



Royal Government of Cambodia  
General Population Census of Cambodia, 2008



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

STRICTLY CONFIDENTIAL

Identification Particulars

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

Building / Structure and Household Particulars

| Line No. | Building/ Structure Number | Predominant Construction Material of Building / Structure* | Purpose of Building/Structure<br>1. Residence<br>2. Residence & Shop<br>3. Residence & workshop<br>4. Residence & any other establishment (specify)<br>(Enter Code) | Household No. | Particulars of Head of Household |                                               | Number of Persons Usually living in the Household |         |         | Remarks |    |    |
|----------|----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------------------|---------------------------------------------------|---------|---------|---------|----|----|
|          |                            |                                                            |                                                                                                                                                                     |               | Name                             | Sex<br>1 = Male<br>2 = Female<br>(Enter Code) | Males                                             | Females | Persons |         |    |    |
| 1        | 2                          | 3                                                          | 4                                                                                                                                                                   | 5             | 6                                | 7                                             | 8                                                 | 9       | 10      | 11      | 12 | 13 |
| 1        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 2        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 3        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 4        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 5        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 6        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 7        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 8        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 9        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
| 0        |                            |                                                            |                                                                                                                                                                     |               |                                  |                                               |                                                   |         |         |         |    |    |
|          |                            |                                                            |                                                                                                                                                                     |               | 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 1



### 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<br>(Write in words) | Sex<br>1 = Male<br>2 = Female<br>(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<br>(Write in words) | Sex<br>1 = Male<br>2 = Female<br>(Enter code) | Usual Residence<br>Within Cambodia<br>Give name of district and write name of province within brackets<br>Outside Cambodia<br>Give name of country |
|---------|-----------|-------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | 2         | 3                                                     | 4                                             | 5 6                                                                                                                                                |
| 1       |           |                                                       |                                               |                                                                                                                                                    |
| 2       |           |                                                       |                                               |                                                                                                                                                    |
| 3       |           |                                                       |                                               |                                                                                                                                                    |
| 4       |           |                                                       |                                               |                                                                                                                                                    |
| 5       |           |                                                       |                                               |                                                                                                                                                    |
| 6       |           |                                                       |                                               |                                                                                                                                                    |
| 7       |           |                                                       |                                               |                                                                                                                                                    |
| 8       |           |                                                       |                                               |                                                                                                                                                    |
| 9       |           |                                                       |                                               |                                                                                                                                                    |
| 0       |           |                                                       |                                               |                                                                                                                                                    |

Type of Household/  
Population  
(Give appropriate code  
in the box below )

1 = Normal or Regular Household  
2 = Institutional Household\*  
3 = Homeless Household\*  
4 = Boat Population\*  
5 = Transient Population\*  
(Specify location )



#### Statement 1.3 : Usual Members Absent on Census Night

| SL. No. | Full Name | Relationship to Head of Household<br>(Write in words) | Sex<br>1 = Male<br>2 = Female<br>(Enter code) | Age | Location on Census Night<br>Within Cambodia<br>Give name of district and write name of province within brackets<br>Outside Cambodia<br>Give name of country | How long Absent<br>( 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

Number of Form B used for the Household

Enumerator:

Signature

Day Month Year

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

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

Supervisor :

Signature

Day Month Year

FORM B HOUSEHOLD QUESTIONNAIRE PART 2 : INDIVIDUAL PARTICULARS

| For all persons |                                                                                                       |                                                                           |                                          |                                                                                                                               |                                                                                                                          |                                                       |                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                |                                                |                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Sl. No.         | Full Name of the person                                                                               | Relationship of Household                                                 | Sex                                      | Age                                                                                                                           | Marital status                                                                                                           | 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                                                                                                                                      |
|                 | Names of Usual Members Present and Visitors<br><br>(Please refer to Statements 1.1 and 1.2 in Part 1) | Relationship to Head of Household<br><br>(Enter Code from the list below) | 1: Male<br>2: Female<br><br>(Enter Code) | Age in completed years<br>00: Less than 1 year<br>01: 1 year<br>02: 2 years<br>.....<br>97: 97 years<br>98: 98 years and over | 1: Never Married<br>2: Married (i.e. currently married)<br>3: Widowed<br>4: Divorced<br>5: Separated<br><br>(Enter Code) | Mother Tongue<br><br>(Enter Code from the list below) | Religion<br>1: Buddhism<br>2: Islam<br>3: Christianity<br>4: Other (Specify) | Place of Birth of the person if in this village, enter code 1.<br>If in another village, give name of the district of that village and write name of province within brackets.<br>If outside Cambodia, write name of the country. | Where has the person been living before?<br>If always lived in this village, enter code 1 and skip to col. 13<br>If in another village, give name of the district of that village and write name of province within brackets<br>If outside Cambodia, write name of the country | How long has the person lived in this village? | Give reason for change of residence, if present residence is different from previous residence.<br><br>(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**

1: Head  
2: Wife / Husband  
3: Son / Daughter  
4: Father / Mother  
5: Grand child  
6: Other Relative  
7: Non-Relative

**Codes for column 7**

**Mother Tongue**

01: Khmer  
02: Vietnamese  
03: Chinese  
04: Lao  
05: Thai  
06: French  
07: English  
08: Korean  
09: Japanese  
10: Chamaray

11: Chaam  
12: Kaaveat  
13: Klueng  
14: Kuoy  
15: Krueng  
16: Lon  
17: Phnong  
18: Proav  
19: Tumpoon  
20: Sieng

21: Ro Ong  
22: Kraol  
23: Raadear  
24: Timoon  
25: Mel  
26: Khogn  
27: Por  
28: Suoy  
29: Other (specify)

**Codes for column 11**

**Duration of Stay**

00: less than 1 year  
01: 1 year to less than 2 years  
02: 2 years to less than 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 12**

**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)



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

| FERTILITY INFORMATION |                    |                            |                                                                                                   |            |                               |            |                              |            |                                                                                                                                                                                                                                |        |                                                                         |
|-----------------------|--------------------|----------------------------|---------------------------------------------------------------------------------------------------|------------|-------------------------------|------------|------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------|
| Sl. No.               | Full Name of woman | Sl. No. in col.1 of Part 2 | Number of Children Born<br>(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                                                                                                                                                           |        | 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 ? |            | How many of them have died ? |            | Any child born alive to the woman during the last 12 months ?<br>(Give actual number like 1,2 under the appropriate column.<br>If none write 0 )<br>(If no child was born to the woman in the last 12 months, skip to part 4 ) |        |                                                                         |
| (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)

| 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                                                                                                             | 2                                                                                                                                                               | 3                                                                                                                                                               | 4                                                                                                                                                                                              | 5                                                                                                                                                                                                            | 6                                                                             | 7                                                                                                                                                                      |
| 1 : Owner occupied<br>2 : Rent<br>3 : Not owner, but rent free<br>4 : Other (specify ) .....<br>(Enter Code ) | 1 : City power<br>2 : Generator<br>3 : Both city power and generator<br>4 : Kerosene<br>5 : Candle<br>6 : Battery<br>7 : Other (specify) .....<br>(Enter Code ) | 1 : Firewood<br>2 : Charcoal<br>3 : Kerosene<br>4 : Liquefied Petroleum Gas (LPG)<br>5 : Electricity<br>6 : None<br>7 : Other (specify ) .....<br>(Enter Code ) | 1 : Not available<br>If available give one of the codes 2 to 5:<br>2 : Connected to sewerage<br>3 : Septic tank<br>4 : Pit latrine<br>5 : Other type of toilet (specify).....<br>(Enter Code ) | 1 : Piped water<br>2 : Tube / pipe well<br>3 : Protected dug well<br>4 : Unprotected dug well<br>5 : Rain<br>6 : Spring, river, stream, lake/pond<br>7 : Bought<br>8 : Other (specify).....<br>(Enter Code ) | 1 : Within the premises<br>2 : Near the premises<br>3 : Away<br>(Enter Code ) | 1 : One Room<br>2 : Two Rooms<br>3 : Three Rooms<br>4 : Four Rooms<br>5 : Five Rooms<br>6 : Six Rooms<br>7 : Seven Rooms<br>8 : Eight Rooms and above<br>(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 (Fixed) | Cell phone | Personal Computer | Bicycle | Motorcycle | Car/Van | Boat | Tractor                                      |
|-------------------|------------|-------------------|------------|-------------------|---------|------------|---------|------|----------------------------------------------|
| 8                 | 9          | 10                | 11         | 12                | 13      | 14         | 15      | 16   | 17                                           |
|                   |            |                   |            |                   |         |            |         |      | (a) Big tractor<br>(b) Hand tractor (Koyaan) |

**State whether the household accesses the Internet**

| At home                          | Outside home                     |
|----------------------------------|----------------------------------|
| 18                               | 19                               |
| 1: Yes<br>2: No<br>(Enter Code ) | 1: Yes<br>2: No<br>(Enter Code ) |