

Steering Committee for Census of Population and Housing Census of Population and Housing, 1 March 2005

A	Identification	Province	District	Village	EA number	HH number	Form number within HH

If the HH continues on next page, tick here <input type="checkbox"/>
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If living in collective household, tick here <input type="checkbox"/>

B For all persons										C For 6 years and above				D For persons aged 10 years and above			E For women, aged 15 to 49 years <i>(Ask women that are present at enumeration)</i>							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18				19	20		
Who was a member of this HH? List name and surname of all persons who were members of the HH	Who is (name)'s relationship to head of HH? 1. Head of hh 2. Husband/wife 3. Son/daughter 4. Parents 5. Son inlaw/daughter inlaw/relatives 6. Other	Sex 1. Male 2. Female	How old was (name) at his/her last birthday? Enter age in completed years ('0' for children less than 1 year)	Where was (name) born? Enter district, province or country code from code list 5 If born in the same place please tick cross in box	Where was (name) living at last census March 1995? Enter district or country code. If living in the same place please tick cross in box	What is (name)'s citizenship? Enter code from code list no. 7. If "Lao" please tick cross in box	What is (name)'s ethnic origin? Enter code from code list no. 8. If "Lao" please tick cross in box	Where is (name)'s marital status? 1. Never married 2. Married 3. Divorced separated 4. Widowed 9. No answer	Where is (name)'s religion? 1. Buddhist 2. Christian 3. Bahai 4. Islam 5. Other 9. No answer	Can (name) read and write Lao? 1. Yes 2. No 6. <6 years 9. No answer	Has (name) ever attended school? 1. Never been, go to D 2. At school 3. Left school 4. No answer, go to D	What is (name)'s highest level of education? Enter education code	What is (name)'s highest level of vocational education? Enter code	What was (name)'s main occupation the last 12 months? Enter code	(For code 1 to 7 in question 15) What was (name)'s main activity in occupation during the last 12 months? 1= Farmer 2= Fisherman 3= Farmer mainly livestock 4= Mixing farming 9= Other If 'Other' specify -	(For code 1 to 7 in question 15) In what industrial sector was (name) mainly working during the last 12 months? If 'Agriculture' please tick in box. If nonagriculture please specify - Agriculture Other Dont know	Have you give any live birth? If No (2) or (9): Continue with next woman If yes (1): How many children born alive to you . . .				How old were you when you gave your first live birth?	Number of live birth last 12 months?		
																	1. Yes 2. No 9. No answer	. . . were with you on census night?	. . . were else where than with you on census night?	. . . have died?	Age	Male Fe-male	Male Fe-male	
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Same place	<input type="checkbox"/> Same place	<input type="checkbox"/> Lao <input type="checkbox"/> Lao	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9			<input type="checkbox"/> Under 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9							1 <input type="checkbox"/>
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Same place	<input type="checkbox"/> Same place	<input type="checkbox"/> Lao <input type="checkbox"/> Lao	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9			<input type="checkbox"/> Under 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9							2 <input type="checkbox"/>
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F Death in household			G Last 12 months any member of household moved in or moved out				H Number of disabilities in household		
21			22		23		24		
Did any death occur in the household last 12 months? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			Moved into this household? - <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		Moved out of this household? - <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		Is there any disable person in this household? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
Was there a deceased male or female?	How old was the deceased?	For women 15-49 years and for deaths other than in accidents Did she die while pregnant, while giving birth or within 42 days after giving birth? -	Serial number	Sex 1. Male 2. Female	Age	Moved out of this household? - 1. Same province 2. Other province 3. Capital 4. Other country	Serial no.	Type of disability	Cause of disability
								<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
1. Male 2. Female	Age		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
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<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

Question 5 and 7 Country code	Question 13 Educational code
Cambodia 1 China 2 Burma 3 Thailand 4 Vietnam 5 Other Asian countr. 6 Europe 7 Africa 8 America 9 Australia 10 Other countries 11 Don't know Q 5= 9999, Q 7=99	No education 1 Grade 1 11 Grade 2 12 Grade 3 13 Grade 4 14 Grade 5 15 Grade 6 16 Lower sec.1 21 Lower sec.2 22 Lower sec.3 23 Upper sec.1 31 Upper sec.2 32 Upper sec.3 33 Don't know 99
Question 8 Ethnic code	Question 14 Level of vocational education
Lao 1 Thai 2 Phuthai 3 Leu 4 Nguan 5 Yung 6 Saikr 7 Thaineau 8 Keummeu 9 Prair 10 Singmoon 11 Phong 12 Thein 13 Adoo 14 Bid 15 Lamed 16 Samtao 17 Katang 18 Makong 19 Tri 20 Yuroo 21 Treang 22 Taoy 23 Yerh 24 Brao 25	Katu 26 Hahak 27 Oy 28 Grieng 29 Cheng 30 Sdang 31 Shuay 32 Ngahearn 33 Lavy 34 Pako 35 Kamer 36 Toum 37 Guan 38 Moy 39 Kree 40 Akha 41 Singsiri 42 Lahoo 43 Sila 44 Hayee 45 Lolo 46 Hor 47 Mong 48 Ilmearn 49 Other 50 No answer 51
Question 10 Religion code	Question 15 Main activity code
Buddhist 1 Christian 2 Bahai 3 Islam 4 Other 5 Don't know 9	Government employee 1 Parastatal employee 2 Private employee 3 State enterprise employee 4 Employer 5 Own account worker 6 Unpaid family worker 7 Unemployed 8 Student 9 Household duties 10 Retired/sick/too old 11 Other 12 Don't know 99
Question 24 Type of disability	Question 24 Cause of disability
Visually handicapped 1 Deaf/dumb 2 Arm/leg handicapped 3 Multiple handicapped 4 Other 5	Since birth 1 War accident 2 Accident 3 Drug addicted 4 Diseases 5 Other 6

I Housing characteristics												
25	26	27	28	29	30	31				32	33	34
What is the tenure status of the household? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Tied accommodation <input type="checkbox"/> Other	Which type of building materials are used for the dwelling unit? Roof: <input type="checkbox"/> Tile/Sipax <input type="checkbox"/> Zinc <input type="checkbox"/> Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Grass <input type="checkbox"/> Other Wall: <input type="checkbox"/> Brick/Concrete/Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Other Floor: <input type="checkbox"/> Ceramic/Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Other	Is this dwelling unit electrified? <input type="checkbox"/> Yes, (own meter) <input type="checkbox"/> Yes, (shared meter) <input type="checkbox"/> Yes, (own generator) <input type="checkbox"/> Yes, (car battery) <input type="checkbox"/> No	What is the total area of the dwelling unit? Total area in m ²	What is the household's main source of water for drinking and cooking? 1. Pipe water 2. well/borehole, protected 3. well/borehole, unprotected 4. River/stream/dam 5. Mountain source 6. Rain water 7. Other	Water for drinking and cooking Distance to water source?				What type of toilet facility is mainly used by this household? <input type="checkbox"/> Modern toilet <input type="checkbox"/> Normal toilet <input type="checkbox"/> Other <input type="checkbox"/> None	What is the household's main source of energy for cooking? <input type="checkbox"/> Electricity <input type="checkbox"/> Paraffin/Fuel <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Charcoal <input type="checkbox"/> Sawdust <input type="checkbox"/> Gas <input type="checkbox"/> Other	Does the household operate any agriculture land? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No, go to Q 35	What is the size of this agriculture land? (by hectar)
					On premises	Less than 500 m	Between 500 m and 1 km	More than 1 km				

J Total population	
35	
Male	
Female	
Total	

Note:

Interviewer:

Date:

Supervisor:

Date:

