

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











**Identification Particulars** 

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

Name



Signature

# STRICTLY CONFIDENTIAL FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Day Month Year

	Khet /Municipality	Srok / Kha	nd/ Krong	Khum / S	Sangkat	Phum	l	Enumeration Area No.	Buildin	ıg No.	Househol	ld No.	Name of Head of Household		Household (Copy from
Name								Alea No.					Household		of Form A)
Code													1	C01.14 (	n Form A)
Couc						<u> </u>									
	lation Particulars														
	ment 1.1 : Usual Members Pro							ement 1.2 : Visitors Pro							
Sl.	Full Nan	ne		nship to Head of		Sex	Sl.	Full Name		ionship to	Sex	<u> </u>		esidence	
No.				Household		//ale	No.			ead of	1 = Male		Within Cambodia	Outside C	ambodia
			(W	rite in words)		emale				usehold	2 = Female	- 1	e name of district and		
					(Ente	er code)			Writ	in words)	(Enter code		te name of province	Give name	of country
1	2			3		4	1	2		3	4	Witi	nin brackets 5		6
1	<u>L</u>			3		4	-			3	4	+	5		0
1							1				<b>\</b>				
2							2					_			
3							3				1	_			
4							4					_			
5												_			
6							6								
7							7				-				
8							8				-				
9															
0							0								
State	ment 1.3 : Usual Members Ab	sent on Survey Night													
SL.	Full Name	Relationship to	Sex	Ag	ge		Location o	n Survey Night		How long	g Absent		Total No. of Persons in St	atement 1.1	
No.		Head of	1 = Male			Within Ca	nbodia 🗾	Outside	Cambodia	( in com					
		Household	2 = Female		Give	name of district and	write name	Give name of co	ountry	months).					
		(Write in words)	(Enter code)		of n	ovince within bracke	ts			for less than					
1	2	3	4	5	5	6			7	8	3	_	Total No. of Persons in St	atement 1.2	
1															
2															
3													Total No. of Persons in St	atements 1.1 & 1	.2
4															
5															
	7														
	Number of Form B used for	the Household				Enumer	ator:	N			4		D. M. C.	<b>V</b>	
	1					S		Name		Si	gnature		Day Month	r ear	
						Supervi	SUF:								

FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

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

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 colum	n 10	
Muther Tongue		
01: Klimer	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	

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	Codes for column 14
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	Duration of Stay
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	00: less than 1 year
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	01: 1 year to less than 2 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	02: 2 years to less 3 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	03: 3 years to less than 4 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.	04: 4 years to less than 5 years
20: 20 years to less than 21 years to less than 98 years to less than 98 years	
20: 20 years to less than 21 years	10: 10 years to less than 11 year
97: 97 years to less than 98 years	
97: 97 years to less than 98 years	20: 20 years to less than 21 year
•	
00 , 00 years and ayer	97: 97 years to less than 98 year
96 : 96 years and over	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)

										For All Persons	ı										
	eracy				ime Education				Physical/Mental Disability, if any	Main Activity	Employmen Period	nt	Occupation	on	Employmen Status	Sei	rvice	e or	Sector of Employment	activity	ary economic (For all Codes 3 in Col 19)
	16			1	17				18	19	20		21		22		23		24		25
(a) Can the person read and write with understanding in Khmer language? 1: Yes 2: No (Enter Code )	(b) Can this person read and write with under- standing in any other language? If so which language? (Enter code from list below)		(b) Currently ding Grac code 2 of 17(a) (Ente Code from list belo	atten- de for col.	(c) Highest Grade completed  (Enter Code from list below)	Main subject for codes 15 17(b) or 17( (For other co 17(b),(c) skij	to 20 in c) des in c	Col ol.	If the person is physically/ mentally disabled give appropriate code number from the list below. Otherwise enter (0)	Main activity of the person during last year  (Enter Code from list below)	Number of months employed in the last 12 months	N	Name of Occupat	ion	Employment Status/Class (Enter Code from list below )	Nature of Inc			Sector in which Employed  (Enter Code from list below )	*	bsistence, cond most omic activity of over the last year?
	nom nst below)					Description	Code														
									<u> </u>			-									
						-		-				_		$\vdash$				_	-		
						1															
		1				1						$\top$									
						<del>                                     </del>						T							1		
		<u> </u>				<u> </u>				<u> </u>		L	<u> </u>			<u> </u>				<u> </u>	

Codes for column 16(b)
Literacy in any
other language
1: No other language
2: Vietnamese
3: Chinese
4: Lao
5: Thai
6: French
7: English
8: Cham
9: Other (Specify)

Codes for column 17(b)		Codes for column 18	Codes for Column 19	Codes for Column 22	Codes for column 24	Codes for Column 25
Currently attending Grade		Type of disability	Main Activity During last Year	Employment Status/	Sector of employment	Secondary economic activity
For code 1&3 in col.17(a) put dash (-) in 17(b)		1: In seeing		Class	1. Government	01. None
For codes 2 in col. 17(a), Code from list below.		2: In speech	1 : Employed (Fill in cols. 20 to 24)	1 : Employer	State owned enterprise	Farming (growing crops)
Codes for column 17(c)		3: In hearing	2 : Unemployed (Employed any time before)	2 : Paid employee	Cambodian enterprise (Private)	02. Unpaid Employment (Self-employed or
Highest Grade/Degree/Diploma completed		4: In movement	(Fill in cols. 20 to 24 for last employment	3 : Own-account worker	Foreign enterprise	employed in family enterprise)
For code 1 in Col. 17(a) put dash (-) in col. 17(c)		5: Mental Retardation		4 : Unpaid family worker	5. Non profit institution	03. Paid Employment (Wage labourer)
For codes 2 &3 in col.17(a), Code from the list below	Separate Codes for Col. 17(c)	6: Mental Illness	3 : Unemployed (Never employed any time before )	5 : Other (Specify )	6. Household sector	Livestock farming
COMMON CODES FOR COL.17(b) and 17 (c)	13: Lower Secondary Diploma/Certificate	7:Any Other(specify)			7. Embassies, International institutions,	04. Unpaid Employment (Self-employed or
	14: Upper Secondary Diploma/Certificate/Baccalaureate	8: Multiple Disability	4 : Home maker		and foreign aid and development agencies	employed in family enterprise)
00: Pre-school/Kindergarten	15: Technical/vocational pre-secondary diploma/certificate	(specify by code)	δ: Student		8. Other, specify	05. Paid Employment (Wage labourer)
01: Grade 1	16:Technical/vocational post-secondary diploma/certificate		6 : Dependent			Other Activities
02: Grade 2	17: Graduate Dogree		7: Rent-receiver, Retired or other income recipient			06. Fishing
	18: Master's Degree		8: Other (Specify)			07. Other household -based production
11: Grade 11	19. Ph.D. Dergree		1 or codes 3, 4,5, 6,7 & 8 put dash (-) in Cols. 20 to 24)			or services
12: Grade 12	20: Any other Diploma/Degree completed (specify)					08. Construction
Separate Codes for Col. 17(b)	88: No grade completed					09. Wholesale or retail trade
15: Technical/vocational pre-secondary diploma/certificate Course						10. Transport
16:Technical/vocational post-secondary diploma/certificate Course						11. Ohter paid employment (services like
17: Undergraduate Course						teaching, cooking, child care, medical, etc.)
18: Post Graduate Course						
19: Post- Master Degree Course						
20: Any other course (specify)						

## 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	Age of woman at the time of birth of first child								FER	RTILITY	INFORMATIO	)N					
			Give the age in completed		(Give n	umber in			hildren B		If None, v	vrite 00)				Birth in the last 12 months to en aged 15-49 years			
			years	How many C been born won			How many of them are living ?			I	How man have o	y of them 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 wh assisted to during the delivery (Enter Code)  (Enter Code)			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) nale	(a Ma		(b Fem	*	(a Ma		(b) Female	(a) Male	(b) Female				
1																			
2																			
3																			
4																			
5								·											
6																			
7																			
8																			
9												1							
0																			



## Codes for Column 9 1. Doctor

- 2. Nurse
- 3. Midwife
- 4. Traditional Birth Attendant (TBA)
- 5. Other
- 6. None

#### FORM B HOUSEHOLD QUESTIONNAIRE PART 4: DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months: Total Number of Deaths

			PARTICU	ULARS OF THE DECEASED							
SI. No.	Name of Deceased	Sex 1: Male 2: Female	Relationship to Head of Household	Age at Death Write the age in total years completed at the time of death	What was the cause of death?	Has this death been registered with the civil authority?	For women aged 15-49 years who died				
			(Use Code		(Enter Code from the		Did the woman die	If"Yes" in column 7(a)			
		(Enter Code)	given for col.3	00: Less then 1 year	list below)	1: Yes	while pregnant, during	State where the death	State who attended		
			of Par 2)	01: 1 year to less than 2 years 02: 2 years to less than 3 years			delivery or within 42 days after giving birth?	took place	on her before death		
							1: Yes	(Enter Code from	(Enter Code from		
				97: 97 years to less than 98 years 98: 98 years and over			2: No	the list below)	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							<b>/</b>				
0											

Codes for column 4									
Relationship to Head of Household	í								

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. 8(b) Place of Death 1: Hospital 2: Health Center 3: Home

4: Other

1: Doctor 2: Nurse

Codes for Col. 8 (c)

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 : City power	1 : Firewood	1 : Not available	1 : Piped water	1: Within the	1 : One Room	1: Yes
1 : Owner occupied	2 : Generator	2 : Charcoal	If available give one of the	2 : Tube / pipe well	premises	2 : Two Rooms	2: No
2 : Rent	3 : Both city power and generator	3 : Kerosene	codes 2 to 5:	3: Protected dug well	2: Near the	3 : Three Rooms	
3: Not owner, but rent free	4 : Kerosene	4 : Liquefied Petroleum Gas (LPG)	2 : Connected to sewerage	4: Unprotected dug well	premises	4 : Four Rooms	
4: Other (specify)	5 : Candle	5 : Electricity	3 : Septic tank	5 : Rain	3: Away	5 : Five Rooms	
	6 : Battery	6 : None	4 : Pit latrine	6 : Spring, river, stream,		6 : Six Rooms	
	7 : Other (specify)	7 : Other (specify )	5 : Other type	lake/pond		7 : Seven Rooms	
			of toilet (specify)	7 : Bought		8 : Eight Rooms and above	
				8 : Other (specify)		-	
(Enter Code)	(Enter Code)	(Enter Code )	(Enter Code )	(Enter Code)	(Enter Code)	(Enter Code )	(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

Tractor					
22					
(a) Big tractor	(b) Hand tractor (Koyaon)				

## State whether the household accesses the Internet

State whether the household access		
At home	Outside home	At home and Outside home
23	24	25
1: Yes	1: Yes	1: Yes
2: No	2: No	2: No
(Enter Code)	(Enter Code )	(Enter Code)