



# Royal Government of Cambodia

## Cambodia Inter-Censal Population Survey, 2013



**SAMPLE**







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



STRICTLY CONFIDENTIAL  
FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Identification Particulars

	Khet /Municipality	Srok / Khand/ Krong	Khum / Sangkat	Phum	Enumeration Area No.	Building No.	Household No.	Name of Head of Household	S. No.of Household Selected (Copy from col.14 of Form A)
Name									
Code									

Population Particulars

Statement 1.1 : Usual Members Present on Survey Night

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

Statement 1.2 : Visitors Present on Survey Night

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

Statement 1.3 : Usual Members Absent on Survey Night

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

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

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

FORM B HOUSEHOLD QUESTIONNAIRE PART 2 : INDIVIDUAL PARTICULARS

For all persons						For Persons aged 0-14	For all persons	For other than Never Married	For all persons						
Sl. No.	Full Name of the person	Relationship	Sex	Age	Mother	Whether living with own mother	Marital status	Age at first marriage	Mother Tongue	Religion	Birth Place	Previous Residence	Duration of Stay	Reason for Migration	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	Names of Usual Members Present and Visitors <i>(Please refer to Statements 1.1 and 1.2 in Part 1 )</i>	Relationship to Head of Household  <i>(Enter Code from the list below )</i>	1: Male 2: Female  <i>(Enter Code)</i>	Age in completed years 00: Less than 1 year 01: 1 year 02: 2 years ..... 97: 97 years 98: 98 years and over	Is Mother(i.e natural mother) of the person alive? 1= Yes(for person aged 15 and over skip to col. 8 2= No(skip to col. 8) 3=Don't know (skip to col. 8)	Write serial number of natural mother (if living in this household) for a child aged 0-14 If mother not living in the household write "0"	1: Never Married 2: Married (i.e. currently married) 3: Widowed 4: Divorced 5: Separated ( Enter Code)  For code 1- Never married , skip to col.10	Age at first marriage in completed years (Ask only married ,widowed, divorced or separated person)	Mother Tongue  <i>(Enter Code from the list below )</i>	Religion 1: Buddhism 2: Islam 3: Christianity 4: Other (Specify)	Place of Birth of the person if in this village, enter code 1. If in another village, give name of the district of that village and write name of province within brackets. If outside Cambodia, write name of the country.	Where has the person been living before ? If always lived in this village, enter code 1 and skip to col. 16  If in another village, give name of the district of that village and write name of province within brackets If outside Cambodia, write name of the country	How long has the person lived in this village?       (Enter Code from the list below)	Give reason for change of residence, if present residence is different from previous residence.       (Enter Code from the list below)	
1															
2															
3															
4															
5															
6															
7															
8															
9															
0															

**Codes for column 3**  
**Relationship to Head of Household**  
01: Head  
02: Wife / Husband  
03: Son / Daughter  
04:Step child  
05:Adopted/ Foster child  
06: Father / Mother  
07: Sibling  
08: Grand child  
09:Niece/nephew  
10: Son/Daughter-in-law  
11:Brother/Sister in-law  
12:Father/mother in law  
13: Other Relative  
14: Servant  
15: Non-Relative including boarder

**Codes for column 10**  
**Mother Tongue**  
01: Kmer      11: Chaam      21: Ro Ong  
02: Vietnamese    12: Kaaveat    22: Kraol  
03: Chinese    13: Klueng    23: Raadear  
04: Lao      14: Kuoy      24: Thmoon  
05: Thai      15: Krueng    25: Mel  
06: French    16: Lon      26: Khogn  
07: English    17: Phnong    27: Por  
08: Korean    18: Proav    28: Suoy  
09: Japanese    19: Tumpoon    29: Other (specify)  
10: Chaaraay    20: Stieng

**Codes for column 14**  
**Duration of Stay**  
00: less than 1 year  
01: 1 year to less than 2 years  
02: 2 years to less 3 years  
03: 3 years to less than 4 years  
04: 4 years to less than 5 years  
.....  
10: 10 years to less than 11 years  
.....  
20: 20 years to less than 21 years  
.....  
97: 97 years to less than 98 years  
98 : 98 years and over

**Codes for column 15**  
**Reason for Migration**  
01: Transfer of work place  
02: In search of employment  
03: Education  
04: Marriage  
05: Family moved  
06: Lost land / lost home  
07: Natural calamities  
08: Insecurity  
09: Repatriation or return after displacement  
10: Orphaned  
11: Visiting only  
12: Other (specify)



Sl. No.	Full Name of woman	Sl. No. in col.1 of Part 2	Age of woman at the time of birth of first child	FERTILITY INFORMATION									
			Give the age in completed years	Number of Children Born (Give number in two digits like 01, 02,.....10, 11. If None, write 00)						Particulars of Birth in the last 12 months to women aged 15-49 years			
				How many Children have been born alive to the woman ?		How many of them are living ?		How many of them have died ?		Any child born alive to the woman during the last 12 months ? (Give actual number like 1,2 under the appropriate column. If none write 0 ) (If no child was born to the woman in the last 12 months,put dash(-) in Col.9&10 )	State who assisted her during the delivery (Enter Code from list below)	Did she get the birth of this child registered with the civil authority?  Yes = 1 No = 2 (Enter code)	
(1)	(2)	(3)	(4)	(5)		(6)		(7)		(8)		(9)	(10)
				(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female		
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													

Codes for Column 9

1. Doctor

2. Nurse

3. Midwife

4. Traditional Birth Attendant (TBA)

5. Other

6. None

SAMPLE



FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : 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 then 1 year 01: 1 year to less than 2 years 02: 2 years to less than 3 years . . 97: 97 years to less than 98 years 98: 98 years and over		What was the cause of death?  (Enter Code from the list below)		Has this death been registered with the civil authority?  1: Yes 2: No	For women aged 15-49 years who died		
										Did the woman die while pregnant, during delivery or within 42 days after giving birth ?  1: Yes 2: No	If "Yes" in column 7(a)	
											State where the death took place  (Enter Code from the list below)	State who attended on her before death  (Enter Code from the list below)
1	2	3		4	5		6		7	8(a)	8(b)	8 (c)
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

**Codes for column 4**  
**Relationship to Head of Household**  
01: Head  
02: Wife / Husband  
03: Son / Daughter  
04:Step child  
05:Adopted/ Foster child  
06: Father / Mother  
07: Sibling  
08: Grand child  
09:Niece/nephew  
10: Son/Daughter-in-law  
11:Brother/Sister in- law  
12:Father/mother in law  
13: Other Relative  
14: Servant  
15: Non-Relative including boarder

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

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

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

FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : HOUSING CONDITIONS AND FACILITIES

(Enter Code in the box below)

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

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

Radio/ Transistor	Television	Telephone (Desk phone)	Cell phone	Personal Computer	Bicycle	Motorcycle	Refrigerator	Washing Machine	Air-Conditioner	Fan	Car/Van	Boat
9	10	11	12	13	14	15	16	17	18	19	20	21
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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

State whether the household accesses the Internet

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