

STRICTLY CONFIDENTIAL



Royal Government of Cambodia
General Population Census of Cambodia, 2008



Page Number.....

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

Identification Particulars

Name	Khet / Krong	Srok / Khand	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 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)

- 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



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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

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 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	Outside Cambodia Give name of country
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

Type of Household/ Population
(Give appropriate code in the box below)

1 = Normal or Regular Household
2 = Institutional Household*
3 = Homeless Household*
4 = Boat Population*
5 = Transient Population*
(Specify location)

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		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	
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Total No. of Persons in Statement 1.2	
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Total No. of Persons in Statements 1.1 & 1.2	
----------------------------------------------	--

Number of Form B used for the Household	
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Enumerator: _____
Name Signature Day / Month / Year

Supervisor: _____
Name Signature Day / Month / Year 2

* 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

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		
(1)	(2)	(3)	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)
			(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	Male	Female	(8)
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) <div style="text-align: center;"><input type="text"/></div> (Enter Code)	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify) <div style="text-align: center;"><input type="text"/></div> (Enter Code)	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify) <div style="text-align: center;"><input type="text"/></div> (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)..... <div style="text-align: center;"><input type="text"/></div> (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)..... <div style="text-align: center;"><input type="text"/></div> (Enter Code)	1: Within the premises 2: Near the premises 3: Away <div style="text-align: center;"><input type="text"/></div> (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 <div style="text-align: center;"><input type="text"/></div> (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	(a)	(b)
<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"/>	Big tractor <input type="text"/>	Hand tractor (Koyaon) <input type="text"/>

State whether the household accesses the Internet

At home	Outside home
18	19
1: Yes 2: No <div style="text-align: center;"><input type="text"/></div> (Enter Code)	1: Yes 2: No <div style="text-align: center;"><input type="text"/></div> (Enter Code)

FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : DEATH IN HOUSEHOLD

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

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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)	7(c)
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