#### **CONFIDENTIAL**

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

# **CAMBODIA SOCIO-ECONOMIC SURVEY 1997**

## CORE QUESTIONNAIRE FOR HOUSEHOLDS

A. To be completed by supervisors before interview	Enter	code	B. To be completed by interviewer				
Province/City							
District/Khan			Name of person interviewed				
Commune/Sankat			Relationship to head of household				
Sample Village/Mondol			Date of Initial Interview (1997) (month) (day)				
Urban( =1)/Rural( = 2)			Interviewer's Name				
Sample Reference Number							
Name of Household head			Interviewer's Signature				
Address (Location) (Enter house No., Street or other identification)							

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	Sex							What calendar are you using? What is's age in completed years? Marital Status (us Marital Status Completed years)			
		the head (use Relationship Codes below)	(1=Male, 2=Female) (ENTER CODE)	D	ay	M	Month Year		<i>í</i> ear	using? 1 Western/Universal 2. Buddhist/Cambodian (ENTER CODE)	(Enter 98 if age is 98 or over)	Marital Status Codes below)	
(1)	(2)	(3)	(4)	(:	5)	(	6)		(7)	(8)	(9)	(10)	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
	CODES												
Relations	hip Codes (Col.3)	1:	Head, 2=Spouse, =Parent -in -law,	3=Son/daug 12=Other re	ghter, 4=Stellative, 13=	epchild/ac Servant, 1	lopted child 4=Other no	l, 5=Parent, on-relative i	6=Sibling, 7= ncluding board	=Grandchild, 8=Niece/nephew ders	v, 9=Son/daughter-in-law,10	=Brother/sister -in- law,	
Codes for	Col. (7) - Year for Cambodian cal	endar 1=	Rat/Mouse, 2= O	x, 3= Tiger	, 4= Rabbit	, 5= Drago	on, 6= Snal	ke, 7=Horse	e, 8= Ram/She	eep, 9= Monkey, 10= Rooster,	, 11=Dog, 12= Pig		
Marital S	Marital Status Codes (Col.10)1=Never married, 2= Currently married, 3= Widowed ,4= Divorced , 5= Separated												

ID No.	Does person have any disability? 1=Yes, 2=No (Enter Code)	If yes, what type of disability does person have? (use Disability	Cause of disability (use Cause of Disability Codes below)	Where wasliving exactly fi (ENTER "SAME" IN COL. 14 IF PROVINCE/DISTRICT) (ENTER "NA" IN COL. 14 FOR C	SAME DISTRICT	T, OTHERWISE SPECIFY NAME O	7						
	If no, >> Col.(14)	Codes below)		District	Code	Province	Code						
(1)	(11)	(12)	(13)	(14)	(15)	(16)	(17)						
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
	CODES												
Disabilit	y Codes (Col. 12)	1=Amputation of 9=Deaf and Mute	one or more limbs, 2=U , 10= Other multiple dis	Unable to use one or more limbs, 3=Blind, 4=D abilities, 11=Other (Specify)	eaf, 5=Mute, 6=Menta	lly disturbed or retarded, 7=Permanent disfigure	ment, 8=Paralyzed,						
Cause of	Cause of Disability Codes (Col.13) 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)

1. Khmer 2. Cham 3. Other local group 4. Chinese 5. Vietnamese 6. Thai 7. Other (Specify)

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

3. How well does the household head speak the following languages? (Enter 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 read and write a simple message in any language? 1=Yes 2=No (Enter Code)	Has this person ever attended school? 1=Yes 2=No (>> Col.(10)) (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? 1=Public 2=Private (Enter Code)	Is this person currently attending non- formal classes? 1=Yes 2= No (Enter Code)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
	CODES										
Grade Leve	el Codes (Col.6, Col.8)		one, 2=class two, , 11=class ational post-secondary diploma						y)		

## **III. ECONOMIC ACTIVITY**

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

			US	SUAL ACTIVIT	TY IN THE LA	AST 12	MONTHS		ACTIVITY STA	ATUS DURING I	PAST 7 DAYS
L I N E N UM B E R	Name of person	ID No. (Order No.from List of Household Members)	What was's main activity in most of the past 12 months? (use Usual Activity Codes below) If 1-4, >> Col.(6)	Even though was not usually em- ployed, was he/she available for and seeking work? 1= Yes 2= No	What was 's primary occupation during the past 12 months? (Write Specific Job)	COD E	In what kind of economic activity, like agriculture etc. did mainly work in the past 12 months? (Write Industry)	COD E	Did do any work at all even only for one hour during the past 7 days? 1 =Yes >>Col.14 2 =No (Enter Code)	Although did not work even for one hour, did have a job during the past 7 days? 1=Yes >> Col.14 2=No (Enter Code)	If did not work and did not have a job, was available for work and seeking work during the past 7 days? 1 =Yes 2 =No (Enter Code)
(1)	(2)	(3)	(4)	(5)	(6)		(7)		(8)	(9)	(10)
	CODES										
Usual	Activity Codes (Col.(4))	of		s, 3= Worked as an ap	prentice, 4= Worke	d in constr	uction (include major re				job but did not work because ble for work, 6=Student,

**PAGE 6 OF 16** 

I D	ACTIVITY STATUS DURING PAST 7 DAYS (Contd.)	Has	How many		PR	MARY OCCUPA	ATION		
N U M B E R (from Col.(3))	Why was not seeking work and/or not available for work during the past 7 days? (use Reason Codes below)	ever been employed in the past? 1= Yes 2 =No >> next person (Enter Code)	jobs did have in the past seven days? (Write Number)	How many hours did work in the past 7 days? (Enter " 0" If did not work at all)	Under what type of employer did work? (use Type of Employer Codes below)	What was 's primary occupation during the past 7 days? (Write Specific Job)	COD E	In what kind of economic activity, like agriculture, manufacturing, construction, trade or service didwork in the past 7 days? (Write Industry)	COD E
(11)	(12)	(13)	(14)	(15)	(16)	(17)		(18)	
	CODES								
Reason		Believes no work Student, 6=House		Awaiting results of er (specify)	job applications of	etc., 3=Disabled, 4	4=Too ol	ld/infirm/retired,	
Type of		Government, 2=S Self-employed, 8=			=Private, 5=Foreig	gn Govt, internatio	onal orga	anization, 6= NGO,	

]	PRIMARY OCC	CUPATION	(Contd.)					SECONDAR	Y OCC	UPATION		
I D N U M B E R (from Col.(3))	What was 's employment status ? (use Employment Status Codes below)	How much was 's average monthly wages from the primary job? (Enter Amount in Riels)	How much did earn from this activity last month ? (Enter Amount in Riels)	How many hours did work in the past 7 days? (Enter " 0" if - did not work at all)	Under what type of employer did work? (Use Type of Employer Codes below)	What was 's secondary occupation during the past 7 days? (Write Specific Job)	CO DE	In what kind of economic activity, like agriculture, manufacturing, construction, trade or service didwork in the past 7 days? (Write Industry)	CO DE	What was's employment status? (use Employment Status Codes below)	How much was ''s average monthly wages from the secondary job? (Enter Amount in Riels)	How much didearn from this activity last month ? (Enter Amount in Riels)
(19)	(20)	(21)	(22)	(23)	(24)	(25)		(26)		(27)	(28)	(29)
Trees	CODES	24) 1.0	stammont 2. Stat	ntonnia- 2 T	int conture 4 D	into 5-Engline C			CO 7 6	If amplound 9. Other (C	: <b>f</b> _)	
	Employer Codes (Coment Status Codes (Coment Status Codes (Coment Status Codes (Coment Status					-		ily worker, 5=Other (spec		lf- employed, 8=Other (Spec	шу)	

## 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.

ID No.	Name of person	Did this person have any major illness, injury or other health problem in the last 4 weeks? 1=Yes 2=No (If 2, >> next person) (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=Yes 2=No (>> Col. 11) (Enter Code)	How many days did person wait before seeking treatment?	Which provider was first cons- ulted 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? 1=Yes 2=No (>> Col.11) (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? 1=Yes 2=No (Enter Code)	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? If 0=None (>> next person) 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)
	CODES												
Sympt	om Codes (Col.4)	1=Fever, 2=Dia 7=Other (Speci		l and cough wit	hout rapid or di	fficult breathing,	4=Cold and c	ough with rapid o	or difficult breat	thing, 5=Injury (Sp	pecify), 6=Preg	nancy related,	
Health (Col.7)	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)											
	Purpose of Other Visits (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.)

ID No.	Name of person	Did this person have any major illness, injury or other health problem in the last 4 weeks? 1=Yes 2=No (If 2, >> next person) (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=Yes 2=No (>> Col. 11) (Enter Code)	How many days did person wait before seeking treatment?	Which provider was first cons- ulted 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? 1=Yes 2=No (>> Col.11) (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? 1=Yes 2=No (Enter Code)	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? If 0=None (>> next person) 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)
	CODES												
Sympto	om 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 (Col.7)	Provider Codes )		c, 2=Pharmacy tional healer, 12			ovincial hospital	, 5=Central ho	ospital, 6=Private	hospital, 7= Pr	ivate clinic, 8=Priv	vate doctor, 9=F	Private nurse, 10=Khru Kł	nmer,
	Purpose of Other 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 floo	or area of your house/dwelling?		square meters
8. What is the year	r of construction of your house?		
9. What is the prin	nary construction material of the outer wall of your house?	(	ENTER CODE)
Outer Wall Code	es: 1=Bamboo, Thatch, 2=Wood or logs, 3=Plywood, 4=Concrete, brick, stone, 5=Ga	alvanized iron or aluminium,	6=Fibrous cement, 7=Makeshift, salvaged or improvised materials, 8=Other (Specify)
10. What is the pri	imary construction material of the roof of your house?	(E	ENTER CODE)
	Thatch, 2=Tiles, 3=Fibrous cement, 4=Galvanized iron or aluminium, 5=Salvaged m edominantly made of thatch or salvaged materials, 8=Concrete, 9=Plastic sheet, 10=		inantly made of galvanized iron/aluminium, tiles or fibrous cement,
11. What is the prin	mary construction material of the floor of your house?	(	(ENTER CODE)
Floor Codes: 1=	Earth, clay, 2=Wood, bamboo planks, 3=Cement, 4=Parquet, polished wood, 5=Poli	shed stone, marble, 6=Vinyl,	7=Ceramic tiles, 8=Other (Specify)
12. What is your he	ousehold's main source of lighting?	(ENTER	R CODE)
Lighting Source	Codes: 1=Publicly-provided electricity, 2=Privately-generated electricity, 3=Battery	y, 4=Pump lantern, 5=Keroser	he lamp, 6=Candles, 7=Other (Specify)
13. What is your he	ousehold's main source of drinking water?	(ENTER CODE	)
	Source Codes: 1=Piped in dwelling, 2=Public tap, 3=Tubed/piped well or borehole, , vendor or otherwise bought, 9=Other (Specify)	4=Protected dug well, 5=Unp	rotected dug well, 6=Pond, river or stream, 7=Rainwater,
14. What is the dis	tance to the nearest drinking water source?	kilometers	meters
15. What toilet fac	ility does your household have?	_ (ENTER CODE)	
Toilet Facility C	codes: 1=Connected to sewerage, 2=Septic tank, 3=Pit latrine. 4=Other without sep	tic tank, 5=Public toilet, 6=N	None, 7=Other (Specify)
16, What type of fu	el does your household use for cooking?	(ENTER C	CODE)

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)

## 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?

		Value of consumption out of								
No.	Food item	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									

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

			Value (in Riels) of						
No	Item	Time period	In-cash expenditure	In-kind exp. 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? \_\_\_\_\_\_ (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)

1. Lower (>> Q21) 2. Higher (>> Q22) 3. No different (>> Q23)

21. What was the reason for your household's consumption last year to be lower than usual? \_\_\_\_\_ (ENTER CODE)

1=Natural disaster (floods, drought), 2=Loss of jobs, 3= Business loss/fall in income, 4=Loss of enterprise, 5=Other (specify)

22. What was the reason for your household's consumption last year to be higher than usual? \_\_\_\_\_ (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 1. Yes 2. No

24. If you own or occupy any residential lands or farm lands please provide the following information.

	Residential land	s/buildings	Farm Lands					
	area (square meters)	market value (Riels)	area (square meters)	market value (Riels)				
	(1)	(2)	(3)	(4)				
24.1 Owned with title								
24.2 Ownership unsettled/ held for free								
24.3 Rented/leased								

**PAGE 14 OF 16** 

25. 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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Item	Bicycle	Cart	Boat	Motorcycle or Scooter	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)

1. Yes 2. No

28. Does your household have any outstanding loans or debts? (Encircle Code)

1. Yes 2. No (>> Q29)

Loan No.	In which year was the loan or taken out? (use 4-digit years, 1994)	<b>U</b> ,	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? (Riels)					
(1)	(2)		(3)	(4)	(5)	(6)					
1											
2											
3											
4											
5											
6											
	CODES										
Source of	of Loan Codes ( Col.(3))	1=Relative	es, friends, 2=Money lender, 3=Trader, 4=I	andlord, 5=Employer, 6=Government ban	k, 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.

Line		ID No. (Order	Age at first marriage		Number of ch	ildren born alive a	and surviving					
No.	Name of woman	Household		Born		Currently li	No. of children who have died					
1		Members)	(Enter "99" if never married)			in this ho	usehold	outside this	household	dieu		
				Males	Females	Males	Females	Males	Females	Males	Females	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	

Name of	ID No. of		Is the child	Is the		If child	has va	ccina	tion card,	recor	d the d	lates o	f the follo	owing	vaccii	nations	*		
	mother (Order No.	child if living in	currently being	sometimehave as givenvaccinspecialtion cainfant $1=Yes$ foods? $2=No$ $1=Yes$ (>> na $2=No$ child(ENTERend ofthe Con	vaccina- tion card? 1=Yes 2=No * (>> next child or <u>end of</u>	TB	(BCG)			Poli	0		DPT				Measles		
past 24 months)	from List of Household Members)	household (If not, enter "98" and >> <b>next child</b> )	exclusiv-ely sp (i.e., with no ir solid fo- fo ods)? 11 1 = Yes 22 2= No (ENTER (F			D	М	Y	No.of doses	D	М	Y	No.of doses	D	М	Y	D	М	Y
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)

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

\* Try to collect the information from neighbours in case the child has been vaccinated, but the vaccination card has been lost.