

CENSUS OF POPULATION AND HOUSING

1 March 2005

Serial Number :

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	Province	District	Village	EA no.	Booket no.
Geo-Code					

Province Name :	
District Name :	
Village Name :	
Village location :	
1= ເທດສະບານເມືອງ/ແຂວງ	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
2= 70% of household using electricity	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
3= 70% of household using pip	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
4= Road access to village	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
5= Market	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6= Hospital/	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

	Date	Name	Date	Name
Data Checking				
Data Coding				

[illegible]

HH number	Number		
	Male	Femal	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
Total			

+

+

FDeath in household			GLast 12 months any member of household moved in or moved out					HNumber of disabilities in household				
21			22		23			24				
Did any death occur in the household last 12 months? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			Moved into this household?- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		Moved out of this household?- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			Is there any disable person in this household? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				
Was there a de-ceased male or fe-male?	How old was the de-ceased?	<i>For women 15#49 years and for deaths other than in accidents</i> Did she die while pregnant, while giving birth or within 42 days after giving birth?-	Serial number	Moved into this house-hold?- 1. Same province 2. Other province 3. Capital 4. Other country	Sex 1. Male 2. Fe-male	Age	Moved out of this house-hold?- 1. Same province 2. Other province 3. Capital 4. Other country	Se-rial no.	Type of disability	Cause of disability		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
									<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
1. Male 2 Fe male	Age			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		

IHousing characteristics													
25	26	27	28	29	30	31				32	33	34	
What is the tenure status of the household?	Which type of building materials are used for the dwelling unit?			Is this dwelling unit electrified?	What is the total area of the dwelling unit? Total area in m²	Water for drinking and cooking				What type of toilet facility is mainly used by this house-hold?	What is the house-hold's main source of energy for cooking?	Does the household operate any agriculture land? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No, go to Q 35	
						What is the household's main source of water for drinking and cooking?	Distance to water source?						
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Tied accom-odation <input type="checkbox"/> Other	Roof <input type="checkbox"/> Tile/Sipax <input type="checkbox"/> Zinc <input type="checkbox"/> Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Grass <input type="checkbox"/> Other	Wall <input type="checkbox"/> Brick/ Con-crete <input type="checkbox"/> Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Other	Floor <input type="checkbox"/> Ceramic/ Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Bamboo <input type="checkbox"/> Other	<input type="checkbox"/> Yes, (own meter) <input type="checkbox"/> Yes, (shared meter) <input type="checkbox"/> Yes, (own generator) <input type="checkbox"/> Yes, (car battery) <input type="checkbox"/> No	What is the actual living area in m²?	1. Pipe water 2. well/borehole, protected 3. well/borehole, unprotected 4. River/stream/dam 5. Mountain source 6. Rain water 7. Other	<input type="checkbox"/> On premises <input type="checkbox"/> Less than 500 m <input type="checkbox"/> Between 500 m and 1 km <input type="checkbox"/> More than 1 km	<input type="checkbox"/> Modern toilet <input type="checkbox"/> Normal toilet <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Electricity <input type="checkbox"/> Paraffin/ Fuel <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Charcoal <input type="checkbox"/> Sawdust <input type="checkbox"/> Gas <input type="checkbox"/> Other	What is the size of this agriculture land? (by hectar)			

Question 5 and 7 Country code	Question 13 Educational code
Cambodia 1 China 2 Burma 3 Thailand 4 Vietnam 5 Other Asian countr. 6 Europe 7 Africa 8 America 9 Austrailia 10 Other countries 11 <i>Don't know</i> Q 5= 9999, Q 7=99	No education 1 Grade 1 11 Grade 2 12 Grade 3 13 Grade 4 14 Grade 5 15 Grade 6 16 Lower sec.1 21 Lower sec.2 22 Lower sec.3 23 Upper sec.1 31 Upper sec.2 32 Upper sec.3 33 <i>Don't know</i> 99
Question 8 Ethnic code	Question 14 Level of vocational education
Lao 1 Thai 2 Phuthai 3 Leu 4 Nguan 5 Yung 6 Sairk 7 Thaineau 8 Keummeu 9 Prai 10 Singmoon 11 Phong 12 Thein 13 Adoo 14 Bid 15 Lamed 16 Samtao 17 Katang 18 Makong 19 Tri 20 Yuroo 21 Treang 22 Taoy 23 Yerh 24 Brao 25 <i>No answer</i> 51	Katu 26 Hahak 27 Oy 28 Grieng 29 Cheng 30 Sdang 31 Shuay 32 Ngahearn 33 Lavy 34 Pako 35 Kamer 36 Toum 37 Guan 38 Moy 39 Kree 40 Akha 41 Singsiri 42 Lahoo 43 Sila 44 Hayee 45 Lolo 46 Hor 47 Mong 48 Ilmearn 49 Other 50 <i>No answer</i> 51
Question 10 Religoin code	Question 24 Type of disability Cause of disability
Buddhist 1 Christian 2 Bahai 3 Islam 4 Other 5 <i>Don't know</i> 9	Visually handicapped 1 Deaf/dumb 2 Arm/leg handicapped 3 Multiple handicapped 4 <i>Other</i> 5 Since birth 1 War accident 2 Accident 3 Drug addicted 4 Diseases 5 <i>Other</i> 6

JTotal population	
35	
Male	
Fe-male	
Total	

Note:
Interviewer:
Date:
Supervisor:
Date: