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CSES FORM 3

Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

CAMBODIA SOCIO-ECONOMIC SURVEY 1999

CORE QUESTIONNAIRE FOR HOUSEHOLD

<i>A. To be completed by Supervisors before interview</i>		<i>Enter code</i>		<i>B. To be completed by Interviewer</i>	
Province /City				Name of household Head	
District /Khan				Address(House No., Street,	
Commune/Sangkat				of other identification)	
Sample Village/Mondol				Date of Initial Interview	(day) ____ (month) ____ (1999)
Zone					
Sector (Urban=1, Rural=2)				Date of last visit	(day) ____ (month) ____ (1999)
Sub-Sample					
Serial Number of Sample Village				Interviewer's Name	
Sample Reference Number of Household				Interviewer's Signature	

<i>C. To be completed by Supervisors after checking completed questionnaire thoroughly</i>	
Supervisor's Name	
Date checked by Supervisor	(day) ____ (month) ____ (1999)
Date of Re-interview (if necessary)	(day) ____ (month) ____ (1999)
Supervisor's Signature	

<i>D: To be completed after Re-interview (when required)</i>	
Name of Re-interviewer	
Date of Re-interview	(day) ____ (month) ____ (1999)
Signature of Re-interviewer	
Remarks of Re-interview	

Put (x) for All Members of Age 5 Years and Over	Name of Household Members	I D No
A	B	C
		01
		02
		03
		04
		05
		06
		07
		08
		09
		10
		11
		12
		13
		14

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.

Q. 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 1=Male, 2=Female (Enter Code)	What is ___'s date of birth ?			What calendar are you using? 1= Western/ Universal 2=Buddhist/ Cambodian (Enter Code)	What is ___'s age in completed years? (Enter 98 if age is 98 or over)	Marital Status (use Marital Status Codes below)	Ethnicity (use Ethnicity Codes below)
				Day	Month	Year				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										

CODES

Relationship Codes (Col.3)	1=Head, 2=Spouse, 3=Son/daughter, 4=Stepchild, 5 = Adopted child/foster child, 6=Parent, 7=Sibling, 8=Grandchild, 9=Niece/nephew, 10=Son/daughter-in-law, 11=Brother/sister-in-law, 12=Parent-in-law, 13=Other relative, 14=Servant, 15=Other non-relative including boarder.
Codes for Col. 7 - Year for Cambodian Calendar	1= Rat/Mouse, 2= Ox, 3= Tiger, 4= Rabbit, 5= Dragon, 6= Snake, 7=Horse, 8= Ram/Goat, 9= Monkey, 10= Rooster, 11=Dog, 12= Pig
Marital Status Codes (Col.10)	1=Never married, 2= Currently married, 3= Widowed , 4= Divorced , 5= Separated
Ethnicity Codes (Col. 11)	1= Khmer, 2= Cham, 3= Other Local Group, 4= Chinese, 5 = Vietnamese, 6= Thai, 7= Lao, 8= Other (Specify).

ID No.	Does ----- have any disability ? 1=Yes, 2=No (Enter Code) If No, >> Col. 16	If yes, what type of disability does -----have? (use Disability Codes below)	What was the cause of the disability ? (use Cause of Disability Codes below)	Where was _____ living exactly five years ago ? (Enter "SAME" in Col. 16 if same District, Otherwise Specify Name of Province/District) (Enter "NA" in Col. 16 for Children under 5 Years old)				Languages _____ can speak other than Khmer (use Language Codes below)		
				District	Code	Province	Code	1	2	3
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20a)	(20b)	(20c)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

CODES

Disability Codes (Col. 14)	1=Amputation of one limb, 2=Amputation of more than one limb, 3=Unable to use one limb, 4=Unable to use more than one limb, 5= Paralyzed lower limbs only, 6=Paralyzed all four limbs, 7=Blind, 8=Deaf 9=Mute 10=Deaf and Mute 11=Mentally disturbed or retarded 12=Permanent disfigurement 13= Other multiple disabilities 14=Other (Specify)
Cause of Disability Codes (Col.15) (Use first code that is appropriate)	1=Congenital (i.e., since birth,) 2=Due to land mine explosion, 3=Due to war or conflict, 4=Due to illness/disease, 5=Due to road accident, 6=Due to other accident, 7= Other (Specify)
Language Codes (Cols. 20a, 20b, 20c)	1= French, 2= English, 3= Chinese, 4= Vietnamese, 5= Thai, 6= Lao, 7= Other (Specify)

II. SCHOOLING

Q. 2. Please provide the following information on all members aged 5 years and older who usually reside in this household.

ID No.	Name of person	Can _____ read and write a simple message in any language? 1=Yes 2=No (Enter Code)	Has _____ ever attended school? 1=Yes 2=No (>> Col.9) (Enter Code)	What was the highest grade level _____ successfully completed ? (use Grade Level Codes below)	Is _____ currently in school system? 1=Yes 2=No (>> Col.9) (Enter Code)	What is -----'s current grade or class ? (use Grade Level Codes below)	Is this school public or private? 1=Public 2=Private (Enter Code)	Is _____ currently attending non-formal classes? 1=Yes, 2= No (Enter Code)	What was the total educational expenses during the past school year ? (Riels)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
									' '
									' '
									' '
									' '
									' '
									' '
									' '
									' '
									' '
									' '

CODES

Grade Level Codes (Col.5, Col.7)	99= None, 0=Pre-school/Kindergarten, 1=Class one, 2=Class two, ... , 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).
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III. ECONOMIC ACTIVITY

Q. 3. Please provide the following information on all members aged 5 years and older who usually reside in this household. *Try to interview each member personally.*

ID No.	Name of person	ID No. of proxy respondent	ACTIVITY STATUS DURING PAST 7 DAYS				Has ever been employed in the past?	How many occupations did ___ have in the past 7 days ? (Write Number) If 0 >> next person	PRIMARY OCCUPATION					
			Did ___ do any work at all even only for one hour during the past 7 days ? 1 = Yes >> Col.8 2 = No (Enter Code)	Although----did not work even for one hour, did---- have a job during the past 7 days ? 1= Yes >> Col.8 2= No (Enter Code)	If ___ did not work and did not have a job, was---- seeking work and /or available for work during the past 7 days ? 1= Yes >> Col.7 2= No (Enter Code)	Why was ___ not seeking work and/or not available for work during the past 7 days ? (use Reason Codes below)			How many hours did ___ work in this primary occupation 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 Occupation)	CO DE	In what kind of economic activity, like agriculture, manufacturing, construction, trade or service, did ___ work in the past 7 days? (Write Industry)	CO DE
(1)	(2a)	(2b)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11a)	(11b)	(12a)	(12b)

CODE

Reason Codes (Col. 6)	1=Believes no work is available, 2=Awaiting results of job applications etc., 3=Disabled, 4=Too young/old/infirm/retired, 5=Student, 6=Housekeeping, 7= Not interested in more work, 8 = Other (Specify)
Type of Employer Codes (Col.10)	1=Government, 2=State enterprise, 3=Joint venture, 4=Private, 5=Foreign Govt, international organization, 6= NGO, 7=Self-employed, 8=Other (Specify)

PRIMARY OCCUPATION (Contd.)				SECONDARY OCCUPATION								
ID No. (from Col.1)	What was ___'s employment status ? (use Employment Status Codes below)	How much was ___'s wages/salary from the primary occupation during the last month? (Enter Amount in Riels)	How much did ___earn from this activity last month ? (Enter Amount in Riels)	How many hours did ___work in this secondary occupation 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 Occupation)	CO DE	In what kind of economic activity, like agriculture, manufacturing, construction, trade or service, did ___work in the past 7 days? (Write Industry)	CO DE	What was ___'s employment status? (use Employment Status Codes below)	How much was ___'s wages/salary from the secondary occupation during the last month? (Enter Amount in Riels)	How much did ---earn from this activity last month ? (Enter Amount in Riels)
(13)	(14)	(15)	(16)	(17)	(18)	(19a)	(19b)	(20a)	(20b)	(21)	(22)	(23)
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '
		' '	' '								' '	' '

CODES

Type of Employer Codes (Col.18)	1=Government, 2=State enterprise, 3=Joint venture, 4=Private, 5=Foreign Govt, international organization, 6= NGO, 7= Self- employed, 8=Other (Specify)
Employment Status Codes (Cols.14, 21)	1=Paid employee, 2 =Employer, 3=Own-account worker /self-employed, 4=Unpaid family worker, 5=Other (Specify)

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.

[illegible]

Symptom and Preventive Care 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=Mine Injury, 6=Road accident, 7= Other injury, 8=Antenatal care, 9=Delivery, 10=Postnatal care, 11=Regular TB treatment, 12=Immunization, 13= Other preventive care need (Specify), 14= Other (Specify)
Health Provider /Institution Codes (Col.7)	1=Khum Clinic, 2=Health Centre, 3=Referral (or District) hospital, 4=Provincial hospital, 5=National Hospital, 6=Private Hospital, 7= Private Clinic, 8=Doctor's or Nurse's home, 9=Dedicated drug store, 10=Other shop selling drugs, 11=Patient's home, 12=Other (Specify)

ID No.	Who provided treatment or preventive care ? (use Health Personnel Codes below)	Was____ hospitalised for the treatment? 1=Yes 2=No (>> Col.12) (Enter Code)	How many nights did ____spend in the hospital for the treatment?	Did ____ have to stop doing his/her usual activities because of this condition? 1=Yes 2=No >> Col. 14 (Enter Code)	How many days did ____have to stop doing his/her usual activities?	How many other consultations (other than the one mentioned in Col.7) did ____ make with health providers in the last 4 weeks? (Write Actual Number) If Number = 0 >>Col.16	What was the main purpose of these other consultations? (use Main Purpose of Other Consultations Codes below)	How much in total was spent on medical care in the last 4 weeks ? (Riels)	Did you dispose of any household asset like land, livestock, household durables, gold to meet these expenses? If yes, Enter asset code If No, >>col.19	What was the amount obtained through the disposal of asset(s)? (Riels)	Does ____ smoke regularly? 1=Yes 2=No (Enter Code)
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)

CODES

Health Personnel Codes (Col. 9)	1=Doctor/Medical Assistant/Dentist, 2=Nurse/Midwife, 3=Pharmacist, 4=Drug Seller, 5=Kru Khmer, 6= Traditional Birth Attendant, 7=Other (Specify)
Main Purpose of Other Consultations Codes (Col.15)	1=Follow-up to earlier visit, 2=Another illness episode, 3=Antenatal or postnatal care, 4=Immunization, 5=Other preventive care visit (Specify), 6=Other (Specify)
Asset Codes (col. 17)	1=Land/building, 2=Livestock, 3=Household Durables, 4=Machinery/equipment of household economic activity, 5=Gold, 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.

Q. 5. How many households reside in the same housing unit as your household ?

Q. 6. What is the floor area of the housing/dwelling unit occupied by your household ? Square meters

Q. 7. What is the year of construction of the housing /dwelling unit you occupy? Year

Q. 8. What is the primary construction material of the outer wall of the housing/dwelling unit occupied by your household? (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)

Q. 9. What is the primary construction material of the roof of the housing /dwelling unit occupied by your household ? (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)

Q. 10. What is the primary construction material of the floor of the housing /dwelling unit occupied by your household? (Enter Code)

Floor Codes: 1=Earth, clay, 2=Wooden planks, bamboo strips, 3=Cement, 4=Parquet, polished wood, 5=Polished stone, marble, 6=Vinyl, 7=Ceramic tiles, 8=Other (Specify)

Q. 11. What is your household's main source of lighting? (Enter Code)

Lighting Source Codes: 1=Publicly-provided electricity, 2=Privately-generated electricity, 3=Battery, 4=Kerosene lamp, 5=Other (Specify)

Q. 12. What is your household's main source of drinking water? (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)

Q. 13. What is the distance to the nearest drinking water source? Kilometers Meters

Q. 14. What toilet facility does your household have? (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)

Q. 15. What type of fuel does your household use for cooking ? (Enter 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.

Q.16. What was the total value of food , beverages and tobacco consumed in your household **during the past week?**

Food item	No.	Value of consumption		
		Purchased (Riels)	Own produce ,wages in kind, gifts, free collections (imputed value) (Riels)	Total consumption (Riels)
(1)	(2)	(3)	(4)	(5) = (3) + (4)
Rice (all varieties)	1			
Other cereals and preparations (bread, maize, other grains, rice/wheat flour, noodles, biscuits etc.)	2			
Fish (fresh fish, shrimp, crab, fermented, salted and dried fish, canned fish, etc.)	3			
Meat (pork, beef, buffalo, mutton, dried meat, innards – liver, spleen and other meat)	4			
Poultry (chicken, duck, and other fresh bird meat)	5			
Eggs (duck egg, chicken egg, quail egg, fermented/salted egg, etc.)	6			
Dairy products (condensed milk, powdered milk, fresh milk, ice cream, cheese, other dairy products, etc.)	7			
Oil and fats (vegetable oil, pork fat , rice bran oil, butter, margarine, coconut/frying oil, etc.)	8			
Fresh vegetables (trakun, cabbage, eggplant, cucumber, tomato, green gourd, beans, onion, shallot, chilli, etc.)	9			
Tuber (cassava, sweet potato, potato, traov, jumpada, etc.)	10			
Pulses and legumes (green gram, dhall, cowpea, bean sprout, other seeds, etc.)	11			
Prepared and preserved vegetables (cucumber pickles, other pickles, tomato paste, etc.)	12			

Food item	No.	Value of consumption		
		Purchased (Riels)	Own produce, wages in kind, gifts, free collections (imputed value) (Riels)	Total consumption (Riels)
(1)	(2)	(3)	(4)	(5) = (3) + (4)
Fruit (banana, orange, mango, pineapple, lemon, watermelon, papaya, durian, grape, apple, canned and dried fruits, etc.)	13			
Other fruits and seeds (coconut, cashew nut, lotus seed, peanut, gourd seed, other nuts)	14			
Sugar, salt (sugar, jaggery, sugar products, including candy, and salt, etc.)	15			
Spices and seasonings (fish sauce, soy sauce, vinegar, garlic, ginger, coriander, red pepper, monosodium glutamate, etc.)	16			
Tea, coffee, cocoa	17			
Non-alcoholic beverages (drinking water, sugar cane juice, syrup with ice, bottled soft drink, fruit juice, etc.)	18			
Alcoholic beverages (rice wine, other wine, beer, whisky, palm juice etc.)	19			
Tobacco products (cigarettes, mild tobacco, strong tobacco, etc.)	20			
Other food products (fried insects, peanut preparation, flavoured ice, ice, other food products)	21			
Food taken away from home (meals at work, school, restaurants, snacks, coffee, soft-drinks purchased outside home)	22			
Prepared meals bought outside and eaten at home	23			
Total: Food, beverages and tobacco	24			

Q. 17. What was your household's expenditure on the following items during the indicated time periods ?

Item	Time period	No.	Value (in Riels)		
			In-cash expenditure	In-kind exp. or gifts received	Total expenditure
(1)	(2)	(3)	(4)	(5)	(6) =(4)+(5)
House rent (house rent, rental value of subsidised housing, rental value of owner-occupied housing, hotel charges) and house maintenance and repair	Average per month during last 12 month	2			
Water charges	Last 1 month	3			
Fuel and power (kerosene, candles, electricity, LPG, etc.) excluding wood fuel	Last 1 month	4			
Wood fuel (firewood, charcoal)	Last 1 month	5			
Medical care (doctors) fees, other medical services, drugs, hospital charges, other medical supplies, etc.)	Last 1 month	7			
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	8			
Personal care (soap, toothpaste, razor, sanitary napkins, haircut, manicure, etc.)	Last 1 month	11			
Clothing and footwear (tailored clothes, ready-made clothes, underwear, baby clothes, baby blanket, hat, shoes etc.)	Last 6 months	1			
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	6			
Recreation(entertainment services, recreational goods and supplies, musical instruments, newspapers etc.)	Last 12 months	9			
Education (school fees, textbooks, private tutoring charges, etc.)	Last 12 months	10			
Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, umbrella)	Last 12 months	12			
Miscellaneous items (special household occasions, rituals, cash gifts and charity, insurance premium, real estate tax, interest payment of debts, etc.)	Last 12 months	13			
Sub-total (1 month)		14			
Sub-total (12 months)		15			

Q. 18. What was your household's main source of income during the previous 12 months ? (Enter code)

1=Wages and salaries, 2=Agriculture and livestock, 3= Fisheries and forestry, 4= Non-agricultural enterprise, 5=Rent of land, house or other assets, 6=Transfers including pensions and remittances, 7=Other (specify) _____

Q. 19. Was your household's consumption expenditure during the last 12 months unusually lower, higher, or no different from its normal annual expenditure?

1. Lower (>>Q.20, then go to Q.22) 2.Higher (>>Q.21) 3.No different (>>Q.22) (Enter Code)

Q. 20. 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= Decrease in household size, 6= Lower prices, 7= Other (specify)_____.

Q. 21. 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= Increase in household size, 9= Higher prices, 10= 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.

Q. 22. Does the household own or occupy any land and buildings used for residential, commercial and industrial purposes? (Enter Code)

1.Yes 2.No (>> Q.23)

If yes, please provide the following information.

Type	Residential land and building used (partly or wholly) as dwelling by the household			Other land and buildings used for residential, commercial and industrial purposes		
	Area (square meter)	Market value (Riels)	Monthly rent/ imputed rent (Riels)	Area (square meter)	Market value (Riels)	Monthly rent/ imputed rent (Riels)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
22.1 Owned with title and occupied		, ,	, ,		, ,	, ,
22.2 Ownership unsettled/held for free and occupied		, ,	, ,		, ,	, ,
22.3 Leased/rented out		, ,	, ,		, ,	, ,

Q. 23. How many animals does your household own? (Enter Number)

	(1)	(2)	(3)	(4)	(5)
Animal	Pigs	Buffalo	Cattle	Poultry (chicken, duck, etc.)	Other (Specify)
Number					

Q. 24. How many of the following does your household own ? (Enter Number)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Item	Bicycle	Cart	Boat	Motorcycle or Scooter	Radio/Cassette recorder	Television set	Car	Truck/van	Tractor	Other equipment (Specify _____)
Number										

Q. 25. Does your household have its own pond for fish or shrimp culture? (Enter Code)

1.Yes

2.No

Q. 26. Please provide information on all outstanding loans or debts and on all other loans taken during the past 12 months.

Loan No.	When was the loan originally taken out ? (Record month and year)		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)	If interest is charged, what is the monthly rate of interest ? (Percent)	What was the amount repaid during the past 12 months ? (Riels)			How much of the amount in Col. 5 is still to be repaid, including interest? (Riels)
	Month	Year					Principal	Interest	Total	
(1)	(2a)	(2b)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c) = (7a) + (7b)	(8)
1										
2										
3										
4										
5										
	Total									

CODES

Source of Loan Codes (Col.3)	1=Relatives, 2= Friends, 3=Moneylender, 4=Trader, 5=Landlord, 6=Employer, 7= Bank, 8= NGO, 9=Other (Specify)
Purpose of Borrowing Codes (Col.4)	1=Agricultural production, 2=Non-agricultural activities, 3=Household normal consumption needs, 4=Illness, injury or death (but not funeral), 5= Other emergencies (fire, flood, theft), 6=Marriage ceremony, 7=Funeral, 8=Other ceremonials (Specify), 9= Purchase/improvement of dwelling, 10= Purchase of consumer durables, 11= Other (Specify)

Q. 27. Please provide the following information on *all women aged 15 -49 years* usually residing in this household. *Try to interview each eligible female personally.*

[illegible]

Q. 28. 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*

[illegible]