

APPENDIX D: SURVEY QUESTIONNAIRES

KINGDOM OF CAMBODIA

NATIONAL INSTITUTE OF PUBLIC HEALTH
(MINISTRY OF HEALTH)

SAWA-CAMBODIA

MACRO INTERNATIONAL

NATIONAL HEALTH SURVEY HOUSEHOLD SCHEDULE

IDENTIFICATION				
CLUSTER NUMBER.....	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> </div>			
PROVINCE/MUNICIPALITY _____				
DISTRICT (SROK/KHAN) _____				
COMMUNE (KHUM/SANG KATH) _____				
VILLAGE (PHOUM) _____				
URBAN/RURAL (URBAN=1, RURAL=2).....				
HOUSEHOLD NUMBER.....				
NAME OF HOUSEHOLD HEAD _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
				MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
				YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
INTERVIEWER=S NAME				INT. CODE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
RESULT*				RESULT <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
NEXT VISIT: DATE				TOTAL NO. OF VISITS <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 HOUSEHOLD TEMPORARILY ABSENT FROM THE PHUM 4 ENTIRE HOUSEHOLD NO LONGER EXISTS, MOVED OUT PERMANENTLY 5 POSTPONED 6 REFUSED 7 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> TOTAL ELIGIBLE WOMEN <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Is (NAME)=s natural mother alive?	How old is (NAME)?	Is (NAME)=s natural father alive?	IF ALIVE Does (NAME)=s natural mother live in this household? IF YES: What is her name? RECORD MOTHER=S LINE NUMBER	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01			1 2 1	2 1	M F	IN YEARS	YES NO DK		YES NO DK		01
02			1 2 1	2 1			1 2 8		1 2 8		02
03			1 2 1	2 1			1 2 8		1 2 8		03
04			1 2 1	2 1			1 2 8		1 2 8		04
05			1 2 1	2 1			1 2 8		1 2 8		05
06			1 2 1	2 1			1 2 8		1 2 8		06
07			1 2 1	2 1			1 2 8		1 2 8		07

HOUSEHOLD SCHEDULE

08				1	2	1	2	1	2	1	2	8			08
09				1	2	1	2	1	2	1	2	8			09
10				1	2	1	2	1	2	1	2	8			10
11				1	2	1	2	1	2	1	2	8			11
12				1	2	1	2	1	2	1	2	8			12
13				1	2	1	2	1	2	1	2	8			13
14				1	2	1	2	1	2	1	2	8			14

☐

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed?
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES	ENTER EACH IN TABLE	NO
YES <td>ENTER EACH IN TABLE</td> <td>NO</td>	ENTER EACH IN TABLE	NO
YES <td>ENTER EACH IN TABLE</td> <td>NO</td>	ENTER EACH IN TABLE	NO

*CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEP CHILD
- 11 = NOT RELATED
- 98 = DON'T KNOW

** Q.8 THROUGH Q.11:
These questions refer to the biological parents of the child. Record 00 if parent not member of household.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
13	Please tell me if any member of your household is sick, has an illness or an injury now or at any time in the last 30 days?	YES 1 NO 2			→27
14	Now I would like to ask you some questions about each person who is sick/injured now or at any time in the last 30 days. Could you tell me his/her/their name(s)? Then we will talk about one person at a time. ENTER THE NAME AND LINE NUMBER OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRES).				
15	NAME AND LINE NUMBER FROM Q.1 AND Q.2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
16	In your opinion, was (NAME)'s illness/injury serious, moderate, or slight?	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	SERIOUS 1 MODERATE 2 SLIGHT 3 DON'T KNOW 8	
17	Did (NAME) receive any treatment for this illness/injury?	YES 1 NO 2 (SKIP TO 19) ↓	YES 1 NO 2 (SKIP TO 19) ↓	YES 1 NO 2 (SKIP TO 19) ↓	
18	From whom did (NAME) receive treatment?	TRADITIONAL Kru Khmer 11 Traditional Birth Attendant 12 Magician 13 Monk/Religious Leader 14 Other 15 (SPECIFY) TRAINED HEALTH WORKER 21 BOUGHT MEDICINE From Pharmacy/Market 31 TOOK HOME REMEDY 41 DON'T KNOW 98	TRADITIONAL Kru Khmer 11 Traditional Birth Attendant 12 Magician 13 Monk/Religious Leader 14 Other 15 (SPECIFY) TRAINED HEALTH WORKER 21 BOUGHT MEDICINE From Pharmacy/Market 31 TOOK HOME REMEDY 41 DON'T KNOW 98	TRADITIONAL Kru Khmer 11 Traditional Birth Attendant 12 Magician 13 Monk/Religious Leader 14 Other 15 (SPECIFY) TRAINED HEALTH WORKER 21 BOUGHT MEDICINE From Pharmacy/Market 31 TOOK HOME REMEDY 41 DON'T KNOW 98	
19	CHECK Q.18 CODE 21 CIRCLED?	CODE 21 NOT CIRCLED <input type="checkbox"/> CODE 21 CIRCLED <input type="checkbox"/> (SKIP TO 21) ↓	CODE 21 NOT CIRCLED <input type="checkbox"/> CODE 21 CIRCLED <input type="checkbox"/> (SKIP TO 21) ↓	CODE 21 NOT CIRCLED <input type="checkbox"/> CODE 21 CIRCLED <input type="checkbox"/> (SKIP TO 21) ↓	
20	Just to be sure, did (NAME) see a trained health worker at any time for this problem? IF YES, CORRECT Q.18 AND Q.19. IF Q.17 IS NO, CORRECT Q.17 AS WELL	YES 1 NO 2 (SKIP TO 26) ↓	YES 1 NO 2 (SKIP TO 26) ↓	YES 1 NO 2 (SKIP TO 26) ↓	

21	Where did (NAME) meet the trained health worker? PROBE full description IF ANSWERS "HOSPITAL" PROBE: Do you mean a permanent building where health workers are present every day? (IF NO, CORRECT RESPONSE) (IF YES, Was it a Provincial Hospital, District Hospital, or Health Center?)	PUBLIC FACILITY Provincial Hospital..... 11 District Hospital..... 12 Gov. Hosp in P.P..... 13 Health Center..... 14 Other Public..... 16 (SPECIFY) PRIVATE CLINIC/HOSPITAL..... 21 PRIVATE HOME Own Home..... 31 Health Worker's Home..... 32 Other Home..... 33 OUTREACH LOCATION .. 41 OTHER 96	PUBLIC FACILITY Provincial Hospital..... 11 District Hospital..... 12 Gov. Hosp in P.P..... 13 Health Center..... 14 Other Public..... 16 (SPECIFY) PRIVATE CLINIC/HOSPITAL..... 21 PRIVATE HOME Own Home..... 31 Health Worker's Home..... 32 Other Home..... 33 OUTREACH LOCATION .. 41 OTHER 96	PUBLIC FACILITY Provincial Hospital..... 11 District Hospital..... 12 Gov. Hosp in P.P..... 13 Health Center..... 14 Other Public..... 16 (SPECIFY) PRIVATE CLINIC/HOSPITAL..... 21 PRIVATE HOME Own Home..... 31 Health Worker's Home..... 32 Other Home..... 33 OUTREACH LOCATION .. 41 OTHER 96
22	CHECK Q.21 CODE 31 CIRCLED?	CODE 31 NOT CIRCLED..... <input type="checkbox"/> CODE 31 CIRCLED..... <input type="checkbox"/> (SKIP TO 26) J	CODE 31 NOT CIRCLED..... <input type="checkbox"/> CODE 31 CIRCLED..... <input type="checkbox"/> (SKIP TO 26) J	CODE 31 NOT CIRCLED..... <input type="checkbox"/> CODE 31 CIRCLED..... <input type="checkbox"/> (SKIP TO 26) J
23	When (NAME) met the trained health worker, how did he/she get there?	WALKED/ CARRIED ON FOOT 11 OWN TRANSPORT Bicycle..... 21 Motorcycle..... 22 Oxcart..... 23 Boat..... 24 Horse/Pony..... 25 Car..... 26 Other..... 27 MOTODOP 31 CYCLO 41 CAR TAXI 51 COMMERCIAL BOAT 61 OTHER 96 DON'T KNOW 98	WALKED/ CARRIED ON FOOT 11 OWN TRANSPORT Bicycle..... 21 Motorcycle..... 22 Oxcart..... 23 Boat..... 24 Horse/Pony..... 25 Car..... 26 Other..... 27 MOTODOP 31 CYCLO 41 CAR TAXI 51 COMMERCIAL BOAT 61 OTHER 96 DON'T KNOW 98	WALKED/ CARRIED ON FOOT 11 OWN TRANSPORT Bicycle..... 21 Motorcycle..... 22 Oxcart..... 23 Boat..... 24 Horse/Pony..... 25 Car..... 26 Other..... 27 MOTODOP 31 CYCLO 41 CAR TAXI 51 COMMERCIAL BOAT 61 OTHER 96 DON'T KNOW 98
24	How long did it take (NAME) to get there?	less than 15 minutes..... 1 15 to 29 minutes..... 2 30 to 59 minutes..... 3 1 hour to 1 hour+59 minutes. 4 2 hours or more..... 5 Don't Know..... 8	less than 15 minutes..... 1 15 to 29 minutes..... 2 30 to 59 minutes..... 3 1 hour to 1 hour+59 minutes. 4 2 hours or more..... 5 Don't Know..... 8	less than 15 minutes..... 1 15 to 29 minutes..... 2 30 to 59 minutes..... 3 1 hour to 1 hour+59 minutes. 4 2 hours or more..... 5 Don't Know..... 8
25	How much total money did it cost for (NAME) to get to (PLACE)?	NON-CASH/IN KIND 11 CASH 100-500 riels..... 21 600-1,000 riels..... 22 1,100-2,000 riels..... 23 2,100-5,000 riels/\$1..... 24 5,100-10,000 riels/\$2..... 25 More than 10,000 riels/\$3. 26 FREE/NO COST 31 DON'T KNOW 98	NON-CASH/IN KIND 11 CASH 100-500 riels..... 21 600-1,000 riels..... 22 1,100-2,000 riels..... 23 2,100-5,000 riels/\$1..... 24 5,100-10,000 riels/\$2..... 25 More than 10,000 riels/\$3. 26 FREE/NO COST 31 DON'T KNOW 98	NON-CASH/IN KIND 11 CASH 100-500 riels..... 21 600-1,000 riels..... 22 1,100-2,000 riels..... 23 2,100-5,000 riels/\$1..... 24 5,100-10,000 riels/\$2..... 25 More than 10,000 riels/\$3. 26 FREE/NO COST 31 DON'T KNOW 98
26		GO BACK TO Q.15 IN NEXT COLUMN; OR IF NO MORE PEOPLE, GO TO Q.27	GO BACK TO Q.15 IN NEXT COLUMN; OR IF NO MORE PEOPLE, GO TO Q.27	GO BACK TO Q.15 IN NEXT COLUMN; OR IF NO MORE PEOPLE, GO TO Q.27

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
27	DOES YOUR HOUSEHOLD HAVE	YES	NO	
	Electricity?.....	1	2	
	Wardrobe?.....	1	2	
	Sewing Machine or loom?.....	1	2	
	Plough?.....	1	2	
	Radio/Tape Recorder?.....	1	2	
	Television?.....	1	2	
28	MAIN MATERIALS OF THE WALLS RECORD OBSERVATION	NO WALLS.....1 PLASTIC/TENT.....2 THATCH/PALM/BAMBOO/BARK.3 WOOD.....4 MUD.....5 TILES OR CEMENT.....6 OTHER.....7 (SPECIFY)		
29	MAIN MATERIALS OF THE ROOF RECORD OBSERVATION	PLASTIC/TENT.....1 THATCH/PALM/BAMBOO/BARK.2 CORRUGATED IRON.....3 TILES/CEMENT/FIBROCEMENT.4 OTHER.....6 (SPECIFY)		
30	DOES YOUR HOUSEHOLD OWN A	YES	NO	
	Bicycle/Cyclo?.....	1	2	
	Motorcycle?.....	1	2	
	Car?.....	1	2	
	Boat without motor?.....	1	2	
	Boat with motor?.....	1	2	
31	Does your household raise animals/fish/poultry to sell to others?	YES.....1 NO.....2		