ANNEX 1

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

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

Building / Structure and Household Particulars

Line No.	Building/ Structure Number	Predominant Construction Material of Building / Structure*			Purpose of Building/Structure (1. Residence; 2. Residence & Shop; 3. Residence & workshop; 4. Residence & any other establishment (specify) (Enter Code))	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

ANNEX 2

STRICTLY CONFIDENTIAL

Royal Government of Cambodia
General Population Census of Cambodia, 2008

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

Type of Household/ Population (Give appropriate code in the box below)	Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)
1 = Normal or Regular Household 2 = Institutional Household* 3 = Homeless Household* 4 = Boat Population* 5 = Transient Population* (Specify location)	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)	Usual Residence: 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: Within Cambodia (Give name of district and write name of province within brackets)	Location on Census Night: Outside Cambodia (Give name of country)	How long Absent (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

* 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

Enumerator: _____ (Name) _____ (Signature) _____ (Day / Month / Year)

Supervisor : _____ (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 yea 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: 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) (a) Since birth	(b) After birth	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	Code	Name of District/ Province/Country	country

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)

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 2 : Rent 3 : Not owner, but rent free 4 : Other (specify) …… (Enter Code)	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) …… (Enter Code)	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) …… (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)…… (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)…… (Enter Code)	1: Within the premises 2: Near the premises 3: Away (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 (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 2: No (Enter Code)	1: Yes 2: No (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