

IDENTIFICATION	ID-A			ID-B			ID-C			ID-D			EA			HOUSEHOLD			INTERVIEWER #	
No	Questions and Filters									Coding Categories									Skip	

VIOLENCE AGAINST CHILDREN SURVEY – CAMBODIA: Head of Household

	HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD: YES <input type="checkbox"/> NO <input type="checkbox"/>																					
H1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):									<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
H2	RECORD THE SEX OF THE HEAD OF HOUSEHOLD: MALE OR FEMALE									MALE.....			1									
										FEMALE.....			2									
H3	RECORD THE AGE OF THE HEAD OF HOUSEHOLD: 1-17 YEARS OLD, 18-55 YEARS OLD, OR OLDER THAN 55 YEAR OLD <i>(REFER BACK TO THE HEAD OF HOUSEHOLD LIST)</i>									17 YEARS OLD OR UNDER.....			1									
										18 TO 55 YEARS OLD.....			2									
										OLDER THAN 55 YEARS OLD.....			3									
										DON'T KNOW/DECLINED.....			99									
H4	How is the selected respondent related to you? NOTE: ONLY ASKED OF HOUSEHOLDS WITH AN ELIGIBLE RESPONDENT									SELECTED RESPONDENT IS THE HEAD OF HOUSEHOLD (SAME PERSON).....			1									
										SPOUSE.....			2									
										OTHER ROMANTIC PARTNER.....			3									
										BIOLOGICAL SON/DAUGHTER.....			4									
										GRANDCHILD.....			5									
										OTHER RELATIVE.....			6									
										DOMESTIC SERVANT.....			7									
										OTHER (SPECIFY).....			88									
										DON'T KNOW/DECLINED.....			99									
H5	What is the <u>main source</u> of drinking water for members of your household?									PIPED WATER.....			1									
										TUBE/PIPEWELL.....			2									
										PROTECTED DUG WELL.....			3									
										UNPROTECTED DUG WELL.....			4									
										RAIN.....			5									
										SPRING, RIVER, STREAM, LAKE/POND.....			6									
										BOUGHT.....			7									
										OTHER (SPECIFY).....			88									
										DON'T KNOW/DECLINED.....			99									
H6	What is the <u>main source</u> of water used by your household for other purposes such as cooking and hand washing?									PIPED WATER.....			1									
										TUBE/PIPEWELL.....			2									
										PROTECTED DUG WELL.....			3									
										UNPROTECTED DUG WELL.....			4									
										RAIN.....			5									
										SPRING, RIVER, STREAM, LAKE/POND.....			6									
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										OTHER (SPECIFY).....			88									
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H7	What kind of toilet facility do members of your household <u>usually use</u> ? <i>IF "FLUSH" OR "POUR FLUSH", PROBE:</i> Where does it flush to?									FLUSH/POUR FLUSH												
										FLUSH TO PIPED SEWER SYSTEM.....			1									
										FLUSH TO SEPTIC TANK.....			2									
										FLUSH TO PIT (LATRINE).....			3									
										DK WHERE.....			4									
										VENTILATED IMPROVED PIT LATRINE (VIP) (BLAIR TOILET).....			5									
										PIT LATRINE WITH SLAB.....			6									
										PIT LATRINE WITHOUT SLAB/OPEN PIT.....			7									
										COMPOSITING TOILET.....			8									
										BUCKET TOILET.....			9									
										NO FACILITIES/BUSH/ FIELD.....			10									
										OTHER (SPECIFY).....			88									
										DON'T KNOW/DECLINED.....			99									
H8	Do you share this facility with other households?									YES.....			1									
										NO.....			2									
										DON'T KNOW/DECLINED.....			99									

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H9	Does your household have: A. Electricity B. Radio C. Television D. Mobile telephone E. Non-Mobile Telephone F. Refrigerator INTERVIEWER: PLEASE CIRCLE THE APPROPRIATE RESPONSE FOR QUESTION A THROUGH F.						<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. ELECTRICITY</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. RADIO</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. TELEVISION</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. MOBILE TELEPHONE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. NON-MOBILE TELEPHONE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. REFRIGERATOR</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>							YES	NO	DK/DTA	A. ELECTRICITY	1	2	99	B. RADIO	1	2	99	C. TELEVISION	1	2	99	D. MOBILE TELEPHONE	1	2	99	E. NON-MOBILE TELEPHONE	1	2	99	F. REFRIGERATOR	1	2	99		
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H10	Does this household have the following furniture: A. Table B. Chair C. Sofa D. Bed E. Wardrobe F. Kitchen cabinet						<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK/DTA</th> </tr> </thead> <tbody> <tr> <td>A. TABLE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>B. CHAIR</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>C. SOFA</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>D. BED</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>E. WARDROBE</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>F. KITCHEN CABINET</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>							YES	NO	DK/DTA	A. TABLE	1	2	99	B. CHAIR	1	2	99	C. SOFA	1	2	99	D. BED	1	2	99	E. WARDROBE	1	2	99	F. KITCHEN CABINET	1	2	99		
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H11	What type of fuel does your household <u>mainly</u> use for cooking?						FIREWOOD..... 1 CHARCOAL..... 2 KEROSENE 3 LIQUEFIED PETROLEUM GAS (LPG) 4 ELECTRICITY 5 NONE..... 6 OTHER (SPECIFY)..... 88 DON'T KNOW/DECLINED..... 99																																			
H12	RECORD THE <u>MAIN</u> MATERIAL OF THE DWELLING FLOOR. <i>(Observation only)</i>						EARTH/CLAY..... 1 WOOD/BAMBOO PLANKS..... 2 CONCRETE/BRICK/STONE..... 3 POLISHED STONE..... 4 PARQUET/POLISHED WOOD..... 5 MOSAIC/CERAMIC TILES..... 6 OTHER (SPECIFY)..... 88																																			
H13	RECORD THE <u>MAIN</u> MATERIAL OF THE ROOF. <i>(Observation only)</i>						BAMBOO/THATCH/GRASS/PALM..... 1 TILES..... 2 WOOD/PLYWOOD..... 3 CONCRETE/BRICK/STONE..... 4 GALVANIZED IRON, ALUMINIUM, OTHER METAL SHEETS..... 5 ASBESTOS CEMENT SHEETS..... 6 PLASTIC/SYNTHETIC MATERIAL SHEETS..... 7 OTHER (SPECIFY)..... 88																																			
H14	RECORD THE <u>MAIN</u> MATERIAL OF THE WALLS. <i>(Observation only)</i>						BAMBOO/THATCH/GRASS/REEDS/PALM..... 1 EARTH..... 2 WOOD/PLYWOOD..... 3 CONCRETE/BRICK/STONE..... 4 GALVANIZED IRON, ALUMINIUM, OTHER METAL SHEETS..... 5 ASBESTOS CEMENT SHEETS..... 6 SALVAGED/IMPROVISED MATERIALS..... 7 OTHER (SPECIFY)..... 88																																			
H15	How many rooms are there in this household? <i>This excludes bathroom, kitchen, garage and rice storage.</i>						NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99																																			
H16	How many rooms in this household are used for sleeping?						NO. OF ROOMS: <input type="text"/> <input type="text"/> DON'T KNOW/DECLINED..... 99																																			

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H17	Does any member of your household own:																			
	A. Watch									YES			NO			DK/DTA				
	B. Bicycle									1			2			99				
	C. Motorcycle or Scooter									1			2			99				
	D. Animal-Drawn Cart									1			2			99				
	E. Car or Van									1			2			99				
	F. Boat without a Motor									1			2			99				
	G. Boat with a Motor									1			2			99				
	H. Tractor									1			2			99				
	I. Hand tractor									1			2			99				
H18	Does any member of this household have any land that can be used for agricultural purposes?									YES..... 1										
										NO..... 2										
										DON'T KNOW/DECLINED..... 99										
H19	Does this household own any livestock or farm animals?									YES..... 1										
										NO..... 2										
										DON'T KNOW/DECLINED..... 99										
H20	Does any member of this household have a bank account?									YES..... 1										
										NO..... 2										
										DON'T KNOW/DECLINED..... 99										