Unprotected dug well 5 : Rain 6 : Spring, river, stream, lake/pond 7 : Bought 8 : Other (specify)..... ..... (Enter Code )	1: Within the premises 2: Near the premises 3: Away ..... (Enter Code )	1 : One Room 2 : Two Rooms 3 : Three Rooms 4 : Four Rooms 5 : Five Rooms 6 : Six Rooms 7 : Seven Rooms 8 : Eight Rooms and above ..... (Enter Code )

**INFORMATION ON OWNERSHIP OF SOME FACILITIES BY THE HOUSEHOLD (Under each item write "00" in the square if not available, or give the actual number if available)**

8	9	10	11	12	13	14	15	16	17
Radio/ Transistor	Television	Telephone (Fixed)	Cell phone	Personal Computer	Bicycle	Motorcycle	Car/Van	Boat	Tractor
..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	..... (Enter Code )	(a) Big tractor ..... (b) Hand tractor (Koyao) .....

**State whether the household accesses the Internet**

18	19
At home	Outside home
1: Yes 2: No ..... (Enter Code )	1: Yes 2: No ..... (Enter Code )

**FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : DEATH IN HOUSEHOLD**  
**Deaths in Household in the last 12 months : Total Number of Deaths**

PARTICULARS OF THE DECEASED									
Sl. No.	Name of Deceased	Sex 1: Male 2: Female (Enter Code)	Relationship to Head of Household (Use Code given for col.3 of Par.2)	Age at Death Write the age in total years completed at the time of death 00: less than one year 01: 1 year to less than 2 years 02: 2 year to less than 3 years 97: 97 year to less than 98 years 98: 98 year and over	5	6	7(a)	7(b)	7(c)
1	2	3	4						
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

Codes for col. 6 Cause of Death	
ILLNESS	ACCIDENT
01: Fever	12: Land mine
02: Diarrhoea	13: Road Accident
03: Tuberculosis	14: Drowning
04: Heart disease	15: Other accident
05: Dengue fever	
06: Malaria	
07: Tetanus	
08: HIV/AIDS	
09: Pregnancy complication	
10: Delivery complication	
11: Other illness	
	16: Don't know

Codes for Col. 7(b) Place of Death
1: Hospital
2: Health Center
3: Home
4: Other

  

Codes for col. 7(c) Attended by:
1: Doctor
2: Nurse
3: Midwife
4: Traditional Birth Attendant (TBA)
5: Other (Specify).....
6: None