FORM B HOUSEHOLD QUESTIONNAIRE PART 2 : INDIVIDUAL PARTICULARS

**For all persons**

| Sl. No. | Full Name of the person | Relationship | 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 yea<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<br>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><br>If always lived in this village, enter code 1 and skip to col. 13<br><br>If in another village, give name of the district of that village and write name of province within brackets<br><br>If outside Cambodia, write name of the country | How long has the person lived in this village?<br><br>(Enter Code from the list below) | 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 | 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 11**
**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 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)

| For All Persons | | | | | | | | | | | | | | | | For Employed Persons and Students Only (Codes 1 or 5 in col. 16) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Literacy | | Full Time Education | | Physical/Mental Disability, if any | | Main Activity | Employment Period | Occupation | Employment Status | Industry, Trade or Service | Sector of Employment | Secondary economic activity (For all Codes 1 to 8 in Col 16) | Place of Work or Schooling | | | | |
| 13 | | 14 | | 15 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | | | |
| (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) | (a) Has the person attended School/ Educational Institution ? 1: Never 2: Now 3: Past (Enter Code ) | (b) What is the highest grade completed ? (Enter Code from list below ) | 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 | Name of Occupation | Employment Status/Class (Enter Code from list below ) | Nature of Industry, Trade or Service | Sector in which Employed (Enter Code from list below ) | In terms of contribution to income or subsistence, what was the second most important economic activity of this individual over the last year (Enter code from list below) | 1: Working at Home 2: Working or schooling in the same district 3: Working or schooling in another district, 4: Working or schooling across the border of the country (Enter code) If in another district, give name of the district and write name of province within brackets. If in another country write the name of the | | | | |
| | | | | (a) Since birth | (b) After birth | | | | | | | | Code | Name of District/ Province/Country | country | | |
| | | | | | | | | | | | | | | | | | |
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**Codes for column 13(b)**
**Literacy in any other language**
1: No other language
2: Vietnamese
3: Chinese
4: Lao
5: Thai
6: French
7: English
8: Other (Specify)

**Codes for column 14(b)**
**What is the Highest Grade Completed ?**
For Never in 14(a) put dash (-) in 14(b)
For Now or Past in 14(a) , Code as follows:-
00: No class completed
01: Class 1 completed
02: Class 2 completed
—— ——
11: Class 11 completed
12: Class 12 completed
13: Lower Secondary diploma holder
14: Secondary School/Baccalaureate holder
15: Technical/vocational pre-secondary diploma/certificate
16:Technical/vocational post-secondary diploma/certificate
17: Undergraduate
18: Graduate
19: Post graduate and above
20: Other (specify )
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**Codes for column 15**
**Type of disability**
1: In seeing
2: In speech
3: In hearing
4: In movement
5: Mental

**Codes for Column 16**
**Main Activity During last Year**
1 : Employed (Fill in cols. 17 to 23)
2 : Unemployed (Employed any time before)
(Fill in cols. 17 to 21 for last employment, fill in Col. 22 and put dash (-) in col. 23)
3 : Unemployed (Never employed any time before )
4 : Home maker
5 : Student (Put dash (-) in cols 17 to 21 and fill in cols 22&23)
6 : Dependent
7 : Rent-receiver, Retired or other income recipient
8 : Other (Specify)
(For codes 3, 4, 6,7 & 8 put dash (-) in Cols. 17 to 21 fill in Col. 22 and put dash (-) in Col. 23)

**Codes for Column 19**
**Employment Status/ Class**
1 : Employer
2 : Paid employee
3 : Own-account worker
4 : Unpaid family worker
5 : Other (Specify )

**Codes for column 21**
**Sector of employment**
1. Government
2. State owned enterprise
3. Cambodian enterprise (Private)
4. Foreign enterprise
5. Non profit institution
6. Household sector
7. Embassies, International institutions, and foreign aid and development agencies
8. Other, specify……

**Codes for Column 22**
**Secondary economic activity**
01. None
**Farming (growing crops)**
02. Unpaid Employment (Self-employed or employed in family enterprise)
03. Paid Employment (Wage labourer)
**Livestock farming**
04. Unpaid Employment (Self-employed or employed in family enterprise)
05. Paid Employment (Wage labourer)
**Other Activities**
06. Fishing
07. Other household -based production or services
08. Construction
09. Wholesale or retail trade
10. Transport
11. Other paid employment (services like teaching, cooking, child care, medical, etc.)

**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) | | | | | | 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, skip to part 4 ) | | State who assisted her during the delivery (Enter Code from list below) | | | |
| (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>……<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>……<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 | (b) Hand tractor (Koyaon) |

**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 ) |

## 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 | | What was the cause of death ? (Enter Code from list below) | | For woman 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(a) | 7(b) |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 0 | | | | | | | | | |

| 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 | |
| 05: Dengue fever | | |
| 06: Malaria | | |
| 07: Tetanus | | |
| 08: HIV/AIDS | | |
| 09: Pregnancy complication | | |
| 10: Delivery complication | | |
| 11: Other illness | | |

**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