



Draft as on 20/ 02 / 2012



FORM A HOUSELIST

STRICTLY CONFIDENTIAL

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

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

Identification Particulars

| | Khet /Municipality | Srok / Khand/Krong | Khum / Sangkat | Phum/Mondol | Sample EA No. | No. of Households in EA |
|------|--------------------|--------------------|----------------|-------------|---------------|-------------------------|
| 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 | Serial No. of Household | | |
|---|----------------------------|--|------|-------|---|---------------|----------------------------------|---|-------|---|---------|----|---------|-------------------------|--|--|
| | | 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 | 14 | | | |
| 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)

- 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



Identification Particulars

| | | | | | | | | | |
|------|--------------------|---------------------|----------------|-------------|----------------------|--------------|---------------|---------------------------|--|
| | Khet /Municipality | Srok / Khand/ Krong | Khum / Sangkat | Phum/Mondol | Enumeration Area No. | Building No. | Household No. | Name of Head of Household | S. No.of Household Selected (Copy from col.14 of Form A) |
| Name | | | | | | | | | |
| Code | | | | | | | | | |

Population Particulars

Statement 1.1 : Usual Members Present on Survey Night

| 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 Survey 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 Survey Night

| Sl. No. | Full Name | Relationship to Head of Household (Write in words) | Sex 1 = Male 2 = Female (Enter code) | Age | Location on Survey 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 | |
|---------------------------------------|--|

| | |
|---------------------------------------|--|
| 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: -----
Name Signature Day Month Year

Supervisor : -----
Name Signature Day Month Year

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

| Sl. No. | Full Name of woman | Sl. No. in col.1 of Part 2 | Age of woman at the time of birth of first child | FERTILITY INFORMATION | | | | | | | | | |
|---|--------------------|-------------------------------|--|---------------------------------|---|-------------|--|-------------|--|---|--|-----|------|
| | | | | Give the age in completed years | 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, put dash(-) in col.9&10) | | State who assisted her during the delivery (Enter Code from list below) | Did she get the birth of this child registered with the civil authority? Yes = 1 No = 2 (Enter code) | | | |
| (1) | (2) | (3) | (4) | (5) | | (6) | | (7) | | (8) | | (9) | (10) |
| | | | | (a) Male | (b) Female | (a) Male | (b) Female | (a) Male | (b) Female | (a) Male | (b) Female | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | |

Codes for Column 9

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

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : DEATH IN HOUSEHOLD

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

| | |
|--|--|
| | |
|--|--|

| 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 1 year 01: 1 year to less than 2 years 02: 2 years to less than 3 years . . . 97: 97 years to less than 98 years 98: 98 years and over | What was the cause of death? (Enter Code from the list below) | Has this death been registered with the civil authority? 1: Yes 2: No | For women 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 | 8(a) | 8(b) | 8(c) |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 0 | | | | | | | | | |

Codes for column 4
Relationship to Head of Household

- 1: Head
- 2: Wife / Husband
- 3: Son / Daughter
- 4: Step child
- 5: Adopted/ Foster child
- 6: Father / Mother
- 7: Sibling
- 8: Grand child
- 9: Niece/nephew
- 10: Son/Daughter-in-law
- 11: Brother/Sister in-law
- 12: Father/mother in law
- 13: Other Relative
- 14: Servant
- 15: Non-Relative including boarder

| Codes for col. 6 Cause of Death | | |
|-------------------------------------|--------------------------------------|-----------------|
| ILLNESS | ACCIDENT | NOT KNOWN |
| 01: Fever | 12: Land mine | 16: Don't known |
| 02: Diarrhoea | 13: Road Accident | |
| 03: Tuberculosis | 14: Drowning | |
| 04: Heart disease | 15: Other accident (specify.....) | |
| 05: Dengue fever | | |
| 06: Malaria | | |
| 07: Tetanus | | |
| 08: HIV/AIDS | | |
| 09: Pregnancy complication | | |
| 10: Delivery complication | | |
| 11: Other illness (specify.....) | | |

Codes for Col. 8(b)
Place of Death

- 1: Hospital
- 2: Health Center
- 3: Home
- 4: Other

Codes for Col. 8 (c)

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

FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : HOUSING CONDITIONS AND FACILITIES
 (Enter Code in the box below)

| On what basis does this household occupy this dwelling? | Main Source of light | Main Cooking Fuel | Toilet facility within premises | Main Source of drinking water supply | Location of Drinking water source | No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom) | Availability of separate kitchen within premises |
|---|--|---|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 : Owner occupied 2 : Rent 3 : Not owner, but rent free 4 : Other (specify) <input type="text"/> (Enter Code) | 1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) <input type="text"/> (Enter Code) | 1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) <input type="text"/> (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)..... <input type="text"/> (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)..... <input type="text"/> (Enter Code) | 1: Within the premises 2: Near the premises 3: Away <input type="text"/> (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 <input type="text"/> (Enter Code) | 1: Yes 2: No <input type="text"/> (Enter Code) |

INFORMATION ON OWNERSHIP OF SOME FACILITIES BY THE HOUSEHOLD (Under each item write "00" in the square if not available, or give the actual number if available)

| Radio/ Transistor | Television | Telephone (Desk phone) | Cell phone | Personal Computer | Bicycle | Motorcycle | Refrigerator | Washing Machine | Air-Conditioner | Fan | Car/Van | Boat |
|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Tractor | |
|--|--|
| 22 | |
| (a) Big tractor <input type="text"/> | (b) Hand tractor (Koyaon) <input type="text"/> |

State whether the household accesses the Internet

| At home | Outside home | At home and Outside home |
|--|--|--|
| 23 | 24 | 25 |
| 1: Yes 2: No <input type="text"/> (Enter Code) | 1: Yes 2: No <input type="text"/> (Enter Code) | 1: Yes 2: No <input type="text"/> (Enter Code) |