CONFIDENTIAL

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

Royal Government of Cambodia Ministry of Planning National Institute of Statistics

					For	m 3
PSU	No.					
		Н	ousehold	ID		

LSMS PLUS QUESTIONNAIRE 2019

A. To be completed by interviewer before in	terview		·			·				
Province /Capital										
District/City/Khan										
Commune/Sankat										
Sample Village/Mondol										
Zone										
ector (1 = Urban, 2 = Rural)										
Sample reference number of household										
B. To be completed by interviewer										
Name of household head			·		Phon	e:				
Address (house No., street) of other identification)					I	•				
Date of first visit to Household			Day:		N	Month:		Year:		
Date of last visit			Day:		N	Month:		Year:		
Household refused from the beginning of the in not in village during the interview week(s)	terview week(s)/									

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

02. INITIAL VISIT

Respondent: head of household, spous

02. A. LIST OF HOUSEHOLD MEMBERS (CONTINUED)

01,A. LIST OF HOUSEHOLD MEMBERS

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

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

	ease provide the following information on all me					What is	Dista Desistantias			1	D #	D #	0-1-6) d - d
	Please give me the names of all household members, starting with head of the	Sex	what is	[NAME] birth?	s date of	[NAME]'s age	Birth Registration	Relation	ship to the head		Does the father of	Does the mother of	Only for members aged 13	and above:
	household.			DITUTE		in completed					[NAME]			
	nousenoid.					vears?			i		live in the	[NAME] live in the		
						years?	If aged 0-4	01 = Head	10 = Son/Daughter-in-law		household?	household?	What is[NAME] 's marital	Does the
			Mrit	e '98' if don	.'4		D /	02 = Spouse	11 = Brother/Sister-in-law 12 = Parent-in-law		nousenoia?	nousenoia?	status?	spouse of
			-	w, for day o			Does (name) have a birth certificate?	03 = Son/Daughter 04 = Stepchild	12 = Parent-in-law 13 = Other relatives					[NAME]
		1 = Male		ith or year	,	Write '0' if less		05 = Adopted child/	14 = Servant				1 = Married/Living together	live in this
쏦		2 = Female		•		than one year of	If No, Probe: Has (name)'s	Foster child	15 = Other non-relative	24			2 = Divorced/Separated (>>	household?
NUMBER	A person is counted as a household member	2 1 0111010				age	birth ever been registered with the civil authority?	06 = Parent	including boarder	出		If YES, write	11)	
15	if he/she lives here or has been absent for						with the civil authority?	07 = Sibling		15		the ID CODE, if NO write	3 = Widowed (>> 11)	
=	less than 12 months.							08 = Grand child		ID NUMBER	"0"	"0"	4 = Never married/Never	
₽								09 = Nephew/Niece		=	 	 	lived with a partner	If YES, write
													(>> 11)	the ID CODE,
							1 = Certificate							if NO write
							2 = Registration 3 = Neither							"0"
							4 = Don't know							
									I					
			DAY	MONTH	YEAR	YEARS	If age5+ (>> Col.6)							
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5a)	(5b)		(6)	(1)	(7)	(8)	(9)	(10)
01										01				
02										02				
03										03				
04										04				
05										05				
06										06				
07										07				
08										80				
09										09				
10										10				
11										11				
12										12				
13										13				
14										14				
15										15				

INITIAL VISIT

I DIAMET	-	_	Th I A I	451	II BIANET		1A# 1 / F 1		140:1 : //	P 4 2 4 P 1		380 t tt	lvan : 1	10.00	
Is[NAME] Khmer or other	Does[NAME]		n[NAI beak oth		Has[NAME] been present all	How many weeks were	Why is/was [name] absent from the	How many years have you lived in this	vvnich province/d	listrict did you move	trom?		vvnich province	e/district were you	u born?
ethnic group?					days last week?	[NAME]	household?	province/district?				for moving to this province/district?			
etrinic group?	speak Khmer?		guages Khmer		uays last week?	absent from	nousenou?	province/district?				province/district?			
	Killier		Killiei	·		home during									
		0=No				the past 12	4								
		1= Fren	ch				1= Attending school and dwelling in another					Work1			
		2= Engl					place								
		3= Chin	ese				2= Working and					Own study2			
1 = Khmer (>> 12)		4= Vietr					dwelling in another					Education of children 3			
2 = Cham 3 = Other local		5= Thai			1=Yes		place					ıvıarrıage			
ethnic group		6= Lao 7= Chaa			2=No	WRITE '0' IF	3= Doing the army or					4			
4 = Chinese				anguage		ABSENT LESS	staying in prison 4= Abroad	ENTER 99 IF THE	IF MOVED FROM	ABROAD, WRITE TH			IF MOVED FR		ITE THE NAME OF
5 = Vietnamese	1=Yes	9= Othe				THAN ONE		RESPONDENT HAS		COUNTRY		Other Family Reason 5	i	THE COUNTR'	Y
6 = Thai	2=No			,,			voyages, holi-days,	LIVED HERE SINCE				Better Housing / Services 6			
/ = Lao								BIRTH INSERT CODE				Dottor Frodoring / Corvicco IIIIII o			
8 = Other (Specify)								99 AND SKIP TO NEXT				Consuits reasons/Orima			
								MODULE				Security reasons/Crime 7			
												Returned from Abroad 8			
			Col 12			WEEKS			PROVINCE	DISTRICT	COUNTRY	Other / Specify9	PROVINCE	DISTRICT	COUNTRY
(11a)	(11b)	(12a)	(12b)	(12c)	(13)	(14)	(15)	(16)	(17a)	(17b)	(17c)	(18)	(19a)	(19b)	(19c)
								` ,	, ,	. ,	, ,	. ,	, ,	, ,	, , ,
												1	1	1	1 1
										1	1				
											1				
											1				
										1	1				

A. Does the household head or spouse have any biological sons and/or daughters who are 15 years old and over and do not live in this household?

ENUMERATOR: RECORD START DATE & TIME FOR 3:				
	DAY	MONTH	HOURS	MINUTES

		4	•		A MONTH	I -		17			8	
		Please list all biological sons	2 Age	3 Sex	What is the highest grade	Has [NAME]	6 In which year	Where does [NA	ME] currently live	e?	For how long has [NAME]	
		and/or daughters of head and/or			[NAME] has completed in school?	ever lived in	did [NAME] leave the	IE IN CAMBODIA	BODIA, ASK FOR THE NAME OF		lived in this PROVINCE/DISTRICT OF	activity status?
		spouse 15 years old and over who do not live in this				this household?	household?	PROVINCE AND I			COUNTRY REPORTED	`
		household.			98 = Don't know	nouconoia.	nousensia.	RESIDENCE.			IN QUESTION 7]?	
					88 = No class completed 00 = Pre-school/Kindergarten			IE ADDOAD ACK	FOR THE NAME (_	
Ι.	R				01 = Class one completed			IF ABROAD, ASK FOR THE NAME OF COUNTRY CURRENT RESIDENCE.		OF COUNTRY OF		
1 !	- E				02 = Class two completed			001112111112012	2.102.			
N	S N P				09 = Class nine completed without			DEEED TO THE !	505 550			
l'e					certificate			DISTRICT AND C	MANUAL FOR PRO	OVINCE,		
	N				11 = Class eleven completed							
١	N D				12 = Class twelve completed without certificate							WORKING1
Ų					13 = Lower education certificate (diploma)							WORKING1 UNEMPLOYED2>>Q11 STUDENT3>>Q11 HOUSE WORK4>>Q11 HANDI-
N					14 = Higher education certificate (BacII) 15 = Technical/vocational pre-secondary						CODES FOR UNIT:	HANDI- CAPPED 5>>011
E					diploma/certificate						MONTH1 YEAR2	CAPPED5>>Q11 OTHER (SPECIFY)6>>Q11
l,					16 = Technical/vocational post-secondary diploma/certificate							,
- 1 -	` D				17 = College/university undergraduate							
					but no degree 18 = Bachelor degree (B.A., BSc, etc.)				1	1	ļ	
				MALE1 FEMALE2	19 = Masters degree (M.A., MSc, etc)							
				1 211122112	20 = Doctorate degree (PhD) 21 = Other (Specify)			PROVINCE	DISTRICT	COUNTRY		
			YEARS	-		YES1 NO2>>Q7	YEAR	1			LENGTH UNIT	
			TEARS				(4-DIGIT)					
0	1											
0	2											
0	3											
Ľ	_											
0	4											
-								+				
0	5											
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0	ь											
0	7											
\vdash												
0	8											
Ĺ								1				
0	9											

YES..1 NO...2 >> NEXT MODULE

3: CHILDREN LIVING ELSEWHERE (CONTINUED)

	10	11	12	13	14	15	16	17
L-ZE ZDKBER	What is the current main occupation of [NAME]?	Did [NAME] send any cash to this	At what frequency did [NAME] send cash to this household during the last 12 months? READ RESPONSES Twice or More Per Month1 Monthly2 Quarterly3>>14 Semi-Annually5>>14 Annually5>>14 Sporadically As Needed6>>14 Other (Specify)7>>14	How much cash did [NAME] send to this household each month during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN CAMBODIAN RIELS.	did [NAME] send to this household in total during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN CAMBODIAN RIELS.	Did [NAME] send any in-kind assistance to this household at any point during the last 12 months? INCLUDE ONLY FOOD AND NON- FOOD IN-KIND ASSISTANCE.	At what frequency did [NAME] send inkind assistance to this household during the last 12 months? READ RESPONSES Twice or More Per Month1 Monthly2 Quarterly3 Quarterly3 Annually4 Annually4 Annually4 Sporadically As Needed6 Other	What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months?
	DESCRIPTION OCCUP. CODE			AMOUNT/ MONTH	AMOUNT IN TOTAL	ROW	(Specify)7	RIELS
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

04. HOUSING

Respondent: Head of household, spouse of the head of household, or 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.

Q1	How many households reside in the same house	sing unit as your household?	UMBER OF HOUSEHOLDS:		
Q2	What is the floor area of the housing/dwelling u	nit occupied by your household?	NUMBER OF SQUARE METERS:		
Q3	How many rooms in the dwelling unit are used				
	by the household (other than kitchen, toilet and	bathrooms)?	UMBER OF ROOMS:		
Q4	What is the primary construction material of the	wall of the housing/dwelling unit occu	pied by your household?		
	WALL CODES			CODE:	
	1 = Bamboo, Thatch/leaves, Grass	4 = Concrete, brick, stone	7 = Makeshift, mixed materia	ls	
	2 = Wood or logs	5 = Galvanized iron or aluminium or	8 = Clay/dung with straw		
	3 = Plywood	other metal sheets 6 = Fibrous cement/Asbestos	9 = Other, specify		
Q5	What are the primary construction material of the	ne roof of the housing / dwelling unit oc	cupied by your household?		
	ROOF CODES			CODE:	
	1 = Thatch/leaves/grass	5 = Salvaged materials	8 = Concrete		
	2 = Tiles	6 = Mixed but predominantly made of	•		
	3 = Fibrous cement	iron/aluminium, tiles or fibrous cement			
		7 = Mixed but predominantly made of			
	other metal sheets	thatch/leave /grass or salvaged mater	iais		
Q6	What are the primary construction material of the	ne floor of the housing / dwelling unit or	ccupied by your household?		
	FLOOR CODES			CODE:	
	1 = Earth, clay	4 = Cement/Brick/Stone	7 = Vinyl		,
	2 = Wooden planks	5 = Parquet, polished wood	8 = Ceramic tiles		
	3 = Bamboo strips	6 = Polished stone, marble	9 = Other (Specify)		
Q7	What is your household's main source of lighting	ıg?			
	LIGHTING SOURCE CODES			CODE:	
	1 = Publicly-provided electricity/City power	3 = Battery	5 = Candle	7 = Solar	
	2 = Generator	4 = Kerosene lamp	6 = None	8 = Other (spe	cify)
Q8	What is the main source of drinking water for y	our household?			
	DRINKING WATER SOURCE CODES			CODE:	
	1 = Piped into dwelling	8 = Unprotected spring			
	2 = Piped into compound, yard or plot	9 = Rainwater collection			
	3 = Public tap / standpipe	10 = Tanker-truck			
	4 = Tube Well, Borehole	11 = Cart with small tank / drum			
	5 = Protected well	12 = Surface water (river, stream, da	am, lakes, ponds, streams, canals, and	I irrigeation chan	nels)
	6 = Unprotected well	13 = Bottled water			
	7 = Protected spring	14 = Other (specify)			

04. HOUSING (CONTINUED)

Q16 How much water charges did your household pay last month? (Put "0" for not buying wat	er source) RIELS:	
Q19a What kind of toilet facility does your household usually use? 1 = None 2 = Pour flush (or flush connected to sewerage		CODE:
3 = Pour flush (or flush) to septic tank or pit 4 = Pour flush (or flush) to elsewhere (i.e. not a sewer or pit/tank) 5 = Pit latrine with slab 6 = Pit latrine without slab or open pit 7 = Latrine overhanging field or water (drop in the field, pond, lake, river, sea)		
8 = Other, specify		
Q19b Do you share this facility with others who are not members of your household? 1 = Yes 2 = No		CODE:
Q19c Does your household used to pump/empty tank or pit latrines? 1= Yes, used to pump/empty 2= No, never pump/empty (=>>Q20)		CODE:
3= Don't know (=>>Q20)		
Q19d The last time of tank or pit latrine were pump/empty, where the waste were disposed of? 1= Remove the feces by using a tanker truck for cleaning sewage 2= Remove the feces by using a recycling equipment and force 3= Buried in a closed pit 4= Dumped in an open pit / land / water / other places 5= Other (specify):		CODE:
Q20 How much did your household spend for sewage or waste water disposal last month?	(Write 0 if nothing) RIELS:	
Q21 How much did your household spend for garbage collection last month? (\)	Write 0 if nothing) RIELS:	
Q26 What type of fuel does your household mainly use for cooking? FUEL CODES 1 = Firewood 6 = Household generator 2 = Charcoal 7 = None/don't cook 3 = Liquefied petroleum gas LPG 8 = Other (Specify) 4 = Kerosene 5 = Publicly-provided electricity/City Power		CODE:
Q27 How much did the household spend on the following items last month (including lights and INCLUDE THE VALUE OF OWN PRODUCTION OR RECEIVED AS PAYMENT KIND FOR WORK OR AS GIFT OR FREE COLLECTION		RIELS
(ENTER " 0 " IF DID NOT SPEND ANYTHING)	b. Gas (LPG) c. Kerosene d. Firewood e. Charcoal f. Battery g. Other (Specify)	
Q28 What's the legal status of the dwelling? LEGAL STATUS CODE 1 = Owned by the household (>> Q29b) 2 = Not owned but no rent is paid (>> Q29b) 3 = Rented 4 = Other (Specify) (>> Q29b)		CODE:
Q29a If rented: How much did you pay for rent of this house last month? (=>> Q30)		= RIEL : USD
Q29b How much would you have to pay per month to rent a similar dwelling? (Estimated va	ilue)	1 = RIEL
Q30 Whether owned or rented: How much did you spend on maintenance and minor repairs of the dwelling last month	n? RIELS:	2 = USD

05. B. FOOD, BEVERAGES AND TOBACCO CONSUMPTION DURING THE LAST 7 DAYS

Respondent: The household member who knows most about food, beverage, tobacco consumption in the last 7 day

Q1. Did your household eat and consume foods, drinks, and tobacco as below during the last 7days? 1 = Yes 2 = No

Note:

 a) Record expenditure in cash (purchase), in kind, own production (such own produce, plantation, animal husbandary...), and free collections for only household consumption

b) Any household's expenditure for economic and business activity shall not be included in this section

_					umption in Riels if nothing
ITEM NUMBER	FOOD/BVERAGE/TOBACCO ITEMS	Unit and	quantity	Purchased in cash	Own production, wages in kind, gifts, free collections (imputed value)
		Unit	Quantity	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)
B1A.	Rice and other rice products				
01	rice, quality 1	kg			
02	rice, quality 2	kg			
03	rice noodles/ fried noodle	kg			
04	chinese noodle/ Khmer noodles	kg			
05	other cereals or flour and other bakery products	kg			
06	bread	piece			
B1B.	Fish, seafood and other fish products				
07	Mudfish	kg			
08	Catfish	kg			
09	Other inlandfish	kg			
10	shrimp/lopster	kg			
11	Crabs	kg			
12	Other seafood	kg			
13	preserved or processed fish/seafood	kg			
B1C.	Meat and meat products, oil or fats				
14	Pork	kg			
15	Beef	kg			
16	Duck	kg			
17	Chicken	kg			
18	Other meat products	kg			
19	eggs and egg-based products	piece			
20	milk or yoghurt	can			
21	oils or fats	kg			

					umption in Riels if nothing
ITEM NUMBER	FOOD/BVERAGE/TOBACCO ITEMS	Unit and	quantity	Purchased in cash	Own production, wages in kind, gifts, free collections (imputed value)
		Unit	Quantity	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)
B1D.	Fruits or fruit products				
22	Banana	set			
23	mangoes	kg			
24	longan (mien)	kg			
25	рарауа	kg			
26	tamarind	kg			
27	coconut	piece			
28	nuts and edible seeds	kg			
29	maize and corn crop	piece			
30	other fresh fruits	kg			
31	dried and preserved fruits	kg			
B1E.	Vegetables, mushrooms, tubers, and ingredience	9			
32	trakun (watercress marsh cabbage)	kg			
33	spring onion/ garlic/ leeks leaves	kg			
34	cabbage/ leaves	kg			
35	gourd, cucumber, pumpkin, eggplant	kg			
36	other fresh vegetables	kg			
37	prepared and preserved vegetables	kg			
38	tubers (potato, sweet potato, carrot, radish)	kg			
39	mushrooms/ dried mushrooms	kg			
40	pea, bean/ soybean/ bean sprout	kg			
41	sugar cane/ palm sugar	kg			
42	sweets	bowl			
43	salt	kg			
44	pepper	kg			
45	monosodium glutamte	kg			
46	fish sources/ soy sources/ chilly sources	liter			
47	Other ingrediences	kg			
B1F.	Soft drinks, beer, wine, cigarettes, coffee				
48	nutritive tablets	kg			
49	coffee, tea, and chocolate	kg			
50	bottled/mineral water	liter			
51	soft drinks, orange juices, friut juices	liter			
52	ice cream	roll			
53					
	beer at home	liter			
54	wine at home	liter			
55	other alcohol not in bar or restaurant	liter			
56	cigarettes and other tobacco	roll			

~					umption in Riels if nothing
ITEM NUMBER	FOOD/BVERAGE/TOBACCO ITEMS	Unit and	quantity	Purchased in cash	Own production, wages in kind, gifts, free collections (imputed value)
		Unit	Quantity	RIELS	RIELS
(1)	(2)	(3)	(4)	(5)	(6)
B1G.	Food and drinks away from home				
57	food at school				
58	drinks at school				
59	food at work				
60	drinks at work				
61	food/snacks at restaurant, pub or café				
62	drinks at restaurant, pub or café				
63	Prepared meals bought outside and eaten at home				
В1Н.	Other food expenses				
64	other food expenses				
65	Total (1+64)				

06. C. RECALL NON-FOOD EXPENDITURES

Respondent: The household member who knows most about the non-food expenditure in the household

Note:

a) Record any expenditure for only household consumption.

b) Any household's expenditure for economic and business activity shall not be included in this section.

	What was your household's expenditure on the following items during the indicated time periods?		Write '	e (in Riels) 0' if nothing
No.	NON-FOOD ITEMS	Time period	In-cash expenditure	In-kind expenditure or gifts received
(1)	(2)	(3)	(4)	(5)
C1A.	Clothing, footware, and apparel			
01	clothing	Last 6 months		
02	shoes, slippers	Last 6 months		
03	household textiles (cotton thread, cotton scarf, belt)	Last 6 months		
04	rain coat, umbrelar	Last 6 months		
05	toothpaste, toothbrush, and tooth care	Last 6 months		
06	hair soap, cloth soap, lotion, powder, perfume	Last 6 months		
07	jewelery, watch, and clock	Last 12 months		
C1B.	Transportation, accommodation, and postal			
08	gasoline, diesel, and lubbricant, and gas	Last 1 month		
09	local travel	Last 3 months		
10	hotel, guesthouse, and other accommodation	Last 3 months		
11	foreign travel	Last 6 months		
12	postal services/ package	Last 6 months		
13	car and travel insurance	Last 12 months		
14	costs for motorbikes (other than gasoline and purchase)	Last 12 months		
15	costs for cars (other than gasoline and car purchase)	Last 12 months		
C1C.	Telephone and internet service, gambling, and recreation			
16	telephone service (exclude telephone accessories)	Last 1 month		
17	internet service)	Last 1 month		
18	games of chance (lottery, footbal betting)	Last 1 month		
19	other recreation (movie, karaok)	Last 1 month		
20	newspapers, magazine	Last 1 month		
21	books, papers and other stationaries	Last 1 month		

	What was your household's expenditure on the following items during the indicated time periods?			e (in Riels) 0' if nothing
No.	NON-FOOD ITEMS	Time period	In-cash expenditure	In-kind expenditure or gifts received
	Home equipment, maitainance, decoration, housekeeper wage, and kid toys	Time period		
22	salary/wage for housekeeper	Last 1 month		
23	expense for children lookafter	Last 1 month		
24	spoon, fork, knife, broom, chobsticks	Last 6 months		
25	gardens, plants and flowers (not for agriculture)	Last 6 months		
26	pets and related costs	Last 6 months		
27	toys, games and hobbies	Last 6 months		
28	dwelling insurance and maintenance (excl. improvements)	Last 12 months		
C1E.	Health treatment and health service			
29	drugs bought with prescription or over the counter	Last 1 month		
30	medical products and assistive products	Last 1 month		
31	medical or dental consultation without overnight stay	Last 1 month		
32	medical or dental treatment with overnight stay	Last 6 months		
33	traditional medicine	Last 6 months		
34	health insurance	Last 12 months		
C1F.	Taxes on income or property			
35	Taxes on income (tax on salary)	Last 12 months		
36	Taxes on property (e.g houses, cars)	Last 12 months		
C1G.	Others expense (specified)			
37	bank payback, other financial service or tongtin	Last 12 months		
38	wedding gift	Last 12 months		
39	other gift (fewneral, bonkathen, bonpka) and other contribution to other household	Last 12 months		
40	other expenditure (specified)	Last 12 months		

7: HOUSEHOLD ENTERPRISES/BUSINESSES

[ASK OF MOST KNOWLEDGABLE HOUSEHOLD MEMBER]

Over the past 12 months has anyone in your household...

01 owned a non-agricultural business or provided a non-agricultural service or a household-owned shop, as a carwash owner, metal worker, mechanic, catallor, barber, etc.?		06 driven own taxi/tuk-tuk or pick-up truck to provide transportation or moving services?	YES1 NO2
02 processed and sold any agricultural by-products, including flour, starch, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed	•	07 owned a bar or restaurant?	YES1 NO2
03 owned a trading business on a street or in a market?	YES1 NO2	08owned any other non-agricultural business, even if business run from home or on a street?	it is a small YES1 NO2
04 offered any service or sold anything on a street or in a market, including home-made charcoal, construction timber, traditional medicine, mats, bricks, of furniture, weave baskets, thatch grass etc.?	cane	B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUES QUESTION 01 THROUGH QUESTION 08?	TIONS
05 owned a professional office or offered professional services from home accountant, lawyer, translator, private tutor, midwife, mason, etc?	as a doctor, YES1 NO2	YES1 NO2>> M	NEXT MODULE

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

N T E R P R I S	Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months. PROVIDE A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT/SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO Q10. PLEASE INCLUDE Who in the household manages this enterprise or is most familiar with it? Who in the household owns Included manages this enterprise or is most familiar with it? RECORD THE ID OF THE RESPONDENT, FOR THIS [ENTERPRISE]? LIST UP TO 2 FROM HOUSEHOLD ROSTER LIST FROM HOUSEHOLD ROSTER III FROM HOUSEHOLD ROSTER		individuals the househ owners of [ENTERPF IF NONE, R ZERO IN BO	outside of hold are co- his RISEJ? ECORD DTH	14. What share of the profits from this [ENTERPRISE] is kept by your household, rather than the other owners?	started?	s this PRISE] first					
I D	WRITTEN DESCRIPTION	(Headquarters to put in code after interview) INDUSTRY CODE	MANAGER 1 HH ROSTER ID CODE	MANAGER 2 HH ROSTER ID CODE	ROSTER ID CODE	OWNER 1 HH ROSTER ID CODE	OWNER 2 HH ROSTER ID CODE	MALE NUMBER		Almost none1 About 25%2 About half3 About 75%4 Almost all5 Other (Specify)6	MONTH	YEAR (4-DIGIT)
1												
2												
3												
4												
5												

N cap T RE E ON R TH	hat weres the sou apital for this enter	irces of start-up						
T RE E ON R TH	anital for this enter		Where do you operate this	Does this	What is the main	To whom do you mostly sell your	Is this	Does this
E ON R TH			[ENTERPRISE]?	[ENTERPRISE]	source of	products or services?	[ENTERPRI	L.
R TH	EAD ANSWERS. LI			have access to	electricity for this		SE] officially	
	NLY ONE SOURCE		READ RESPONSES	working	[ENTERPRISE]?	READ RESPONSES	registered	any of its
	HE SECOND COLU OURCES OF STAR			electricity?		LIST UP TO 2 BUYERS.	with the	owners or
	ECORD "99" IN BO	,					Ministry of	managers
	Own-savings from							belong to
	agriculture						Provincial	any
_ 0	Own-savings from						Department	
- 0.	Sale of assets						of Ministry of	
] P:	Proceeds from a	nother					Commerce?	association?
	business		Home (inside			Final consumers1		
	Non-agricultura credit from ban		residence)1			Traders2		
	or other instit		Home (outside			Other small businesses3		
L	Loan from money	lender6	residence)2			Large established		
	Loan from famil		Industrial site3			businesses/institutions4 Export5		
	Rotating Saving Association		Traditional			Manufacturer6		
	Self Help Group		market place4			Association/Community7		
	Gift from famil		Commercial area shop5			Other (specify)8		
	Inherited Other (specify)		Roadside6 >> 20		GRID1 SOLAR PANEL2		YES1	
LŬ			Other fixed		GENERATOR3		NO2	
	1ST	2ND	place7 Mobile8 >> 20	Yes1 No2 >> 20	OTHER	1ST 2ND		YES1 NO2
1			MODITE >> 20	NO2 >> 20	(SPECIFY)4			
1								
$\vdash \vdash$								
2								
ĹĹ								
3								
٦								
4								
$\vdash \vdash$								
5								

E N T E R P R	MARK I BACK N	FOR EA	ACH MC BY MO	ONTH IN	TURN.	START	FROM	THE M	OST RE	ECENT I	MONTH		VAS CO	- DMPLET	·		24. Why was this [ENTERPRIS operation for INDICATED I READ RESPO	E] not in [PERIOD N 23]?
SEID	MAKE SURE ALL APPLICABLE MONTHS IN THE PAST 12 MONTH PERIOD ARE MARKED WITH ONE OF THE Lack of non-labour inputs1 Difficulty to borrow from formal financial institutions2 Difficulty to borrow from family, friends or others3 Seasonal work4 Bad weather5 Not profitable6 Own-Illness/Need to care for household members7																	
		20	18							20	19				ı		Other (Spec:	2ND
	SEP	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC		
1																		
2																		
3																		
4																		
5																		

_	lor.	loc	107		loo															
I_	25.	-	27.		28.															
	ENUMERATOR:	Are you planning	Why not?		A. Du	iring the las	st month of op	peration, w	hich h	ousehold	members	worked fo	or this	LENTERPR	ISE]?					
	REFER TO 23. WAS THIS	to resume the						T 10 DEEE	DDINIO	TO THE !		TU 05 005	D 4 TIO			-071011110				
	[ENTERPRISE] IN	operations of this	READ RESPON	NSES			RESPONDEN											NOTHER	OLIFOTION	INIAIDE
E	OPERATON IN	[LINILKFKISL]	LIST UP TO 2		LIST	JP 10 4 ID (CODES FROM	HOUSEHC	DLD RC	STER. IF I	NORE THA	AN 4 HOUS	EHOLL	MEMBERS	WEREE	MPLOYED,	USE P	MOTHER	JUESTIO	NNAIRE.
R	THE LAST	within the next 12																		
R	MONTH?	months?			B. Du	iring the las	st month of op	peration, n	ow ma	any days d	id each n	ousenoid i	memb	er work for	tnis [EN I	ERPRISE	?			
Ľ					C D.	C. During those days, approximately, how many hours did each member work					auli fau	Ahia IENITE	חחופרו	10						
s					C. Di	C. During those days, approximately, how many hours did each member work f					JIK IOI	INS LEINTE	KPKISEJ	ļ <i>?</i>						
E					ח ח	uring the loc	et 12 months	how man	v mont	the did one	sh mamb	or work for	thic [[NTEDDDI	SE12					
1					D. DO	. During the last 12 months, how many months did each member work for th						u 115 [t	INIERPRI	SEJ!						
1																				
D																				
1																				
					-	0	WNER #1			OW	NER # 1		T							
							MEMBER #1				MBER#1		HH MEMBER #3					HH MEMBER # 4		
						LAST	T			LAST				LAST		ı				
			1ST	2ND	4	MONTH	LAST MONTH			MONTH	LAST MONTH			MONTH	LAST MONTH			LAST MONTH	LAST MONTH	
	YES1 >> 28 NO2	YES1 >> 28	151	ZND	ID	DAYS PER	HOURS PER	MONTHS	ID	DAYS PER	HOURS	MONTHS	ID	DAYS PER	HOURS	MONTHS	ID	DAYS PER	HOURS	MONTHS
	NO2	NO2				WEEK	DAY			WEEK	PER DAY			WEEK	PER DAY			WEEK	PER DAY	
1																				
			Lack of		I															
			non-labour	inputs1																
2			Lack of credit	2	I															
1			Lack of																	
	İ		cash	3	1															
3			Not profita		I															
ľ			Own-Illness to care for	Need	I															
\vdash			household m	embers5	t															
4			Other (Spec																	
-																				
-					1								1							
5					I															
13					I															
Щ		<u> </u>									<u> </u>				l					

E N T E R P R I S E I D	worked for this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION Q25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO NEXT QUESTION. B. During the last month of operation in the past 12 months, how many days did a typical man/woman/child employee work? C. During the days of employment in the last month of operation in the past 12 months, how many hours did a typical man/woman/child employee work?													
	MEN WOMEN CHILDREN (U-18) NUMBER DAYS PER HOURS PER NUMBER DAYS PER HOURS PER NUMBER DAYS PER HOURS PER MONTH DAY MONTH DAY MONTH DAY MONTH DAY													
	NUMBER			NUMBER	-		NUMBER							
1	NUMBER			NUMBER	-		NUMBER							
1 2	NUMBER			NUMBER	-		NUMBER							
	NUMBER			NUMBER	-		NUMBER							
2	NUMBER			NUMBER	-		NUMBER							
3	NUMBER			NUMBER	-		NUMBER							

COST NUMBER		1. 10 TT THUGHT UILL YO					H last year for
		your [ENTERPRI		, adming the p	ast 12 months, tha	t is since[MONTh	ıj iası yeai, ioi
N				Write '0'	Ū		
Sos	COST ITEM	ENTERPRISE 1 RIELS	ENTERPRISE 2 RIELS	ENTERPRISE 3 RIELS	ENTERPRISE 4 RIELS	ENTERPRISE 5 RIELS	ENTERPRISE 6 RIELS
01	Capital goods to be used for the production such as	KIELƏ	KIELO	KIELO	KIELƏ	KIELO	KIELO
	machines, cars, motorbikes						
02	Raw material used for processing This item should be used for ALL kind of activity where you buy raw material: Rice for producing rice noodles, soya beans for producing Tofu, wood for making furniture, stone for making sculpture etc.						
03	Materials used for construction						
04	Fuels used for production or generation of electricity, service etc.						
05	Lubricants						
06	Purchase of goods for resale (only trade) Report all goods bought for resale in a shop, market etc. By resale means that the good is not used for processing, i.e. fresh vegetables bought from a farmer for resale fresh in the market, cigarettes bought to sell in a shop in front of the house etc.						
07	Food, drink and tobacco products served to customers All food, drinks and tobacco bought to serve to customers in "restaurants" (all places where food is served, even mobile restaurants), which means meat, vegetables for cooking, coca cola, beer, cigarettes etc.						
08	Electricity purchased						
09	Water and sanitation charges						
10	Containers, packing materials						
11	Freight and transport expenses						
12	Insurance						
13	Bank charges						
14	Telephone, postage and other communication						
15	Office supplies, stationary and other items						
16	Rents paid for land, buildings, storage, warehousing, equipment & machines						
17	Repair/maintenance of buildings, equipment & machinery/material/services						
18	Registration and other govt. fees, taxes, market fees ("Phasy") and donations						
19	Wages/salaries of hired labour (cash plus kind)						
20	Services rendered by others (commissions, etc.)						
21	All other expenses not included in the list from 1 to 20 Exclude Capital goods to be used for the production, such as machines, cars, motorbikes. They are registered in row 01 above.						

		How much did you rec	eive under [REVENUE	ITEM], during the past	12 months, that is s	ince[MONTH] la	st year, for your
REVENUE NUMBER		[ENTERPRISE]?	•				, ,
EVE		ENTERPRISE 1	ENTERPRISE 2	Write '0' if not	thing ENTERPRISE 4	ENTERPRISE 5	ENTERPRISE 6
~ ~	REVENUE ITEM	RIELS	RIELS	RIELS	RIELS	RIELS	RIELS
01	Receipts from sale of products and by-products from						
	own production						
	Products and by-products which the household has produced by buying raw material or using own produced raw material						
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 (only trade)						
	Proceeds for sale of goods you purchased for resale (see item 05 - cost item)						
06	Charges for board and lodging						
07	Receipts from sales/services at hotels/restaurants						
	All kind of restaurants, include small restaurant in front of the house,						
08	Charges for transport services provided (taxi, mot						
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 (01-19)						

8. HOUSEHOLD-LEVEL PARCEL ROSTER

	I a	0, 0	12 0	Ta	Te	le .	17	I o	In	10	∠					
	(UNIQUELY	3. Is this [PARCEL] the piece of land on which the	structures,	Under which tenure system is this [PARCEL]?		What is the primary current use of this [PARCEL]?	Is there a secondary current use of this [PARCEL]?	What is the secondary current use of this [PARCEL]?	In the last 12 months, has this [PARCEL] been used for		is the a	area of	f [PARC	CEL]?		
	-	on which the dwelling is located? YES1 NO2	YES1	PRIVATE1 STATE PUBLIC2 STATE PRIVATE3 COMMON PROPERTY4 INDIGENOUS5	GIVEN BY THE GOVERNMENT OR LOCAL AUTHORITY	RESIDENTIAL1 AGRICULTURAL (FARMING AND PLANTATION)2 AQUACULTURE3 PASTORAL4 FOREST5 BUSINESS/ COMMERCIAL6 DON'T KNOW7 OTHER (SPECIFY)8	YES1 NO2>>9	RESIDENTIAL1 AGRICULTURAL (FARMING AND PLANTATION)2 AQUACULTURE3 PASTORAL4 FOREST5 BUSINESS/ COMMERCIAL6 DON'T KNOW7 OTHER (SPECIFY)8	YES1		SQU MET ACR HEC RAI KON	JARE PERS TARES JG JG	DR UNI	1234	 	UNIT
1												_	_		 _	
2										_	_					
3															 	
4										_	_		_			
5										_	_					

9. HOUSEHOLD-LEVEL LIVESTOCK ROSTER

1. Does any member of this household own any livestock at present,

exclusive		tly with someone else?	,
L I V E S T O C	L I V E S T O C	Do you or does any member of this household own any [LIVESTOCK], either alone or jointly with someone else? READ: CONSIDER ALL LIVESTOCK PRESENT AT YOUR FARM OR AWAY.	3. Thinking of all household members and [LIVESTOCK] they own, how many [LIVESTOCK] are owned IN TOTAL? READ: CONSIDER ALL LIVESTOCK EXCLUSIVELY OR
C O D E	K N A M E	YES1 NO2 >> NEXT LIVESTOCK	JOINTLY OWNED, PRESENT AT YOUR FARM OR AWAY. NUMBER
901	Oxen		
902	Cows		
903	Calves		
904	Buffaloes		
905	Horses, Ponies		
906	Pigs		
907	Chickens		
908	Ducks		
909	Geese		
910	Crocodiles		
911	Bulls		

10. HOUSEHOLD LEVEL CONSUMER DURABLES

		1.	2.
I T E M	 T E M	Does any member of this household own any [CONSUMER DURABLE] at present, exclusively and/or jointly with someone else?	
C O D E	N A M E	YES1 NO2 >> NEXT ITEM DON'T KNOW98 >> NEXT ITEM	
			NUMBER
1001	Cell phone		
1002	Computer		
1003	Bicycle		
1004	Motorcycle		
1005	Car		
1006	Tuk tuk		
1007	Boat		
1008	Tractor/Koryun		

START OF INDIVIDUAL INTERVIEWS

11. EDUCATION AND LITERACY

Respondent: All household members age 3 years and above. Interview parents for children between 3-7 years old. Interview individual members age 18 years and al

Note: - If he/she pass national exam in class nine or twelve put code 13 or 14 respectively.

- -To continue to class 10 the student must have completed class 9 with diploma (code 13).
- -Collage/university undergraduate. A student may have completed one or more term/year exam but do not yet accomplished a degree. Then note down code "17".

	ENUMERATOR	ENUMERATO	Can	Can	Has	How many	What is the highest level[NAME] has	Is[NAME]	What's the	Is the school public
	:	R:	[NAME]	[NAME]	[NAME]	years has	completed?	currently in	level[NAME]'s is	or private?
	IS [NAME]	WHO IS	read a	write a	ever	[NAME]		the school	currently attending?	
	REPORTING	RESPONDIN	simple	simple	attended	attended	98 = Don't know	system?		
	FOR HIM/HERSELF	G ON BEHALF OF	message in any	message in any	school?	school?	88 = No class completed		00 = Pre-school/	For those currently
	?	[NAME]?	language?	language?			00 = Pre-school/Kindergarten		Kindergarten	attend Class 1 and
		[IVAIVIL]:	language	language			01 = Class one completed		01 = Class one	beyond:
							02 = Class two completed		02 = Class two,	
								1 = Yes		1 = Public
	1=Yes >>2		1 = Yes	1 = Yes	1 = Yes		09 = Class nine completed without	2 = No (>>11)	11 = Class eleven	2 = Private
	2=No		2 = No	2 = No	2 = No (>> 11)		certificate		12 = Class twelve	Z = I IIVale
	2-110			-	,	Enter		If the child is	15 =	
R.						completed	11 = Class eleven completed	on holidays,	Technical/vocational pre	
1 2						number of years	12 = Class twelve completed without certificate	he/she is considered in	secondary diploma/ certificate	
						youro	13 = Lower education certificate (diploma)	the school	16 =	For those currently
D NUMBER							14 = Higher education certificate (diploma)	system	Technical/vocational	attend Pre-school or
=							15 = Technical/vocational pre-secondary		post-secondary	Kindergarten:
							diploma/certificate		diploma/ certificate	3 = State Preschool 4 = Community
							16 = Technical/vocational post-secondary		17 = College/university	Preschool run by
							diploma/certificate		undergraduate	commune
							17 = College/university undergraduate but		18 = Masters degree	5 = Parent run Home-
							no degree		(M.A., MSc, etc)	based Programme 6 = Private Preschool
							18 = Bachelor degree (B.A., BSc, etc.)		19 = Doctorate degree	7 = kindergoten
							19 = Masters degree (M.A., MSc, etc)		(PhD)	school managed by
							20 = Doctorate degree (PhD) 21 = Other (Specify)		20 = Other (Specify)	NGO
							21 - Other (Specify)			8 = Other (Specify)
		YEARS				YEARS				
	1a	1b	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

	Is[NAME]	If Col. 4 = 2 or Col.7 = 2 and	Has[NAME]	Is[NAME]	What kind of non-formal class is	Did[NAME]	What was the level
	currently taking	below 18 years of age	ever attended	currently attending	[NAME] currently attending/did	attend school	.[NAME] had attended in
	private lessons	below to years or age	non-formal	non-formal classes?	[NAME] attend?	past school year	last school year?
	after school?		class?	Hon-lottilal classes?	[INAIVIE] attenti	(including non-	iast scribbi year?
	(languages,	Why is[NAME] not attending (has	Class?		1 = Literacy programmes	formal class)?	
	math, science,	never attended) school?			(6 months)	ioiiiai ciass)!	00 = Pre-school/
	music, sports)?	110101 411011404) 00110011			2 = Vocational training (Tailoring,		Kindergarten
	music, sports)?	O4 Death week to			motor repairing, Khmer classical		01 = Class one
		01 = Don't want to 02 = Did not do well in school			music training, hairdressing,		02 = Class two,
		03 = No suitable school available/			potteryetc.		
		school is too far			3 = Post literacy programmes		11 = Class eleven
	1=Yes	04 = No teacher/Supplies	1 = Yes	1 = Yes	(Agricultural training includes such	1 = Yes	12 = Class twelve
	2=No	05 = High cost of schooling		2 = No (if Col.12 = 1		2 = No >> NEXT PERSON)	15 = Technical/vocational
l ~		06 = Must contribute to household income		>> 14 else >> 15a)	raising fish, animal	PERSON)	pre-secondary diploma/
Ü		07 = Must help with household chores			4 = Foreign Languages		certificate
l 🖁		08 = Too poor 09 = Due to disability			5 = Computer literacy		16 = Technical/vocational
ID NUMBER	>>12	10 = Due to long term illness (over 3			6 = Others (Specify)		post-secondary
1 6		months)			3,7		diploma/certificate
=		11 = Too young					17 = College/university
		12 = Other (specify)					undergraduate studies
							21 = Postgraduate studies
							22 = non-formal class
	(10)	(11)	(12)	(13)	(14)	(15a)	(15b)
01							
02							
03							
04							
05							
06							
07							
80							
09							
10							
11							
12							
13			_				
14							
15							
				•			

					ill up columns 16 ontinue with nex		ise,		Who was present along with the respondent during the individulal intervew?
	What were	the educational exp	enses for[NAME	:]during the past sc	hool year including th	e expense on non-i	ormal education and p	orivate lesson?	(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)
				Write 0	if no expenses				
ID NUMBER	Note in C								
	A. School fees (Studying fees)	RESPONSE CODES: ALONE							
	RIELS	RIELS							
	(16a)	(16b)	(16c)	(16d)	(16e)	(16f)	(16g)	(16h)	(17)
01									
02									
03									
04									
05									
06									
07									
80									
09									
10									
11									
12									
13									
14									
15									

12 B. ILLNESS AND HEALTHCARE EXPENDITURE DURING THE LAST 30DAYS

Note: The code 1 - 3 codes in column 7 are valid only for women. Code 5 means health checks for students, for work, HIV before marriage etc.

			-					
ER	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF? 1=Yes >>2 2=No	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]?	Please tell me if any member of your household is sick, has an illness or injury now or at any time in the last 30 days.	If an illness What kind of illness (main presenting) did [Name] have in the last 30 days?	Was[NAME] so ill (because of illness/injury) that s/he could not do his/her usual activities? Refer to the last 30 days	How many days did this illness/injury stopped[NAME]. from doing usual activities?	Was consultation or treatment sought for this illness/injury?	Has there been any other reason to go to a health facility or seek health care? If no, PROBE Has this person received care in relation to a pregnancy, immunization or supplementation?
ID NUMBER			1 = sick/ illness 2 = Injury (>> 4) 3= No (>> 7)	Enter Code (See below)	1= Yes 2= No (>> 6) 3= No usual activities (>> 6) (e.g. small children, old person, etc.)	Refer to the last 30 days	Refer to the last 30 days 1 = Yes 2 = No	1 = Antenatal care 2 = Delivery 3 = Postnatal care 4 = Vitamin A or deworming 5 = Health check 6 = Other (specify) Register 0 if no.
		PID				Number of days		
	1a	1b	(2a)	(2b)	(4)	(5)	(6)	(7)
01			, ,		· · ·			
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

Codes for col. 2a

01 = Respiratory 02 = High blood pressure 03 = Diabetic 04 = Heart diseases 05 = TB

06 = HIV/AIDS 07 = Miningitis 08 = Malaria 09 = Diarrhea 10 = Dengue-Fever 11 = Cholera

12 = Typhoid 13 = Liver cancer 14 = Lung cancer 15 = Cervical cancer 16 = Cold 17 = H5N1

18=Fever 19=Hepatite 20=Gynecology 21=Bronchiolite 22=Rhumatoid 23=Other(Specify)

Note: (Col. 11) treatment includes hospital and medicine expenditure.

	In the last thirty days, how many times did	In the past 30 days, which was	Ask if answer in Col. 8 is more	Was[NAME] hospitalised for	How many nights was	How much in total was spent on transport to go	How much in total was spent on treatment at any	Who was present along with the respondent during the individula intervew?
	[NAME] seek health care for illness, injury, or any other reason?	the first provider that was consulted for [NAME]'s	than 1 In the past 30 days, which was	the treatment/ care during the last 30 days?	[NAME] hospitalised during the last 30 days?	to and return from any health provider in the past 30 days?	health provider in the past 30 days?	(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)
ID NUMBER	If 0, PROBE. Has this person bought medicine or consulted with kru khmer, a traditional	health?	the last / most recent provider that was	1 = Yes 2 = No	Include	Include expenditure on transport to other countries	Include expenditure for treatment/care in other countries	,
Q	birth attendant, or a monk Enter number of	Enter Code (See below)	Enter Code (See below)	Include treatment/care in other countries	treatment/care in other countries	Write '0' if nothing	Write '0' if nothing	RESPONSE CODES: ALONE
	times sought health If '0' >> NEXT	If don't know enter '98'	If don't know enter '98'	If '2' >> Col (10)				
	PERSON				No of Nights	RIELS	RIELS	CODE
(1)	(8)	(9a)	(9b)	(9c)	(9d)	(10)	(11)	(12)
01								
02								
03								
04								
05								
06								
07								
08								
10								
10								
12								
13								
14								
15								
			C	odes for col. 9a	and 9b		ı	ı
01 = 02 = 03 = 04 = 05 = 06 = b	sector: National hospital (PP) Provincial hospital (RH) District hospital (RH) Health centre Health post Provincial rehabilitation pased rehabilitation (CE) Other publ	centre (PRC) or 0		12 = Visit of train	pital c	worker/nurse nurse y)	Not medical sector: 14 = Shop selling drugs/market 15 = Kru Khmer/ Magician 16 = Monk/religious leader 17 = Traditional birth attendant 18 = Other (Specify)	

13a. Internal Migration of Household Members

INSTRUCTIONS: THIS MODULE SHOULD BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS AGE 18 AND ABOVE.

	0A	0B	(1)	(2)	(3)	(4)	(5)		(6)	(7)	
	ENUMERATOR:		At any point in your life, did	In which year		In which year was	DISTRICT/CITY/KHAN NAME		How many months did	What was your/ [NAME	E]'s main
١_			you/ [NAME] ever migrate to			your/ [NAME]'s				occupation while in	
R			another province/district in		many other times				that province/district in	[PROVINCE/DISTRICT	Γ IN Q5]?
0		OF HIM/HER?				migration to			this last migration		
S	FOR HIMSELF/		month for work?	first time?	migrate to another				episode?		
Т	HERSELF?					province/district for					
E					for work?	work?					
R											
ı											
D											
N					16 0 5 042						
U					If 0 ► Q12						
M											
В											
E	Yes1 ▶ Q1		Yes1								
R	No2		No2 ▶ Q23								
	CODE	ID CODE	CODE	YEAR	# OF TIMES	YEAR	PROVINCE	DISTRICT	MONTHS	DESCRIPTION	CODE
1											
2											
3											
4						<u> </u>					
5											
6											
7											
8											
9											
10											
11											
12											

(8)	(9)	(10)	(11)	(12)	(13)		(14)		(15)	
During this last migration episode, approximately how many weeks per month did you/[NAME] work at this job?	During these weeks, approximately how many hours per week did you/[NAME] work at this job?	How much did you/[NAME] usually earn in a month in [NAME]'s main job? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN CAMBODIAN RIELS.	Why did you/ [NAME] return? Job ended		During this first migration episod	le, where did you migrate to?	What was your/ [NAME]'s main occupation befo migrating to [PROVINCE/DIS T IN Q13]?		What was your/ [NAME]'s main occupation durir stay in [PROVINCE/DIS T IN Q13]?	ng your
NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	CAMBODIAN RIELS	CODE	MONTHS	PROVINCE	DISTRICT	DESCRIPTION	CODE	DESCRIPTION	CODE
WEBIG / HOWIN	HOOKS / WEEK	KIBBO	OODL	MONTHO	TROVINGE	DIOTRIOT	DEGORII TION	OODL	DEGOTAL FIGH	OODL
	•					,				

(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
During the first	During these			How did you/ [NAME]	Why did you/ [NAME]		How likely it is in your	If yes, how are you/	Who was present along with the respondent
5	weeks,	you/[NAME] usually		finance your first	return?	[NAME]hav	opinion that you/	[NAME] planning to	during the individula intervew?
		earn in a month in		migration?		e any	[NAME] migrate to	finance this migration?	
, ,		[NAME]'s main job?	migrate?			relative	another		(Reasons interview not administered with the
how many	hours per					which still	PROVINCE/DISTRICT		respondent(s) alone should be explained in the
	week did	IF IN FOREIGN				live in the	for work with the next		remarks)
	,	CURRENCY,				[province/ district IN	12 months?		
		ESTIMATE THE VALUE IN				Q131?			
iob?	Jon :	CAMBODIAN RIELS.		Cavinas 1	lah andad 1	QIJI		Cavinas 1	
JOD :		O/ WIDODI/ WYTTILLO.		-	Job ended 1			Savings1	
			Relative in country1		Parents get sick 2		Was constituted a	Borrow from a relative / friend2	RESPONSE CODES:
			Relative abroad2				. , ,		ALONE1
			Friend in country3		To get married4	No2	, -,	Borrow from a bank3	WITH ADULT FEMALES PRESENT2
			Friend abroad4		Better employment			Loan from a migration	WITH ADULT MALES PRESENT3 WITH ADULTS MIXED SEX PRESENT.4
			Neighbor5	•	at home5		No. very unlikely4	broker4	WITH CHILDREN PRESENT5
			Migration "Broker"6		Homesick7			Sale of land/assets5	WITH ADULTS MIXED SEX AND
			Oth (Oif) 7	Cald land/accet E	Get sick		IF NO ▶ 25	Other	CHILDREN PRESENT6
			` ' ''		Other (Specify)8		IF NO P 25	Other6	
NUMBER OF	NUMBER OF	CAMBODIAN		Other (Specify) 6					
WEEKS / MONTH	HOURS / WEER	RIELS	CODE	CODE	CODE	CODE	CODE	CODE	CODE

13b. International Migration of Household Members

INSTRUCTIONS: THIS MODULE SHOULD BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS AGE 18 AND ABOVE.

	0A	0B	(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)
	ENUMERATOR: IS THE	WHO IS	At any point in your life, did you/ [NAME] migrate to another country for at least 1 month for work?	In which year did you/ [NAME]	In addition to this first time, how many other times did you/ [NAME]	In which year was your/ [NAME]'s most recent migration to another country	During this last migration episode, where did you	How many months did you/ [NAME] stay in [COUNTRY IN Q5] in		e in Q5]?	During this last migration episode, approximately how many weeks per month did you/[NAME] work at this job?
I D N U M B					If 0 ▶ Q12						
	Yes1 No2 ► Next person CODE	ID CODE	Yes1 No2 ► Q23 CODE	YEAR	# OF TIMES	YEAR	COUNTRY	MONTHS	DESCRIPTION	CODE	NUMBER OF WEEKS / MONTH
	0052	IB COBE	1	12/11	" OI TIME	12/11	00011111	morrino	BEGGIAII TIGIT	OOBL	WZZIO / HONTH
2											
3											
4											
5											
6 7											
8											
9											
10											
11											
12											

(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
During these weeks, approximately how many hours per week	How much did you/[NAME] usually earn in a month in [NAME]'s main job? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN CAMBODIAN RIELS.	Why did you/ [NAME] return?	During your first ever migration episode to another country for work, how many months did you/ [NAME] stay abroad?	During this first migration episode, where did you/ [NAME] migrate to?	What was your/ [NAME]'s main occupation before migrating to [COUNTRY IN Q13]?	What was your/ [NAME]'s main occupation during your stay in [COUNTRY IN Q13]?	During the first migration episode,	During these weeks, approximately how many hours per week did you/[NAME] work at this job?
		Job ended						
NUMBER OF	CAMBODIAN	Other (Specify)10	MONETINO	OOLINITEN/	DECODIDEION CODE	DECORIDE ON LOOPE	NUMBER OF	NUMBER OF
HOURS / WEEK	RIELS	CODE	MONTHS	COUNTRY	DESCRIPTION CODE	DESCRIPTION CODE	WEEKS / MONTH	HOURS / WEEK
								+
]			<u> </u>			l .	

(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
month in [NAME]'s main job? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN CAMBODIAN	Where did you/ [NAME] find out information for where and how to migrate?		Why did you/ [NAME] return?	[NAME]have any relative	How likely it is in your opinion that you/ [NAME] migrate to another country for work with the next 12 months?	If yes, how are you/ [NAME] planning to finance this migration?	Who was present along with the respondent during the individula intervew? (Reasons interview not administered with the respondent(s) alone should be explained in the remarks)
CAMBODIAN		Savings	Get sick 6 Homesick 7 Visa expired 8 Was expelled 9 Other (Specify) 10	Yes1 No2	Yes, likely	Savings	RESPONSE CODES: ALONE
RIELS	CODE	CODE	CODE		CODE	CODE	CODE

15. EMPLOYMENT

INSTRUCTIONS: THIS MODULE SHOULD BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS AGE 5 AND ABOVE.

	1.	1-	1-	1.	1-	1-	<u> </u>	1-
	1.	2.	3.	4.	5.	6.	7.	8.
С	ENUMERATOR:	ENUMERATOR:	In the last 12	In the last 12	In the last	In the last 12	Thinking about the products obtained	ENUMERATOR: REVIEW
O	IS [NAME] REPORTING FOR	WHO IS RESPONDING ON	months, did	months, did you work in a non-	12 months,	months, did you work on	from [NAME's] family farming, livestock or fishing activity, are they intended?	
I F	HIM/HERSELF?	BEHALF OF	,	farm family		family	ior norming detavity, are they interided	
D		[NAME]?		business that		farming,		DID THIS PERSON ANSWER 'YES' TO
			pay even if only for one	you	business	livestock or fishing even		AT LEAST ONE
			hour?	manage/operate, even if only for		if only for one		QUESTION?
				one hour?		hour?		
			INCLUDES PAID		family			
			APPRENTICES		member, even if only			
			HIPS AND PAID		for one			
			INTERNSHIPS.		hour?			
							Only for sale1 Mainly for sale2	
	YES.1>> 3				VPC 1	1770 1	Mainly for family use .3 Only for family use4	YES.1
	NO2	PID CODE	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2>8	Only for family use4	NO2>>Q19
1								
2								
3								
4								
5								
6								
7								
8								
9								
14								
15								

Intended Destination

									Intended Destination	
	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.
O D I E D	days, did [NAME] do any work for a wage, salary or	hours in the last 7 days did [NAME] do this work?	did [NAME] work	in the last 7 days did [NAME] do this work?	[NAME] help in a non- farm family business that is operated by	How many hours in the last 7 days did [NAME] do this work?		hours in the last 7 days did	obtained from [NAME's] family farming, livestock or fishing activity, are they intended?	ENUMERATOR: REVIEW QUESTIONS Q9, Q11, Q13, AND Q15: IS THERE ANY YES?
	YES.1 NO2 >>11	HOURS	YES.1 NO2 >>13	HOURS	YES.1 NO2 >>15	HOURS	YES.1 NO2 >>18	HOURS	Only for sale1 Mainly for sale2 Mainly for family use3 Only for family use4	YES.1 >>22 NO2
1										
2										
3										
4										
5										
6										
7										
8										
9										
14										
15										

Temporary Absence Job Search

		Temporary Absence				Job Search
	19.	20.	21.	22.	23.	24.
	Even though [NAME] did not work in the last 7 days, does [NAME] have a job, business or family farm?	Why did [NAME] not work during the last 7 days?	Including the time that [NAME] has been absent, will [NAME] return to that same job, business or family farm in three months or less?	,		During the last 30 days, did [NAME] try to start a business?
	YES.1 NO2 >>23	VACATION, HOLIDAY	YES.1 NO2	YES.1 NO2 >>27	YES.1 >>25 NO2	YES.1 NO2 >>67
1						
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7						
8						
9						
14						
15						

-	lor.		Ioo	loo.	Logi	loo.
	25.		26.	26a	26b	26c
O D I E	What did [NAME] mainly do in the start a business? APPLY TO PROSPECTIVE EMPLOY INTERNSHIP. PLACE OR ANSWER JOB ADVERTI	YERS FOR A PAID JOB OR	For how long has [NAME] been without work and trying to find a job or start a business?	At present does [NAME] want to work?		If a job or business opportunity had been available, could [NAME] have started working last week?
D	POST/UPDATE RESUME ON PROFE /SOCIAL NETWORKING SITES REGISTER WITH PUBLIC EMPLOY REGISTER WITH A PRIVATE EMI CENTRE/AGENCY TAKE PUBLIC SERVICE EXAM OF TAKE PRIVATE COMPANY'S EXAM SEEK HELP FROM RELATIVES, I CHECK AT FACTORIES, WORK S: WAIT ON THE STREET TO BE RI SEEK FINANCIAL HELP TO STAL LOOK FOR LAND, BUILDING, EX MATERIALS TO START A BUSIN DEVELOPED A BUSINESS PLAN APPLY FOR A PERMIT OR LICET A BUSINESS OTHER (SPECIFY) Activity 1		LESS THAN 1 MONTH	YES.1 NO2 >> Q26f	WAITING FOR RESULTS OF A PREVIOUS SEARCH	YES.1 >>next section No2
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

main wage job identification

	26d	26e	126f	27.	28.	29.
		Why is [NAME] not available to start working?	Which of the following best describes what [NAME] is mainly doing at present?	ENUMERATOR:	In the last 12	ENUMERATOR READ: I am now going to ask you some
D I E D	weeks?		PLEASE READ ALL OPTIONS	QUESTIONS Q3 AND Q9: IS THERE ANY YES?	jobs did you/[NAME] have, for which you were paid a wage,	questions about [NAME]'s main wage job in the last 12 months. The main job is the one where [NAME] worked
	YES.1 >>next section No2	AWAITING RECALL FROM A PREVIOUS JOB .1 WAITING FOR THE SEASON TO START 2 IN STUDIES, TRAINING 3 FAMILY / HOUSEHOLD RESPONSIBILITIES .4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE 5 RETIRED, PENSIONER	Studying or training		salary or any other pay?	the highest number of hours.
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

main wage job characteristics

	main wage job characteristics					
	30.		31.		32.	33.
O D	What are [NAME]'s main tasks and main wage job?	d duties in [NAME]'s			What kind of enterprise/ establishment does [NAME] work for in [NAME]'s main job?	Including [NAME], how many persons work at [NAME]'s place of work?
J E	WRITTEN DESCRIPTION	SUPERVISOR TO FUT IN OCCUPATION CODE AFTER INTERVIEW	WRITTEN DESCRIPTION	SUPERVISOR TO PUT IN INDUSTRY CODE AFTER	GOVERNMENT	11 2-42 5-93 10-194 20-495 50+6
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

	34.	35.	36.	37.	38.	39.									40.	41.	
O D	months over the last 12 months, did you work at this job?	During these months, approximately how many weeks per month did you work at this job?	weeks, approximately how many hours per week did you work at this	days, approximately how many hours did you work at	What is the status of [NAME]'s contract/ agreement in [NAME]'s main job?	Does [NAME <u>:</u>	i's mai	yes	S.1	e follov	wing b	enefits?		How much was your last <u>payment</u> for wages/salary?	What period of time salary payments cov	
	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS	PERMANENT/ PENSIONABLE JOB1 CONTRACT OF LESS THAN 1 YEAR .2 CONTRACT OF 1-5 YEARS3 CONTRACT OF MORE THAN 5 YEARS .4 WITHOUT ANY CONTRACT5 OTHER (SPECIFY)6	Paid annual leave	Paid maternity or parental leave	Paid medical/sick leave	Health insurace benefits	Pension	Paid/subsidized meals at work	Provident fund	Transport subsidy	Other benefits	RIEL	NUMBER OF TIME UNITS	TIME UNIT DAY1 WEEK .2 MONTH.3
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
14																	
15																	

_											secondary job characteristics	
	42.	43.		44.					45.	46.	47.	
O D I E D	During the last 12 months, how much did you receive in allowances, gratuities, or overtime including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported?	use of your ea (wages/salary gratuities/allov	des on the arnings /, wances)		follow	ing diffain job	rienced ficulties 9?		ENUMERATOR: IS Q28>1?	ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s secondary job. The secondary job is the one where [NAME] usually works the second highest number of hours in the last 12 months.	What are [NAME]'s main tasks and secondary wage job?	d duties in [NAME]'s
	ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. IF NOTHING, RECORD ZERO.	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	Difficulty getting a promotion	Difficulty getting a raise in salary	Being harassed at work	Difficulty traveling to/from work	Being assisgned tasks below level of education	YES.1 NO2 >>63		WRITTEN DESCRIPTION	SUPERVISOR TO PUT IN OCCUPATION CODE AFTER INTERVIEW NSCO CODE
1						ш >		<u> </u>				
2												
3												
4												
5												
6												
7												
8												
9												
14												
15												

	48.		49.	50.	51.	52.	53.	54.	55.
C O D I E D	Describe what kind or your secondary wags months is connected	e job over the last 12	What kind of enterprise/ establishment does [NAME] work for in [NAME]'s secondary wage job?	Including [NAME], how many persons work at [NAME]'s place of work?	months over the last 12 months, did you work at this job?	During these months, approximately how many weeks per month did you work at this job?	weeks, approximately how many hours per week did you work at this	days, approximately how many hours did you work at	What is the status of [NAME]'s contract/ agreement in [NAME]'s main job?
	WRITTEN DESCRIPTION	SUPERVISOR TO PUT IN INDUSTRY CODE AFTER INTERVIEW ISIC CODE	GOVERNMENT	11 2-42 5-93 10-194 20-495 50+6	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS	PERMANENT/ PENSIONABLE JOB 1 CONTRACT OF LESS THAN 1 YEAR . 2 CONTRACT OF 1-5 YEARS 3 CONTRACT OF MORE THAN 5 YEARS . 4 WITHOUT ANY CONTRACT 5 OTHER (SPECIFY) 6
1									
2									
3									
4									
5									
6									
7								-	
8									
9									
14									
15									

	56.										57.	58.		59.	60.		61.				
C O D I E D	Does [I	your last for wage YES.1 NO2						How much was your last <u>payment</u> for wages/salary?	What period of time salary payments cov		as uniform, housing, food, and transport, that were not included in the salary you just reported?	use of your ea (wages/salary gratuities/allov	des on the arnings /, wances)	of the	follow] exper ing dift ain job	ficultie				
						eals								ESTIMATE CASH VALUE OF ANY IN-KIND							asks
	Paid annual leave	Paid maternity or parental leave	Paid medical/sick leave	Health insurace benefits	Pension	id/subsidized m work	Provident fund	Life Insurance	Transport subsidy	Other benefits		NUMBER OF	TIME UNIT DAY3 WEEK .4	PAYMENTS RECEIVED. IF NOTHING, RECORD ZERO.	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	Difficulty getting a promotion	Difficulty getting a raise in salary	Being harassed at work	ficulty traveling from work	Being assisgned tasks below level of education
	Pa	Pa	Pa	He	Pe	at a	ă	ä	Ţ	₫	RIEL	TIME UNITS	MONTH.5	RIEL			Pr Dif	ra i	Be	\$ <u>6</u>	e pe
1																				<u> </u>	
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
14																					
15																					

looking for a more/different work

	looking for a more/different wor	N.				
	62.	63.	64.	65.	66.	67.
	Would [NAME] want to work more hours per week than usually worked, provided the extra hours are paid?		How many additional hours per week could [NAME] work?		What is the main reason why [NAME] want to change his/her employment situation?	Who was present along with the respondent during the individual intervew?
D						(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)
	YES.1 NO2	YES.1 NO2>>65	HOURS	YES.1 NO2 >>67	PRESENT JOB IS TEMPORARY 1 TO HAVE A BETTER PAID JOB 2 TO HAVE MORE CLIENTS/BUSINESS 3 TO WORK MORE HOURS 4 TO WORK FEWER HOURS 5 TO BETTER MATCH SKILLS 6 TO WORK CLOSER TO HOME 7 TO IMPROVE OTHER WORKING CONDITIONS 8 OTHER (SPECIFY) 9	RESPONSE CODES: ALONE
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

Module 15: Time Use HHID:

NAME OF RESPONDENT:

WAKE UP TIME: SLEEP TIME:

MODULE: TIME ALLOCATION

PLEASE RECORD A LOG OF THE ACTIVITIES FOR THE INDIVIDUAL IN THE LAST COMPLETE 24 HOURS (STARTING YESTERDAY MORNING AT 4 AM, FINISHING 3:59 AM OF THE CURRENT DAY). THE TIME INTERVALS ARE MARKED IN 15 MIN INTERVALS. MARK ONE PRIMARY ACTIVITY FOR EACH TIME PERIOD BY ENTERING THE CORRESPONDING ACTIVITY CODE IN THE BOX. A SECONDARY ACTIVITY (OPTIONAL) CAN BE ENTERED IN CASE OF SIMULTANEOUS ACTIVITIES.

INSTRUCTIONS: THIS MODULE SHOULD BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS AGE 18 AND ABOVE.

				o, work in	olde di la eur	DIGO TIO	o, caring for	ormarori, oo	aranig, anapp	ing, socializi	ig, cic., cv	en if it didn't t	idito you mu	on unio.
			Nigh	t	Morning					Day				
		4:00		5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00
I. Primary Activity (WRITE ACTIVIT	Y CODE)													
2. Secondary Activity (WRITE ACTI	VITY CODE)													
			Day		Evening					Night				
		16:00		17:00	18:00	19:00	20:00	21:00	22:00	23:00	24:00	1:00	2:00	3:00
B. Primary Activity (WRITE ACTIVIT	Y CODE)		П											
1. Secondary Activity (WRITE ACTI	VITY CODE)													
ACTIVITY CODES														
A. Sleeping and resting B. Eating and drinking C. Personal care D. School (incl. homework)	FF GWork for H J K	Run, work	or help useholo Buy f	in a non-a	nission or in-k igricultural and househ harge as exch	d non-fishing old business ange laborerFarmingLivestockFishing er foodstuffs tain services	OPQRHouseho	Collect fi Fetch wa old maintenan ovate, extend Provide care o	e food or drink rewood or oth ter from nature Clean the hoe or own con or build the ho r assistance to ter children (17	er natural pro al or public so nouse, wash o struction work busehold's dw o adults (18+)	ducts V urces W ur iron X (e.g. Y elling) Z years)	Plan the hou 	Travelling and Vistening to ra ous activities	commuting adio/reading Exercising and hobbie

16. INDIVIDUAL-LEVEL PARCEL DETAILS

Will be administered to each adult household member aged 18 and above

			loid member aged to and above	1.	2.	3.	4.				
	CAPI: PARCEL	CAPI: Is this	CARL Haw was this IRARCE!		Do you	Does .		aa iaist	ly owns	this [PARC	El 1 with
	-		CAPI: How was this [PARCEL]	Do you use, own or	,		vou?	se joint	iy <u>Owiis</u>	ulis [PARC	ELJ WIUI
	NAME	[PARCEL] the	acquired?	hold use rights for this		,	you?				
		piece of land on		[PARCEL], either alone		jointly <u>own</u>	LICTLIE	TO 2 N	ובאוסבס	S FROM HO	HOLHOLD
	-	which the		or jointly with someone							
	FROM HH LEVEL	dwelling is		else?	or jointly	[E NUMBER C	
Α	LAND ROSTER]	located?			with	with you?				HE HOUSEH AS THE NUM	
R	-				someone		_	-		SIDE OF THE	-
С		[FED FORWARD			else?		HOUSE		3 001	SIDE OF THE	•
E		FROM HH LEVEL					HOUSE	IIOLD.			
L		LAND ROSTER]	GIVEN BY THE GOVERNMENT OR								
		LAND KOSTER]	LOCAL AUTHORITY1								
N			BY INHERITANCE OF GIFT FROM								
U			RELATIVES2								
М			BOUGHT IT FROM A								
В			RELATIVE								
E			RELATIVE4								
R			CLEARED LAND/OCCUPIED FOR								# OF 18+
		YES1	FREE5	YES1						# OF 18+	OLD
		NO2	DONATED BY FRIEND6	NO2 > NEXT	YES1	YES1				OLD MALE	FEMALE
			RENTED IN7	PARCEL	NO2▶5	NO2 ▶5	HH ID	HH ID	HH ID	NON-HH	NON-HH
			OTHER (SPECIFY)8				#1	#2	#3	MEMBERS	MEMBERS
1											
2											
3					-	1					
4											
-											
5											
6											
7											
- '-											
8											

	5.	6.	7.	8.	9.					10.
PARCEL NUMBE	,	What type of documents is there for this [PARCEL]? DOCUMENT TYPE: 1 = Application receipt 2 = Land investigation paper 3 = Certificate (title) from the government 4 = Paper from local authority 5 = Rental contract 6 = Other (specify) 7 = Don't know / not sure	on the documents for the [PARCEL] as owner or	else's names are on the ownership document for this [PARCEL] as owners or	docume use hol LIST UP ROSTER MALES RIGHT A	ent for the ders? TO 3 MER. RECOOUTSIDE	EMBERS RD THE OF THE	on the owne CEL] as own FROM HOUS NUMBER OF E HOUSEHOL NUMBER OF THE HOUSEH	ers or right EHOLD ADULT D WITH THIS	ENUMERATOR: WAS THE RESPONDENT ABLE TO PRODUCE THE DOCUMENTATION FOR CONFIRMATION PURPOSES?
R	NO2 ▶11	Document Type 1	Document Type 1	YES1 NO2 ▶11	HH ID #1	HH ID #2	HH ID #3		# OF 18+ OLD FEMALE NON HH MEMBERS	NO. REFUSED 2
1										
2										
3										
4										
5										
6										
7										
8										

16. INDIVIDUAL-LEVEL PARCEL DETAILS (CONTINUED)

SKIP TO QUESTION 26 IF QUESTION Q2 !=1 and Q5!=1

Α

С

With regard to this [PARCEL], are you among the individuals who have the right to sell it, even if you need to obtain consent or permission from someone else? If yes, do you need permission or consent from anyone else?

Is there anyone else who has the right to sell it, even if they needed to obtain consent or permission from someone else?

With regard to this [PARCEL], who else has the right to sell it, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission or consent?

LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WITH THIS RIGHT AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD.

		RESPONDENT							HH ROSTER MEMBER #1								HH RC	STER I	МЕМВЕ	R #2			
	Do you have Right?	Permission?			From	whom?		Anyone else Do have Permission From whom? Right?							From whom?								
	YES1 NO2▶12	YES1 NO2►HH ID #1	HH ID #1	HH ID #2		# OF 18+ OLD MALE NON-HH MEMBERS	OLD	YES1 NO2▶12	HH ID #1	YES1 NO2►HH ID #2	HH ID #1	HH ID #2		# OF 18+ OLD MALE NON-HH MEMBERS	OLD		HH ID #2	YES1 NO2▶12	HH ID #1	HH ID #2		# OF 18+ OLD MALE NON-HH MEMBERS	
1	1	1	ah					1	ah	1	1					1							
2																							
3																							
4																							
5																							
6																							
7																							
8																							

LAND (CONTINUED)

7

With regard to this [PARCEL], are you among the individuals who have the right to bequeath it, even if you need to obtain consent or permission from someone else? If yes, do you need permission or consent from anyone else? Α Is there anyone else who has the right to bequeath it, even if they needed to obtain consent or permission from someone else? R С With regard to this [PARCEL], who else has the right to bequeath it, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission Ε LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WITH THIS RIGHT AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD. D RESPONDENT HH ROSTER MEMBER #1 HH ROSTER MEMBER #2 Who else Do Do you have Anyone Who else Do Permission? From whom? From whom? From whom? Permission? Permission? Right? nave Right? have Right? # OF 18+ OF 184 OLD YES...1 OLD YES...1 YES...1 HH ID HH ID HH ID OLD MALE YES...1 HH ID #1 HH ID HH ID HH ID OLD MALE YES...1 HH ID #2 YES...1 HH ID HH ID HH ID OLD MALE FEMALE NO...2►HH ID FEMALE NO...2▶13 NO...2►HH ID #1 #1 #2 #3 NON-HH NO...2▶13 #1 #2 #3 NON-HH NO...2▶13 NO...2▶14 #1 #2 #3 NON-HH NON-HH #2 NON-HH NON-HH MEMBERS MEMBERS MEMBERS MEMBERS MEMBERS MEMBERS 2 3 4 5

P A R C E L	else? Is there anyone else who has the right to use it as collateral, even if they needed to obtain consent or permission from someone else? With regard to this [PARCEL], who else has the right to use it a collateral, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission or consent? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE																						
D	HOUSEHOLD. RESPONDENT HH ROSTER MEMBER #1 HH ROSTER MEMBER #2																						
	Do you have Right?	Permission?	OI OIL	LIVI	From	whom?		Anyone else?	Who else Do have Right?	Permission?	JOI EK	WEWIDE		whom?		Anyone else?	Who else Do have Right?	Permission?	JOTEK	WIEWID	From	whom?	
	YES1 NO2▶14	YES1 NO2►HH ID #1	HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS	YES1 NO2▶14	HH ID #1	YES1 NO2▶HH ID #2	HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS	YES1 NO2▶14	HH ID #2	YES1 NO2▶14	HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																						1	

With regard to this [PARCEL], are you among the individuals who have the right to rent it out, even if you need to obtain consent or permission from someone else? If yes, do you need permission or consent from anyone else? Is there anyone else who has the right to rent it out, even if they needed to obtain consent or permission from someone else? R С With regard to this [PARCEL], who else has the right to rent it out, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission or Ε LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WITH THIS RIGHT AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD. D HH ROSTER MEMBER #1 HH ROSTER MEMBER #2 RESPONDENT Who else Do have Who else Do have Do you have Anyone Anyone From whom? From whom? From whom? Permission? Permission? Permission? Right? Right? Right? # OF 18+ # OF 18+ # OF 18+ # OF 18+ # OF 184 YES...1 OF 18+ OLD YES...1 YES...1 HH ID HH ID HH ID OLD FEMALE YES...1 HH ID #1 HH ID HH ID HH ID OLD MALE OLD FEMALE YES...1 HH ID #2 YES...1 HH ID HH ID HH ID OLD MALE OLD FEMALE NO...2►HH ID MALE NON-HH NO...2►HH ID NO...2▶15 #1 #2 #3 NON-HH NO...2▶15 #1 #2 #3 NON-HH NON-HH NO...2▶15 NO...2▶15 #1 #2 #3 NON-HH NON-HH MEMBERS MEMBERS MEMBERS MEMBERS 2 3 4 5

7

With regard to this [PARCEL], are you among the individuals who have the right to make improvements/invest it, even if you need to obtain consent or permission from someone else? If yes, do you need permission or consent from anyone Α R Is there anyone else who has the right to make improvements/invest it, even if they needed to obtain consent or permission from someone else? С Ε With regard to this [PARCEL], who else has the right to make improvements/invest it, even if they needed to obtain consent or permission from someone else? Does the person need permission or consent? From whom does the person need permission or consent? LIST UP TO 3 MEMBERS FROM HOUSEHOLD ROSTER. RECORD THE NUMBER OF ADULT MALES OUTSIDE OF THE HOUSEHOLD WITH THIS RIGHT AS WELL AS THE NUMBER OF ADULT FEMALES OUTSIDE OF THE HOUSEHOLD. D RESPONDENT HH ROSTER MEMBER #1 HH ROSTER MEMBER #2 Who else Who else Do you have Anyone Anyone From whom? From whom? Permission? From whom? Permission? Do have Permission? Do have Right? Right? Right? # OF 18+ YES...1 YES...1 YES...1 HH ID HH ID HH ID OLD MALE OLD FEMALE YES...1 HH ID #1 HH ID HH ID HH ID OLD MALE OLD FEMALE YES...1 HH ID #2 YES...1 HH ID HH ID HH ID OLD MALE OLD FEMALE NO...2▶Does NO...2►HH ID NO...2▶16 #1 #2 #3 NON-HH NON-HH NO...2▶16 #1 #2 #3 NON-HH NON-HH NO...2▶16 NO...2▶16 #1 #2 #3 NON-HH NON-HH anyone else MEMBERS MEMBERS MEMBERS MEMBERS MEMBERS MEMBERS 2 3 4 5 6 7

16. INDIVIDUAL-LEVEL PARCEL DETAILS (CONTINUED)

	16.	17.	18.	19.					20.	21.	22.		23.
P A R C E L I D	16. CAPI: IS THIS AN AGRICULTURAL PARCEL?	Are you among the decision- maker(s) on this [PARCEL] regarding the timing of crop activities,	Is anyone else among the decision- maker(s) on this [PARCEL] regarding the timing of	Who is this [P/activities P/activities Control Con	ARCEL] es, crop TO 3 M R. RECC DE OF TI AS THE I	regardi choice, MEMBER ORD THE HE HOU! NUMBER	and input use S FROM HOUS E NUMBER OF SEHOLD WITH	of crop e?	Do land owners sell/rent out land in or around the	Are you informed regarding recent land sales and/or rental transactions in or around the ward where the parcel is located?	If this [PARCEI	23. If this [PARCEL] were to be sold today, would you be among the individuals to decide how the money is used?	
	YES1 NO2 ▶20	YES1 NO2>>20	YES1 NO2>>20	HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON- HH MEMBERS	DO NOT KNOW98 ▶22	INFORMED OF BOTH SALES AND RENTAL TRANSACTIONS3 NOT INFORMED OF SALES OR RENTAL TRANSACTIONS4	RIEL1 USD2	UNIT	YES1 NO2>>26
1													
2													
3													
4													-
<u>5</u>													
7													
8													

INDIVIDUAL-LEVEL PARCEL DETAILS (CONTINUED)

	24.	25.				26.	27.
P A C E L	were to be sold today, is anyone else	who else) LIST UP TO ROSTER. R	would deci 3 MEMBER RECORD THI	S FROM HOUS	oney is used? SEHOLD ADULT MALES	involuntarily lose ownership or use rights to	Who was present along with the respondent during the individula intervew? SEE CODE BELOW (Reasons interview not administered with the respondent(s) alone should be explained in the remarks)
I D	individuals to decide how the money is used?			BER OF ADUL' F THE HOUSEI	HOLD.	NOT AT ALL LIKELY1 SLIGHTLY LIKELY2 YES, MODERATELY LIKELY3 YES, VERY LIKELY4 YES, EXTREMELY LIKELY5	CHILDREN PRESENT
	YES1 NO2>>26		PID HH PID B C	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON- HH MEMBERS		
1							
2							
3							
4							
5							
6							
7							
8							

17. INDIVIDUAL LEVEL LIVESTOCK OWNERSHIP

Will be	administered	to each adult hous	sehold member aged 18 and a	<u>t</u>											
L I V E S T O C K C O D	L I V E S T O C K N A M	1. CARRIED FORWARD FROM HOUSEHOLD ROSTER: NUMBER OF [LIVESTOCK] CURRENTLY OWNED BY ANY MEMBER OF THIS HOUSEHOLD	Do you own, exclusively or jointly with someone else, any of these [LIVESTOCK]? RECORD AN ANSWER FOR EACH TYPE OF LIVESTOCK BEFORE GOING THROUGH THE ENTIRE MODULE. THEN PROCEED WITH EACH APPLICABLE ROW, ONE ROW AT A TIME. ENABLED IF QUESTION 1 IS GREATER THAN ZERO AND NOT MISSING.	3. Are any of these [LIVESTOCK] owned exclusively by you, without any joint owners?	4. How many [LIVESTOCK] do you own exclusively? VALIDATION: HAS TO BE LESS THAN OR EQUAL TO THE NUMBER REPORTED IN COLUMN 1.	5. If you were to sell today these [LIVESTOCK] that you exclusively own, how much would you receive? ESTIMATE VALUES IN RIELS. RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	Are any of these [LIVESTOCK] owned jointly by you and someone else? READ: JOINT OWNERS CAN INCLUDE	7. How many of [LIVESTOCK] do you own jointly with someone else? VALIDATION: SUM OF COLUMN 7 AND COLUMN 4 CANNOT EXCEED THE NUMBER REPORTED IN COLUMN 1.	READ:	: PLEAS	E LIST A	own these livesto	THAT JOINTLY	9. If you were to sell today these [LIVESTOCK] that you jointly own, how much would you receive? ESTIMATE VALUES IN RIELS. RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	10. Who was presented along with the respondent during the individul's intervew? (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) RESPONSE CODES: ALONE
E	E	NUMBER	YES1 NO2 >> NEXT ITEM	YES1 NO2 >> 7	NUMBER	VALUE	YES1 NO2 >> NEXT ITEM	NUMBER	HH PID A	HH PID B	HH PID C	MALE NON-HH MEMBERS	FEMALE NON-HH MEMBERS	VALUE	CHILDREN PRESENT6
1701	Oxen														
1702	Cows														
1703	Calves														
1704	Buffaloes														
1705	Horses, Ponie	s													
1706	Pigs														
1707	Chickens														
1708	Ducks														
1709	Geese														
1710	Crocodiles														
1711	Bulls														

18. INDIVIDUAL LEVEL CONSUMER DURABLES AND VALUABLES

Will be administered to each adult household member aged 18 and above

will be	administered to each adult	t nousenoid member ag	ed 16 and above			
			1.	3.	4.	5
I T E M C O D E	I T E M N A M E	FROM HOUSEHOLD ROSTER: NUMBER OF [CONSUMER DURABLES] CURRENTLY OWNED BY ANY MEMBER OF THIS HOUSEHOLD	someone else, any of these [CONSUMER DURABLE]?	[CONSUMER DURABLE] do you own?	If you were to sell this [CONSUMER DURABLE] today, how much would you receive?	Who was presented along with the respondent during the individual intervew? SEE CODE BELOW (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) RESPONSE CODES FOR Q2: ALONE
			YES1 NO2 >> NEXT ITEM	YES1 NO2 >> NEXT ITEM		WITH ADULT MALES PRESENT
		NUMBER		NUMBER	RIELS	
1801	Computer					
1802	Bicycle					
1803	Motorcycle					
1804	Car					
1805	Tuk tuk					
1806	Boat					
1807	Tractor/Koryun					

21 MOBILE PHONE OWNERSHIP

Will be administered to each adult household member aged 18 and above

Will be administered to	each adult nouse	enoia m	ember aged	18 and	above								
1.	2.		3.	4.					5.	6.	7.	8.	9.
Do you own any	How many		Does	Who e	lse joint	ly owns	this [MOBIL	E PHONE]	Does this	Do you	Can you access	If you were to	Who was presented along with the respondent during
mobile phones,	mobile		anyone	with yo	u?				[MOBILE	currently	the internet on	sell this	the individual intervew?
exclusively or jointly	phones do	Α _	else jointly						PHONE]	have enough	this [MOBILE	[MOBILE	
with someone else?	you own,	s c	own this	LIST U	P TO 3 F	ROM T	HE HOUSEHO	LD/2 AND THE			PHONE]?	PHONE] today,	SEE CODE BELOW
	exclusively	. 0	mobile	NUMBE	R OF A	DULT (1	8+ YEARS OL	D) NON	card?	initiate a call	_	how much would	(Reasons interview not administered with the
INSTRUCTION: THIS	or jointly,	I E D	phone with	HOUSE	HOLD N	/IEMER				with this		you receive?	respondent(s) alone should be explained in the
REFERS TO MOBILE	with		you?							[MOBILE		ľ	remarks)
PHONES IN WORKING	someone	1'	,							PHONE]?			
CONDITION. ABLE TO	else?									-			
BE CHARGED TO													
INITIATE AT LEAST													RESPONSE CODES: ALONE1
ONE CALL.													WITH ADULT FEMALES PRESENT2
													WITH ADULT MALES PRESENT3
YES1													WITH ADULTS MIXED SEX PRESENT4
NO2			YES1				# OF 40.		YES1	YES1			WITH CHILDREN PRESENT5
► NEXT MODULE REFUSES TO			NO2				# OF 18+	# OF 40. OLD	NO2>7	NO2			WITH ADULTS MIXED SEX AND CHILDREN PRESENT6
RESPOND97			▶Q5					# OF 18+ OLD		DK98	YES1		CHILDREN FRESENI
► NEXT MODULE	NUMBER			#1	HH ID #2	#3	NON-HH	FEMALE NON- HH MEMBERS			NO2	RIELS	1
	NUMBER	—		#1	#2	#3	MEMBERS	UU INICINIDEKS				KILLS	1
		1 '											
		I											
													4
		2											
		I											

22. FINANCIAL ASSETS

		1.	2.
A S S E T C O D E	A S S E T N A M E	Do you own [FINANCIAL ASSET], exclusively or jointly with someone else? READ ALL CATEGORIES YES	How many of each [FINANCIAL ASSET], do you own, exclusively or jointly, with someone else?
			NUMBER
1	CURRENT ACCOUNT		
2	SAVINGS ACCOUNT		
3	FIXED ACCOUNT		
4	INFORMAL SAVINGS PROGRAM/CLUB (VSLA)		
96	OTHER (SPECIFY)		

		3.	4.
A S S E T	NAME OF FINANCIAL INSTITUTIO N	List code of [FINANCIAL ASSET] owned by respondent	Does anyone else jointly own [FINANCIAL ASSET] with you?
N 0		CURRENT	YES1 NO2 ▶Q6
FA1			
FA2			
FA3			
FA4			
FA9			

3. CODE FOR ABILITY FOR RESPONDENT TO BE NTERVIEWED ALONE:												
RESPONSE CODES: ALONE	_											
WITH ADULT FEMALES PRESENT	_											
WITH ADULTS MIXED SEX PRESENT4	1											
WITH CHILDREN PRESENT5)											

(Reasons module not administered with the respondent(s) alone should be explained in the remarks)

	5.		6.	7.	8.					9.	10.	11.	12.			
A S S E T	Who else jointly owns [FINANCIAL ASSET] with you? LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMER CASE WRITE THE NUMBER OF ADULT (18+ YEARS OLD)			account for this [FINANCIAL ASSET]?	anyone else whose name is on the account for this IFINANCIAL	OWNE [FINA LIST I HOUS HOUS THE N YEAR	Whose names are on the ownership documents for [FINANCIAL ASSET]? LIST UP TO 3 FROM THE HOUSEHOLD/ FOR NON HOUSEHOLD MEMER CASE WRITE THE NUMBER OF ADULT (18+YEARS OLD)			current value [FINANCIAL ASSET]? RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	Are there any only member only member of your household above the age of 18 that hat do not know about your ownership of this [FINANCIAL ASSET]?		Which household member above the age of 18 does not know about your ownership of this [FINANCIAL ASSET]? LIST UP TO THREE FROM HOUSEHOLD ROSTER.			
	HH ID HH HH #1 ID ID #2 #3	male	#18+ female non HH- memebr	YES1 NO2 ▶Q9	YES1 NO2 ▶Q9	HH ID #1	HH ID #2	ID #3	#18+ male non HH- memebr	#18+ female non HH- memebr	RIELS	YES1 NO2 ► NEXT ROW	YES1 NEXT ROW NO2	HH ID #1	HH ID #2	HH ID #3
FA1																
FA2																
FA3																
FA4																
FA9																