Royal Government of Cambodia
Ministry of Planning
National Institute of Statistics

HOUSEHOLD SOCIO-ECONOMIC SURVEY 2003-04
HOUSEHOLD QUESTIONNAIRE - Form 3

PSU					HH SERIAL No	

A. To be completed by interviewer before interview

Province /City		
District /Khan		
Commune/Sankat		
Sample Village/Mondol		
Zone		
Sector (Urban=1, Rural=2)		
Sample reference number of household		

B. To be completed by interviewer

Name of household head		
Address (house No., street….) of other identification)		
Date of the interview	Day:	Month:	Year:
Date of last visit	Day:	Month:	Year:
Interviewer's name:		Id:
Interviewer's signature:		
Team Number:	No. Of the month (from 01 to 15):	

C. To be completed by supervisor after checking completed questionnaire thoroughly

Supervisor's name:		Id:
Date checked by supervisor	Day:	Month:	Year:
Date of re-interview (if necessary)	Day:	Month:	Year:
Supervisor' s signature:		

D: To be completed after re-interview (when required)

Name of re-interviewer:		Id:
Date of re-interview	Day:	Month:	Year:
Interviewer's signature:		
Remarks of re-interviewer:		

To be completed after filling-out the list of household members

Interviewer: Write total number of people in the roster:

Reception		Preparation		Data Entry		Approval	
Id:	Date:	Id:	Date:	Id:	Date	Date:	

01. INITIAL VISIT

A   LIST OF HOUSEHOLD MEMBERS | Respondent: head of household, spouse of the head of household, or of another adult household member

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).

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

ID NUMBER	Please give me the names of all household members, starting with head of the household. A person is counted as a household member if he/she lives here or has been absent for less than 12 months.	Sex 1=Male 2=Female	What is..[NAME]..'s date of birth? Write '98' if non´t know, for day or month and '9998' for Year			What is.. [NAME] ...'s age in completed years? Write '00' if less than one year of age, '96' if 96 years or more and 98 if don´t know	Relationship to the head 01 = HEAD 02 = SPOUSE 03 = SON/ DAUGHTER 04 = STEPCHILD 05 = ADOPTED CHILD/ FOSTER CHILD 06 = PARENT 07 = SIBLING 08 = GRANDCHILD 09 = NIECE/ NEPHEW 10 = SON/ DAUGHTER – IN-LAW 11 = BROTHER/ SISTER- IN- LAW 12 = PARENT– IN–LAW 13 = OTHER RELATIVES 14 = SERVANT 15 = OTHER NON- RELATIVE INCLUDING BOARDER	Does the father of ..[NAME].. live in the household? If YES, write the ID CODE, if no write '00'	Does the mother of ..[NAME].. live in the household? If YES, write the ID CODE, if no write '00'	Only for members aged 15 and above:	
										Marital Status 1 = NEVER MARRIED (=>> 11) 2 = CURRENTLY MARRIED 3 = LIVE TOGETHER 4 = WIDOWED (=>> 11) 5 = DIVORCED (=>> 11) 6 = SEPARATED (=>> 11)	Does the spouse of ..[NAME].. live in this household? If YES, write the ID CODE, if no write '00'
			DAY	MTH	YEAR	YEARS					
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5)	(6)	(7)	(8)	(9)	(10)
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02											
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12											

A   LIST OF HOUSEHOLD MEMBERS (CONTINUED)

ID NUMBER	Is ..[NAME]..khmer or other ethnic group? 1 = KHMER 2 = CHAM 3 = OTHER LOCAL GROUP 4 = CHINESE 5 = VIETNAMESE 6 = THAI 7 = LAO 8 = OTHER (Specify)	Can ..[NAME].speak other languages than Khmer 0=NONE 1= FRENCH 2= ENGLISH 3= CHINESE 4= VIETNAMESE 5= THAI 6= LAO 7= OTHER (SPECIFY)			Is ..[NAME].. absent from home at present? 1=YES 2=NO	How many months has ..[NAME]..been absent from home during the past 12 months? WRITE 0 IF LESS THAN ONE MONTH, and '90' if always present =>> Next Person
		1	2	3		MONTHS
(1)	(11)	(12a)	(12b)	(12c)	(13)	(14)
01						
02						
03						
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05						
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12						

B   SUMMARY OF PRESENCE IN THE HOUSEHOLD

ID NUMBER	DAYS 1 - 7				DAYS 8 - 14				DAYS 15 - 21				DAYS 22 >>			
	Was ..[NAME].. present all the first 7 days? 1=Yes (=>> Next person) 2=No	How many of the first 7 days has ..[NAME].. been present in the household?	Were [NAME].. ´s consum-ption expendi-tures recorded in the diary? 1=Yes (=>> Next person) 2=No	¿How much were ..[NAME].. consumption expenditu-res while he/she was absent from home during the first 7 days?	Was ..[NAME].. present all the second 7 days? 1=Yes (=>> Next person) 2=No	How many of the second 7 days has ..[NAME].. been present in the household?	Were [NAME].. ´s consum-ption expendi-tures recorded in the diary? 1=Yes (=>> Next person) 2=No	¿How much were ..[NAME].. consumption expenditu-res while he/she was absent from home during the second 7 days?	Was ..[NAME].. present all the third 7 days? 1=Yes (=>> Next person) 2=No	How many of the third 7 days has ..[NAME].. been present in the household?	Were [NAME].. ´s consum-ption expendi-tures recorded in the diary? 1=Yes (=>> Next person) 2=No	¿How much were ..[NAME].. consumption expenditu-res while he/she was absent from home during the third 7 days?	Was ..[NAME].. present the rest of the month? 1=Yes (=>> Next person) 2=No	How many of the rest of the month has ..[NAME].. been present in the household?	Were [NAME].. ´s consum-ption expendi-tures recorded in the diary? 1=Yes (=>> Next person) 2=No	¿How much were ..[NAME].. consumption expenditu-res while he/she was absent from home during the rest of the month?
		No of days		RIELS		No of days		RIELS		No of days		RIELS		No of days		RIELS
(1)	(2a)	(2b)	(2c)	(2d)	(3a)	(3b)	(3c)	(3d)	(4a)	(4b)	(4c)	(4d)	(5a)	(5b)	(5c)	(5d)
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Respondents: Household members 5 and older

INITIAL VISIT

Please provide information on migration for all members of the household. (Don't ask children aged < 5 years)

ID NUMBER	Has ..[NAME].. always, since birth, lived in this village? 1 = YES (=>> NEXT PERSON) 2 = NO	Where was ..[NAME].. living exactly 5 years ago? 1 = Same village 2 = Another village in the same commune 3 = Village in another commune but same district 4 = Village in another district but same province 5 = Village in another province 6 = Abroad 7 = Other (Specify)	How many times has ..[NAME].. moved? N. OF TIMES	When did ..[NAME].. move to this village? Last move MTH	YEAR	Why did ..[NAME].. move to this village? 01 = Transfer of work place 02 = In search of employment 03 = Education 04 = Marriage 05 = Family moved 06 = National calamities or insecurity, 07 = Return after displacement 08 = Visiting only 09 = Other (Specify) Last move Write the most important reason	From where did ..[NAME].. move to this village? 1 = Another village in the same commune 2 = Village in another commune but same district 3 = Village in another district but same province 4 = Village in another province 5 = Abroad 6 = Other (Specify) Last move	Has ..[NAME].. ever lived abroad for work? 1 = Yes 2 = No
(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)
01								
02								
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D FOOD CONSUMPTION DURING THE LAST 7 DAYS | *Respondent: the household member who knows most about food consumption in the last 7 days* | **INITIAL VISIT**

The following questions should be asked of the household member who knows most about food consumption in the last 7 days.

ITEM NUMBER	For each item group try to estimate quantity of items consumed, and then how much of the consumed quantity had been purchased in cash and how much was from own production or received as payment in kind for work, or as gift, or free collection.	Value of consumption out of		
		Purchased in cash	Own produce, wages in kind, gifts, free collections (imputed value)	Total consumption (Col 2 + Col 3)
	Food Item groups	RIELS	RIELS	RIELS
(1)		(2)	(3)	(4)
01	Cereals (rice, bread, corn, wheat flour, rice flour, corn meal, rice cakes, noodles, biscuits, etc.)			
02	Fish (fresh fish, salted and dried fish, canned fish, shrimp, prawn, crab, etc.)			
03	Meat & poultry (beef, buffalo, mutton, lamb, pork, chicken, duck, innards, incl liver, spleen, dried beef)			
04	Eggs (chicken egg, duck egg, quail egg, fermented/salted egg, etc.)			
05	Dairy products (fresh milk, condensed or powdered milk, ice cream, cheese, other dairy products, etc.)			
06	Oil and fats (rice bran oil, vegetable oil, pork fat, butter, margarine, coconut/frying oil, etc.)			
07	Fresh vegetables (trakun, onion, shallot, cabbage, spinach, carrot, beans, chilli, tomato, etc.)			
08	Tuber (cassava, sweet potato, potato, traov, sugar beet, etc.)			
09	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 or bottles 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			

END OF INITIAL VISIT

02. EDUCATION AND LITERACY

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

ID NUMBER	Can ..[NAME]... read a simple message in any language? 1 = Yes 2 = No	Can ..[NAME]... write a simple message in any language? 1 = Yes 2 = No	Has ..[NAME]... ever attended school? 1 = Yes 2 = No (=>> 10)	What is the highest level ..[NAME].. successfully completed? 90 = None 98 = Don´t know 00 = Pre-school/Kindergarten 01 = Class one 02 = 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).	Is ..[NAME].. currently in the school system? 1 = Yes 2 = No (=>>10) If the child is on holidays, he/she must be considered as being in the school system	What's ..[NAME]'s.. current grade? 98 = Dont´t know 00 = Pre-school/Kindergarten 01 = Class one 02 = 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).	Is the school public or private? 1 = Public 2 = Private	Is ..[NAME].. currently taking private lessons after school? (languages, math, science, music, sports)? 1=Yes 2=No =>>11	If below 18 years of age: Why is ..[NAME].. not attending (has never attended) school? 01=Don't want to 02=Did not do well in school 03=No suitable school available/school is too far 04=No teacher/Supplies 05=High cost of schooling/ No money 06=Must contribute to household income, 07=Must help with household chores 08=Due to disability/ illness 09=Other (specify)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
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| Respondent: all household members aged 5 years and older | | WEEK 1 |

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

ID NUMBER	Has ..[NAME].. ever attended non formal class? 1 = Yes 2 = No (=>> 14)	Is ..[NAME].. currently attending non-formal classes? 1 = Yes 2 = No (=>> 14)	What kind of non-formal class is ..[NAME].. currently attending? 1 = Literacy programmes (6 months) 2 = Vocational training (Tailoring, motor repairing, Khmer classical music training, hairdressing...etc. 3 = Post literacy programmes (Agricultural training includes such as planting vegetable, mushrooms, raising fish, animal.. 4 = Others (Specify)	If yes in (col.6 or col. 9 or col.12), please fill up columns 14a-14h, otherwise, leave it blank and continue with next person. What were the educational expenses for ..[NAME]..during the past school year? Write 0 if no expenses If cannot separate it into the categories, write the total amount in column 14h							
				A. School fees	B. Tuition	C. Text books	D. Other school supplies	E. Allowances for children studying away from home	F. Transport cost	G. Gifts to teachers, building fund etc.	H. TOTAL
				RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(1)	(11)	(12)	(13)	(14a)	(14b)	(14c)	(14d)	(14e)	(14f)	(14g)	(14h)
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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.

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1 How many households reside in the same housing unit as your household? — NUMBER OF HOUSEHOLDS: ☐☐☐

2 What is the floor area of the housing/dwelling unit occupied by your household? — NUMBER OF SQUARE METERS: ☐☐☐

3 How many rooms in the dwelling unit are used by the household (other than kitchen, toilet and bathrooms) — NUMBER OF ROOMS: ☐☐☐

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4 What is the primary construction material of the outer wall of the housing/dwelling unit occupied by your household?

OUTER WALL CODES

1=Bamboo, Thatch	5=Galvanized iron or aluminium
2=Wood or logs	6=Fibrous cement
3=Plywood	7=Makeshift, salvaged or improvised materials
4=Concrete, brick, stone	8=Other (Specify)

FIRST MATERIAL -------> CODE: ☐ % ☐☐☐

SECOND MATERIAL -------> CODE: ☐ % ☐☐☐

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5 What are the primary and secondary construction material of the inner wall of the housing/dwelling unit occupied by your household?

INNER WALL CODES

1=Bamboo, Thatch	5=Galvanized iron or aluminium
2=Wood or logs	6=Fibrous cement
3=Plywood	7=Makeshift, salvaged or improvised materials
4=Concrete, brick, stone	8=Other (Specify)

FIRST MATERIAL -------> CODE: ☐ % ☐☐☐

SECOND MATERIAL -------> CODE: ☐ % ☐☐☐

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6 What are the primary and secondary construction material of the roof of the housing /dwelling unit occupied by your household?

ROOF CODES

01 = Thatch	06 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement
02 = Tiles	
03 = Fibrous cement	07 = Mixed but predominantly made of thatch or salvaged materials
04 = Galvanized iron or aluminium	
05 = Salvaged materials	08 = Concrete
	09 = Plastic sheet
	10 = Other (Specify)

FIRST MATERIAL -------> CODE: ☐☐ % ☐☐☐

SECOND MATERIAL -------> CODE: ☐☐ % ☐☐☐

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7 What are the primary and secondary construction material of the floor of the housing /dwelling unit occupied by your household?

FLOOR CODES

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

FIRST MATERIAL -------> CODE: ☐ % ☐☐☐

SECOND MATERIAL -------> CODE: ☐ % ☐☐☐

8 What is your household's main source of lighting?

    <u>LIGHTING SOURCE CODES</u> CODE: ☐

1 = Publicly-provided electricity	3 = Battery	5 = None
2 = Privately-generated electricity/Generator	4 = Kerosene lamp	6 = Other (Specify)

9 What is your household's main source of drinking water in wet season?

    <u>DRINKING WATER SOURCE CODES</u> CODE: ☐☐

01 = Piped in dwelling or on premises **(=>> 13)**	06 = Pond, river or stream
02 = Public tap	07 = Rainwater **(=>> 13)**
03 = Tubed/piped well or borehole	08 = Tanker truck, vendor or otherwise bought
04 = Protected dug well	09 = Other (Specify)
05 = Unprotected dug well	

10 What is the distance to the nearest drinking water source in wet season?

METERS ☐☐☐☐

11 Which members of your household are fetching drinking water in the wet season?

ID CODE OF HH MEMBERs: (1) ☐☐ (2) ☐☐ (3) ☐☐

12 How many minutes per day do they spend in total on fetching drinking water in wet season?

MINUTES: ☐☐☐

13 What is your household's main source of drinking water in dry season?

    <u>DRINKING WATER SOURCE CODES</u> CODE: ☐☐

01 = Piped in dwelling or on premises **(=>> 17)**	06 = Pond, river or stream
02 = Public tap	07 = Rainwater **(=>> 17)**
03 = Tubed/piped well or borehole	08 = Tanker truck, vendor or otherwise bought
04 = Protected dug well	09 = Other (Specify)
05 = Unprotected dug well	

14 What is the distance to the nearest drinking water in dry season source?

METERS ☐☐☐☐

15 Which members of your household are fetching drinking water in the dry season?

ID CODE OF HH MEMBER: (1) ☐☐ (2) ☐☐ (3) ☐☐

16 How many minutes per day do they spend in total on fetching drinking water in dry season?

MINUTES: ☐☐☐

17 How much water charges did (your HH) pay last month? (Put "0" for not buying water source)

RIELS ☐☐☐☐☐☐

03. HOUSING (CONTINUED)

18 Did your household boil or otherwise treat the drinking water last month?

  1 = Yes, always

  2 = Sometimes

  3 = No, never (=>>**20**)

19 How did you treat your drinking water last month?

  1 = Yes
  2 = No

  a. Boil water?   c. Chemical?   e. Other method (Specify)?

  b. Filter water?   d. Vongs method?

20 What toilet facility does your household have?

  TOILET FACILITY CODES   CODE:

  01 = Connected to sewerage   04 = Other without septic tank   07 = Open land
  02 = Septic tank   05 = Public toilet   08 = None
  03 = Pit latrine   06 = Shared toilet   09 = Other (Specify)

21 How much did your household spend for sewage or waste water disposal last month?

  (Write 0 if nothing)   RIELS

22 How much did your household spend for garbage collection last month?

  (Write 0 if nothing)   RIELS

23   (a)   What type of fuel does your household mainly use for cooking?

  FUEL CODES   CODE:

  01 = Firewood   06 = Publicly-provided electricity (=>> **24**)
  02 = Charcoal   07 = Gas and electricity (=>> **24**)
  03 = Firewood and Charcoal   08 = Privately-generated electricity (=>> **24**)
  04 = Liquefied petroleum gas (=>> **24**)   09 = none/don't cook (=>> **24**)
  05 = Kerosene (=>> **24**)   10 = Other (Specify) (=>> **24**)

  (b)   Which household members are fetching firewood or charcoal?   ID CODE OF HH MEMBER: (1)   (2)   (3)

  (c)   How many hours per week in total do they spend on collecting firewood?   HOURS PER WEEK:

24 How much did the household spend on the following last month (including lights and cooking)?   (ENTER 0 " IF DO NOT SPEND " FUELS)

	RIELS		RIELS		RIELS
a. Electricity	☐☐☐☐☐☐☐	c. Kerosene	☐☐☐☐☐☐☐	e. Charcoal	☐☐☐☐☐☐☐
b. Gas (LPG)	☐☐☐☐☐☐☐	d. Firewood	☐☐☐☐☐☐☐	f. Battery	☐☐☐☐☐☐☐
				g. Other (Specify)	☐☐☐☐☐☐☐

25 Does the household have the following facilities?

1 = YES

2 = NO

a. Separate kitchen?	☐	d. Only WC?	☐	g. Shed for poultry/animals	☐	j. Garden	☐
b. Bath with WC?	☐	e. Corridor	☐	h. Garage	☐		
c. Only bathroom?	☐	f. Balcony	☐	i. Compound	☐		

26 What is the area of the yard belonging to this house?   **Write 0 If no yard**   AREA IN SQUARE METERS: ☐☐☐☐

27 What's the legal status of the dwelling?

LEGAL STATUS CODE   CODE: ☐

1 = Owned by the household (=>> **29**)
2 = Not owned but no rent is paid (=>>**NEXT SECTION**)
3 = Rented
4 = Other (Specify) (=>>**NEXT SECTION**)

28 How much did you pay for rent of this house last month?   RIELS   ☐☐☐☐☐☐☐

29 (Whether owned or rented: How much did you spend on maintenance and minor repairs last month?   RIELS   ☐☐☐☐☐☐☐

END OF WEEK 1

04. HOUSEHOLD ECONOMIC ACTIVITIES *Respondent: head of household, spouse of the head of household, or of another adult household member*

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.

A. **LAND OWNERSHIP**

I would now like to ask you about all land owned or operated by your household which is used for vegetable gardening, agricultural or farming activities - crop cultivation, livestock raising, fishing and fish breeding, and (private) forestry.
(Do not include residencial land not used to cultivate any crops)

1 Does anyone in your household own or operate any such land?   2 How many plots of land does your household own or operate?

   1 = YES   NUMBER OF PLOTS:

   2 = NO (=>> **Part E**)

Please list for each plot your household owns (including rented out and rented in) from others.

PLOT NUMBER	Area of the plot (ENTER AREA IN COL.4A AND AREA UNIT IN COL.4B) 1 = Square meter (m2) 2 = Are 3 = Hectares 4 = Rai 5 = Kong 6 = Other (specify)		Tenure type Do you own this land, rent it or have it some other way? 1 = Own 2 = Rented in 3 = Rented out 4 = Share crop 5 = Free use of communal land 6 = Other (specify)	What type of land is it? 1 = wet-season land 2 = dry-season land 3 = wet and dry season land 4 = Chamkar land 5 = Vegetable garden 6 = Idle land 7 = Other (specify)	In what year did you first have/start using this plot? YEAR	How did you acquire it? 1 = Given by the state or (local authority) 2 = By inheritance or gift from relatives 3 = Bought it 4 = Cleared land/occu-pied for free 5 = Donated by friend 6 = Rented in 7 = Other (specify)	Do you have a paper to certify your owner-ship or rental agreement? 1 = Yes 2 = Never had (=>> **11**) 3 = Lost it (=>> **11**) 4 = Don't know (=>> **11**)	What kind of paper do you have? 1 = Application receipt 2 = Land investigation paper 3 = Certificate (title) 4 = Rental contract 5 = Other (specify)	Which crop did you grow on this plot in the last season? 1=Rice 2=Other crops (water melon, pumpkin, vegetables, maize, bean, potato, etc.) 3= Rice and other crops 4=Perennial trees (specify) 5=None (=>> **13**)	Is the plot irrigated or not? 1 = Yes, dry season 2 = Yes, wet season 3= Yes, both 4=No, never
(3)	(4a)	(4b)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01										
02										
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A. LAND OWNERSHIP (CONTINUED)

Please fill out the detailed information for each of the plots your household owns (including rented out) and rented in from others

PLOT NUMBER	Have you made any investments on this plot since you acquired it? 01 =None (=>>15) 02 = Digging well 03 = Digging ditch 04 = Terracing 05 = Drainage construction 06 = Soil reclamation 07 = Establish orchard 08 = Perennial trees 09 = other (specify)			In what year did you make these investments? If more than one investment, ask about the most important YEAR	Can you use this plot as collateral for loan? 1=Yes 2=No (=>>17)	When did you start to have the rights to use it as a collateral? YEAR	Have you ever had any conflict about this plot? 1=Yes 2=No (=>>21a)	In what year did it happen? If more than 1, the most important YEAR	What's the type of conflict? 1 = Grabbed by authorities 2 = Grabbed by soldier/ armed officials 3 = Boundary conflict 4 = Ownership conflict with non-relatives 5 = Ownership conflict with relatives 6 = Other (specify)	How long did it take to solve the conflict(s)? If less than one month write '00' if not yet solved, write '90' If don´t know, write '98' MONTHS	How much would it cost to rent a plot like this in this village?			If you buy a plot like this in this village, how much would you be willing to pay for it? RIELS
											Both seasons Yearly rent RIELS	Dry season Monthly rent RIELS	Wet season Monthly rent RIELS	
(3)	(13a)	(13b)	(13c)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21a)	(21b)	(21c)	(22)
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

B.   PRODUCTION OF CROPS INCLUDING FRUITS AND VEGETABLES etc.

Please provide the following information on crops, including fruits and vegetables, grown by you during the past two seasons. Please provide plot-wise details.

1 Did your household produce crop including fruits and vegetables?

1 = YES

2 = NO (=>> **Part D**)

SERIAL NUMBER	COPY THE PLOT NUMBER FROM PART A	What crop(s) have you grown (on what plots)?		Unit of quantity used for this crop 1 = Thang 2 = Tao 3 = Kg 4 = Other (Specify)	How much was produced / harvested? Write '0' if nothing	How much has been the post –harvest loss until the day of interview? Losses mean rotted, lost, eaten by birds, rodents, etc. Write '0' if nothing	How much was the quantity net of losses ? (Col.6 – Col.7) Write '0' if nothing	How much (quantity) was given as crop rent ? Write '0' if nothing	What was the sale price of the crop produced?	Estimated value of output Write '0' if nothing Col 8 * Col 10	Estimated value of crop rent Write '0' if nothing Col 9 * Col10
		Name of crop or by-product	NIS code		QUANTITY	QUANTITY	QUANTITY	QUANTITY	RIELS / UNIT OF QUANTITY	RIELS	RIELS
(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
					PAST WET SEASON						
01											
02											
03											
04											
05											
06											
07											
08										TOTAL 01-07		
					PAST DRY SEASON						
09											
10											
11											
12											
13											
14											
15											
16										TOTAL 09-15		

C. COST OF CULTIVATION OF CROPS (including Fruits and Vegetables)

ITEM NUMBER	How much did you spend on the following items during the past 12 months?	AMOUNT IN RIELS		
		LAST WET SEASON	LAST DRY SEASON	TOTAL
		WRITE '0' IF NOTHING	WRITE '0' IF NOTHING	WRITE '0' IF NOTHING
	ITEMS	RIELS	RIELS	RIELS
(1)		(2)	(3)	(4)
01	Planting materials (seeds, seedlings, young plants):purchased/supplied from home produce			
02	Chemical fertilizers			
03	Animal and plant manure: purchased /supplied from home produce			
04	Pesticide, weedicide and fungicide			
05	Electricity, oil, gas, or diesel oil for the farming (Not including household use!)			
06	Storage items (e.g., burlap bags, plastic sheeting)			
07	Payments to hired draft power (tractors/animals) including human labour, if any, for ploughing/harrowing			
08	Other hired labour charges (cash plus kind)			
09	Irrigation charges			
10	Services/technical support from government and other agencies			
11	Transportation of input materials and products			
12	Repair and maintenance of farm house, animal shed etc.			
13	Repair and maintenance of farm equipment			
14	Rental paid to owner for farm land rented in: Cash			
15	Rental paid to owner for farm land rented in: Kind			
16	Rental paid to owner for farm house, equipment etc rented in (cash plus kind)			
17	TOTAL 01 - 16			

D. HYPOTHETICAL QUESTIONS ON RENTAL AND SALES MARKET

SERIAL NUMBER	Type of land	What is the current rental rate for land of different kinds in this village? **RIELS PER HECTARE**	RENT-IN				
			Would you want to rent in some (more) land (than you have currently)? 1=Yes (=>>**7**) 2=No	Give the reason why not 1 = Not enough labor 2 = Lack of working capital 3 = Lack of capital equipment (can not afford the investment) 4 = Not allowed 5 = Fear of sanctions 6 = Not profitable 7 = Other (specify)	Suppose the market rental price is reduced to 2/3 of its current level, would you be willing to rent-in any land at this price? 1=Yes (=>>**7**) 2=No	Give the reason why not 1 = Not enough labor 2 = Lack of working capital 3 = Lack of capital equipment (can not afford for the investment) 4 = Not allowed 5 = Fear of sanctions 6 = Not profitable 7 = Other (specify) **(=>> 8)**	If yes, how much would you want to rent-in? HECTARES
(1)		(2)	(3)	(4)	(5)	(6)	(7)
1	Wet season land						
2	Dry season land						
3	Wet & dry season land						
4	Chamkar land						
5	Vegetable garden land						
6	Idle land						
7	Other land (specify)						

SERIAL NUMBER	Type of land	RENT-OUT (DO NOT ASK LANDLESS HOUSEHOLDS!)				
		Would you want to rent out some of the land you currently have? 1=Yes (=>>**12**) 2=No	Give the reason for why not 1=No alternative source of income 2=Fear of not enough food for household's consumption 3=Fear of land being overused 4=Fear of land being taken away 5=Other (specify)	Suppose the rental price is increased to one and one third of its current level, would you want to rent out at this price? 1=Yes (=>>**12**) 2=No	Give the reason for why not 1=No alternative source of income 2=Fear of not enough food for own household's consumption 3=Fear of land being overused 4=Fear of land being taken away 5=Other (specify) **(=>> 13)**	If yes, how much would you want to rent-out? HECTARES
(1)		(8)	(9)	(10)	(11)	(12)
1	Wet season land					
2	Dry season land					
3	Wet & dry season land					
4	Chamkar land					
5	Vegetable garden land					
6	Idle land					
7	Other land (specify)					

D. HYPOTHETICAL QUESTIONS ON RENTAL AND SALES MARKET. CONTINUED

SERIAL NUMBER	Type of land	What is the current sale price rate for ..[TYPE].. land in the village? RIELS PER HECTARE	PURCHASE				
			Would you want to buy some (more) land (than you currently have)? 1 = Yes (=>>18) 2 = No	Give reason for why not 1=Not enough labor 2=Lack of working capital 3=Lack of capital equipment 4=Not allowed 5=Fear of sanctions 6=No enough profits 7=Other (specify)	Suppose the market sale's price drops to 2/3 of its current level, would you be willing to buy any more land? 1=Yes (=>>18) 2=No	If no, give reason 1=Not enough labor 2=Lack of working capital 3=Lack of capital equipment 4=Not allowed 5=Fear of sanctions 6=No enough profits 7=Other (specify) =>> 19	If yes, how much more would you want to buy? Hectares
(1)		(13)	(14)	(15)	(16)	(17)	(18)
1	Wet season land						
2	Dry season land						
3	Wet & dry season land						
4	Chamkar land						
5	Vegetable garden land						
6	Idle land						
7	Other, specify						

D.   HYPOTHETICAL QUESTIONS ON RENTAL AND SALES MARKET. CONTINUED

SERIAL NUMBER	Type of land	SALES (DO NOT ASK LANDLESS HOUSEHOLDS!)				
		Would you want to sell some land than what you have occupied currently (if any)? 1 = Yes (=>>23) 2 = No	If no, give reason 1 = No alternative source of income 2 = Fear of not enough food for own consumption 3 =Not allowed 4 = Other (specify)	Suppose the sale's price rises to one and one third of its current level, would you want to sell any more land? 1=Yes (=>>23) 2=No	If no, give reason 1 = No alternative source of income 2 = Fear of not enough food for consumption 3 =Not allowed 4 = Other (Specify) =>> Part E	If yes, how much more would you want to sell? Hectares
(1)		(19)	(20)	(21)	(22)	(23)
1	Wet season land					
2	Dry season land					
3	Wet & dry season land					
4	Chamkar land					
5	Vegetable garden land					
6	Idle land					
7	Other, specify					

E. INPUTS AND OUTPUTS OF LIVESTOCK RAISING ACTIVITIES

1 Has your household or anyone in your household had any livestock in the past 12 months, that is from ..[MONTH].. last year? 1= Yes 2=No (=>> **Part F**)

Complete the layout below the value of livestock and livestock products sold or consumed in the household or given away as gifts etc. during the past 12 months

SERIAL NUMBER	Type of animal or bird	Has anyone in your household raised any ..[LIVESTOCK].. in the past 12 months? 1=Yes 2=no (=>> **Next animal/bird**)	Number of ..[LIVESTOCK].. currently owned ? If none, write '0'	What would be the total sales value of ..[LIVESTOCK].. currently owned? Write '0' if nothing	Number of ..[LIVE-STOCK].. owned 12 months ago? If none write '0'	Total sales value of ..[LIVE-STOCK].. owned 12 months ago at the then pre-vailing prices? Write '0' if nothing	Value of ..[LIVESTOCK].. sold during the past 12 months? Write '0' if nothing	Total paid for ..[LIVESTOCK].. bought during the past 12 months? Write '0' if nothing	Imputed value of livestock in riels		Value of livestock products (milk, butter, eggs, hide and skin, manure etc.) sold, consumed in household, used as gifts etc. during the past 12 months		
									Consumed in the household during the past 12 months Write '0' if nothing	Used for barter gifts, charity, etc. during the past 12 months Write '0' if nothing	Sold Write '0' if nothing	Consumed in household Write '0' if nothing	Gifts, charity, barter etc. Write '0' if nothing
			NUMBER	RIELS	NUMBER	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
01	Cattle												
02	Buffaloes												
03	Horses, Ponies												
04	Pigs												
05	Sheep												
06	Goats												
07	Chickens												
08	Ducks												
09	Quail												
10	Other (specify)												
11	**TOTAL 01 - 10:**												

SERIAL NUMBER	ITEMS	How much did you spend on the following items during the past 12 months? Write '0' if nothing AMOUNT IN RIELS
(15)		(16)
1	Feed and feed supplements (e.g. rice straw) for livestock:purchased or supplied from home farm/public land	
2	Hired labour to care for the livestock (cash plus kind)	
3	Veterinary services and medicine	
4	Service /technical support from government /other agencies	
5	Transporting livestock, livestock products and manure to market	
6	TOTAL 1 - 5	

F.   INPUT AND OUTPUTS FROM FISH CULTIVATION AND FISHING/TRAPPING OF AQUATIC PRODUCTS

1 Did you raise fish (or any other aquatic product like frogs or crocodiles) during the past 12 months?	1 = YES 2 = NO (=>> **7**)
2 Does your household have its own pond for fish or shrimp culture?	1 = YES 2 = NO (=>> **7**)

POND NUMBER	TYPE OF OWNERSHIP	AREA How many square meters is your pond?	MARKET VALUE How much would you have to pay to buy a pond like yours in this village?	MONTHLY RENT How much would you have to pay monthly to rent a pond like yours in this village?
		SQUARE METERS	RIELS	RIELS
(3)		(4)	(5)	(6)
1	Owned with title			
2	Ownership unsettled/held for free			
3	Leased/rented out			

7 Did you catch fish, shrimp, crabs, oysters, etc. during the past 12 months?	1 = YES 2 = NO (=>> **PART G**)

If yes on questions 1 or 2 or 7, ask:

ITEM NUMBER	EXPENSES How much did you spend on the following items during the past 12 months?	Amount spent Write '0' if nothing
	ITEM	RIELS
(8)		(9)
01	Breeding stock for raising fish	
02	Feed for raising fish	
03	Hired labour (cash plus Kind)	
04	Ice	
05	Repair and maintenance of nets and traps	
06	Boat fuel and repair and maintenance of boat	
07	Boat rent (cash)	
08	Cash rent for tank, if leased in	
09	Transportation of fish to market	
10	Services (technical assistance) received	
11	Other (specify)	
12	Total 01 - 11	

ITEM NUMBER	INCOME How much did you receive under the following item during the past 12 months?	Amount received Write '0' if nothing
	ITEM	RIELS
(10)		(11)
1	Proceeds from sale of fish, shrimp, crab etc. raised or captured (*)	
2	Value of fish, shrimp, etc. consumed in household	
3	Value of fish, shrimp, etc. given away as gift, charity, barter, etc.	
4	Value of fish used for drying	
5	Value of fish used for preparation of fish sauce	
6	Value of fish used for animal feed	
7	Value of fish used for other (specify)	
8	Total 1 - 7	

(*)   **Do not include fish (paid in-kind) for renting boat or tank...**

G. INPUTS AND OUTPUTS FROM FORESTRY AND HUNTING

1 Did anyone in your household collect firewood, charcoal, timber or other forest products during the past 12 months?   1 = YES   2 = NO

2 Did anyone in your household collect palm juice, root crops, herbs, honey or hunt wild animals or birds during the past 12 months?   1 = YES   2 = NO

If Yes on questions 1 or 2 ask the following questions, if NO to both of them =>>Part H

PRODUCT NUMBER		What were the value of products that you collected in this way during the past 12 months? Write '0' if nothing			
		Receipts from sale of products gathered or hunted?	Imputed value of such products consumed in the household?	Imputed value of such products given away for gifts, chariry, barter, etc.?	Total amount
	ITEM	RIELS	RIELS	RIELS	RIELS
(3)		(4)	(5)	(6)	(7)
01	Sawing logs				
02	Firewood				
03	Wood for charcoal				
04	Rattan, bamboo, palm leaves, other fibrous material				
05	Palm juice				
06	Root crops, fruits and vegetables				
07	Herbs				
08	Honey				
09	Wild animals and birds				
10	Other products (specify)				
11	Total 01 - 10				

EXPENDITURE No	ITEMS OF EXPENDITURES	How much expenditures did you have for these activities during the past 12 months? Write '0' if nothing
		RIELS
(8)		(9)
1	Transport costs including transport to market	
2	Fuel or draft animal feed	
3	Hired labour charges	
4	Tools, equipment, including maintenance	
5	Commissions, tips, rents, etc.	
6	Other (specify)	
7	Total 1 - 6	

H   INVENTORY OF HOUSEHOLD NON-AGRICULTURAL ECONOMIC ACTIVITIES DURING THE PAST 12 MONTHS

1 Did anyone in your household run an enterprise or bussiness during the past 12 months?

1 = YES

2 = NO (=>> **Next Section**)

ACTIVITY NUMBER	DESCRIPTION OF THE ACTIVITY	MAIN PRODUCT	NIS Industry code	ID CODE OF									
				Most knowledge-able member	Other household members participating in the activity								
					1º	2º	3º	4º	5º	6º	7º	8º	
(2)			(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
1													
2													
3													
4													
5													
6													
7													
8													

COST NUMBER	COST ITEM	How much did you spend on the different items listed for activity 1, during the past 12 months, that is since ..[MONTH].. last year? (Use the same question for activity 2, activity 3, etc.) Write '0' if nothing							
		Activity 1 RIELS	Activity 2 RIELS	Activity 3 RIELS	Activity 4 RIELS	Activity 5 RIELS	Activity 6 RIELS	Activity 7 RIELS	Activity 8 RIELS
(13)		(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
01	Raw material used for processing								
02	Materials used for construction								
03	Fuels used for production or generation of electricity								
04	Lubricants								
05	Purchase of goods for resale								
06	Food, drink and tobacco products served to customers								
07	Electricity purchased								
08	Water and sanitation charges								
09	Containers, packing materials								
10	Freight and transport expenses								
11	Insurance, bank charges, telephone, postage and other communication								
12	Office suplies, stationary and other items								
13	Rents paid for land, buildings, storage, warehousing, equipment & machines								
14	Repair/maintenance of buildings, equipment & machinery/material/services								
15	Registration and other govt. fees, taxes and donations								
16	Wages/salaries of hired labour (cash plus kind)								
17	Services rendered by others (commissions, etc.)								
18	All other expenses not included in the list from 1 to 17								
19	Total 01 -18								

COST NUMBER	COST ITEM	How much did your receive under the different items listed for activity 1, during the past 12 months, that is since ..[MONTH].. last year? (Use the same question for activity 2, activity 3, etc.) Write '0' if nothing							
		Activity 1 RIELS	Activity 2 RIELS	Activity 3 RIELS	Activity 4 RIELS	Activity 5 RIELS	Activity 6 RIELS	Activity 7 RIELS	Activity 8 RIELS
(22)		(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
01	Receipts from sale of products and by-products								
02	Charges for repair services								
03	Other professional and service charges and commissions, etc.								
04	Charges for construction work done								
05	Proceeds from sale of goods sold								
06	Charges for board and lodging								
07	Receipts from sales/services at hotels/restaurants								
08	Charges for transport services provided								
09	Imputed value of products/goods for resale, etc. consumed in the household								
10	Imputed value of products/by-products used as intermediate goods								
11	Imputed value of products/by-products used as gifts, charity, etc.								
12	Supply of electricity, gas and water								
13	Rental income from land & buildings & storage & warehousing								
14	Rental income from equipment and machinery								
15	Charges for financial / insurance / real estate services								
16	Charges for medical services								
17	Charges for educational services								
18	Charges for recreational and cultural services								
19	Charges for other community, social and personal services								
20	All other income receipts and charges from the activity not included in 1-19								
21	Total 01 - 20								

05. HOUSEHOLD LIABILITIES   *Respondent: head of household, spouse of the head of household, or of another adult household member*

1 Does the household have outstanding loans or debts to other households or institutions?

1 = YES
2 = NO (=>> **9**)

LOAN NUMBER	How old is the debt?	From whom did you obtain the loan? 01 = Relatives in Cambodia 02 = Relatives who live abroad 03 = Friends/neighbours 04 = Moneylender 05 = Trader 06 = Landlord 07 = Employer 08 = Bank 09 = NGO 10 = Other (specify)			What was the primary purpose for which you borrowed the money? 01=Agricultural production 08=Other ceremonials (specify) 02=Non-agricultural activities 09= Purchase/improvement of dwelling 03=Household consumption needs 10= Purchase of consumer durables 04=Illness, injury 11= Agricultural Implementation 05= Other emergencies (fire, flood, theft) 12 = Servicing and existing debts 06=Marriage ceremony 13= Other (specify) 07=Funeral	What was the total amount borrowed?	If interest is charged, what is the monthly rate of interest? If no interest, write '0' If don´t know, write '98'	How much of the amount in Col. 6 is still to be repaid, including interest?
	MONTHS	1st	2nd	3th		RIELS	PERCENTAGE	RIELS
(2)	(3)	(4a)	(4b)	(4c)	(5)	(6)	(7)	(8)
1								
2								
3								
4							TOTAL 1 - 3:	

=>> **10**

9. If this household gets into acute need for assistance, are there other related households on whom you could rely upon for assistance, to borrow in cash or in kind 100 000 riels?

1=Yes
2=No
3=Don't know

10. Are there some related households whom you would feel obliged to assist in case of acute need for assistance, to lend in cash or in kind 100 000 riels?

1=Yes
2=No
3=Don't know

06. HOUSEHOLD INCOME FROM OTHER SOURCES   *Respondent: head of household, spouse of the head of household, or of another adult household member*   WEEK 2

SOURCE NUMBER	ITEM	How much did your household receive from ..[SOURCE].. during the last 12 months? Write '0' if nothing AMOUNT IN RIELS
(1)		(2)
01	Pensions from Cambodia	
02	Pensions from abroad	
03	Remittances from relatives or others in Cambodia	
04	Remittances from relatives or others from abroad	
05	Scolarships, stipends for any student member of the household	
06	Transfers (assistance/support) from NGO or other institutions (not credit)	
07	Income from lottery and gamblings	
08	Bank interests	
09	Dividends	
10	Interests on loans to others	
11	Imputed value of goods received through barter (not recorded elsewhere)	
12	Imputed value of gifts received (not recorded elsewhere)	
13	Other (not included in 1 to 12)	
14	Total received: 01 - 13	

END OF WEEK 2

A DURABLE GOODS

ITEM NUMBER	ITEM	PRODUCT CODE	NUM-BER	Did you buy it, receive it as a gift, as pay for work or in other way? 1=Purchased 2=Payment for services 3=Received as a gift 4=Other (specify)				How many of this(these) this ..[ITEM].. were acquired or received...: a. Within the last 12 months?	b. Before the last 12 months?	For items bought or received within the last 12 months: What was the purchase value (or the imputed value) of all these ..[ITEM]s..? RIELS	For items bought or received before the last 12 months: According to current prices, what do you think you could get if you sold ..[ITEM]s..? RIELS
(1)		(2)	(3)	(4a)	(4b)	(4c)	(4d)	(5a)	(5b)	(6)	(7)
Comunication equipment											
01	Radio	801									
02	Television	802									
03	Telephone	817									
04	Cell phone	818									
05	Video tape/Recorder/ player	807									
06	Stereo	808									
07	Camera	809									
08	Satellite dish	824									
Personal transport											
09	Bicycle	803									
10	Motorcycle	804									
11	Car	829									
12	Jeep/Van	830									
Household equipment											
13	Sewing machine	806									
14	Refrigerator	810									
15	Kitchen/Stove	813									
16	Washing machine	819									
17	Dishwasher	820									
18	Freezer	821									
19	Vacuum cleaner	822									
20	Electric iron	823									
21	Electric fan	811									
22	Air conditioner	812									
23	Suitcases	890									
24	Generator	816									

A DURABLE GOODS

ITEM NUMBER	How many of the following items does the household own? (Write '0' if none and =>> Next item) ITEM	PRODUCT CODE	NUM-BER	Did you buy it, receive it as a gift, as pay for work or in other way? 1=Purchased 2=Payment for services 3=Received as a gift 4=Other (specify)				How many of this(these) this ..[ITEM].. were acquired or received...: a. Within the last 12 months?	b. Before the last 12 months	For items bought or received within the last 12 months: What was the purchase value (or the imputed value) of all these ..[ITEM]s..? RIELS	For items bought or received before the last 12 months: According to current prices, what do you think you could get if you sold ..[ITEM]s..? RIELS
(1)		(2)	(3)	(4a)	(4b)	(4c)	(4d)	(5a)	(5b)	(6)	(7)
25	Batteries	891									
Furniture											
26	Sofa set	814									
27	Dining set (dinning table + chairs)	815									
28	Bed sets	892									
29	Wardrobe, cabinets	893									
Computers											
30	PC	825									
31	Printer	826									
Recreation											
32	Musical instruments	827									
33	Sport instruments	828									
Water transport											
34	Rowing boat	831									
35	Motor Boat	832									
Agriculture											
36	Cart (pulled by animal)	805									
37	Tractor	833									
38	Bulldozer	834									
39	Plough	835									
40	Threshing machine	837									
41	Harrow/rake/hoe/spade/axe…	838									
42	Semi-tractor (Kou Yon)	839									
43	Rice mill	840									
44	Water pump	836									
Other items											
45	Other (specify)	841									
46	Other (specify)	894									

B OTHER EXPENDITURES

No.	What was your household's expenditure on the following items during the indicated time periods? Write '0' if nothing ITEM	Time period	Value (in Riels)		
			In-cash expenditure	In-kind exp. or gifts given away	Total expenditure (Col 3 + Col 4)
(1)			(3)	(4)	(5)
1	Clothing and footwear (tailored clothes, ready-made clothes, rain clothes, underwear, baby clothes, diapers, hats, shoes, boots, etc.)	Last 6 months			
2	Furnishings and household equipment and operation (curtain, household appliances, cooking utensils, servant's salary etc.)	Last 6months			
3	Recreation (entertainment services, recreational goods and supplies, tourist travel)	Last 12 months			
4	Personal effects (costume/gold jewellery, handbags, wallets, wristwatch, clocks, umbrellas)	Last 12 months			
5	Special occasions, as funerals, weddings, parties, rituals, cash gifts, charity, etc.	Last 12 months			
6	Total 1 - 5				

1 Does the household own buildings used for residential, agricultural, commercial or industrial purposes?   1 = Yes   2 = No (=>> **NEXT SECTION**)

Please fill up the following table below

BUILDING NUMBER	What is the building used for? 1=Residential 2=Agricultural 3=Commercial (purchase/sale of goods and services) 4=Industrial (manufacturing)			What is the total area for living or other use of the building? SQUARE METERS	How much would you have to pay to buy a building like this in the village? RIELS	How much would you have to pay per month to rent a building like this in this village? RIELS	Is any part of this building rented-out? 1=Yes 2=No (=>> **9**)	How much does your household receive in monthly rent for this building? RIELS	Was this building constructed, extended or repaired in the last 12 months, that is, since ..[MONTH].. last year? 1=Yes 2=No (=>> **NEXT BUILDING**)	What kind of work was it? 1=Constructed 2=Extension (=>> **14**) 3=Repair (=>> **14**)	In what year and month did the construction start?		In what year and month did people start to use this building? (if not yet used enter 00 for year and 00 for month)	
											MONTH	YEAR	MONTH	YEAR
(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11a)	(11b)	(12a)	(12b)
1														
2														
3														
4														

BUILDING NUMBER	Who built this building? 1=Household members only 2=Household members and other relatives 3=Household members and hired help 4=Contracted builder 5=Other (specify)	How much did you pay those who helped, hired or contracted? Write '0' if nothing and 98 if dont´know For building still under work the cost up till now RIELS	How much did you spend for materials? Write '0' if nothing and 98 if dont´know For building still under work the cost up till now RIELS	**If not possible to separate labour and materials:** How much were the total costs? RIELS	If anyone in the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing RIELS	If anyone else not belonging to the household has put in own labour try to estimate the value of it as if you had engaged someone to do it? Write '0' if nothing RIELS	For buildings not yet completed: What will be the estimated remaining cost of the building completed? RIELS
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1							
2							
3							
4							

09. NUTRITION

A. RICE CONSUMPTION

Respondents: All household members

Please provide information on nutrition for the household members

ID NUMBER	How much rice did ..[NAME].. eat yesterday? **Show the plate and enter number of plates. If a person didn't eat rice, enter "0" for that meal.** Enter "99" if data is not available for a person. Note: If the quantity of rice is less than one plate, please record a half (0.5) or a quarter (0.25) of plate				
	For breakfast	For lunch	For dinner	Other	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

B. OTHER FOOD

Respondent: head of household, spouse of the head of household, or of another adult household member

<u>Note:</u> a palm is approximately 50 grams

FOOD NUMBER	TYPE OF FOOD	2. How many times in the past 7 days did your household consume ..[FOOD ITEM].. at home? If never, write '0' and =>> **Next Item**	3. How much in total did the household consume of this food in the last 7 days?	UNIT
(1)		(2)	(3)	
1	Eggs (any)			NUMBER
2	Fish/fish paste, squid, shrimp and prawns, etc.			KILOGRAM
3	Other meat (beef, pork, chicken, duck, etc.)			KILOGRAM
4	Green leafy vegetables			KILOGRAM
5	Orange vegetables (pumpkin, carrot, orange sweet potato, etc.)			KILOGRAM
6	Orange fruits (Ripe mango, ripe papaya, jackfruit, etc.)			KILOGRAM

C. VULNERABILITY

1	Did your family use iodized salt, yesterday?	1=Yes 2=No 3=Don't know	
2	In the last 12 months, has this household had enough food all days or were there days and weeks with very little or no food so that the household had to starve? 1= Enough food all the last 12 months (=>>**NEXT SECTION**) 2= Not enough food	
3	How many of the last 52 weeks did the household have so little food that it was starving? **Nº WEEKS:** Write 0 if less than 1 week	

10. FERTILITY AND CHILD CARE

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

A   FERTILITY HISTORY

SERIAL NUMBER	COPY ID CODE OF WOMAN FROM ROSTER	ID No. of proxy respondent	Age when you first married (Write '90' if never married and '98' if doesn´t know)	NUMBER OF CHILDREN BORN ALIVE (Note: Please enter "0" for woman who never has children)												
				How many children were born alive? Born alive=showed any sign of life after birth		How many of those children are currently living in this household?		How many of those children are currently living outside this household?		How many of those children have died?		How many of those children died before 5 years of age?		And how many of them died before 1 year of age?	
			YEARS	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
(1)	(2)	(3)	(4)	(5a)	(5b)	(6a)	(6b)	(7a)	(7b)	(8a)	(8b)	(9a)	(9b)	(10a)	(10b)
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09															
10															
11															
12															
13															

B   CHILD FEEDING AND VACCINATIONS

Please provide the following information on all children aged up to 2 years old adopted or born to mothers of the household and who are still living

If no children aged up to 2 years, =>> Next section

SERIEL NUMBER	COPY ID CODE OF THE MOTHER FROM ROSTER	ID No. of child if living in the household (If doesn´t live in the household enter "98" and >> next child)	After birth of your child, what was the first thing you gave to him/her to drink? 1=Water 2=Sugar water 3=Juice/coconut water 4=Tea 5=Sweet condensed milk 6=Infant formula 7=Breast milk (=>>6a) 8=Other (specify)	Did you ever breastfeed your child? 1=Yes 2=No (= >> 7a)	How long after birth of your child did you initiate breastfeeding? Write only in minutes, or in hours or in days			In total, how many times yesterday during the day and night was your child given the following items? Write '0' if nothing a. Plain water...? b. Infant formula...? c. Other milk, such as powered or sweet condensed milk...? d. Fruit juice, such as coconut water...? e. Any other liquids, such as sugar water, teas, canned soft drink (Coca Cola, 7 up etc...)...? f. Rice soup water, samlo broth and soup broth...?						How many times did your child eat foods, such as rice, rice soup snack etc other than liquids yesterday during the day and night? Write '0' if nothing	Did you ..[the mother of child].. have night-blindness during this child´s pregnancy? 1=Yes 2=No 3=Don't know
					MIN	HRS	DAYS	NUMBER OF TIMES						NUMBER OF TIMES	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)	(8)	(9)
01															
02															
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04															
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06															
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08															
09															
10															

SERIEL NUMBER	Does the child have a yellow card? 1=Yes 2=No 3=Never vaccinated (=>> **Next Child**)	If child has yellow card, record the dates of the following vaccinations. **The interviewer must see the card** **Try to collect the information from household in case the child has been vaccinated, but the yellow card has been lost.** **If there is a card, but the interviewer doesn´t see it and the mother doesn´t remember the date, write '98' for "don´t know" for year and month.** **If there is NO card, but the child WAS vaccinated, and the mother doesn´t remember the date, write '66' for "don´t know" for year and month.**										
		TB (BCG)		POLIO			DPT			MEASLES	
		MONTH	YEAR	N. OF DOSES	MONTH	YEAR	N. OF DOSES	MONTH	YEAR	MONTH	YEAR
(1)	(10)	(11a)	(11b)	(12a)	(12b)	(12c)	(13a)	(13b)	(13c)	(14a)	(14b)
01											
02											
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1 During the last 12 months, that is since ..[MONTH]..last year, has any member of the household (child or grown up) died?

1= YES
2 = NO (=>> **NEXT SECTION**)

2 How many members of the household (child or grown up) died during the last 12 months?

Number:

Please complete the following table for each household member who died during the last 12 months:

LINE NUMBER	How old was ..[DEATH PERSON].. when he/she died? In years if older than 5 years In years and months if is a child 5 or less years		What was ..[DEATH PERSON] ..'s sex? 1=Male 2=Female	What was ..[DEATH PERSON]..'s relationship to head of the household? 01 = Head, 09 = Niece/nephew, 02 = Spouse, 10 = Son/daughter-in-law, 03 = Son/daughter, 11 = Brother/sister-in- law, 04 = Stepchild, 12 = Parent -in -law, 05 = Adopted child/foster child, 13 = Other relative, 06 = Parent, 14 = Servant, 07 = Sibling, 15 = Other non-relative 08 = Grandchild, including boarder.	What was the cause of death of ..[DEATH PERSON]..? Cause of death as stated by any medical person, otherwise as best known by the respondent. Otherwise describe the illness or symptoms the deceased was suffering from. Otherwise accept don't know as answer. DESCRIPTION	NIS CODE	Has any medical person stated the cause of ..[DEATH PERSON].. s death? 1=Yes 2=No
	YRS	MTHS					
(3)	(4a)	(4b)	(5)	(6)		(7)	(8)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

END OF WEEK 3

12. HEALTH CHECK OF CHILDREN

Ask about: children aged less than 6 years old

Please provide information on children aged less than 6 years old who are household members

SERIAL NUMBER	COPY ID CODE OF CHILD FROM ROSTER	Date of measurement			Height measured Enter '998.0' = Not measured	If the child was measured: Was this height measured standing up or lying down? 1=Standing up 2=Lying down (Less than 24 months)	Weight measured Enter '998.0' = Not measured	Is the child given vitamin A? 1=Yes 2=No	Does the child suffer from night-blindness? **Do not ask about children less than 1 year old** 1= Yes 2= No
		DAY	MTH	YEAR	CENTIMETERS		KILOGRAMS		
(1)	(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)
1					|__|__|__|.|__|		|__|__|__|.|__|		
2					|__|__|__|.|__|		|__|__|__|.|__|		
3					|__|__|__|.|__|		|__|__|__|.|__|		
4					|__|__|__|.|__|		|__|__|__|.|__|		
5					|__|__|__|.|__|		|__|__|__|.|__|		
6					|__|__|__|.|__|		|__|__|__|.|__|		
7					|__|__|__|.|__|		|__|__|__|.|__|		
8					|__|__|__|.|__|		|__|__|__|.|__|		

13. CURRENT ECONOMIC ACTIVITY

Respondents: all household members aged 10 years and older

A   ACTIVITY STATUS DURING THE PAST 7 DAYS

Please provide information on all members aged 10 years and older who usually reside in this household. **Try to interview each member personally**

ID NUMBER	ID NUMBER OF RESPON-DENT	ACTIVITY STATUS DURING PAST 7 DAYS												How many occupations did.. [NAME].. have in the past 7 days?
		Did ..[NAME].. do any work at all, even one hour, during the past 7 days (worked on farm, private or public sector, own account or in a business belonging to someone else in your household etc.)? 1 = Yes (=>> 5) 2 = No	Although ..[NAME].. did not work even for one hour during the past 7 days, did ..[NAME].. have a job from which he/she was temporarily absent? (e.g.: absent due to holiday or illness) 1 = Yes 2 = No (=>> 7)	How many hours did ..[NAME].. work in total in the past 7 days?	Is this the number of hours that ..[NAME].. wants to work per week, or would ..[NAME].. prefer to work more or less hours? 1=Same (=>>12) 2=Less (=>> 10) 3=More (=>> 10)	Was ..[NAME].. available for work during the past 7 days? 1 = Yes 2 = No	If ..[NAME].. did not work and did not have a job, was he/she actively seeking work during the past 7 days? 1=Yes 2=No (=>>10)	In what ways did [NAME] try to find a job? 1=Applied to advertisement 2=Contacted potential employers 3=Enquired with friends relatives etc. 4=Employment agency 5=Tried to start own business but failed 6=Other (specify)			How many hours does ..[NAME].. want to work per week? Write '0' if none	If more hours (code '3') in Col. 6 or available for work (code '1') in Col. 7 or activily seeking work (code '1') in Col. 8 then ask: How long has [NAME] been unemployed/ or working less hours than he/she wants to?		Write '0' if none If has a job =>> Part B Otherwise =>> Next Person
				HOURS				Enter up to 3 codes			HOURS	MONTHS	YEARS	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9a)	(9b)	(9c)	(10)	(11a)	(11b)	(12)
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12														

B   MAIN OCCUPATIONS DURING THE PAST 7 DAYS

ID NUMBER		What was ..[NAME].. 's primary occupation during the past 7 days? (Write specific occupation) What was ..[NAME]..'s secondary occupation during the past 7 days? (Write specific occupation) Note: beggar and sex worker are occupations	NIS OCCUP. CODE	In what kind of economic activity, like agriculture, manufacturing, construction, trade or service, did ..[NAME].. work in the past 7 days?	NIS ISIC CODE	How many hours did ..[NAME].. work in this primary/secondary occupation in the past 7 days?	How many days did ..[NAME].. work in the past month?	What was ..[NAME]..'s employment status? 1=Paid employee 2=Employer 3=Own account worker /self-employed 4=Unpaid family worker 5=Other(specify)	Under what type of employer did ..[NAME].. work? 01 = Government 02 = State enterprise 03 = Private enterprise 04 = Joint venture 05 = Foreign govt, international organization and NGO 06 = Local NGO 07 = Self-employed farm 08 = Non-farm self-employed 09 = Domestic servant 10 = Other (specify)	Ask only if paid employee (code '1') in Col 6.: How much did ..[NAME].. earn salary /wages from this activity last month?
		Occupation description		Industry description		HOURS	DAYS			RIELS
(1)		(2a)	(2b)	(3a)	(3b)	(4)	(5)	(6)	(7)	(8)
01	1º									
	2º									
02	1º									
	2º									
03	1º									
	2º									
04	1º									
	2º									
05	1º									
	2º									
06	1º									
	2º									
07	1º									
	2º									
08	1º									
	2º									
09	1º									
	2º									
10	1º									
	2º									
11	1º									
	2º									
12	1º									
	2º									

C EMPLOYMENT AND EARNINGS IN THE LAST 12 MONTHS

Please provide information on all members aged 10 years and older who usually reside in this household. **Try to interview each member personally**

ID NUMBER	What were ..[NAME].. main activities during the past 12 months? **Code up to 2 main activities** 01 = Paid employee 06 = Student/too young 02 = Employer 07 = Retired/too old 03 = Own account 08 = Unemployed worker/ 09 = Disabled/cannot self-employed work 04 = Unpaid family 10 = Other (specify) worker 00 = None 05 = House wife **(If 01 to 04 then ask Cols 3 to 8, otherwise ==> NEXT PERSON)**	What were the primary and secondary occupations ..[NAME].. had in the past 12 months? Occupation description	NIS OCC. CODE	In what kind of economic activity like agriculture, manufacturing, trade etc. did ..[NAME].. work during the past 12 months? Industry description	NIS ISIC CODE
(1)	(2)	(3a)	(3b)	(4a)	(4b)
01	1°				
	2°				
02	1°				
	2°				
03	1°				
	2°				
04	1°				
	2°				
05	1°				
	2°				
06	1°				
	2°				
07	1°				
	2°				
08	1°				
	2°				
09	1°				
	2°				
10	1°				
	2°				
11	1°				
	2°				
12	1°				
	2°				

ID NUMBER	Under what type of employer did ..[NAME].. work? 01 = Government 02 = State enterprise 03 = Private enterprise 04 = Joint venture 05 = Foreign govt, international orga- nization and NGO 06 = Local NGO 07 = Self-employed farm 08 = Non-farm self-employed 09 = Domestic servant 10 = Other (specify)	How many months did ..[NAME]..work in this occupation during the past 12 months?	How many days / hours per week did ..[NAME].. work on average in this occupation?		Ask only if paid employee (code '01') in Col 2.: What was ..[NAME]..'s average monthly /daily wages/salary/earnings from this occupation?		
			Average no. of hours per week	Average no. of days per week	Average wages/salaries:		
					Daily	Weekly	Monthly
		MTHS			RIELS	RIELS	RIELS
(1)	(5)	(6)	(7a)	(7b)	(8a)	(8b)	(8c)
01 1°							
01 2°							
02 1°							
02 2°							
03 1°							
03 2°							
04 1°							
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10 1°							
10 2°							
11 1°							
11 2°							
12 1°							
12 2°							

14. HEALTH

Respondent: the head of household or the spouse of the head of household

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.

A   ILLNESSES DURING THE PAST 4 WEEKS   Please provide information on all members usually residing in this household

ID NUMBER	How would you evaluate ..[NAME]'s.. health? 1=Very good 2=Good 3=Average 4=Bad 5=Very bad 6=Don't know	Compared with others of the same age would you say that ..[NAME]'s.. health is……. 1 = Much better 2 = Some what better 3 = About the same 4 = Some what worse 5 = Much worse 6 = Don't know	Does ..[NAME].. have any disability? 01=Seeing difficulties 02=Hearing difficulties 03=Speaking difficulties 04=Moving difficulties 05=Feeling difficulties 06=Psychological difficulties (Strange behaviour) 07=Learning difficulties 08=People who have fits 09= Other (specify) Enter 00 if none, =>> 6			What was the cause of the disability? 01=Mine/UXO 02=Traffic Accident 03=Work Accident 04=Disease(s) 05=Old age 06=Congenital 07=Fever 08=Difficulty Delivery 09=Chemical Accident 10=Rape 11=Violent Attack 12=Domestic Violent 13=Suicide Attempt 14=Mental Trauma due to war and other traumatic events 15=War Injuries 16=Malnutrition 17=Burns 18=Torture 19=Bad Luck 20=Other (specify) 21=Don't know			Did ..[NAME].. have any illness, injury or other health problem in the past 4 weeks? 1=Yes 2=No (=>> 13)	What kind of illness, injury or other health related symptom? 01=STOMACH ACHE 02=BACK PAIN 03=HEADACHE 04=EAR PAIN 05=EYE PAIN 06=FEVER 07=DIARRHOEA 08=COLD & COUGH WITHOUT RAPID OR DIFFICULT BREATHING 09=COLD & COUGH WITH RAPID OR DIFFICULT BREATHING 10=BRONCHITIS 11=PLEURISY 12=TUBERCULOSIS 13=DIABETES 14=DISEASE OF URINARY SYSTEM 15=DISEASE OF THE HEART 16=MEASLES 17=HYPERTENSION 18=TYPHOID FEVER 19=DENGUE FEVER 20=CHICKENPOX 21=MENINGITIS 22=ENCEPHALITIS 23=CANCER 24=GENECOLOGY 25=AVITAMINOSIS AND OTHER NUTRITIONAL DEFICIENCIES 26=ANAEMIA 27=JAUNDICE 28=SKIN DISORDER 29=LEPROSY 30=MALARIA 31=FOOD-BORNE DISEASE 32=WATER-BORNE DISEASE 33=MENTAL DISORDERS 34=DROPSY (SWALLEN BELLY) 35=AIDS 36=MINE INJURY 37=ROAD ACCIDENT 38=OTHER INJURY 39=ANTENATAL CARE 40=POSTNATAL CARE 41=OTHER CARE NEED (SPECIFY) If more than one, refer to the most important
			1	2	3	1	2	3		
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5a)	(5b)	(5c)	(6)	(7)
01										
02										
03										
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07										
08										
09										
10										
11										
12										

A   ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

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.

ID NUMBER	Did ..[NAME].. seek care for any health problem in the past 4 weeks? 1=Yes 2=No (=>>10)	Which provider is usually consulted for care? 01 = Health Center 02 = Referral (or District) Hospital 03 = Provincial Hospital 04 = National Hospital 05 = Private Hospital 06 = Private Clinic 07 = Doctor's or Nurse's Home 08 = Dedicated drug store 09 = Other stop selling drugs 10 = Patient's home/ Owned home 11 = Healer/herbalist 12 = Traditional midwife 13 = Monk 14 = Other (specify)	Was ..[NAME].. hospitalised for the treatment/care during past 4 weeks? 1=Yes 2=No (=>> 12)	How many days was ..[NAME].. hospitalised during past 4 weeks? Nº OF DAYS	How much in total was spent on medical care in the past 4 weeks? Write '0' if nothing RIELS	Does ..[NAME].. use (hammock) mosquito net while sleeping? 1=Yes 2=No (=>> Next Person)	Were ..[NAME].. nets impregnated with safe pyrethroid insecticide to prevent malaria transmission during the past 12 months, that is since ..[MONTH]..last year? 1=Yes 2=No 3=Don't know
(1)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
01							
02							
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12							

14. HEALTH (CONTINUED)

For all household members aged 15 and over

B   SMOKING INFORMATION

Please provide smoking information on all members of household aged from 15 years old and over

ID NUMBER	Are you a daily smoker? 1=Yes (=>> 5) 2=No	Does it sometimes happen that you are smoking? 1=Yes 2=No	Have you, at any time during your life, been a daily smoker? 1=Yes (=>>6) 2=No (=>>7)	How many cigarettes are you usually smoking per day? No OF CIGARETTES	For how many years in total have you been smoking daily? If less than one year, write '00' YEARS	Do you think smoking cigarettes can be harmful to one's health? 1=Yes 2=No 3=Don't know
(1)	(2)	**(3)**	(4)	(5)	(6)	(7)
01						
02						
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Please ask all members in the household aged 15 and above individually.

ID NUMBER	Have you ever heard of an illness called AIDS? 1=Yes 2=No (=>> Next person)	Is there anything one can do to avoid getting AIDS or the virus that causes AIDS? 1=Yes 2=No (=>> 5) 3=Don't know (=>> 5)	What can one do to avoid becoming infected? Probe "Anything else...?". Code up to 5 answers 01=Abstain from sex 02=Use condom 03=Limit sex to one partner/stay faithful to one partner 04=Limit number of sexual partners 05=Avoid sex with prostitutes 06=Avoid sex with persons who have many partners 07=Avoid sex with homosexuals 08=Avoid sex with persons who inject drugs intravenously 09=Avoid blood transfusions 10=Avoid Injections 11=Avoid kissing 12= Avoid mosquito bites 13=Seek protection from traditional practitioner 14=Avoid sharing razors, blades 15=Avoid manicure or pedicure 16=Other (specify) 17=Don't know Do not read answers					Have you ever been tested to see if you have AIDS? 1=Yes 2=No (=>> 7) 3=Unsure (=>> 7)	Where did you go for the test? PUBLIC MEDICAL SECTOR: 01=PUBLIC MEDICAL SECTOR 02=PROVINCIAL HOSPITAL 03=DISTRICT HOSPITAL 04=HEALTH CENTER 05=OTHER PUBLIC PRIVATE MEDICAL SECTOR: 06=PRIVATE HOSPITAL 07=PRIVATE CLINIC 08=OTHER PRIVATE MEDICAL OTHER SOURCE: 09=DEDICATED DRUG STORE 10=SHOP SELLING DRUGS/MARKET OTHER PLACE: 11=(SPECIFY) (=>> Next person)			Would you want to be tested for AIDS? 1=Yes 2=No 3=Don't know/ Unsure	Do you know a place where you could go to be tested for AIDS? 1=Yes 2=No (=>> Next person)	Where can you go for the test? Do not read the alternative codes! Use codes from Column 6a-c		
			1	2	3	4	5							1	2	3
(1)	(2)	(3)	(4a)	(4b)	(4c)	(4d)	(4e)	(5)	(6a)	(6b)	(6c)	(7)	(8)	(9a)	(9b)	(9c)
01																
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NOTE: FOR CODE COL.4, COL.6 AND COL.9 THE INTERVIEWER SHOULD NOT READ OUT THE ANSWER OR PROVIDE LEADING QUESTION TO RESPONDENT, LET THE RESPONDENT ANSWER WHAT HE/SHE KNOW ABOUT THIS SECTION

16.VICTIMIZATION *Respondent: head of household, spouse of the head of household, or of another adult household member*

A   HOUSEHOLD SECURITY

1 Do you feel safe from crime and violence in this neighborhood?	2 Do you feel you can rely on local police to protect your family and your property?
1 = Yes ☐	1 = Yes ☐
2 = No	2 = No

B   VICTIM OF THEFT

1 Has this household or any of its members been exposed to theft, burglary
or robbery in the last 12 months, that is, since ..[MONTH].. last year?

1 = Yes ☐
2 = No (=>> C)

EVENT NUMBER	Who was the victim of the event? COPY ID CODE OF PERSON FROM ROSTER	In what month did it happen? MONTH	Was it… 1. Theft? 2. Burglary? 3. Robbery?	Was the event reported to some authorities? 1=Yes 2=No (=>> 8)	Which authority did ..[VICTIM].. report the event to? 1=Village leader 2=Police 3=Other (specify)	Did the event go to court procedure? 1=Yes 2=No	How much was lost by this event? RIELS
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1							
2							
3							
4							

C   VICTIM OF ACCIDENTS

1 Has anyone in the household had an accident that caused injury in the last 12 months?

1 = Yes ☐
2 = No (=>> D)

EVENT NUMBER	Who was the victim of the event? COPY ID CODE OF PERSON FROM ROSTER	Where did the accident happen? 1= At home 2= At work 3= In traffic 4= In sports 5= At school 6= Other (specify)	In which month did it happen? MONTH	Was the injury so serious that medical care was needed? 1=Yes 2=No	How long did it take for the injury to heal? 1=Less than one week 2=1- 2 weeks 3=3- 4 weeks 4=One month or more 5=Not yet healed
(2)	(3)	(4)	(5)	(6)	(7)
1					
2					
3					
4					

ID NUMBER	Have you been exposed to any act of violence that caused injury in the last 12 months? 1 = Yes 2 = No (=>> NEXT PERSON)	To which kind of violence? 01=Push you, shake you, or throw something at you. 02=Slap you or twist your arm. 03=Punch you with his fist or with something that could hurt you. 04=Kick you or drag you. 05=Try to strangle you or burn you. 06=Threaten you with a knife, gun, or other type of weapon. 07=Attack you with a knife, gun, or other type of weapon. 08=Rape, forced to have sexual inter-course, when you did not want to. 09=Other (specify)			How often have you been exposed in the last 12 months? 1= Once 2=Twice 3= Three times 4= 4-9 times 5=10 or more times	Was any event reported to some authorites? 1=Yes 2=No (=>> 8)	Which authority did you report the event(s) to? 1=Village leader 2=Police 3=Other (specify)	Did any event go to court procedure? 1=Yes 2=No	Was this act of violence committed by some stranger or by someone known to you? 1=Stranger 2=Known person 3=Other (specify)	Was the injury so serious that medical care was needed? 1=Yes 2=No	How long did it take for the injury to heal? 1=Less than one week 2=1- 2 weeks 3=3- 4 weeks 4=One month or more
(1)	(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01											
02											
03											
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07											
08											
09											
10											
11											
12											

END OF WEEK 4

LIST OF HOUSEHOLD MEMBERS

FROM COLUMN 3: SEX 1=Male 2=Female	FROM COLUMN 5: AGE IN YEARS	FROM COLUMN 2: NAME	ID NUMBER
FOR EACH HOUSEHOLD MEMBER, COPY NAME, SEX AND AGE FROM SECTION 01. INITIAL VISIT, PART A: LIST OF HOUSEHOLD MEMBERS		
			01
			02
			03
			04
			05
			06
			07
			08
			09
			10
			11
			12