

Final draft approved by CTC on 24 August 2006

FORM A HOUSELIST

STRICTLY CONFIDENTIAL



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



Page Number.....

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

## 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	Household No.	Particulars of Head of Household		Number of Persons Usually living in the Household			Remarks
		Wall	Roof	Floor			Name	Sex 1 = Male 2 = Female (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												
(**Count the number of entries and give total)						**Total	Total					

## \*KEY TO CODES

## Wall Material ( Column 3)

1. Bamboo / Thatch / Grass / Reeds
2. Earth
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Salvaged / Improvised materials
8. Other (specify)

## Roof Material ( Column 4)

1. Bamboo / Thatch / Grass
2. Tiles
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Plastic / Synthetic material sheets
8. Other (specify)

## Floor Material ( Column 5)

1. Earth / Clay
2. Wood / Bamboo planks
3. Concrete / Brick / Stone
4. Polished stone
5. Parquet / Polished wood
6. Mosaic / Ceramic tiles
7. Other (specify)

Name of Enumerator : .....

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

Name of Supervisor : .....

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

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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

<b>Type of Household/ Population</b> <i>(Give appropriate code in the box below)</i>  1 = Normal or Regular Household 2 = Institutional Household* 3 = Homeless Household* 4 = Boz Population* 5 = Transient Population* (Specify location)  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)
1	2	3	4
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

## Statement 1.2 : Visitors Present on Census Night

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

## Statement 1.3 : Usual Members Absent on Census Night

Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)	Age	Location on Census Night		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
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\* In these cases, fill-in only Identification Particulars

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

Enumerator: _____ Name _____ Signature _____	_____ Name _____ Signature _____	_____ Day / Month / Year
Supervisor: _____ Name _____ Signature _____	_____ Name _____ Signature _____	_____ Day / Month / Year

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  (Please refer to Statements 1.1 and 1.2 in Part 1.)	Relationship to Head of Household  (Enter Code from the list below)	1: Male 2: Female  (Enter Code)	Age in completed years 00: Less than 1 year 01: 1 year 02: 2 years ..... 97: 97 years 98: 98 years and over	1: Never Married 2: Married (i.e. currently married) 3: Widowed 4: Divorced 5: Separated  (Enter Code)	Mother Tongue  (Enter Code from the list below)	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. 13  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**  
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: Raadeat  
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: Chaarasy      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 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)

<p>Codes for column 13(b)</p> <p><b>Literacy in any other language</b></p> <p>1: No other language</p> <p>2: Vietnamese</p> <p>3: Chinese</p> <p>4: Lao</p> <p>5: Thai</p> <p>6: French</p> <p>7: English</p> <p>8: Other (Specify)</p>	<p>Codes for column 14(b)</p> <p><b>What is the Highest Grade Completed ?</b></p> <p>For Never in 14(a) put dash (-) in 14(b)</p> <p>For Now or Past in 14(a), Code as follows:-</p> <p>00: No class completed</p> <p>01: Class 1 completed</p> <p>02: Class 2 completed</p> <p>-----</p> <p>11: Class 11 completed</p> <p>12: Class 12 completed</p> <p>13: Lower Secondary diploma holder</p> <p>14: Secondary School/Baccalaureate holder</p> <p>15: Technical/vocational pre-secondary diploma/certificate</p> <p>16: Technical/vocational post-secondary diploma/certificate</p> <p>17: Undergraduate</p> <p>18: Graduate</p>	<p>Codes for column 15</p> <p><b>Type of disability</b></p> <p>1: In seeing</p> <p>2: In speech</p> <p>3: In hearing</p> <p>4: In movement</p> <p>5: Mental</p>	<p>Codes for Column 16</p> <p><b>Main Activity During last Year</b></p> <p>1: Employed (Fill in cols. 17 to 23)</p> <p>2: Unemployed (Employed any time before)</p> <p>(Fill in col. 17 to 21 for last employment, fill in Col. 22 and put dash (-) in col. 23)</p> <p>3: Unemployed (Never employed any time before)</p> <p>4: Home maker</p> <p>5: Student (Put dash (-) in cols 17 to 21 and fill in cols 22&amp;23)</p> <p>6: Dependent</p> <p>7: Rent-receiver, Retired or other income recipient</p> <p>8: Other (Specify)</p> <p>(For codes 3, 4, 6, 7 &amp; 8 put dash (-) in Cols. 17 to 21 fill in Col. 22 and put dash (-) in Col. 23)</p>	<p>Codes for Column 19</p> <p><b>Employment Status/ Class</b></p> <p>1: Employer</p> <p>2: Paid employee</p> <p>3: Own-account worker</p> <p>4: Unpaid family worker</p> <p>5: Other (Specify)</p>	<p>Codes for column 21</p> <p><b>Sector of employment</b></p> <p>1: Government</p> <p>2: State owned enterprise</p> <p>3: Cambodian enterprise (Private)</p> <p>4: Foreign enterprise</p> <p>5: Non profit institution</p> <p>6: Household sector</p> <p>7: Embassies, international institutions, and foreign aid and development agencies</p> <p>8: Other, specify .....</p>	<p>Codes for Column 22</p> <p><b>Secondary economic activity</b></p> <p>01: None</p> <p><b>Farming (growing crops)</b></p> <p>02: Unpaid Employment (Self-employed or employed in family enterprise)</p> <p>03: Paid Employment (Wage labourer)</p> <p><b>Livestock farming</b></p> <p>04: Unpaid Employment (Self-employed or employed in family enterprise)</p> <p>05: Paid Employment (Wage labourer)</p> <p><b>Other Activities</b></p> <p>06: Fishing</p> <p>07: Other household -based production or services</p> <p>08: Construction</p> <p>09: Wholesale or retail trade</p> <p>10: Transport</p> <p>11: Other paid employment (services like teaching, cooking, child care, medical, etc.)</p>
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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 2 : Rent 3 : Not owner, but rent free 4 : Other (specify) ..... <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (Enter Code )	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) ..... <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (Enter Code )	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) ..... <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></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 style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></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 style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (Enter Code )	1: Within the premises 2: Near the premises 3: Away <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></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 style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></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 (Fixed)	Cell phone	Personal Computer	Bicycle	Motorcycle	Car/Van	Boat	Tractor	
8	9	10	11	12	13	14	15	16	17	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	(a) Big tractor <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	(b) Hand tractor (Koyaan) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

State whether the household accesses the Internet

At home	Outside home
18	19
1: Yes 2: No <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (Enter Code )	1: Yes 2: No <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (Enter Code )



FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : DEATH IN HOUSEHOLD

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

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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)	7( c)
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