

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

Form 3					
PSU No.					
Household ID					

LSMS PLUS QUESTIONNAIRE 2019

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

02. Household Roster

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

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.

02. INITIAL VISIT

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

02. A. LIST OF HOUSEHOLD MEMBERS (CONTINUED)

ID NUMBER	Please give me the names of all household members, starting with head of the household. A person is counted as a household member if he/she lives here or has been absent for less than 12 months.	Sex 1 = Male 2 = Female	What is ..[NAME].. 's date of birth?			What is ..[NAME].. 's age in completed years?	Birth Registration	Relationship to the head	ID NUMBER	Does the father of ..[NAME].. live in the household? If YES, write the ID CODE, if NO write "0"	Does the mother of ..[NAME].. live in the household? If YES, write the ID CODE, if NO write "0"	Only for members aged 13 and above:	
			Write '98' if don't know, for day or month or year	Write '0' if less than one year of age	Does (name) have a birth certificate? If No, Probe: Has (name)'s birth ever been registered with the civil authority? 1 = Certificate 2 = Registration 3 = Neither 4 = Don't know	What is ..[NAME].. 's marital status? 1 = Married/Living together 2 = Divorced/Separated (>> 11) 3 = Widowed (>> 11) 4 = Never married/Never lived with a partner (>> 11)	Does the spouse of ..[NAME].. live in this household? If YES, write the ID CODE, if NO write "0"						
			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									08				
09									09				
10									10				
11									11				
12									12				
13									13				
14									14				
15									15				

e of the head of household, or another adult household member

INITIAL VISIT

[illegible]

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?

7

DAY	MONTH	HOURS	MINUTES

[illegible]

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 housing unit as your household?	NUMBER OF HOUSEHOLDS:	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Q2	What is the floor area of the housing/dwelling unit occupied by your household?	NUMBER OF SQUARE METERS:	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Q3	How many rooms in the dwelling unit are used by the household (other than kitchen, toilet and bathrooms)?	NUMBER OF ROOMS:	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Q4	What is the primary construction material of the wall of the housing/dwelling unit occupied by your household?	CODE: <input type="text"/>																	
<p>WALL CODES</p> <table> <tr> <td>1 = Bamboo, Thatch/leaves, Grass</td> <td>4 = Concrete, brick, stone</td> <td>7 = Makeshift, mixed materials</td> </tr> <tr> <td>2 = Wood or logs</td> <td>5 = Galvanized iron or aluminium or other metal sheets</td> <td>8 = Clay/dung with straw</td> </tr> <tr> <td>3 = Plywood</td> <td>6 = Fibrous cement/Asbestos</td> <td>9 = Other, specify</td> </tr> </table>						1 = Bamboo, Thatch/leaves, Grass	4 = Concrete, brick, stone	7 = Makeshift, mixed materials	2 = Wood or logs	5 = Galvanized iron or aluminium or other metal sheets	8 = Clay/dung with straw	3 = Plywood	6 = Fibrous cement/Asbestos	9 = Other, specify					
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Q5	What are the primary construction material of the roof of the housing / dwelling unit occupied by your household?	CODE: <input type="text"/>																	
<p>ROOF CODES</p> <table> <tr> <td>1 = Thatch/leaves/grass</td> <td>5 = Salvaged materials</td> <td>8 = Concrete</td> </tr> <tr> <td>2 = Tiles</td> <td>6 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement</td> <td>9 = Plastic sheet</td> </tr> <tr> <td>3 = Fibrous cement</td> <td>7 = Mixed but predominantly made of thatch/leave /grass or salvaged materials</td> <td>10 = Other (Specify)</td> </tr> <tr> <td>4 = Galvanized iron or aluminium or other metal sheets</td> <td></td> <td></td> </tr> </table>						1 = Thatch/leaves/grass	5 = Salvaged materials	8 = Concrete	2 = Tiles	6 = Mixed but predominantly made of galvanized iron/aluminium, tiles or fibrous cement	9 = Plastic sheet	3 = Fibrous cement	7 = Mixed but predominantly made of thatch/leave /grass or salvaged materials	10 = Other (Specify)	4 = Galvanized iron or aluminium or other metal sheets				
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Q6	What are the primary construction material of the floor of the housing / dwelling unit occupied by your household?	CODE: <input type="text"/>																	
<p>FLOOR CODES</p> <table> <tr> <td>1 = Earth, clay</td> <td>4 = Cement/Brick/Stone</td> <td>7 = Vinyl</td> </tr> <tr> <td>2 = Wooden planks</td> <td>5 = Parquet, polished wood</td> <td>8 = Ceramic tiles</td> </tr> <tr> <td>3 = Bamboo strips</td> <td>6 = Polished stone, marble</td> <td>9 = Other (Specify)</td> </tr> </table>						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)					
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Q7	What is your household's main source of lighting?	CODE: <input type="text"/>																	
<p>LIGHTING SOURCE CODES</p> <table> <tr> <td>1 = Publicly-provided electricity/City power</td> <td>3 = Battery</td> <td>5 = Candle</td> <td>7 = Solar</td> </tr> <tr> <td>2 = Generator</td> <td>4 = Kerosene lamp</td> <td>6 = None</td> <td>8 = Other (specify)</td> </tr> </table>						1 = Publicly-provided electricity/City power	3 = Battery	5 = Candle	7 = Solar	2 = Generator	4 = Kerosene lamp	6 = None	8 = Other (specify)						
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2 = Generator	4 = Kerosene lamp	6 = None	8 = Other (specify)																
Q8	What is the main source of drinking water for your household?	CODE: <input type="text"/>																	
<p>DRINKING WATER SOURCE CODES</p> <table> <tr> <td>1 = Piped into dwelling</td> <td>8 = Unprotected spring</td> </tr> <tr> <td>2 = Piped into compound, yard or plot</td> <td>9 = Rainwater collection</td> </tr> <tr> <td>3 = Public tap / standpipe</td> <td>10 = Tanker-truck</td> </tr> <tr> <td>4 = Tube Well, Borehole</td> <td>11 = Cart with small tank / drum</td> </tr> <tr> <td>5 = Protected well</td> <td>12 = Surface water (river, stream, dam, lakes, ponds, streams, canals, and irrigation channels)</td> </tr> <tr> <td>6 = Unprotected well</td> <td>13 = Bottled water</td> </tr> <tr> <td>7 = Protected spring</td> <td>14 = Other (specify)</td> </tr> </table>						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, dam, lakes, ponds, streams, canals, and irrigation channels)	6 = Unprotected well	13 = Bottled water	7 = Protected spring	14 = Other (specify)
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04. HOUSING (CONTINUED)

Q16 How much water charges did your household pay last month? (Put "0" for not buying water source)		RIELS: <input style="width: 100px;" type="text"/>
Q19a What kind of toilet facility does your household usually use? 1 = None 2 = Pour flush (or flush connected to sewerage) 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		CODE: <input style="width: 50px;" type="text"/>
Q19b Do you share this facility with others who are not members of your household? 1 = Yes 2 = No		CODE: <input style="width: 50px;" type="text"/>
Q19c Does your household used to pump/empty tank or pit latrines? 1= Yes, used to pump/empty 2= No, never pump/empty (=>>Q20) 3= Don't know (=>>Q20)		CODE: <input style="width: 50px;" type="text"/>
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):..... 6= Don't know		CODE: <input style="width: 50px;" type="text"/>
Q20 How much did your household spend for sewage or waste water disposal last month? (Write 0 if nothing)		RIELS: <input style="width: 100px;" type="text"/>
Q21 How much did your household spend for garbage collection last month? (Write 0 if nothing)		RIELS: <input style="width: 100px;" type="text"/>
Q26 What type of fuel does your household mainly use for cooking? <div style="display: flex; justify-content: space-between;"> <div> <u>FUEL CODES</u> 1 = Firewood 2 = Charcoal 3 = Liquefied petroleum gas LPG 4 = Kerosene 5 = Publicly-provided electricity/City Power </div> <div> 6 = Household generator 7 = None/don't cook 8 = Other (Specify) </div> </div>		CODE: <input style="width: 50px;" type="text"/>
Q27 How much did the household spend on the following items last month (including lights and cooking)? <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> INCLUDE THE VALUE OF OWN PRODUCTION OR RECEIVED AS PAYMENT IN KIND FOR WORK OR AS GIFT OR FREE COLLECTION (ENTER " 0 " IF DID NOT SPEND ANYTHING) </div> <div style="width: 35%;"> RIELS a. Electricity <input style="width: 80px;" type="text"/> b. Gas (LPG) <input style="width: 80px;" type="text"/> c. Kerosene <input style="width: 80px;" type="text"/> d. Firewood <input style="width: 80px;" type="text"/> e. Charcoal <input style="width: 80px;" type="text"/> f. Battery <input style="width: 80px;" type="text"/> g. Other (Specify) <input style="width: 80px;" type="text"/> </div> </div>		
Q28 What's the legal status of the dwelling? <u>LEGAL STATUS CODE</u> 1 = Owned by the household (>> Q29b) 2 = Not owned but no rent is paid (>> Q29b) 3 = Rented 4 = Other (Specify) (>> Q29b)		CODE: <input style="width: 50px;" type="text"/>
Q29a If rented: How much did you pay for rent of this house last month? (=>> Q30) <input style="width: 100px;" type="text"/>		1 = RIEL 2 = USD
Q29b How much would you have to pay per month to rent a similar dwelling? (Estimated value) <input style="width: 100px;" type="text"/>		1 = RIEL 2 = USD
Q30 Whether owned or rented: How much did you spend on maintenance and minor repairs of the dwelling last month?		RIELS: <input style="width: 100px;" type="text"/>

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 days


Q1. Did your household eat and consume foods, drinks, and tobacco as below during the last 7 days? 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

ITEM NUMBER	FOOD/BEVERAGE/TOBACCO ITEMS	Unit and quantity		Value of consumption in Riels Write '0' if nothing	
				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			

ITEM NUMBER	FOOD/BEVERAGE/TOBACCO ITEMS	Unit and quantity		Value of consumption in Riels Write '0' if nothing	
				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	<i>set</i>			
23	... mangoes	<i>kg</i>			
24	... <i>longan (mien)</i>	<i>kg</i>			
25	... <i>papaya</i>	<i>kg</i>			
26	...tamarind	<i>kg</i>			
27	...coconut	<i>piece</i>			
28	...nuts and edible seeds	<i>kg</i>			
29	... maize and corn crop	<i>piece</i>			
30	...other fresh fruits	<i>kg</i>			
31	...dried and preserved fruits	<i>kg</i>			
B1E	Vegetables, mushrooms, tubers, and ingredience				
32	...trakun (watercress marsh cabbage)	<i>kg</i>			
33	...spring onion/ garlic/ leeks leaves	<i>kg</i>			
34	...cabbage/ leaves	<i>kg</i>			
35	...gourd, cucumber, pumpkin, eggplant	<i>kg</i>			
36	...other fresh vegetables	<i>kg</i>			
37	...prepared and preserved vegetables	<i>kg</i>			
38	...tubers (potato, sweet potato, carrot, radish..)	<i>kg</i>			
39	...mushrooms/ dried mushrooms	<i>kg</i>			
40	... pea, bean/ soybean/ bean sprout	<i>kg</i>			
41	...sugar cane/ palm sugar	<i>kg</i>			
42	...sweets	<i>bowl</i>			
43	...salt	<i>kg</i>			
44	...pepper	<i>kg</i>			
45	...monosodium glutamte	<i>kg</i>			
46	...fish sources/ soy sources/ chilly sources	<i>liter</i>			
47	Other ingrediences	<i>kg</i>			
B1F	Soft drinks, beer, wine, cigarettes, coffee...				
48	...nutritive tablets	<i>kg</i>			
49	...coffee, tea, and chocolate	<i>kg</i>			
50	...bottled/mineral water	<i>liter</i>			
51	...soft drinks, orange juices, friut juices	<i>liter</i>			
52	...ice cream	<i>roll</i>			
53	...beer at home	<i>liter</i>			
54	...wine at home	<i>liter</i>			
55	...other alcohol not in bar or restaurant	<i>liter</i>			
56	...cigarettes and other tobacco	<i>roll</i>			

ITEM NUMBER	FOOD/BVERAGE/TOBACCO ITEMS	Unit and quantity		Value of consumption in Riels Write '0' if nothing	
				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				
B1H.	...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.

No.	What was your household's expenditure on the following items during the indicated time periods?	Time period	Value (in Riels) Write '0' if nothing	
			In-cash expenditure	In-kind expenditure or gifts received
(1)	(2)	(3)	(4)	(5)
C1A.	Clothing, footwear, 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 lubricant, 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		

No.	What was your household's expenditure on the following items during the indicated time periods?	Time period	Value (in Riels) Write '0' if nothing	
			In-cash expenditure	In-kind expenditure or gifts received
	NON-FOOD ITEMS			
C1D.	Home equipment, maintenance, decoration, housekeeper wage, and kid toys			
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 from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?
YES...1
NO....2 ☐

02 ... processed and sold any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?
YES...1
NO....2 ☐

03 ... owned a trading business on a street or in a market?
YES...1
NO....2 ☐

04 ... offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, construction timber, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?
YES...1
NO....2 ☐

05 ... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?
YES...1
NO....2 ☐

06 ... driven own taxi/tuk-tuk or pick-up truck to provide transportation or moving services?
YES...1
NO....2 ☐

07 ... owned a bar or restaurant?
YES...1
NO....2 ☐

08 ...owned any other non-agricultural business, even if it is a small business run from home or on a street?
YES...1
NO....2 ☐

B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS QUESTION 01 THROUGH QUESTION 08?
☐

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

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

7: HOUSEHOLD ENTERPRISES (CONTINUED)

[illegible]

7: HOUSEHOLD ENTERPRISES (CONTINUED)

	16. What were the sources of start-up capital for this enterprise? READ ANSWERS. LIST UP TO 2. IF ONLY ONE SOURCE, RECORD "99" IN THE SECOND COLUMN. IF NO SOURCES OF START-UP CAPITAL, RECORD "99" IN BOTH COLUMNS.	17. Where do you operate this [ENTERPRISE]? READ RESPONSES	18. Does this [ENTERPRISE] have access to working electricity?	19. What is the main source of electricity for this [ENTERPRISE]? GRID.....1 SOLAR PANEL..2 GENERATOR....3 OTHER (SPECIFY)....4	20. To whom do you mostly sell your products or services? READ RESPONSES LIST UP TO 2 BUYERS.	21. Is this [ENTERPRISE] officially registered with the Ministry of Commerce/ Provincial Department of Ministry of Commerce?	22. Does this [ENTERPRISE] or any of its owners or managers belong to any registered business association?
	Own-savings from agriculture.....1 Own-savings from non-agriculture.....2 Sale of assets owned.....3 Proceeds from another business.....4 Non-agricultural credit from bank or other institution.....5 Loan from money lender....6 Loan from family/friends..7 Rotating Savings & Credit Association.....8 Self Help Group.....9 Gift from family/friends.10 Inherited.....11 Other (specify).....12	Home (inside residence).....1 Home (outside residence).....2 Industrial site.....3 Traditional market place...4 Commercial area shop.....5 Roadside.....6 >> 20 Other fixed place.....7 Mobile.....8 >> 20	Yes...1 No...2 >> 20		Final consumers.....1 Traders.....2 Other small businesses...3 Large established businesses/institutions..4 Export.....5 Manufacturer.....6 Association/Community....7 Other (specify).....8	YES..1 NO...2	YES...1 NO...2
	1ST	2ND			1ST	2ND	
1							
2							
3							
4							
5							

ENTERPRISE ID

23. During the past 12 months, was this [ENTERPRISE] operational in the month of [MONTH]?

MARK FOR EACH MONTH IN TURN. START FROM THE MOST RECENT MONTH THAT WAS COMPLETED, GOING BACK MONTH BY MONTH.

MAKE SURE ALL APPLICABLE MONTHS IN THE PAST 12 MONTH PERIOD ARE MARKED WITH ONE OF THE CODES BELOW.

YES..1
NO...2

24. Why was this [ENTERPRISE] not in operation for [PERIOD INDICATED IN 23]?
READ RESPONSES
LIST UP TO 2

Lack of
non-labour inputs...1
Difficulty to borrow
from formal financial
institutions.....2
Difficulty to borrow
from family, friends
or others.....3
Seasonal work.....4
Bad weather.....5
Not profitable.....6
Own-Illness/Need
to care for
household members..7
Other (Specify)....8

[illegible]

7: HOUSEHOLD ENTERPRISES (CONTINUED)

[illegible]

7: HOUSEHOLD ENTERPRISES (CONTINUED)

29.

ENTRIPRISE ID

A. During the last month of operation, how many non-household member men/women/children (under-18) 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?

[illegible]

7: HOUSEHOLD ENTERPRISES (CONTINUED)

COST NUMBER	COST ITEM	How much did you spend on [COST ITEM], during the past 12 months, that is since ..[MONTH].. last year, for your [ENTERPRISE]?					
		Write '0' if nothing					
		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 machines, cars, motorbikes						
02	Raw material used for processing <i>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.</i>						
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) <i>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.</i>						
07	Food, drink and tobacco products served to customers <i>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.</i>						
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, stationery 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 <i>Exclude Capital goods to be used for the production, such as machines, cars, motorbikes. They are registered in row 01 above.</i>						

7: HOUSEHOLD ENTERPRISES (CONTINUED)

REVENUE NUMBER	REVENUE ITEM	How much did you receive under [REVENUE ITEM], during the past 12 months, that is since ..[MONTH].. last year, for your [ENTERPRISE]?					
		Write '0' if nothing					
		ENTERPRISE 1 RIELS	ENTERPRISE 2 RIELS	ENTERPRISE 3 RIELS	ENTERPRISE 4 RIELS	ENTERPRISE 5 RIELS	ENTERPRISE 6 RIELS
01	Receipts from sale of products and by-products from own production <i>Products and by-products which the household has produced by buying raw material or using own produced raw material</i>						
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) <i>Proceeds for sale of goods you purchased for resale (see item 05 - cost item)</i>						
06	Charges for board and lodging						
07	Receipts from sales/services at hotels/restaurants <i>All kind of restaurants, include small restaurant in front of the house, fast-food etc.</i>						
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

1. Do you or does any member of this household **use, own, or hold use rights** for any parcel of land, either alone or jointly with someone else, irrespective of whether the parcel is used by your or another household, and irrespective of the use of the parcel (including dwelling, agricultural, pastoral, forest and business/commercial parcels)?

YES...1 ☐

NO....2 ☐

	2. PARCEL NAME (UNIQUELY IDENTIFIES PIECE OF LAND)	3. Is this [PARCEL] the piece of land on which the dwelling is located? YES...1 NO....2	3.a Are there any structures, buildings or houses on this[PARCEL] ? YES...1 NO....2	4. Under which tenure system is this [PARCEL]? PRIVATE.....1 STATE PUBLIC...2 STATE PRIVATE..3 COMMON PROPERTY.....4 INDIGENOUS.....5 OTHER(SPECIFY) .6	5. How was this [PARCEL] acquired? GIVEN BY THE GOVERNMENT OR LOCAL AUTHORITY.....1 BY INHERITANCE OF GIFT FROM RELATIVES.....2 BOUGHT IT FROM A RELATIVE.....3 BOUGHT IT FROM A NON-RELATIVE.....4 CLEARED LAND/OCCUPIED FOR FREE.....5 DONATED BY FRIEND.....6 RENTED IN.....7 OTHER (SPECIFY)8	6. What is the primary current use of this [PARCEL]? RESIDENTIAL...1 AGRICULTURAL (FARMING AND PLANTATION)...2 AQUACULTURE...3 PASTORAL.....4 FOREST.....5 BUSINESS/ COMMERCIAL..6 DON'T KNOW...7 OTHER (SPECIFY) ...8	7. Is there a secondary current use of this [PARCEL]? YES...1 NO....2>>9	8. What is the secondary current use of this [PARCEL]? RESIDENTIAL...1 AGRICULTURAL (FARMING AND PLANTATION)...2 AQUACULTURE...3 PASTORAL.....4 FOREST.....5 BUSINESS/ COMMERCIAL..6 DON'T KNOW...7 OTHER (SPECIFY) ...8	9. In the last 12 months, has this [PARCEL] been used for farming? YES...1 NO....2	10 What is the area of [PARCEL]? <u>CODES FOR UNIT:</u> SQUARE METERS.....1 ACRE.....2 HECTARES.....3 RAI.....4 KONG.....5 Other (Specify) ..6	AREA							UNIT
											—	—	—	—	.	—	—	
1											—	—	—	—	.	—	—	
2											—	—	—	—	.	—	—	
3											—	—	—	—	.	—	—	
4											—	—	—	—	.	—	—	
5											—	—	—	—	.	—	—	

9. HOUSEHOLD-LEVEL LIVESTOCK ROSTER

1. Does any member of this household own any livestock at present, exclusively and/or jointly with someone else?

L I V E S T O C K C O D E	L I V E S T O C K N A M E	2.	3.
		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. YES....1 NO.....2 >> NEXT LIVESTOCK	Thinking of all household members and [LIVESTOCK] they own, how many [LIVESTOCK] are owned IN TOTAL? READ: CONSIDER ALL LIVESTOCK EXCLUSIVELY OR 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

I T E M C O D E	I T E M N A M E	1. Does any member of this household own any [CONSUMER DURABLE] at present, exclusively and/or jointly with someone else? YES....1 NO.....2 >> NEXT ITEM DON'T KNOW..98 >> NEXT ITEM	2. Thinking of all household members and [CONSUMER DURABLE] they own, how many [CONSUMER DURABLE] are owned IN TOTAL?
			NUMBER
1001	Cell phone		
1002	Computer		
1003	Bicycle		
1004	Motorcycle		
1005	Car		
1006	Tuk tuk		
1007	Boat		
1008	Tractor/Koryun		

START OF INDIVIDUAL INTERVIEWS

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 above.

-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".

[illegible]

12. EDUCATION AND LITERACY (CONTINUED)

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

12. HEALTH CARE SEEKING & EXPENDITURE (CONTINUED)

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

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.

ID NUMBER	ENUMERATOR: IS [NAME] REPORTING FOR HIM/HERSELF? 1=Yes >>2 2=No	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [NAME]? PID	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?	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? 1 = Antenatal care 2 = Delivery 3 = Postnatal care 4 = Vitamin A or deworming 5 = Health check 6 = Other (specify) Register 0 if no.
			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
	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 = Meningitis 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=Hepatitis 20=Gynecology 21=Bronchiolite 22=Rheumatoid 23=Other(Specify)

12.B. ILLNESS AND HEALTHCARE EXPENDITURE (CONTINUED)

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

ID NUMBER	In the last thirty days, how many times did [NAME] seek health care for illness, injury, or any other reason? If 0, PROBE. Has this person bought medicine or consulted with kru khmer, a traditional birth attendant, or a monk Enter number of times sought health If '0' >> NEXT PERSON	In the past 30 days, which was the first provider that was consulted for [NAME]'s health? Enter Code (See below) If don't know enter '98'	Ask if answer in Col. 8 is more than 1 In the past 30 days, which was the last / most recent provider that was consulted for [NAME]'s health? Enter Code (See below) If don't know enter '98'	Was ..[NAME].. hospitalised for the treatment/ care during the last 30 days? 1 = Yes 2 = No Include treatment/care in other countries If '2' >> Col (10)	How many nights was .. [NAME].. hospitalised during the last 30 days? Include treatment/care in other countries	How much in total was spent on transport to go to and return from any health provider in the past 30 days? Include expenditure on transport to other countries Write '0' if nothing	How much in total was spent on treatment at any health provider in the past 30 days? Include expenditure for treatment/care in other countries Write '0' if nothing	Who was present along with the respondent during the individual interview? (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) RESPONSE CODES: ALONE.....1 WITH ADULT FEMALES PRESENT....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT..4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6
					No of Nights	RIELS	RIELS	CODE

(1)	(8)	(9a)	(9b)	(9c)	(9d)	(10)	(11)	(12)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

Codes for col. 9a and 9b

Public sector: 01 = National hospital (PP) 02 = Provincial hospital (RH) 03 = District hospital (RH) 04 = Health centre 05 = Health post 06 = Provincial rehabilitation centre (PRC) or Community based rehabilitation (CBR) 07 = Other publ	Private medical sector: 08 = Private hospital 09 = Private clinic 10 = Private pharmacy 11 = Home/Office of trained health worker/nurse 12 = Visit of trained health worker/nurse 13 = Other private medical (Specify)	Not medical sector: 14 = Shop selling drugs/market 15 = Kru Khmer/ Magician 16 = Monk/religious leader 17 = Traditional birth attendant 18 = Other (Specify)
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13a. Internal Migration of Household Members

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

[illegible]

[illegible]

[illegible]

13b. International Migration of Household Members

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

[illegible]

[illegible]

Temporary Absence				Job Search		
C O D I E D	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?	ENUMERATOR: IS (Q17==3 Q17==4) & (Q9==Q11==Q13==2)	During the last 30 days, did [NAME] do anything to find a paid job?	During the last 30 days, did [NAME] try to start a business?
	YES.1 NO..2 >>23	VACATION, HOLIDAY1 MATERNITY LEAVE2 SICKNESS, ILLNESS, ACCIDENT3 SHIFT WORK, FLEXI TIME, VARIABLE TIMETABLE.....4 EDUCATION LEAVE5 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...).....6 TEMPORARY REDUCTION IN CLIENTS, WORK BREAK7 LAID OFF8 LONG-TERM DISABILITY9 BAD WEATHER CONDITION10 SEASONAL WORK11 OTHER (SPECIFY)12	YES.1 NO..2	YES.1 NO..2 >>27	YES.1 >>25 NO..2	YES.1 NO..2 >>67
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

[illegible]

main wage job identification						
C O D E D	26d Or could [NAME] start working within the next 2 weeks?	26e Why is [NAME] not available to start working?	26f Which of the following best describes what [NAME] is mainly doing at present? PLEASE READ ALL OPTIONS Studying or training1 Engaged in household or family responsibilities2 Family farming, livestock or fishing for family use.....3 Retired or pensioner4 With a long term illness, injury or disability5 Doing volunteering, community or charity work6 Engaged in cultural or leisure activities7 OTHER (Specify).....8 >>next section	27. ENUMERATOR: REVIEW QUESTIONS Q3 AND Q9: IS THERE ANY YES? YES.1 NO..2 >>67	28. In the last 12 months, how many jobs did you/[NAME] have, for which you were paid a wage, salary or any other pay? NUMBER	29. ENUMERATOR READ: I am now going to ask you some questions about [NAME]'s main wage job in the last 12 months. The main job is the one where [NAME] worked the highest number of hours.
1						
2						
3						
4						
5						
6						
7						
8						
9						
14						
15						

main wage job characteristics

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

looking for a more/different work

C O D E D	62. Would [NAME] want to work more hours per week than usually worked, provided the extra hours are paid? YES . 1 NO . . 2	63. Could [NAME] start working more hours within the next two weeks? YES . 1 NO . . 2 >> 65	64. How many additional hours per week could [NAME] work? HOURS	65. Does [NAME] want to change his/her current employment situation? YES . 1 NO . . 2 >> 67	66. What is the main reason why [NAME] want to change his/her employment situation? PRESENT JOB IS TEMPORARY1 TO HAVE A BETTER PAID JOB2 TO HAVE MORE CLIENTS/BUSINESS ..3 TO WORK MORE HOURS4 TO WORK FEWER HOURS5 TO BETTER MATCH SKILLS6 TO WORK CLOSER TO HOME7 TO IMPROVE OTHER WORKING CONDITIONS8 OTHER (SPECIFY)9	67. Who was present along with the respondent during the individual interview? (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) <u>RESPONSE CODES:</u> ALONE.....1 WITH ADULT FEMALES PRESENT....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT.4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6
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.

Now I'd like to ask you about how you spent your time during the past 24 hours. We'll begin from yesterday morning, and continue through to this morning. This will be a detailed accounting. I'm interested in everything you did (i.e. resting, eating, personal care, work inside and outside the home, caring for children, cooking, shopping, socializing, etc.), even if it didn't take you much time.

	Night		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		
1. Primary Activity (WRITE ACTIVITY CODE)														
2. Secondary Activity (WRITE ACTIVITY 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		
3. Primary Activity (WRITE ACTIVITY CODE)														
4. Secondary Activity (WRITE ACTIVITY CODE)														

+

ACTIVITY CODES			
A..... Sleeping and resting	E..... Work for a wage, salary, commission or in-kind payment	N..... Cook or prepare food or drinks to preserve them	U..... Plan the household's finances or bills
B..... Eating and drinking	F..... Run, work or help in a non-agricultural and non-fishing household business	O..... Collect firewood or other natural products	V..... Travelling and commuting
C..... Personal care	G... Work for other households free of charge as exchange laborer	P..... Fetch water from natural or public sources	W... Watching TV/listening to radio/reading
D..... School (incl. homework)	H..... Farming	Q..... Clean the house, wash or iron	X..... Exercising
	I..... Livestock	R. Household maintenance or own construction work (e.g. to renovate, extend or build the household's dwelling)	Y... Social or religious activities and hobbies
	J..... Fishing	S..... Provide care or assistance to adults (18+ years)	Z Other
	K..... Hunt or gather foodstuffs	T..... Look after children (17 years or younger)	
	L..... Buy food or other items or obtain services		
	M..... Make goods (furniture, pottery, baskets, clothing)		

□

16. INDIVIDUAL-LEVEL PARCEL DETAILS (CONTINUED)

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

[illegible]

LAND (CONTINUED)[illegible]

PARCEL

ID

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.

[illegible]

[illegible]

[illegible]

INDIVIDUAL-LEVEL PARCEL DETAILS (CONTINUED)

P A R C E L I D	24.	25.					26.	27.
	If this [PARCEL] were to be sold today, is anyone else among the individuals to decide how the money is used? YES...1 NO...2>>26	If this [PARCEL] were to be sold today, who (or who else) would decide how the money is used? 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 MALES /FEMALES OUTSIDE OF THE HOUSEHOLD. HH PID A HH PID B HH PID C # OF 18+ OLD MALE NON-HH MEMBERS # OF 18+ OLD FEMALE NON-HH MEMBERS					How likely are you to involuntarily lose ownership or use rights to this [PARCEL] in the next 5 years? NOT AT ALL LIKELY...1 SLIGHTLY LIKELY...2 YES, MODERATELY LIKELY...3 YES, VERY LIKELY...4 YES, EXTREMELY LIKELY...5	Who was present along with the respondent during the individual interview? SEE CODE BELOW (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) RESPONSE CODES: ALONE.....1 WITH ADULT FEMALES PRESENT....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT.4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6
1								
2								
3								
4								
5								
6								
7								
8								

[illegible]

18. INDIVIDUAL LEVEL CONSUMER DURABLES AND VALUABLES

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

I T E M C O D E	I T E M N A M E	CARRIED FORWARD FROM HOUSEHOLD ROSTER: NUMBER OF [CONSUMER DURABLES] CURRENTLY OWNED BY ANY MEMBER OF THIS HOUSEHOLD	1. Do you own, exclusively or jointly with someone else, any of these [CONSUMER DURABLE]? RECORD AN ANSWER FOR EACH TYPE OF CONSUMER DURABLE 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. YES.....1 NO.....2 >> NEXT ITEM	3. How many [CONSUMER DURABLE] do you own? YES.....1 NO.....2 >> NEXT ITEM	4. If you were to sell this [CONSUMER DURABLE] today, how much would you receive?	5 Who was presented along with the respondent during the individual interview? SEE CODE BELOW (Reasons interview not administered with the respondent(s) alone should be explained in the remarks) <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div> <u>RESPONSE CODES FOR Q2:</u> ALONE.....1 WITH ADULT FEMALES PRESENT.....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT.....4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT....6
		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

1. Do you own any mobile phones, exclusively or jointly with someone else? INSTRUCTION: THIS REFERS TO MOBILE PHONES IN WORKING CONDITION. ABLE TO BE CHARGED TO INITIATE AT LEAST ONE CALL. YES.....1 NO.....2 ▶ NEXT MODULE REFUSES TO RESPOND....97 ▶ NEXT MODULE	2. How many mobile phones do you own, exclusively or jointly, with someone else? <div>NUMBER</div>	A C C E S S I B I L I T Y	3. Does anyone else jointly own this mobile phone with you? YES...1 NO...2 ▶Q5	4. Who else jointly owns this [MOBILE PHONE] with you? LIST UP TO 3 FROM THE HOUSEHOLD/2 AND THE NUMBER OF ADULT (18+ YEARS OLD) NON HOUSEHOLD MEMER <table><tr><td>HH ID #1</td><td>HH ID #2</td><td>HH ID #3</td><td># OF 18+ OLD MALE NON-HH MEMBERS</td><td># OF 18+ OLD FEMALE NON-HH MEMBERS</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					HH ID #1	HH ID #2	HH ID #3	# OF 18+ OLD MALE NON-HH MEMBERS	# OF 18+ OLD FEMALE NON-HH MEMBERS						5. Does this [MOBILE PHONE] have a SIM card? YES..1 NO...2>7	6. Do you currently have enough airtime to initiate a call with this [MOBILE PHONE]? YES..1 NO...2 DK..98	7. Can you access the internet on this [MOBILE PHONE]? YES..1 NO...2	8. If you were to sell this [MOBILE PHONE] today, how much would you receive? <div>RIELS</div>	9. Who was presented along with the respondent during the individual interview? SEE CODE BELOW <i>(Reasons interview not administered with the respondent(s) alone should be explained in the remarks)</i> <div></div> RESPONSE CODES: ALONE.....1 WITH ADULT FEMALES PRESENT.....2 WITH ADULT MALES PRESENT.....3 WITH ADULTS MIXED SEX PRESENT...4 WITH CHILDREN PRESENT.....5 WITH ADULTS MIXED SEX AND CHILDREN PRESENT.....6
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																							

22. FINANCIAL ASSETS

Will be administered to each adult hh members aged 18 and above

A S S E T C O D E	A S S E T N A M E	1. Do you own [FINANCIAL ASSET], exclusively or jointly with someone else? READ ALL CATEGORIES	2. How many of each [FINANCIAL ASSET], do you own, exclusively or jointly, with someone else?
		YES..... 1 NO..... 2 ▶NEXT ITEM REFUSES TO	NUMBER
1	CURRENT ACCOUNT		
2	SAVINGS ACCOUNT		
3	FIXED ACCOUNT		
4	INFORMAL SAVINGS PROGRAM/CLUB (VSLA)		
96	OTHER (SPECIFY)		

A S S E T N O	NAME OF FINANCIAL INSTITUTION	3. List code of [FINANCIAL ASSET] owned by respondent	4. Does anyone else jointly own [FINANCIAL ASSET] with you?
		CURRENT.....1 SAVINGS.....2 FIXED.....3 INFORMAL SAVINGS PROGRAM/CLUB.....4 OTHER FINANCIAL ASSETS (SPECIFY)96	YES..1 NO...2 ▶Q6
FA1			
FA2			
FA3			
FA4			
FA9			

13. CODE FOR ABILITY FOR RESPONDENT TO BE
INTERVIEWED ALONE:

RESPONSE CODES:

- ALONE.....1
- WITH ADULT FEMALES PRESENT.....2
- WITH ADULT MALES PRESENT.....3
- WITH ADULTS MIXED SEX PRESENT.....4
- WITH CHILDREN PRESENT.....5

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

A S S E T N O	5. 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)					6. Is your name on the account for this [FINANCIAL ASSET]?	7. Is there anyone else whose name is on the account for this [FINANCIAL ASSET] with you?	8. 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)					9. What is the current value [FINANCIAL ASSET]? RECORD 97 IF REFUSE TO ANSWER. RECORD 98 IF DO NOT KNOW.	10. Are there any household members above the age of 18 that do not know about your ownership of this [FINANCIAL ASSET]?	11. Are you the only member of your household above the age of 18 that knows about your ownership of this [FINANCIAL ASSET]?	12. 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 #1	HH ID #2	HH ID #3	#18+ male non HH-memebr	#18+ female non HH-memebr	YES..1 NO...2 ►Q9	YES..1 NO...2 ►Q9	HH ID #1	HH ID #2	HH ID #3	#18+ male non HH-memebr	#18+ female non HH-memebr	RIELS	YES..1 NO...2 ►NEXT ROW	YES..1 ►NEXT ROW NO...2	HH ID #1	HH ID #2	HH ID #3
FA1																		
FA2																		
FA3																		
FA4																		
FA9																		