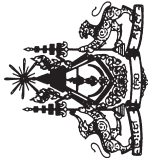


STRICTLY CONFIDENTIAL

FORM A HOUSELIST



Royal Government of Cambodia
General Population Census of Cambodia, March 2019



Page Number:
Total number of pages for EA:

Identification Particulars

Name	Province/Municipality	District/Khanc/Krong	Khum/Sangkat	Phum	Enumeration Area No.
Code					

Building/Structure and Household Particulars

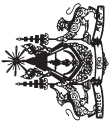
Line No.	Building/Structure Number	Predominant Construction Material of Building/Structure*			Purpose of Building/Structure	Household No.	Particulars of Head of Household			Number of persons usually living in the HH			Remarks
		Wall	Roof	Floor			Name of Head of Household	Sex	1. Male	2. Female	Total	Male	
1	2	3	4	5	6	7	8	9	10	11	12	13	
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													
										Total			

*List of codes (**Count the numbers recorded and total) **Total

Col. 3. Wall Material	Col. 4. Roof Material	Col. 5. Floor Material
1. Bamboo /Thatch / Grass / Reeds	1. Bamboo / Thatch / Grass/ Reeds	1. Earth / Clay
2. Earth	2. Tile	2. Wood / Bamboo planks
3. Wood / Plywood	3. Wood / Plywood	3. Concrete / Brick / Stone
4. Concrete / Brick / Stone	4. Concrete / Brick / Stone	4. Polished stone
5. Galvanised Iron/Aluminium/Other metal sheets	5. Galvanised Iron / Aluminium / Other metal sheets	5. Parquet / Polished wood
6. Asbestos cement sheets	6. Asbestos cement sheets	6. Mosaic / Ceramic tiles
7. Salvaged/Improvised materials	7. Plastic/ Synthetic material sheets	7. Other (specify)
8. Other (specify)	8. Other (specify)	

Name of Enumerator
Signature DD / MM / YYYY

Name of Supervisor
Signature DD / MM / YYYY



Royal Government of Cambodia
General Population Census of Cambodia, March 2019



STRICTLY CONFIDENTIAL

Identification Particulars

Name	Province/Municipality	District/Khand/Krong	Khum/Sangkat	Phum	EA No.	Building No.	Household No.	Name of Head of Household
Code								

FORM B HOUSEHOLD QUESTIONNAIRE PART

Population Particulars

Statement 1.1 : Usual Members Present on Census Night

Type of Household/Population (Enter code in the box below) 1. Normal or Regular Household 2. Institutional Household 3. Homeless Household 4. Boat Population 5. Transient Population (Specify the location)	Sl. No.	Name of the person	Relationship to Head of Household	Sex
		(Write the name of the person starting with the head)	(Write in words)	(Write in words)
	1	2	3	4
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	0			

Statement 1.2 : Visitors Present on Census Night

Sl. No.	Name of the person	Relationship to Head of Household	Sex	Usual Residence
	(Write full name of the visitor)	(Write in words)	(Write in words)	Write name of country in col. 6(a)
				Write name of Khum/Sangkat, Stok/Khand/Krong, Province in col. 5(a)
	2	3	4	5 (a)
	1			6 (a)
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	0			

Statement 1.3 : Usual Members Absent on Census Night

Sl. No.	Name of the person	Relationship to Head of Household	Sex	Age	Location on Census Night			How long absent (in completed months)
					Within Cambodia	Outside Cambodia		
	(Write full name)	(Write in words)	(Write in words)	In completed years	Write name of Khum/Sangkat, Stok/Khand/Krong, Province in col. 6 (a)	Write name of the country in col. 7 (a)	Code of Location	Reason for shifting
					6 (a)	7 (a)	7 (b)	7 (c)
	2	3	4	5	6 (b)	7 (a)	7 (b)	7 (c)
	1							
	2							
	3							
	4							
	5							

Column 5 Age
000. Less than 1 year 001. 1 year 002. 2 years
097. 97 years 099. 99 years 120:120 years

Statement 1.3: Col. 6(c) and Col. 7 (c)
1. Employment 2. Business 3. Tourism
4. Education 5. Marriage 6. Medical 7. Other

Name: Signature:
 Enumerator: DD MM YYYY
 Supervisor:
 Total No. of Persons in Statement 1.1
 Total No. of Persons in Statement 1.2
 Total No. of Persons in Statement 1.1 & 1.2

Number of Form B used for the household

□ □

FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

Sl. No.	For all persons				For all persons				Mother Tongue	Religion	Birth Place		Previous Residence		Duration of Stay	Reason for Migration
	Name of the person	Relationship	Sex	Age	For children aged 0-14 years	For all persons	For other than never married	Mother Tongue			Where has the person been living before?	Duration of Stay	Reason for Migration			
1	2	3	4	5	6	7	8	9	10	11(a)	11(b)	12(a)	12(b)	13	14	
1																
2																
3																
4																
5																
6																
7																
8																
9																
0																

<p>Codes for Column 3</p> <p>Relationship to Head of Household</p> <p>1. Head</p> <p>2. Wife / Husband</p> <p>3. Son / Daughter</p> <p>4. Father / Mother</p> <p>5. Grand child</p> <p>6. Other Relative</p> <p>7. Non-Relative including boarder</p>	<p>Codes for Column 5</p> <p>Age</p> <p>000: less than 1 year</p> <p>001: 1 year</p> <p>002: 2 years</p> <p>: :</p> <p>: :</p> <p>: :</p> <p>120 :120 years</p>	<p>Column 6</p> <p>Write serial number of natural mother (if living in this household) for child aged 0-14.</p> <p>If mother not living in this household write '0'.</p>	<p>Column 7</p> <p>1. Never Married</p> <p>2. Married (i.e. currently married)</p> <p>3. Widowed</p> <p>4. Divorced</p> <p>5. Separated</p>	<p>Codes for Column 9</p> <p>Mother Tongue</p> <p>01. Khmer</p> <p>02. Vietnamese</p> <p>03. Chinese</p> <p>04. Lao</p> <p>05. Thai</p> <p>06. French</p> <p>07. English</p> <p>08. Korean</p> <p>09. Japanese</p> <p>10. Chaaray</p> <p>11. Chaam</p> <p>12. Kaaveat</p> <p>13. Klueng</p> <p>14. Kuoy</p> <p>15. Krueng</p> <p>16. Lon</p> <p>17. Phong</p> <p>18. Prouv</p> <p>19. Tumpoon</p> <p>20. Steng</p> <p>21. Ro Ong</p> <p>22. Kraol</p> <p>23. Raadear</p> <p>24. Timoon</p> <p>25. Mel</p> <p>26. Khogn</p> <p>27. Por</p> <p>28. Suoy</p> <p>29. Other</p>	<p>Column 10</p> <p>1. Buddhism</p> <p>2. Islam</p> <p>3. Christianity</p> <p>4. Other</p>	<p>Codes for Column 13</p> <p>Duration of Stay</p> <p>00. less than 1 year</p> <p>01. 1 to less than 2 years</p> <p>02. 2 to less than 3 years</p> <p>.....</p> <p>10. 10 to less than 11 years</p> <p>.....</p> <p>20. 20 to less than 21 years</p> <p>.....</p> <p>120. 120 to less than 121 years</p>	<p>Codes for Column 14; Reason for Migration</p> <p>01. Transfer of work place</p> <p>02. In search of employment</p> <p>03. Education</p> <p>04. Marriage</p> <p>05. Family moved</p> <p>06. Lost land / lost home</p> <p>07. Natural calamities</p> <p>08. Dislocated due to Dam construction</p> <p>09. Dislocated due to other major or small projects</p> <p>10. Insecurity</p> <p>11. Repatriation or return after displacement</p> <p>12. Orphaned</p> <p>13. Visiting only</p> <p>14. Other (specify</p>
--	--	---	--	--	---	--	---

For all persons **For persons aged 5 years and more**

Sl. No.	Literacy				Full Time Education						Main Activity	Occupation	Employment Status	Agriculture, Industry, Trade or Service	Sector of Employment		
	15 (a)	15 (b)	16 (a)	16 (b)	16 (c)	16 (d)		17								18	19
	Can the person read and write with understanding in Khmer language?	Can this person read and write with understanding in any other language?	Has the person attended School/ Education Institution?	Currently attending grade for code 2 of col.16(a)?	What is the highest grade completed?	Main subject of study for codes 15 to 20 in col.16(b) or 16(c).		See the note below				Main activity of the person during last year.	Types of occupation/employment	Employment Status/ Class	Nature of Economic Activity (Agriculture, Industry, Trade or Service)	Sector in which employed	
	1. Yes	2. No	(Enter code from list below)	(Enter code from list below)	(Enter code from list below)	For other codes in col.16(b), (c) skip to col. 17.		(Enter code from list below)				Enter code from list below	Write the occupation in word	Write the nature of economic activity in words	(Enter code from list below)		
1						Description	Code	1	2	3	4	5	6	Name of Occupation	Nature of Economic Activity	Code	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
0																	

Codes for column 15(b)	Codes for column 16(a)	Codes for column 16(b)	Codes for column 16(c)	Codes for column 16(d)	Codes for column 17	Codes for column 18	Codes for column 19	Codes for column 20	Codes for column 21	Codes for column 22
1. No other language 2. Vietnamese 3. Chinese 4. Lao 5. Thai 6. French 7. English 8. Chaam 9. Other	1. Never 2. Now 3. Past	00. Pre-school/Kindergarten 01. Class 1 02. Class 2 : : : 11. Class 11 12. Class 12	For code 1 in column 16 (a), put dash (-) in column 16 (b) For code 2 in column 16 (a), enter code from list below. Codes for column 16 (c) What is the highest grade completed? For code 2 and 3 in column 16 (a), enter code from the list below. For code 1 in column 16 (a), put dash (-) in column 16 (b) Common Codes for column 16 (b) and 16 (c) 17. Undergraduate course 18. Master's Degree course 19. Ph.D. course 20. Any other course	For code 1 and 3 in column 16 (a), put dash (-) in 16(b) Codes for column 16 (b): Currently Attending Grade For code 2 in column 16 (a), enter code from list below. Codes for column 16 (c) What is the highest grade completed? For code 2 and 3 in column 16 (a), enter code from the list below. Common Codes for column 16 (b) and 16 (c) 00. Pre-school/Kindergarten 01. Class 1 02. Class 2 : : : 11. Class 11 12. Class 12 Separate Codes for column 16 (b) 15. Technical/vocational pre-secondary diploma/certificate course 16. Technical/vocational post-secondary diploma/certificate course	13. Lower Secondary/ Diploma/ Certificate 14. Upper Secondary/Diploma/Certificate/Baccalaureate 15. Technical/vocational pre-secondary diploma/certificate 16. Technical/vocational post-secondary diploma/certificate 17. Graduate Degree 18. Master's Degree 19. Ph.D Degree 20. Any Other Diploma/Degree completed 88. No grade completed	Main activity during last year 1. Employed (fill in cols. 19 to 22) 2. Unemployed (Employed any time before) (fill in col.19 to 22 for last employment). 3. Unemployed (Never employed any time before) 4. Home maker 5. Student 6. Dependent 7. Rent-receiver, Retired or other income recipient 8. Other (For codes 3 to 6 put dash (-) in cols. 19 to 22)	Do you have difficulty..... 17.1. seeing, even if wearing glasses? 17.2 hearing, even if using a hearing aid? 17.3 walking or climbing step? 17.4 remembering or concentrating? 17.5 with self-care (such as washing all over or dressing)? 17.6 using your usual (customary) language, do you have difficulty speaking, for example understanding or being understood? Codes for column 17 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	1. Employer 2. Paid employee 3. Own-account worker 4. Unpaid family worker 5. Other (specify...)	1. Government 2. State owned enterprise 3. Cambodian private enterprise 4. Foreign private enterprise 5. Non-profit institution 6. Household sector 7. Embassies, international institutions, and foreign aid, and development agencies 8. Other (specify.....)	

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

Sl. No.	Name of the woman (for woman aged 15 and over	Sl. No. in column 1, Part 2	FERTILITY INFORMATION FOR WOMAN AGED 15 AND OVER						Particulars of Birth in the last 12 months to woman aged 15-49 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 woman aged 15-49 years		Particulars of Birth in the last 12 months to woman aged 15-49 years		
1	2	3	4	5	6	7	8	9		
			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?	State who assisted her during the delivery.	Did the person register the birth of this baby with the Civil Authority?		
			(a) Male (b) Female	(a) Male (b) Female	(a) Male (b) Female	(a) Male (b) Female	(Enter code from list below)	(Enter code from list below)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
0										

Codes for column 8
 1: Doctor 4: Traditional Birth Attendant
 2: Nurse 5: Other (specify)
 3: Midwife 6: None

Codes for column 9
 Yes = 1
 No = 2

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : HOUSING CONDITIONS, AMENITIES AND ASSETS POSSESSED BY HOUSEHOLD

(Enter code in the boxes below)

On what basis does this household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Type of toilet facility household usually uses	Share facility with other household	Main Source of drinking water supply	Time take to go there, get water, and come back	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	9
1. Owner occupied 2. Rent 3. Not owner but rent free 4. Other (Please specify)	1. City Power 2. Generator 3. Both city power and generator 4. Kerosene 5. Candle 6. Battery 7. Other (Please specify)	1. Firewood 2. Charcoal 3. Kerosene 4. Liquefied Petroleum Gas(LPG) 5. Electricity 6. None 7. Other (Please specify)	1. None, not using toilet 2. Pour flush (or flush) connected to sewerage 3. Pour flush (or flush) to septic tank or pit 4. Pour flush (or flush) to elsewhere (i.e. not a sewer or pit/tank) 5. Pit latrine with slab 6. Pit latrine without slab or open pit 7. Latrine overhanging field or water (drop in the field, pond, lake, river, sea) 8. Other, specify	1. Yes 2. No	1. Piped into dwelling 2. Piped into compound, yard or plot 3. Public tap / standpipe 4. Tube Well, Borehole 5. Protected well 6. Unprotected well 7. Protected spring 8. Unprotected spring 9. Rainwater collection 10. Tanker-truck 11. Cart with small tank / drum 12. Surface water (river, stream, dam, lake) 13. Bottled water 14. Other (specify)	1. Water on premises 2. Less than 30 minutes 3. More than 30 minutes 4. Don't Know	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 more	1. Yes 2. No
<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"/>

PARTICULARS OF AMENITIES AND ASSETS POSSESSED BY HOUSEHOLD (Give number for each, write "00" if not owned)

Radio/ Transistor	Television	Telephone (Fixed)	Cell phone	Laptop and Desktop Computer	Bicycle	Motorcycle	Refrigerator	Washer	Fan	Air-Conditioner	Car/Van
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"/>

Boat	Tractor (See note below)
(a). Big tractor	(b). Hand tractor(Koyao)
22	23
<input type="text"/>	<input type="text"/>

State whether the household accesses internet	
At home	Outside home
24	25
1. Yes 2. No	1. Yes 2. No

FORM B HOUSEHOLD QUESTIONNAIRE PART 5: DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months :

Total Number of Deaths

Death Particulars							
Sl. No.	Name of Deceased	Sex 1. Male 2. Female <i>Enter code</i>	Relationship to Head of Household <i>Enter code from list below</i>	Age at Death See note below <i>Enter code from list below</i>	What was the cause of the death? Death caused by illness? <i>(Enter code from list below)</i>	Registration of death Has this death been registered with the civil authority? 1. Yes 2. No	For woman aged 15-49 who died Did the woman die while pregnant, during delivery or within 42 days after giving birth? 1: Yes 2: No State where the Death took place? <i>(Enter code from list below)</i> State who attended on her before death? <i>(Enter code from list below)</i>
	2	3	4	5	6	7	8 (a) 8 (b) 8 (c)
1							
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							

Codes for column 4	Codes for column 5	Code for Column 6 Cause of Death	
1. Head	Write the age in total years completed at the time of Death	Illness	Accident
2. Wife / Husband	000: Less than 1 year	01. Fever	13. Land mine
3. Son / Daughter	001: 1 year to less than 2 years	02. Diarrhoea	14. Road accident
4. Father / Mother	002: 2 years to less than 3 years	03. Tuberculosis	15. Drowning
5. Grand child	:	04. Heart disease	16. Other accident
6. Other Relative	:	05. Dengue fever	
7. Non-Relative including boarder	:	06. Malaria	
	:	07. Tetanus	
	:	08. HIV/AIDS	

Codes for column 8 (b)
Place of Death

1. Hospital
2. Health Center
3. Home
4. Other (specify...)

Codes for column 8 (c)

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