## Identification Particulars

<table>
<thead>
<tr>
<th>Khet / Krong</th>
<th>Srok / Khant</th>
<th>Khum / Sangkat</th>
<th>Phum / Mondol</th>
<th>Sample EA No</th>
<th>No. of Households in the EA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Building / Structure and Household Particulars

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Building / Structure Number</th>
<th>Predominant construction material of Building/Structure*</th>
<th>Purpose of Building/Structure</th>
<th>Household No.</th>
<th>Particulars of Head of Household</th>
<th>Number of persons usually living in the household</th>
<th>Remarks</th>
<th>Serial No. of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Name</td>
<td>Sex, 1: Male, 2: Female, 3: Males, 4: Females, 5: Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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. Cement / Brick / Stone
4. Polished stone
5. Parquet / Polished wood
6. Mosaic / Ceramic tiles
7. Other (specify)

**Count the number of entries and give total**

**Total**

---

**KEY TO CODES**

Name of Enumerator: ..........................................................  
Signature Date

Name of Supervisor: ..........................................................  
Signature Date
**Identification Particulars**

<table>
<thead>
<tr>
<th>Khet / Krong</th>
<th>Srok / Khand</th>
<th>Khum / Sangkat</th>
<th>Phum / Mondol</th>
<th>Sample EA No</th>
<th>Building No.</th>
<th>Household No.</th>
<th>Name of Head of Household</th>
<th>St. No of Household Selected (copy from col. 14 of Form A)</th>
</tr>
</thead>
</table>

**Population Particulars**

**Statement 1.1: Usual Members Present on Survey Night**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Full Name</th>
<th>Relationship to Head of Household</th>
<th>Sex</th>
<th>Age</th>
<th>Location on Survey Night</th>
<th>How long Absent</th>
<th>Total No. of Persons in Statement 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1: Male</td>
<td></td>
<td>Within Cambodia</td>
<td>Write 0 for less than 1 month</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2: Female</td>
<td></td>
<td>Outside Cambodia</td>
<td>Give name of country</td>
<td></td>
</tr>
</tbody>
</table>

**Statement 1.2: Visitors Present on Survey Night**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Full Name</th>
<th>Relationship to Head of Household</th>
<th>Sex</th>
<th>Age</th>
<th>Location on Survey Night</th>
<th>How long Absent</th>
<th>Total No. of Persons in Statement 1.2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1: Male</td>
<td></td>
<td>Within Cambodia</td>
<td>Write 0 for less than 1 month</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2: Female</td>
<td></td>
<td>Outside Cambodia</td>
<td>Give name of country</td>
<td></td>
</tr>
</tbody>
</table>

**Statement 1.3: Usual Members Absent on Survey Night**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Full Name</th>
<th>Relationship to Head of Household</th>
<th>Sex</th>
<th>Age</th>
<th>Location on Survey Night</th>
<th>How long Absent</th>
<th>Total No. of Persons in Statement 1.3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1: Male</td>
<td></td>
<td>Within Cambodia</td>
<td>Write 0 for less than 1 month</td>
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<td></td>
<td></td>
<td></td>
<td>2: Female</td>
<td></td>
<td>Outside Cambodia</td>
<td>Give name of country</td>
<td></td>
</tr>
</tbody>
</table>

---

**Number of Form B used for the Household**

**Signatures**

**Enumerators**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tbody>
<tr>
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</table>

**Supervisors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tbody>
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</tbody>
</table>
### FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

#### FOR ALL PERSONS

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Full Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
<th>Mother</th>
<th>Whether living with mother</th>
<th>Marital Status</th>
<th>Age at first marriage</th>
<th>Mother Tongue</th>
<th>Religion</th>
<th>Place of Birth</th>
<th>Previous Residence</th>
<th>Duration of Stay</th>
<th>Reason for Migration</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Codes for Column 3

**Relationship to Head of Household**

1. Head
2. Wife / Husband
3. Son / Daughter
4. Stepchild
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 Column 10

**Mother Tongue**

01: Khmer
02: Vietnamese
03: Chinese
04: Lao
05: Thai
06: French
07: English
08: Korean
09: Japanese
10: Cham
11: Kaavoid
12: Khmer
13: Khmer
14: Khmer
15: Khmer
16: Khmer

**Mother Tongue (continued)**

17: Khmer
18: Khmer
19: Khmer
20: Khmer
21: Khmer
22: Khmer
23: Khmer
24: Khmer
25: Khmer
26: Khmer
27: Khmer
28: Khmer
29: Other (specify)

#### Codes for Column 14

**Duration of Stay**

00: Less than 1 year
01: 1 to less than 2 years
02: 2 to less than 3 years
03: 3 to less than 4 years
04: 4 to less than 5 years
05: 5 to less than 6 years
06: 6 to less than 7 years
07: 7 to less than 8 years
08: 8 to less than 9 years
09: 9 to less than 10 years
10: 10 to less than 11 years
11: 11 to less than 12 years
12: 12 to less than 13 years
13: 13 to less than 14 years
14: 14 to less than 15 years
15: 15 to less than 16 years
16: 16 to less than 17 years
17: 17 to less than 18 years
18: 18 to less than 19 years
19: 19 to less than 20 years
20: 20 to less than 21 years
21: 21 to less than 22 years
22: 22 to less than 23 years
23: 23 to less than 24 years
24: 24 to less than 25 years
25: 25 to less than 26 years
26: 26 to less than 27 years
27: 27 to less than 28 years
28: 28 to less than 29 years
29: 29 to less than 30 years
30: 30 to less than 31 years
31: 31 to less than 32 years
32: 32 to less than 33 years
33: 33 to less than 34 years
34: 34 to less than 35 years
35: 35 to less than 36 years
36: 36 to less than 37 years
37: 37 to less than 38 years
38: 38 to less than 39 years
39: 39 to less than 40 years
40: 40 to less than 41 years
41: 41 to less than 42 years
42: 42 to less than 43 years
43: 43 to less than 44 years
44: 44 to less than 45 years
45: 45 to less than 46 years
46: 46 to less than 47 years
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48: 48 to less than 49 years
49: 49 to less than 50 years
50: 50 to less than 51 years
51: 51 to less than 52 years
52: 52 to less than 53 years
53: 53 to less than 54 years
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55: 55 to less than 56 years
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59: 59 to less than 60 years
60: 60 to less than 61 years
61: 61 to less than 62 years
62: 62 to less than 63 years
63: 63 to less than 64 years
64: 64 to less than 65 years
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66: 66 to less than 67 years
67: 67 to less than 68 years
68: 68 to less than 69 years
69: 69 to less than 70 years
70: 70 to less than 71 years
71: 71 to less than 72 years
72: 72 to less than 73 years
73: 73 to less than 74 years
74: 74 to less than 75 years
75: 75 to less than 76 years
76: 76 to less than 77 years
77: 77 to less than 78 years
78: 78 to less than 79 years
79: 79 to less than 80 years
80: 80 to less than 81 years
81: 81 to less than 82 years
82: 82 to less than 83 years
83: 83 to less than 84 years
84: 84 to less than 85 years
85: 85 to less than 86 years
86: 86 to less than 87 years
87: 87 to less than 88 years
88: 88 to less than 89 years
89: 89 to less than 90 years
90: 90 to less than 91 years
91: 91 to less than 92 years
92: 92 to less than 93 years
93: 93 to less than 94 years
94: 94 to less than 95 years
95: 95 to less than 96 years
96: 96 to less than 97 years
97: 97 to less than 98 years
98: 98 years and over
99: 99 years and over
100: 100 years and over

#### Codes for Column 15

**Reason for Migration**

1: Transfer of work place
2: In search of employment
3: Education
4: Marriage
5: Family moved
6: Natural calamities
7: Insecurity
8: Repatriation or Return after displacement
9: Visiting only
10: Other (specify)
<table>
<thead>
<tr>
<th>Codes for Column 17 (b) What is the highest grade completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Never in 17 (a) put dash (−) in 17 (b) For Now or Past in 17 (a), Code as follows:</td>
</tr>
<tr>
<td>00: Pre-school/Kindergarten</td>
</tr>
<tr>
<td>01: Class 1 completed</td>
</tr>
<tr>
<td>02: Class 2 completed</td>
</tr>
<tr>
<td>11: Class 11 completed</td>
</tr>
<tr>
<td>12: Class 12 completed (without Bac)</td>
</tr>
<tr>
<td>13: Secondary School / Baccalaureate holder</td>
</tr>
<tr>
<td>14: Technical/vocational pre-secondary diploma/certificate</td>
</tr>
<tr>
<td>15: Technical/vocational post-secondary diploma/certificate</td>
</tr>
<tr>
<td>16: Undergraduate</td>
</tr>
<tr>
<td>17: Graduate / Degree holder</td>
</tr>
<tr>
<td>18: Postgraduate</td>
</tr>
<tr>
<td>19: Master’s Degree</td>
</tr>
<tr>
<td>20: Post-Master’s Degree</td>
</tr>
<tr>
<td>21: Ph.D</td>
</tr>
<tr>
<td>22: Other (specify) ........................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes for Column 18 Main Activity During Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Employed (Fill inCols. 18 to 23)</td>
</tr>
<tr>
<td>2: Unemployed (Employed any time before)</td>
</tr>
<tr>
<td>3: Unemployed (Never employed any time before)</td>
</tr>
<tr>
<td>Inactive</td>
</tr>
<tr>
<td>4: Home maker</td>
</tr>
<tr>
<td>5: Student</td>
</tr>
<tr>
<td>6: Dependent</td>
</tr>
<tr>
<td>7: Rent-receiver, Retired or other income recipient</td>
</tr>
<tr>
<td>8: Other (Specify)</td>
</tr>
<tr>
<td>(For codes 3 to 8, put dash (−) inCols. 19 to 23)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes for Column 21 Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Employer</td>
</tr>
<tr>
<td>2: Paid employee</td>
</tr>
<tr>
<td>3: Own - account worker</td>
</tr>
<tr>
<td>4: Unpaid family worker</td>
</tr>
<tr>
<td>5: Other (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes for Column 23 Sector of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Government</td>
</tr>
<tr>
<td>2: State-owned enterprise (Parastatal)</td>
</tr>
<tr>
<td>3: Cooperative</td>
</tr>
<tr>
<td>4: Private</td>
</tr>
<tr>
<td>5: Other (specify)</td>
</tr>
</tbody>
</table>
**FORM B: HOUSEHOLD QUESTIONNAIRE PART 3: FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Full Name</th>
<th>Sl No. in Col. 1 of Part 2</th>
<th>Fertility Information</th>
<th>Particulars of Birth in the last 12 months to women aged 15-49 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Number of Children Born**  
(Give number in two digits like 01, 02, 10 etc. If none, write 00)

- **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 01, 02, under the appropriate column  
If none, write 00)  
(If no child was born to the woman in the last 12 months, skip to part 4)

**Did you register the birth of this baby with the Civil Authority?**  
1 = Yes 2 = No  
(Enter Code)

---

**FORM B HOUSEHOLD QUESTIONNAIRE PART 4: HOUSING CONDITIONS AND FACILITIES**

(Enter Code in the box below)

**On what basis does the household occupy this dwelling?**
1: Owner occupied  
2: Rent  
3: Not owner, but rent free  
4: Other (specify)  

**Main source of light**
1: City power  
2: Generator  
3: Both city power and generator  
4: Kerosene  
5: Candle  
6: Battery  
7: None  
8: Other (specify)

**Main cooking fuel**
1: Firewood  
2: Charcoal  
3: Firewood and charcoal  
4: Kerosene  
5: Liquefied Petroleum Gas (LPG)  
6: LPG and Electricity  
7: Electricity  
8: None  
9: Other (specify)

**Toilet facility within premises**
1: Connected to sewerage  
2: Septic tank  
3: Pit latrine  
4: Other (specify)

**Main source of drinking water supply**
1: Piped water  
2: Tube / pipe well  
3: Protected dug well  
4: Unprotected dug well  
5: Spring, river, stream, lake / pond, rain  
6: Bought (Tanker truck, vendor or otherwise bought, bottle bought)  
7: Other (specify)  

**No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)**
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
## Form B: Household Questionnaire Part 5: Deaths in Households

### Deaths in Households in the Last 12 Months:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Deceased</th>
<th>Sex</th>
<th>Relationship to Head of Household</th>
<th>Age of Death</th>
<th>Did you register the Death of this person with the Civil Authority?</th>
<th>What was the cause of death?</th>
<th>Did the woman die while pregnant, during delivery or within 42 days after giving birth?</th>
<th>If &quot;Yes&quot; in column 8, did any health professional attend on her before death?</th>
</tr>
</thead>
<tbody>
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### Code of Cause of Death for col. 7

**Illnesses:**

1: Fever  
2: Diarrhea  
3: Cholera  
4: Tuberculosis  
5: Disease of heart  
6: Measles  
7: Typhoid fever  
8: Dengue fever  
9: Cancer  
10: Dysentery  
11: Malaria  
12: Tetanus  
13: HIV/AIDS  
14: Sexually-Transmitted Diseases (STDs)  
15: Pregnancy complication  
16: Delivery complication  
17: Abortion  
18: Other illness (Specify) 

**Accidents:**

19: Landmine or unexploded bomb injury  
20: Road accident  
21: Drowning  
22: Accident at work (fell from scaffold, tree etc)  
23: Chemical burns  
24: Animals, insect, snake bite  
25: Electrical shock  
26: Suicide (hanging, poisoning...)  
27: Death by thunder strike  
28: Death by falling tree  
29: Suffocating  
30: Death by magic spell  
31: Poisoning  
32: Gun shot  
33: Other accident (Specify) 

### Codes for column (9)

1: Doctor  
2: Nurse  
3: Midwife  
4: Other (specify)  
5: No attention by health professional