All information collected in this survey is strictly confidential and will be used for statistical purposes only.

Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

## CAMBODIA SOCIO-ECONOMIC SURVEY 1997

## CORE QUESTIONNAIRE FOR HOUSEHOLDS



| C. To be completed by supervisors after checking completed questionnaire thoroughly |  |
| :---: | :---: |
| Supervisor's Name |  |
| Date Checked by Supervisor (1997) | [ (month) ____ (day) |
| Date of Re-interview (if necessary) (1997) | ___ (month) ___ (day) |
| Supervisor's Signature |  |

## I. LIST OF HOUSEHOLD MEMBERS

The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent

1. Please provide the following information on all members usually residing in this household.

| ID No. | Name of household member | Relationship to the head (use Relationship Codes below) |  | Sex <br> (1=Male, <br> 2=Female) <br> (ENTER <br> CODE) | What is ___'s date of birth ? |  |  | What calendar are you using? <br> 1 Western/Universal <br> 2. Buddhist/Cambodian <br> (ENTER CODE) | What is $\qquad$ s age in completed years? (Enter 98 if age is 98 or over) | Marital Status (use Marital Status Codes below) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Day | Month | Year |  |  |  |
| (1) | (2) | (3) |  |  | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 1 |  |  |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| CODES |  |  |  |  |  |  |  |  |  |  |
| Relationship Codes (Col.3) |  |  | $1=$ Head, $2=$ Spouse, $3=$ Son/daughter, $4=$ Stepchild/adopted child, $5=$ Parent, $6=$ Sibling, $7=$ Grandchild, $8=$ Niece/nephew, $9=$ Son/daughter-in-law,10=Brother/sister -in- law, $11=$ Parent -in -law, 12=Other relative, 13=Servant, 14=Other non-relative including boarders |  |  |  |  |  |  |  |
| Codes for Col. (7) - Year for Cambodian calendar <br> Marital Status Codes (Col.10) |  |  | $\begin{aligned} & 1=\text { Rat } / \text { Mouse, } 2=\text { Ox, } 3=\text { Tiger, } 4=\text { Rabbit, } 5=\text { Dragon, } 6=\text { Snake, } 7=\text { Horse, } 8=\text { Ram } / \text { Sheep, } 9=\text { Monkey, } 10=\text { Rooster, } 11=\text { Dog, } 12=\text { Pig } \\ & 1=\text { Never married, } 2=\text { Currently married, } 3=\text { Widowed }, 4=\text { Divorced , } 5=\text { Separated } \end{aligned}$ |  |  |  |  |  |  |  |


| $\begin{gathered} \text { ID } \\ \text { No. } \end{gathered}$ | Does person have any disability? 1=Yes, $2=$ No (Enter Code) If no, >> Col.(14) | If yes, what type of disability does person have? (use Disability Codes below) | Cause of disability (use <br> Cause of Disability Codes below) | Where was $\qquad$ living exactly five years ago, that is, in June 1992? <br> (ENTER "SAME" IN COL. 14 IF SAME DISTRICT, OTHERWISE SPECIFY NAME OF PROVINCE/DISTRICT) <br> (ENTER "NA" IN COL. 14 FOR CHILDREN UNDER 5 YEARS OLD) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | District | Code | Province | Code |
| (1) | (11) | (12) | (13) | (14) | (15) | (16) | (17) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| CODES |  |  |  |  |  |  |  |
| Disability Codes (Col. 12) |  | 1=Amputation of one or more limbs, $2=$ Unable to use one or more limbs, $3=$ Blind, $4=$ Deaf, $5=$ Mute, $6=$ Mentally disturbed or retarded, $7=$ Permanent disfigurement, $8=$ Paralyzed, $9=$ Deaf and Mute, $10=$ Other multiple disabilities, 11=Other (Specify) |  |  |  |  |  |
| Cause of Disability Codes (Co |  | 1=Congenital (i.e., since birth), $2=$ Due to war or conflict, $3=$ Due to land mine explosion, $4=$ Due to illness/disease, $5=$ Due to accident, $6=$ Other (Specify) |  |  |  |  |  |

2. What is the ethnic origin of the household head? (Encircle Code)
3. Khmer 2. Cham
4. Other local group 4. Chinese
5. Vietnamese 6. Thai
6. Other (Specify)
7. How well does the household head speak the following languages? (Enter Code)

|  | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Language | Khmer | French | English | Chinese | Vietnamese | Thai | Other(specify) |
| Fluency Code |  |  |  |  |  |  |  |

Fluency Code: 1=Very well, fluently, $2=$ Well, but not fluently, $3=$ Not well, $4=$ Only a few words, $5=$ Not at all

## II. SCHOOLING

4. Please provide the following information on all members aged 5 years and older who usually reside in this household.

| Line No. | Name of person | ID No. (Order No. from List of Household Members) | Can $\qquad$ read and write a simple message in any language? $\begin{aligned} & 1=\mathrm{Yes} \\ & 2=\mathrm{No} \end{aligned}$ <br> (Enter Code) | Has this person ever attended school? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No (>> Col.(10)) } \end{aligned}$ <br> (Enter Code) | Highest grade level successfully completed (use Grade Level Codes below) | Is this person currently in school system? $1=$ Yes 2=No (>> Col.(10)\} (Enter Code) | current grade or class (use Grade Level Codes below) | Is this school public or private? <br> 1=Public <br> 2=Private <br> (Enter Code) | Is this person currently attending nonformal classes? $1=$ Yes $2=$ No (Enter Code) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
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| CODES |  |  |  |  |  |  |  |  |  |
| Grade Le | Codes (Col.6, Col.8) | $0=$ None, 1 =class one, $2=$ class two, $\ldots, 11=$ class eleven, $12=$ class twelve, $13=$ secondary school certificate, $14=$ technical/vocational pre-secondary diploma/certificate, $15=$ technical/vocational post-secondary diploma/certificate, 16=college/university undergraduate, 17=college /university graduate, 18=post-graduate, 19=Other(Specify) |  |  |  |  |  |  |  |

## III. ECONOMIC ACTIVITY

5. Please provide the following information on all members aged 10 years and older who usually reside in this household.

|  |  | ID No. <br> (Order <br> No.from <br> List of <br> Household <br> Members) | USUAL ACTIVITY IN THE LAST 12 MONTHS |  |  |  |  | ACTIVITY STATUS DURING PAST 7 DAYS |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{\|c} \hline \mathrm{L} \\ \mathrm{I} \\ \mathrm{~N} \\ \mathrm{E} \\ \\ \mathrm{~N} \\ \mathrm{UM} \\ \mathrm{~B} \\ \mathrm{E} \\ \mathrm{R} \end{array}$ | Name of person |  | What was 's $\qquad$ main activity in most of the past 12 months? <br> (use Usual Activity Codes below) If 1-4, >> Col.(6) | Even though $\qquad$ was not usually employed, was he/she available for and seeking work? $1=\mathrm{Yes}$ $2=\mathrm{No}$ | What was 's primary occupation during the past 12 months? (Write Specific Job) | $\begin{array}{\|l\|} \hline \mathrm{COD} \\ \mathrm{E} \end{array}$ | In what kind of economic activity, like agriculture etc. did $\qquad$ mainly work in the past 12 months? (Write Industry) | $\begin{aligned} & \mathrm{COD} \\ & \mathrm{E} \end{aligned}$ | Did $\qquad$ do any work at all even only for one hour during the past 7 days? $1=\text { Yes >>Col. } 14$ $2 \text { =No }$ <br> (Enter Code) | Although did not work even for one hour, did have a job during the past 7 days? $\begin{aligned} & 1=\text { Yes >> Col. } 14 \\ & 2=\text { No } \\ & \text { (Enter Code) } \end{aligned}$ | If $\qquad$ did not work and did not have a job, was $\qquad$ available for work and seeking work during the past 7 days? $1 \text { =Yes }$ $2 \text { =No }$ <br> (Enter Code) |
| (1) | (2) | (3) | (4) | (5) | (6) |  | (7) |  | (8) | (9) | (10) |
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|  | CODES |  |  |  |  |  |  |  |  |  |  |
| Usual | Activity Codes (Col.(4)) |  | Worked for pay, profit, leave, vacation, or illness, =Housekeeping, $8=$ Retir | or family gain (includ s, $3=$ Worked as an ap red/Pensioner/Rent - | all agricultural ac prentice, 4= Work ceiver/ Infirm, 9=D | vities even in constru sabled, 10 | for home consumptio uction (include major r =Other (specify) | and helpin pairs of ow | ng for family enterpris wn house/ firm), $5=$ Sou | without pay), 2=Had a ght work and was avail | but did not work because for work, $6=$ Student, |




## I V. HEALTH

The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.
6. Please provide the following information on all members usually residing in this household.

| $\begin{aligned} & \text { ID } \\ & \text { No. } \end{aligned}$ | Name of person | Did this person have any major illness, injury or other health problem in the last 4 weeks? $\begin{aligned} & 1=\mathrm{Yes} \\ & 2=\mathrm{No} \end{aligned}$ <br> (If 2 , >> next person) <br> (Enter Code) | What was the main initial symptom of this condition? (use Symptom Codes below) | Did the person seek treatment for this condition in the last 4 weeks? $1=Y e s$ 2=No (>> <br> Col. 11) <br> (Enter <br> Code) | How many days did person wait before seeking treatment? | Which provider was first consulted for treatment? (Use Provider Codes below) | Was this provider public or private? <br> 1=Public <br> 2=Private <br> (Enter <br> Code) | Was the person hospitalized for the treatment? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No (>> } \\ & \text { Col.11) } \end{aligned}$ <br> (Enter Code) | How many nights did person spend in the hospital for the treatment? | Did the person have to stop doing his/her usual activities because of this condition? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No } \\ & \text { (Enter Code) } \end{aligned}$ | How many days did he/she have to stop doing his/her usual activities? | How many other visits (other than the one mentioned in column(7) did person make to health providers in the last 4 weeks? <br> If $0=$ None (>> next person) <br> Actual number otherwise | What was the main purpose of these visits? (use Main Purpose of Other Visits Codes below) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1a) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
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| CODES |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Symptom Codes (Col.4) |  | 1=Fever, 2=Diarrhoea, 3=Cold and cough without rapid or difficult breathing, 4=Cold and cough with rapid or difficult breathing, 5=Injury (Specify), 6=Pregnancy related , 7=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |
| Health Provider Codes (Col.7) |  | 1=Khum Clinic, 2=Pharmacy, 3=District health center, 4=Provincial hospital, 5=Central hospital, 6=Private hospital, 7= Private clinic, 8=Private doctor, $9=$ Private nurse, 10=Khru Khmer, 11=Other traditional healer, 12=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |
| Main Purpose of Other Visits Codes (Col.14) |  | 1=Follow-up to earlier visit, 2=Another illness episode, 3=Prenatal or postnatal care, 4=Immunization, 5=Other preventive care visit (Specify), 6=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |

Health (Contd.)

| $\begin{aligned} & \text { ID } \\ & \text { No } \end{aligned}$ | Name of person | Did this person have any major illness, injury or other health problem in the last 4 weeks? $\begin{aligned} & 1=\text { Yes } \\ & 2=\mathrm{No} \end{aligned}$ <br> (If 2 , >> next person) <br> (Enter Code) | What was the main initial symptom of this condition? (use Symptom Codes below) | Did the person seek treatment for this condition in the last 4 weeks? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No (>> } \end{aligned}$ <br> Col. 11) <br> (Enter <br> Code) | How many days did person wait before seeking treatment? | Which provider was first consulted for treatment? (Use Provider Codes below) | Was this provider public or private? 1=Public 2=Private (Enter Code) | Was the person hospitalized for the treatment? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No (>> } \\ & \text { Col.11) } \end{aligned}$ <br> (Enter Code) | How many nights did person spend in the hospital for the treatment? | Did the person have to stop doing his/her usual activities because of this condition? $\begin{aligned} & 1=\text { Yes } \\ & 2=\text { No } \\ & \text { (Enter Code) } \end{aligned}$ | How many days did he/she have to stop doing his/her usual activities? | How many other visits (other than the one mentioned in column(7) did person make to health providers in the last 4 weeks? <br> If $0=$ None (>> next person) <br> Actual number otherwise | What was the main purpose of these visits? (use Main Purpose of Other Visits Codes below) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1b) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
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| CODES |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Symp | m Codes (Col.4) | 1=Fever, 2=Diarrhoea, 3=Cold and cough without rapid or difficult breathing, 4=Cold and cough with rapid or difficult breathing, 5=Injury (Specify), 6=Pregnancy related , 7=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |
| Healt (Col. | Provider Codes | 1=Khum Clinic, 2=Pharmacy, 3=District health center, 4=Provincial hospital, 5=Central hospital, 6=Private hospital, 7= Private clinic, 8=Private doctor, 9=Private nurse, 10=Khru Khmer, 11=Other traditional healer, 12=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |
| Main Visits | urpose of Other <br> Codes (Col.14) | 1=Follow-up to earlier visit, 2=Another illness episode, 3=Prenatal or postnatal care, 4=Immunization, 5=Other preventive care visit (Specify), 6=Other (Specify) |  |  |  |  |  |  |  |  |  |  |  |

## V. HOUSING AND ENVIRONMENT

(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)
7. What is the floor area of your house/dwelling? $\qquad$ square meters
8. What is the year of construction of your house?
9. What is the primary construction material of the outer wall of your house? $\qquad$ (ENTER CODE)

Outer Wall Codes: 1=Bamboo, Thatch, $2=$ Wood or logs, $3=$ Plywood, $4=$ Concrete, brick, stone, $5=$ Galvanized iron or aluminium, 6=Fibrous cement, 7=Makeshift, salvaged or improvised materials, $8=$ Other (Specify)
10. What is the primary construction material of the roof of your house? $\qquad$ (ENTER CODE)

Roof Codes: 1=Thatch, 2=Tiles, 3=Fibrous cement, 4=Galvanized iron or aluminium, 5=Salvaged materials, 6=Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement, $7=$ Mixed but predominantly made of thatch or salvaged materials, $8=$ Concrete, $9=$ Plastic sheet, $10=$ Other (Specify)
11. What is the primary construction material of the floor of your house? $\qquad$ (ENTER CODE)

Floor Codes: 1=Earth, clay, 2=Wood, bamboo planks, 3=Cement, 4=Parquet, polished wood, 5=Polished stone, marble, 6=Vinyl, 7=Ceramic tiles, 8=Other (Specify)
12. What is your household's main source of lighting? $\qquad$ (ENTER CODE)

Lighting Source Codes: 1=Publicly-provided electricity, 2=Privately-generated electricity, 3=Battery, 4=Pump lantern, 5=Kerosene lamp, 6=Candles, 7=Other (Specify)
13. What is your household's main source of drinking water? $\qquad$ (ENTER CODE)

Drinking Water Source Codes: 1=Piped in dwelling, $2=$ Public tap, $3=$ Tubed/piped well or borehole, $4=$ Protected dug well, $5=$ Unprotected dug well, $6=$ Pond, river or stream, $7=$ Rainwater, $8=$ Tanker truck, vendor or otherwise bought, $9=$ Other (Specify)
14. What is the distance to the nearest drinking water source? $\qquad$ kilometers $\qquad$ meters
15. What toilet facility does your household have? $\qquad$ (ENTER CODE)

Toilet Facility Codes: 1=Connected to sewerage, $2=$ Septic tank, $3=$ Pit latrine. 4=Other without septic tank, $5=$ Public toilet, $6=$ None, $7=$ Other (Specify)
16, What type of fuel does your household use for cooking? $\qquad$ (ENTER CODE)

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## VI. HOUSEHOLD CONSUMPTION EXPENDITURES AND MAIN SOURCES OF INCOME

(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)
17. What was the total value of food, beverages and tobacco consumed in your household during the previous week?

| No. | Food item | Value of consumption out of |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | purchase (Riels) | Own produce ,wages in kind, gifts, free collections (imputed value) (Riels) | Total consumption (Riels) |
| (1) | (2) | (3) | (4) | $(5)=(3)+(4)$ |
| 1 | Cereals (rice, bread, corn, wheat flour, rice flour, corn meal, rice cakes, noodles, biscuits, etc.) |  |  |  |
| 2 | Fish (fresh fish, salted and dried fish, canned fish, shrimp, prawn, crab, etc.) |  |  |  |
| 3 | Meat and poultry (beef, buffalo, mutton, lamb, pork, chicken, duck, innards including liver, spleen, dried beef) |  |  |  |
| 4 | Eggs (chicken egg, duck egg, quail egg, fermented/salted egg, etc.) |  |  |  |
| 5 | Dairy products (fresh milk, condensed milk, powdered milk, ice cream, cheese, other dairy products, etc.) |  |  |  |
| 6 | Oil and fats (rice bran oil, vegetable oil, pork fat, butter, margarine, coconut/frying oil, etc.) |  |  |  |
| 7 | Fresh vegetables (trakun, onion, shallot, cabbage, spinach, carrot, beans, chilli, tomato, etc.) |  |  |  |
| 8 | Tuber (cassava, sweet potato, potato, traov, sugar beet, etc.) |  |  |  |
| 9 | Pulses and legumes (green gram, dhall, cowpea, bean sprout, other seeds, etc.) |  |  |  |
| 10 | Prepared and preserved vegetables (cucumber pickles, other pickles, tomato paste, etc.) |  |  |  |
| 11 | Fruit (banana, orange, mango, pineapple, lemon, papaya, durian, watermelon, grape, apple, canned and dried fruits, etc.) |  |  |  |
| 12 | Other produce (coconut, cashew nut, lotus nut, peanut, gourd seed, other nuts) |  |  |  |
| 13 | Sugar, salt and spices (sugar, jaggery, salt, chocolate, candy, coriander, red pepper spice, garlic, ginger, soy sauce, fish sauce, monosodium glutamate, etc.) |  |  |  |
| 14 | Tea, coffee, cocoa |  |  |  |
| 15 | Non-alcoholic beverages (canned soft drink, bottled soft drink, mineral water, fruit juice, fruit syrup, etc.) |  |  |  |
| 16 | Alcoholic beverages (beer, wine, whisky, scotch, other distilled spirits) |  |  |  |
| 17 | Tobacco products (cigarettes, mild tobacco, strong tobacco, etc.) |  |  |  |
| 18 | Other food products (fried insects, peanut preparation, flavoured ice, ice, other food products) |  |  |  |
| 19 | Food taken away from home (meals at work, school, restaurants, snacks, coffee, softdrinks purchased outside home) |  |  |  |
| 20 | Prepared meals bought outside and eaten at home |  |  |  |
| Total |  |  |  |  |

18. What was your household's expenditure on the following items during the indicated time period?

| No | Item | Time period | Value (in Riels) of |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | In-cash expenditure | In-kind exp. <br> or gifts received | Total expenditure |
| (1) | (2) | (3) | (4) | (5) | (6) $=(4)+(5)$ |
| 1 | Clothing and footwear (tailored clothes, ready-made clothes, underwear, baby clothes, baby blanket, hat, shoes etc.) | Last 6 months |  |  |  |
| 2 | House rent (house rent, rental value of rent-free housing, rental value of owner-occupied housing, hotel charges) and house maintenance and repair | Average per month |  |  |  |
| 3 | Water charges | Last 6 months |  |  |  |
| 4 | Fuel and power ( kerosene, candles, electricity, LPG, etc. ) excluding wood fuel | Last 6 months |  |  |  |
| 5 | Wood fuel (firewood, charcoal) | Last 6 months |  |  |  |
| 6 | Furniture, furnishing and household equipment and operation (curtain, mosquito net, household appliances, cooking utensils, light bulbs, soap and detergent, servant's salary etc.) | Last 12 months |  |  |  |
| 7 | Medical care(doctors' fees, other medical services, drugs, hospital charges, other medical supplies, etc.) | Last 6 months |  |  |  |
| 8 | Transportation and communication (personal transport equipment, operation of transport equipment, maintenance and repair of equipment, fees for public transport, postage stamps, fax and telephone charges, moving fee, driving lesson, etc.) | Last 1 month |  |  |  |
| 9 | Recreation(entertainment services, recreational goods and supplies, musical instruments, newspapers etc.) | Last 12 months |  |  |  |
| 10 | Education (school fees, textbooks, private tutoring charges, etc.) | Last 12 months |  |  |  |
| 11 | Personal care (soap, toothpaste, razor, sanitary napkins, haircut, manicure, etc.) | Last 1 month |  |  |  |
| 12 | Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, umbrella) | Last 12 months |  |  |  |
| 13 | Miscellaneous items (special household occasions, rituals, gifts and charity, insurance premium, real estate tax, repayment of debts, etc.) | Last 12 months |  |  |  |

19. What was your household's main source of income during the previous 12 months? $\qquad$ (ENTER CODE)
$1=$ Wages and salaries, $2=$ Agriculture, $3=$ Livestock and fisheries, forestry, $4=$ non-agricultural enterprise, $5=$ Rent of land, house or other assets, $6=$ Transfers including pensions and remittances, $7=$ Other (specify)
20. Was your household's consumption expenditure during the last 12 months unusually lower, higher, or no different from its normal annual expenditure?(ENCIRCLE CODE)
21. Lower (>> Q21)
22. Higher ( $\gg$ Q22 )
23. No different ( $\gg$ Q23)
24. What was the reason for your household's consumption last year to be lower than usual? $\qquad$ (ENTER CODE)
$1=$ Natural disaster (floods, drought), $2=$ Loss of jobs, $3=$ Business loss/fall in income, $4=$ Loss of enterprise, $5=$ Other (specify)
25. What was the reason for your household's consumption last year to be higher than usual? $\qquad$ (ENTER CODE)

1=Good rainfall (and good crop), 2=Addition of earning member, $3=$ New job, $4=$ New enterprise, $5=$ Gift and bequest/inheritance, $6=$ Purchase of major consumer durable, 7=Ceremonial occasions, $8=$ Other (specify)

## VII. HOUSEHOLD ASSETS AND LIABILITIES

(The following questions should be asked of the head of household, spouse of the head of household, or of another adult household member, if both head and spouse are absent.)
23. Does the household own or occupy any residential lands or farm lands? (Encircle Code)
23.1 Residential lands

1. Yes
2. No
23.2 Farm lands
3. Yes
4. No
5. If you own or occupy any residential lands or farm lands please provide the following information.

6. How many animals does your household own? (Enter Number)

|  | (1) | (2) | (3) | (4) | (5) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Animal | Pigs | Buffalo | Cow | Poultry (chicken, duck, etc.) | . Other (specify) |
| Number |  |  |  |  |  |

26. Does your household own the following? (1=Yes, 2=No) (ENTER CODE)

|  | (1) <br> Bicycle | (2) <br> Cart | (3) <br> Boat | (4) <br> Motorcycle or Scooter | (5) | (6) | (7) | (8) | (9) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Item |  |  |  |  | Radio/Cassette recorder | Television set | Car | Truck/van | Tractor/other agricultural equipments |
| Code |  |  |  |  |  |  |  |  |  |

27. Does your household have its own pond for growing fish (for fish or shrimp culture)? (Encircle Code)
28. Yes
29. No
30. Does your household have any outstanding loans or debts? (Encircle Code)

> 1. Yes 2. No (>> Q29)

| $\begin{aligned} & \text { Loan } \\ & \text { No. } \end{aligned}$ | In which year was the loan originally taken out? (use 4-digit years, e.g., 1994) |  | From whom did you obtain the loan? (use Source of Loan Codes below) | What was the primary purpose for which you borrowed the money? (use Purpose of Borrowing Codes below) | What was the total amount borrowed initially? (Riels) | How much of the amount in Col. (5) is still to be repaid, including interest? <br> (Riels) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1) | (2) |  | (3) | (4) | (5) | (6) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| CODES |  |  |  |  |  |  |
| Source of Loan Codes ( Col.(3)) |  | 1=Relatives, friends, 2=Money lender, 3=Trader, 4=Landlord, 5=Employer, 6=Government bank, 7=Other bank, 8=NGO, 9=International agency, 10=Other (specify) |  |  |  |  |
| Purpose of Borrowing Codes ( Col.(4)) |  | 1=Agricultural production, $2=$ Investment in business, $3=$ Household normal consumption needs, $4=$ Emergency needs-- death or sickness, $5=$ Marriage or other ceremonials, $6=$ Purchase/improvement of dwelling, 7=Purchase of consumer durables, $8=$ Other (specify) |  |  |  |  |

## VIII. FERTILITY AND CHILD CARE

29. Please provide the following information on all women aged 15-49 years usually residing in this household.

| $\begin{array}{\|l} \text { Line } \\ \text { No. } \end{array}$ | Name of woman | ID No. (Order No. from List of Household Members) | Age at first marriage (Years) (Enter "99" if never married) | Number of children born alive and surviving |  |  |  |  |  | No. of children who have died |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Born alive |  | Currently living |  |  |  |  |  |
|  |  |  |  |  |  | in this household |  | outside this household |  |  |  |
|  |  |  |  | Males | Females | Males | Females | Males | Females | Males | Females |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|  |  |  |  |  |  |  |  |  |  |  |  |
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30. Please provide the following information on all children born to mothers (who are usual members) in the past 24 months and who are still living

| Name of mother (who gave birth in the past 24 months) | ID No. of mother (Order No. from List of Household Members) | ID . No. of child if living in household (If not, enter "98" and >> next child) | Is the child currently being breastfed exclusiv-ely (i.e., with no solid foods)? $1 \text { = Yes }$ $2=\mathrm{No}$ <br> (ENTER <br> CODE) | Is the child sometime s given special infant foods? $1=$ Yes 2=No <br> (ENTER CODE) | Does the child have a vaccination card? $1=\text { Yes }$ $2=\text { No * }$ (>> next <br> child or <br> end of <br> the Core <br> Quest.) | If child has vaccination card, record the dates of the following vaccinations * |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | TB (BCG) |  |  | Polio |  |  |  | DPT |  |  |  | Measles |  |  |
|  |  |  |  |  |  | D | M | Y | No.of doses | D | M | Y | No.of doses | D | M | Y | D | M | Y |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
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* Try to collect the information from neighbours in case the child has been vaccinated, but the vaccination card has been lost.


[^0]:    Fuel Codes: 1=Firewood, 2=Charcoal, 3=Liquefied petroleum gas, 4=Kerosene, 5=Publicly-provided electricity, 6=Privately-generated electricity, 7=None, 8=Other (Specify)

