

**BEL  ZE**  
**CH  LD  ACT  V  TY SURVEY**  
**FEBRUARY 2001**



<p><b>INSTRUCTIONS</b></p> <p>Use No. 2 pencils only. Do not use pen.</p> <p>Check "✓" in the box with the appropriate response.</p> <p>Mark only one response for each question. (Except where stated)</p> <p>Incorrect Marks                  Correct Mark</p> <p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </p>	<p>DISTRICT NUMBER <input type="checkbox"/></p> <p>URBAN/RURAL <input type="checkbox"/></p> <p>ED NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>HOUSEHOLD NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>WEEK NUMBER <input type="checkbox"/></p>
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ADDRESS AND TELEPHONE # OF HOUSEHOLD:  
 \_\_\_\_\_

CITY/TOWN/VILLAGE:  
 \_\_\_\_\_

DISTRICT:  
 \_\_\_\_\_

INTERVIEWER'S SIGNATURE:  
 \_\_\_\_\_



**FOR ALL MEMBERS OF THE HOUSEHOLD**

Please give me the name, age and date of birth of all the persons who usually sleep and share at least one daily meal with your household.

**INTERVIEWER:** Start with the head, then list all other members (including small children and babies) by order of age (age in the reference week), from the oldest to the youngest.

1.

SURNAME	FIRST NAME	AGE
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2.

SURNAME	FIRST NAME	AGE
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3.

SURNAME	FIRST NAME	AGE
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4.

SURNAME	FIRST NAME	AGE
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5.

SURNAME	FIRST NAME	AGE
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6.

SURNAME	FIRST NAME	AGE
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7.

SURNAME	FIRST NAME	AGE
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8.

SURNAME	FIRST NAME	AGE
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9.

SURNAME	FIRST NAME	AGE
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10.

SURNAME	FIRST NAME	AGE
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11.

SURNAME	FIRST NAME	AGE
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12.

SURNAME	FIRST NAME	AGE
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13.

SURNAME	FIRST NAME	AGE
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14.

SURNAME	FIRST NAME	AGE
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15.

SURNAME	FIRST NAME	AGE
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**INTERVIEWER'S COMMENTS**

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**(INTERVIEWER: THE RESPONDENT FOR SECTIONS I – X SHOULD BE THE PARENT/GUARDIAN OF ANY OF THE CHILDREN. UNLESS THE PARENT/GUARDIAN IS NOT PRESENT, SELECT A RESPONSIBLE ADULT WHO IS OLDER THAN 17 YEARS.)**

**SECTION I: HOUSING**

**1.1 Does this household own, rent or lease this dwelling?**

- 01  Own **(SKIP TO Q1.3)**
- 02  Hire-purchase
- 03  Squat **(SKIP TO Q1.3)**
- 04  Rent – private
- 05  Rent – Government
- 06  Lease
- 07  Rent –free **(SKIP TO Q1.3)**
- 08  Provided free by employer **(SKIP TO Q1.3)**
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated **(SKIP TO Q1.3)**

**1.2 Please give amount paid per month by the household.**

\$\_\_\_\_\_ per month.

**(INTERVIEWER: IF DK/NS WRITE '9999' FOR THE ANSWER IN THE ABOVE LINE)**

**1.3. What type of dwelling does this household occupy?**

- 01  Undivided private house
- 02  Part of a private house
- 03  Flat/apartment/condominium
- 04  Double house/duplex
- 05  Combined business & dwelling
- 06  Barracks
- 07  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**1.4 How many rooms does this house have including drawing and dining rooms (excluding bathrooms)?**

- 01  1-2 rooms
- 02  3-4 rooms
- 03  More than 4 rooms
- 04  Other (Specify \_\_\_\_\_)

**1.5 What type of toilet facility does this household have?**

- 01  Sewerage linked to WASA sewer system
- 02  Sewerage linked to septic tank
- 03  Pit latrine, ventilated and elevated
- 04  Pit latrine, ventilated and not elevated
- 05  Pit latrine, ventilated compost
- 06  Pit latrine, not ventilated
- 07  Other (Specify \_\_\_\_\_)
- 08  None (**SKIP TO Q1.7**)
- 09  Don't know/Not stated (**SKIP TO Q1.7**)

**1.6 Are these toilet facilities shared with another person not of this household or with another household?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**1.7 Where is the main kitchen?**

- 01  Inside house
- 02  Outside house
- 03  Outside house, shared with another household(s)
- 04  Other (Specify \_\_\_\_\_)
- 05  Not available
- 09  Don't know/Not stated

**1.8 What type of lighting does this household use most?**

- 01  Gas lamp
- 02  Kerosene lamp
- 03  Electricity from BEL
- 04  Electricity from a private generator
- 05  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**1.9 What type of fuel does this household use most for cooking?**

- 01  Wood
- 02  Gas (Butane)
- 03  Kerosene
- 04  Electricity
- 05  Does not cook
- 06  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**1.10 What is the main source of your drinking water supply?**

- 01  Private, piped into dwelling
- 02  Private vat/drum/well, not piped
- 03  Public, piped into dwelling
- 04  Public, piped into yard
- 05  Public standpipe or hand pump
- 06  Public well
- 07  River/Stream/Creek/Pond/Spring
- 08  Purified water
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**1.11 Which of the following does this household own? (MORE THAN ONE ANSWER ACCEPTABLE; READ OPTIONS)**

- 01  Television (s)
- 02  VCR (s)
- 03  Radio(s)
- 04  Refrigerator (s)
- 05  Stove(s)
- 06  Washing machine(s)
- 07  Telephone (s)
- 08  Private vehicle (s)
- 09  Cycle (s) (Bicycle/Tricycle)
- 10  Motor cycle(s)
- 11  Personal Computer (s)
- 12  Microwave(s)
- 13  None of the above
- 14  Other(s) (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**1.12 What is the estimated average monthly expense of this household?**

\$ \_\_\_\_\_   (Income flash card) DK/NS --- 99

**1.13 What is the estimated average monthly income of this household?**

\$ \_\_\_\_\_   (Income flash card) DK/NS---- 99

**1.14 What is the main activity from which this household received its income during the last 12 months?**

- 01  Self employed in agricultural activities
- 02  Self employed in non-agricultural activities
- 03  Agricultural labour
- 04  Other casual labour
- 05  Government employee
- 06  Private sector employee
- 07  Pension, dividends, interest, property rent, investments, etc.
- 08  Remittance from abroad, public or private support
- 09  Other source (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

## SECTION II: MIGRATION STATUS OF HOUSEHOLDS

2.1 **Has this household ever changed place of residence (within Town/Village, City, Country)?**

- 01  Yes  
02  No (**SKIP TO Q3.1**)  
09  Don't know/Not stated (**SKIP TO Q3.1**)

2.2 **What is the name of the last place of residence?**

- 01 \_\_\_\_\_ Country?    **DK/NS ---- 999**  
02 \_\_\_\_\_ District (In Belize)?  **DK/NS ---- 9**  
03 \_\_\_\_\_ City/Town/Village (In Belize)?   **DK/NS ---- 99**

2.3 **What was the main reason for coming or changing to the present place of residence?**

- 01  Job transfer  
02  Found a job  
03  Looking for a job  
04  Education  
05  Agricultural purpose  
06  Natural disaster  
07  Better living environment (but not due to natural disaster)  
08  Move into own house  
09  Evicted (Forced to move out, Thrown out, Put out)  
10  Other (Specify \_\_\_\_\_)  
99  Don't know/Not stated

2.4 **How long has this household been living in the present place of residence?**

- 01   Months (**IF LESS THAN 12 MONTHS**)  
02   Years (**IF 12 MONTHS OR LONGER**)  
09  Don't know/Not stated

**SECTION III: ALL CHILDREN 5-17 YEARS OLD LIVING AWAY FROM THIS HOUSEHOLD (PARENTS' OR GUARDIANS' HOUSEHOLD)**

**(INTERVIEWER: PLEASE BE CONSISTENT WITH THE ORDER OF CHILDREN FOR EACH QUESTION)**

**3.1 Is there any parent in this household who has a child 5 to 17 years old who is living elsewhere, i.e. not listed as a household member?**

- 01  Yes (Please write down the names, sex and age starting from the oldest to the youngest)  
 02  No (SKIP TO Q4.1)  
 09  Don't know/Not stated (SKIP TO Q4.1)

**PERSON**

Name	Sex		Age (in years)	
	Male = 1	Female = 2		
01 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
02 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06 _____ _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**3.2 (INTERVIEWER: NEED ONLY NAME OF PERSON/INSTITUTION AND ADDRESS)**

**With whom and where does (n) live or reside now? (REFER TO ORDER ON Q3.1)**

**Person 01**

Name of Person/Institution:

\_\_\_\_\_  DK/NS ---- 9

01 \_\_\_\_\_ Country    DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)  DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)   DK/NS ---- 99

**Person 02**

Name of Person/Institution:

\_\_\_\_\_

DK/NS ---- 9

01 \_\_\_\_\_ Country

DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)

DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)

DK/NS ---- 99

**Person 03**

Name of Person/Institution:

\_\_\_\_\_

DK/NS ---- 9

01 \_\_\_\_\_ Country

DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)

DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)

DK/NS ---- 99

**Person 04**

Name of Person/Institution:

\_\_\_\_\_

DK/NS ---- 9

01 \_\_\_\_\_ Country

DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)

DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)

DK/NS ---- 99

**Person 05**

Name of Person/Institution:

\_\_\_\_\_

DK/NS ---- 9

01 \_\_\_\_\_ Country

DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)

DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)

DK/NS ---- 99

**Person 06**

Name of Person/Institution:

\_\_\_\_\_  DK/NS ---- 9

01 \_\_\_\_\_ Country    DK/NS ---- 999

02 \_\_\_\_\_ District (In Belize)  DK/NS ---- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)   DK/NS ---- 99

**3.3 Do you know what (n) is doing presently? (Refer to order of persons in Q3.1)**

	Person number (one response per person)					
	1	2	3	4	5	6
01 Self employed but not attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Working for someone but not attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Attending school or a training institution but not working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Working and attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Involved in housekeeping activities in their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Not working and not attending school and not involved in housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Don't know/Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.4 Does (n) get in touch with this household? (Refer to order of persons in Q3.1)**

	Person number (one response per person)					
	1	2	3	4	5	6
01 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 No (Interview finishes for this person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Don't know/Not stated (Interview finishes for this person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.5 When was the last time (n) contacted this household?**

	Month		Year				DK/NS
Person 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6 Does (n) sometimes send money or goods, etc to this household?

	Yes	No	DK/NS
Person 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(INTERVIEWER: ONLY FOR PERSONS WHO RESPONDED 'NO' OR 'DK/NS' TO Q3.6, THE INTERVIEW FINISHES AT THIS POINT)

3.7 When was the last time (n) sent money or goods, etc?

	Month		Year				DK/NS
Person 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION IV: RESPONDENT CHARACTERISTICS (RESPONDENT FOR SECTIONS I-X)  
(INTERVIEWER: RESPONDENT SHOULD BE OLDER THAN 17 YEARS)**

**PERSON**

**4.1 What is your relationship to the head of the household?**

- 01  Head
- 02  Spouse/Partner
- 03  Child
- 04  Son/daughter-in-law
- 05  Parent/parent-in-law
- 06  Other relative
- 07  Non-relative
- 09  Don't know/Not stated

**4.2 (INTERVIEWER: PLEASE TICK SEX OF RESPONDENT)**

- 01  Male
- 02  Female

**4.3 What was your age on the week ending \_\_/\_\_/\_\_?**

Years      DK/NS ----- 99

**4.4 To what ethnic, racial or national group do you belong?**

- 01  Creole
- 02  East Indian
- 03  Garifuna
- 04  Maya
- 05  Mennonite
- 06  Mestizo
- 07  Spanish/Latino/Ladino/Hispanic
- 08  Chinese (China/Hong Kong/Taiwan)
- 09  Caucasian/White
- 10  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**4.5 In what country were you born?**

\_\_\_\_\_    DK/NS ----- 999

**4.6 Are you presently attending formal school whether part or full-time?**

- 01  YES-Full-time
- 02  YES-Part-time
- 03  NO (SKIP TO Q4.6ii)
- 09  Don't know/Not stated (SKIP TO Q4.6ii)

**4.6i In what standard/form/year– school level are you presently?**

\_\_\_\_\_ school level

(SKIP TO Q4.7)

**4.6ii What was the last standard/form/year – school level you have completed?**

\_\_\_\_\_ school level

**4.7 What is the highest academic level you have completed?**

- 01  None
- 02  Primary
- 03  High School
- 04  BTTC/BCA/BNS
- 05  Sixth Form or equivalent
- 06  University
- 09  Don't know/Not stated (SKIP TO Q5.1)

**INTERVIEWER: SKIP TO Q5.1 AND RECORD Q4.8**

**4.8 Number of years beyond level completed?**

Years DK/NS ----- 99

**SECTION V: CHARACTERISTICS OF THE CHILD 5 – 17 YEARS OLD**  
**(INTERVIEWER: PLEASE WRITE THE CHILD 5-17 YEARS OLD NUMBER**  
**BELOW FROM THE LISTING ON PAGE 3)**

**PERSON**

**5.1 What is (name of child) relationship to you?**

- 01  Spouse/Partner
- 02  Child
- 03  Brother/Sister
- 04  Brother/Sister-in-law
- 05  Grandchild
- 06  Other relative
- 07  Non-relative
- 09  Don't know/Not stated

**5.2 What is (name of child)'s sex?**

- 01  Male
- 02  Female

**5.3 What was the age of (name of child) the week ending \_\_/\_\_/\_\_?**

Years    DK/NS ----- 99

**5.4 In what country was (name of child) born?**

\_\_\_\_\_    DK/NS ----- 999

**5.5 To what ethnic, racial or national group does (name of child) belong?**

- 01  Creole
- 02  East Indian
- 03  Garifuna
- 04  Maya
- 05  Mennonite
- 06  Mestizo
- 07  Spanish/Latino/Ladino/Hispanic
- 08  Chinese (China/Hong Kong/Taiwan)
- 09  Caucasian/White
- 10  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**SECTION VI: MIGRATION STATUS OF THE CHILD 5-17 YEARS OLD**

**6.1 Has (name of child) always been living with the present household?**

01  Yes (SKIP TO Q7.1)

02  No

**6.2 Where was the last place of usual residence of (name of child) prior to coming to this household's residence?**

01 \_\_\_\_\_ Country    DK/NS ----- 999

02 \_\_\_\_\_ District (In Belize)  DK/NS ----- 9

03 \_\_\_\_\_ City/Town/Village (In Belize)   DK/NS ----- 99

**6.3 What was (name of child) doing in the last place of usual residence prior to coming to this household?**

01  Self employed but not attending school

06  Involved in housekeeping activities in the past household

02  Working for someone but not attending school

07  Not working and not attending school and not involved in housekeeping

03  Attending school or a training institution but not working

08  Other (Specify \_\_\_\_\_)

04  Self employed and attending school

09  Don't know/Not stated

05  Working for someone and attending school

**6.4 What was the main reason that (name of child) came to live or reside with the present household?**

01  Job transfer

07  Parents migrated and left the child behind

02  Found a job

08  Child found a safer environment

03  Looking for a job

09  Child abandoned last house

04  Education

10  Start a family

05  Agricultural purpose

11  Other (Specify \_\_\_\_\_)

06  Natural disaster

99  Don't know/Not stated

**6.5 How long has (name of child) been living/residing in the present place of residence or present household?**

01 Months   (IF LESS THAN 12 MONTHS)

02 Years   (IF 12 MONTHS OR LONGER)

09 Don't know/Not stated

**SECTION VII: ECONOMIC ACTIVITY OF THE CHILD 5-17 YEARS OLD**

**Current Economic Activity of The Child During the Last Week.**

**7.1 Did (name of child) do any work for pay, profit or family gain for at least one hour, during the past week?**

- 01  Yes
- 02  No (SKIP TO Q7.19)

**7.2 What category of worker is or was (name of child) in his or her present or last job?**

- 01  Own business/self-employed with paid help
- 02  Own business/self-employed without paid help
- 03  Paid employee – Government
- 04  Paid employee - Quasi Government
- 05  Paid employee – Private
- 06  Unpaid family worker
- 09  Don't know/Not stated

**7.3 What is or was (name of child)'s job title? Give a brief description of (name of child)'s main duties. (For Economic Activity)**

Title of Occupation \_\_\_\_\_ Code (ISIC)

Description \_\_\_\_\_

**7.4 What type of business is or was carried on there?**

\_\_\_\_\_ Code (ISIC)  Code (BCEA)

Description \_\_\_\_\_

**Place of Work/ Employers of The Child.**

**(INTERVIEWER: IF Q7.2 RESPONSE IS '06' OR '09' SKIP TO Q7.7. IF QUESTION Q7.2 RESPONSE IS '01' OR '02' SKIP TO Q7.7B. IF QUESTION Q7.2 IS '03' OR '04' SKIP TO Q7.6, ELSE CONTINUE)**

**7.5 Is (name of child) working for parent or guardian?**

- 01  Yes (SKIP TO Q7.8)
- 02  No
- 09  Don't know/Not stated

**7.6 Do you know where and for whom (name of child) works?**

- 01  Yes
- 02  No **(SKIP TO Q7.8)**
- 09  Don't know/Not stated **(SKIP TO Q7.8)**

**7.7 What is the name and address of (name of child)'s employer?**

**Name of employer or establishment/enterprise**

\_\_\_\_\_

**Address** \_\_\_\_\_  
**(SKIP TO Q7.8)**

**7.7b For those who have their own business: (Those who answered '01' or '02' to Q7.2)**

Address of business \_\_\_\_\_  
**(INTERVIEWER: SKIP TO Q7.11)**

**7.8 How is or was (name of child)'s relationship with his or her employer?**

- 01  Good **(SKIP TO Q7.10)**
- 02  Bad
- 03  Indifferent **(SKIP TO Q7.10)**
- 09  Don't know/Not stated **(SKIP TO Q7.10)**

**7.9 Give the main reasons for the bad relationship?  
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Wants too much work done
- 02  Wants work done for long hours
- 03  Pays poorly
- 04  Does not pay on time
- 05  Abuses physically
- 06  Abuses verbally
- 07  Abuses mentally
- 08  Abuses sexually
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**7.10 Which of the following benefits did/does the employer provide?  
(MORE THAN ONE ANSWER IS ACCEPTABLE READ OPTIONS)**

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Paid holidays                                    | 08 <input type="checkbox"/> Subsidized meals      |
| 02 <input type="checkbox"/> Paid sick leave                                  | 09 <input type="checkbox"/> Free transport        |
| 03 <input type="checkbox"/> Social security insurance (health, pension etc.) | 10 <input type="checkbox"/> Subsidized transport  |
| 04 <input type="checkbox"/> Bonus (regularly)                                | 11 <input type="checkbox"/> Free lodging          |
| 05 <input type="checkbox"/> Free uniform                                     | 12 <input type="checkbox"/> Subsidized lodging    |
| 06 <input type="checkbox"/> Subsidized uniform                               | 13 <input type="checkbox"/> No benefit at all     |
| 07 <input type="checkbox"/> Free meals                                       | 14 <input type="checkbox"/> Other (Specify _____) |
|  | 99 <input type="checkbox"/> Don't know/Not stated |

**Earnings and Hours of Work during the past week.**

**(INTERVIEWER: IF PERSON ANSWERED '06' OR '09' IN Q7.2 SKIP TO Q7.14 ELSE CONTINUE.)**

**7.11 What was the amount (name of child) received for the last pay period?  
(PLEASE WRITE THE AMOUNT GIVEN)**

01 \$\_\_\_\_\_ in-Cash DK/NS ----- 9999

02 \$\_\_\_\_\_ in -Kind DK/NS ----- 9999

**7.12 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q7.11 AND DO NOT ASK THIS QUESTION)**

**The total earnings (name of child) received was:**

\$\_\_\_\_\_ in-cash and in-kind. DK/NS ----- 9999

**7.13 How is (name of child) being paid?**

- 01  Piece rate
- 02  Hourly
- 03  Daily
- 04  Weekly
- 05  Fortnightly
- 06  Monthly
- 07  Per task
- 08  Commission basis
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**7.14 During which time of the day does (name of child) work and for how many hours does he or she usually work?  
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  Day time (5am-5pm)        Hours    DK/NS ----- 99
- 02  Evening time (5pm-8pm)       Hours    DK/NS ----- 9
- 03  Night time (8pm-5am)       Hours    DK/NS ----- 9

**7.15 Is (name of child) aware of any likely health problem or possible injury or accident in connection with his or her work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**7.16 Which of the following protective wear does (name of child) usually use while working?  
(MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)**

- 01  Glasses
- 02  Helmet
- 03  Earplugs
- 04  Special shoes
- 05  Gloves
- 06  Cap
- 07  None
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**7.17 Do other people doing the same work use protective wear while working?**

- 01  Yes
- 02  No (**SKIP TO Q7.19**)
- 09  Don't know/Not stated (**SKIP TO Q7.19**)

**7.18 Which of the following do they usually use? (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)**

- 01  Glasses
- 02  Helmet
- 03  Earplugs
- 04  Special shoes
- 05  Gloves
- 06  Cap
- 07  None
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**Usual Economic Activity of The 5-17 Years Old Child During the Last 12 months before the reference week.**

**7.19** Was (name of child) engaged in any economic activity at any time during the last 12 months?

- 01  Yes  
02  No (SKIP TO Q8.1)  
09  Don't know/Not stated (SKIP TO Q8.1)

**7.20** What was the total duration of work in all economic activities in which he or she was engaged?

- 01  Less than 1 month  
02  1-3 months  
03  4-6 months  
04  7-9 months  
05  10-12 months  
09  Don't know/Not stated

**7.21** Was (name of child) also attending school while he or she was engaged in economic activities?

- 01  Yes  
02  No  
09  Don't know/Not stated

**SECTION VIII: NON ECONOMIC ACTIVITY AND COMPLETE IDLENESS OF THE CHILD 5-17 YEARS OLD:**

**Non Economic Activity during the past week**

**8.1** Has (name of child) been engaged in housekeeping activities or household chores (in own parents' or guardians' home) on a regular basis during the past week?

01  Yes

02  No (SKIP TO Q8.3)

**8.2** How many hours a week, on the average, does (name of child) spend on these household chores or activities?

Minutes (IF LESS THAN 1 HOUR)

Hours (IF 1 HOUR OR MORE)

Don't know/Not stated ----- 99

(SKIP TO Q9.1)

**Complete Idleness during the past week**

**8.3** Was (name of child) idle last week (he or she did not do anything last week)?  
(INTERVIEWER: CHILDREN WHO WERE IDLE DID NOT ATTEND SCHOOL NOR WERE ENGAGED IN ECONOMIC OR NON-ECONOMIC ACTIVITIES)

01  Yes

02  No (SKIP TO Q9.1)

**8.4** What was the main reason for (name of child)'s idleness?

01  Too young to go to school

02  School holiday

03  Child is sick

04  Child wants to be idle

05  Other (Specify \_\_\_\_\_)

09  Don't know/Not stated

**SECTION IX: HEALTH AND SAFETY ASPECTS OF THE CHILD 5-17 YEARS OLD WHO HAVE WORKED AT ANY TIME IN THE PAST:**

**9.1 Has (name of child) ever worked for pay, profit or family gain at anytime in the past?**

- 01  Yes
- 02  No (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)
- 09  Don't know/Not stated (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)

**9.2 Has (name of child) ever been hurt at work or suffered from any illness or injury due to his or her work at any time?**

- 01  Yes
- 02  No (SKIP TO Q10.1)
- 09  Don't know/Not stated (SKIP TO Q10.1)

**9.3 How often was (name of child) hurt or suffered from illnesses or injuries?**

- 01  4 or more times a month
- 02  1 -3 times a month
- 03  Less than once per month
- 09  Don't know /Not stated

**9.4 What job titles were held by (name of child) when the accident happened or when he/she suffered illness?  
(List up to 5 occupations or jobs)**

	Code (ISCO)
01 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**9.5** What types of business (es) was/were carried on there? (Economic activities)  
 (Please list up to five activities/industries and ensure that the industry listed for this question corresponds with the Occupation in Q9.4)

	Code (ISCO)	Code (BCEA)
01 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**9.6** When (name of child) was hurt or suffered from illnesses or injuries, what type were they?  
 (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)

- 01  General, such as fever, cold, headache, etc.
- 02  Eye infection
- 03  Ear infection
- 04  Skin problem
- 05  Breathing problem
- 06  Stiff neck
- 07  Back problem
- 08  Anaemia
- 09  Injured limb (hand, foot, finger, toe, etc.)
- 10  Allergies
- 11  Malaria
- 12  Loss of limb
- 13  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**9.7** Referring to the most serious illness or injury, how serious was it?

- 01  Did not need any medical treatment (does not have to be a physician). (SKIP TO Q10.1)
- 02  Medically treated and released immediately (SKIP TO Q9.9)
- 03  Hospitalized
- 04  Prevented work permanently (SKIP TO Q9.9)
- 05  Other (Specify \_\_\_\_\_) (SKIP TO Q9.9)
- 09  Don't know/Not stated (SKIP TO Q9.9)

**9.8 For how many days was (name of child) hospitalized?**

Days in hospital (DK/NS ---- 999)

**9.9 Did the illness or injury cause (name of child) to stop work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**9.10 Where was (name of child) treated?  
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  At home
- 02  At workplace
- 03  Government clinic/health center
- 04  Private doctor/clinic
- 05  Government hospital
- 06  Private hospital
- 07  Pharmacy/Drugstore
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**9.11 Who paid for (name of child)'s treatment?  
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  Self
- 02  Employer
- 03  Parents/guardians
- 04  Social Security
- 05  Free
- 06  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**SECTION X: PERCEPTION OF PARENT OR GUARDIAN OF THE CHILD 5-17 YEARS OLD**

**(INTERVIEWER: IF GIVEN CODE '01' IN Q7.1 OR CODE '01' IN Q8.1,  
CONTINUE, ELSE SKIP TO Q11.1)**

**10.1 What does (name of child) do for fun, when not working?  
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Watch TV
- 02  Play with friends/brothers/sisters
- 03  Plays alone
- 04  Study
- 05  Read
- 06  Sports
- 07  Attend youth groups/organizations (Scouts, girlguide, 4H, etc.) or other social activities
- 08  Spend time on the computer
- 09  Relax/Sleep
- 10  Go to movies/amusement centers
- 11  Extra curricular activities (dancing, music, arts, singing, etc.)
- 12  Window shopping or Shopping
- 13  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**10.2 What is the main reason for letting (name of child) work?**

- 01  To supplement household income
- 02  To pay outstanding debt under contractual arrangement
- 03  To assist/help in household enterprise
- 04  Education/training programme is not suitable
- 05  Education/training institutions are too far
- 06  To teach him/her work ethics/training
- 07  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**10.3 What will happen if (name of child) stops working? (MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Household living standard will decline
- 02  Household cannot afford to live
- 03  Household enterprise cannot operate fully & other labor not affordable
- 04  Would not continue school
- 05  No work ethics
- 06  Will not be able to sustain herself or himself
- 07  Nothing
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**10.4 At what age did (name of child) start to work for the first time? (THAT IS ECONOMIC OR NON-ECONOMIC ACTIVITIES)**

Years

**10.5 If given a choice, what would you prefer (name of child) to do in the future?**

- 01  Go to school full-time
- 02  Undergo skills training for a good job
- 03  Work for income full-time
- 04  Help full-time in household enterprise or business
- 05  Work full-time in household chores or housekeeping
- 06  Go to school part-time and working part-time for income
- 07  Part-time in household enterprise or business
- 08  Part-time in household chores or housekeeping
- 09  Complete education/training and start to work
- 10  Look for a good job
- 11  Find a better job/work than the present one
- 12  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**END OF QUESTIONS ADDRESSED TO PARENTS OR GUARDIANS**

**GO TO QUESTIONS ADDRESSED TO CHILDREN 5 -17 YEARS OF AGE**

**SECTION XI: FOR THE CHILD 5-17 YEARS OLD**  
**(INTERVIEWER: QUESTIONS TO BE ADDRESSED TO THE CHILD 5-17**  
**YEARS OLD)**

PERSON

Interviewer please note whether the child is:

- 01 \_\_\_ alone
- 02 \_\_\_ accompanied by a parent/Guardian,
- 03 \_\_\_ accompanied by any other member of the household

**11.1 Are you presently attending school or training institution?**

- 01  Yes full-time (SKIP TO Q11.3i)
- 02  Yes part-time (SKIP TO Q11.3i)
- 03  No (FOR THOSE WHO ARE 15-17 YEARS OLD SKIP TO Q11.3ii) Why? All of them are 5-17.

**11.2 What is the main reason for not going to school or a training institution?**

- 01  Too young
- 02  No suitable school or training institution available
- 03  To support self
- 04  Cannot afford schooling or training
- 05  Poor in studies
- 06  Not interested in schooling or training
- 07  Failed at school
- 08  Afraid of teachers
- 09  Illness
- 10  Disabled
- 11  Helping in household chores/housekeeping
- 12  Assisting in household enterprise/business
- 13  Working for wages/salaries
- 14  Working in own business for income
- 15  Family does not permit schooling or training
- 16  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated  
(SKIP TO Q11.3ii)

**11.3i In what class/standard/year and school level are you presently in?**

\_\_\_\_\_  
 Class/standard/year                      School level  
 (SKIP TO Q11.4)

**11.3ii What was the last standard/form/year and school level you have completed?**

\_\_\_\_\_  
 Class/standard/year                      School level

11.4 (INTERVIEWER: DO NOT ASK Q11.4 AND Q11.5, JUST RECORD ANSWER FROM Q11.3i and Q11.3ii)

**Highest education level completed**

- 01  None
- 02  Primary
- 03  High school
- 04  BTTC/BCA/BNS
- 05  Sixth form or equivalent
- 09  Don't know/Not stated

11.5 **Number of years beyond level COMPLETED**

Years

**Current Economic Activity of The Child During the Past Week.**

11.6 **Did you do any work for pay, profit or family gain for at least one hour, during the past week?**

- 01  Yes (SKIP TO Q11.8)
- 02  No

11.7 **Did you engage in any work activity for pay, profit or family gain in another household on the following list, for at least one hour, during the week ending \_\_\_\_/\_\_\_\_/2001? (READ OPTIONS)**

- a) Babysitting
- b) Sell pastries/food from home
- c) Sweeping/Mopping
- d) Cleaning yard/Cutting grass
- e) Sewing for pay
- f) Cutting firewood
- g) Farming
- h) Car washing
- i) Sell food or snacks at market/bus stops/school
- j) Doing dishes
- k) Fetching water
- l) Cooking
- m) Ironing, cleaning or other domestic work
- n) Any other activity (Specify \_\_\_\_\_)

- 01  Yes
- 02  No (SKIP TO Q11.32)
- 09  Don't know/Not stated (SKIP TO Q11.32)

**11.8 What category of worker are or were you in your present or last job?**

- 01  Own business/self-employed with paid help
- 02  Own business/self-employed without paid help
- 03  Paid employee – Government
- 04  Paid employee - Quasi Government
- 05  Paid employee – Private
- 06  Unpaid family worker
- 09  Don't know/Not stated

**11.9 What is/was your job title? Give a brief description of your main duties. (FOR ECONOMIC ACTIVITY)**

Title of Occupation \_\_\_\_\_ Code (ISIC)   
Description \_\_\_\_\_

**11.10 What type of business is/was carried on there? (FOR ECONOMIC ACTIVITY)**

\_\_\_\_\_ Code (ISCO)  Code (BCEA)   
Description \_\_\_\_\_  
**(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.12)**

**11.11 What is the name and address of your employer?**

Name of employer /establishment/enterprise \_\_\_\_\_  
Address \_\_\_\_\_  
**(SKIP TO Q11.13)**

**11.12 For those who have their own business**

Address of business \_\_\_\_\_

**11.13 Are or were you also attending school while working?**

- 01  Yes
- 02  No **(SKIP TO Q11.15)**

**11.14 Does your work affect your regular attendance or studies?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.15 Are you satisfied with your present job?**

- 01  Yes (**SKIP TO Q 11.17**)
- 02  No
- 03  Other (Specify \_\_\_\_\_) (**SKIP TO Q 11.17**)
- 09  Don't know/Not stated (**SKIP TO Q 11.17**)

**11.16 Why are you not satisfied with your present job?**

- 01  Wages too low
- 02  Work too tiring or too hard
- 03  Employer too hard or too demanding
- 04  Earning from self-employment very low
- 05  Does not have time to play/socialize
- 06  Work is dangerous
- 07  Does not have time to study
- 08  Does not have time for himself or herself
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**11.17 Are you required to operate any tool, equipment, machine, etc. at your workplace or on your job/occupation?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.18 Are you aware of any likely health problem or possible hazard, injury or illness in connection with your work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.19 Do you face any problem or difficulty with the present job?**

- 01  Yes
- 02  No
- 03  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.23)**

**11.20 How is your relationship with your employer?**

- 01  Good (**SKIP TO Q11.22**)
- 02  Bad
- 03  Indifferent (**SKIP TO Q11.23**)
- 09  Don't know/Not stated (**SKIP TO Q11.23**)

**11.21 Give the main reasons for the bad relationship. (MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Wants too much work done
- 02  Wants work done for long hours
- 03  Pays poorly
- 04  Does not pay on time
- 05  Abuses physically
- 06  Abuses verbally
- 07  Abuses mentally
- 08  Abuses sexually
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 - 09' IN Q11.8, SKIP TO Q11.32, ELSE SKIP TO Q11.23)**

**11.22 Give the main reasons for the good relationship. (MORE THAN ANSWER IS ACCEPTABLE)**

- 01  Pays well
- 02  Work is not hard
- 03  Employer is not demanding
- 04  Work period is convenient
- 05  Benefits (food, lodging, etc.) are provided
- 06  Employer is parent
- 07  Employer is a relative
- 08  Employer protects from being hurt by others
- 09  Employer pays education expenses
- 10  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 - 09' IN Q11.8, SKIP TO Q11.32, ELSE CONTINUE)**

**11.23 Do you usually work overtime and get paid for it?**

- 01  Yes, with pay
- 02  Yes, without pay
- 03  No overtime work

**11.24 Do you receive wage payment compared to the minimum usual pay in your community?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.25 Do you give a part or all of your earnings to your parents or guardians or other relatives you usually reside with?**

- 01  Yes, all directly through the employer
- 02  Yes, all by self
- 03  Yes, part through the employer
- 04  Yes, part by self
- 05  No
- 06  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**11.26 Do you save any part of your earnings?**

- 01  Yes, regularly
- 02  Yes, occasionally
- 03  No (**SKIP TO Q11.28**)
- 04  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated (**SKIP TO Q 11.28**)

**11.27 What is the main reason for saving?**

- 01  To start own business
- 02  To go to school/training institution
- 03  To start own household/get married
- 04  To buy personal items
- 05  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**Earnings and Hours of Work during the past week.**

**11.28 What was the amount you received for the last pay period? (PLEASE WRITE THE AMOUNT GIVEN)**

- 01 \$ \_\_\_\_\_ in-Cash DK/NS ----- 9999
- 02 \$ \_\_\_\_\_ in-Kind DK/NS ----- 9999

**11.29 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q11.28 AND DO NOT ASK THIS QUESTION)**

**The total earnings you received was:**

\$ \_\_\_\_\_ in-cash and in-kind.(DK/NS ----- 9999)

**11.30 How were you paid?**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Piece rate  | 06 <input type="checkbox"/> Monthly               |
| 02 <input type="checkbox"/> Hourly      | 07 <input type="checkbox"/> Per task              |
| 03 <input type="checkbox"/> Daily       | 08 <input type="checkbox"/> Commission basis      |
| 04 <input type="checkbox"/> Weekly      | 09 <input type="checkbox"/> Other (Specify _____) |
| 05 <input type="checkbox"/> Fortnightly | 99 <input type="checkbox"/> Don't know/Not stated |

**11.31 During which time of the day did you work and for how many hours did you usually work? (MORE THAN ONE ANSWER ACCEPTABLE)**

- |  |   |                |
|--|---|----------------|
| 01 <input type="checkbox"/> Day time (5am-5pm)     | <input type="checkbox"/> <input type="checkbox"/> Hours | DK/NS ----- 99 |
| 02 <input type="checkbox"/> Evening time (5pm-8pm) | <input type="checkbox"/> Hours                          | DK/NS ----- 9  |
| 03 <input type="checkbox"/> Night time (8pm-5am)   | <input type="checkbox"/> Hours                          | DK/NS ----- 9  |

**Non Economic Activity during the past week**

**11.32 Did you work, without getting paid, in housekeeping activities AT HOME during the past week? (e.g. washing clothes, looking after younger brothers and sisters, cooking food, cleaning the inside and outside of the house etc.)**

- 01  Yes
- 02  No (**SKIP TO Q11.35**)

**11.33 In which activities did you work during the last week?**

	<b>YES</b>	<b>NO</b>
01 Cooking, preparing and serving meals	<input type="checkbox"/>	<input type="checkbox"/>
02 Delivery of food products (Bread, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
03 Collection of firewood	<input type="checkbox"/>	<input type="checkbox"/>
04 Running of errands/Shopping (Going to the shop, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
05 Fetching water (Pump, wells, river, vats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
06 Washing clothes	<input type="checkbox"/>	<input type="checkbox"/>
07 Ironing clothes	<input type="checkbox"/>	<input type="checkbox"/>
08 Caring after brothers or sisters, sick, infirm disabled or old members of own household.	<input type="checkbox"/>	<input type="checkbox"/>
09 Cleaning outside and inside of house	<input type="checkbox"/>	<input type="checkbox"/>
10 Driving/fetching family members to or from work or school	<input type="checkbox"/>	<input type="checkbox"/>
11 Feed or caring for animals/pets	<input type="checkbox"/>	<input type="checkbox"/>
12 Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

11.34 How many hours a week, on the average, do you spend on these household chores or activities?

Minutes (IF LESS THAN 1 HOUR)

Hours (IF 1 HOUR OR MORE)

Don't know/Not stated ----- 99

### Children who worked in the past

11.35 Have you ever worked at any time in the past? (Economic or non-economic)

01  Yes

02  No (END INTERVIEW)

09  Don't know/Not stated (END INTERVIEW)

11.36 At what age did you start to work for the first time?

Years DK/NS -----99

11.37 Have you ever been hurt at work or suffered from any illness or injury due to your work at any time?

01  Yes

02  No (SKIP TO Q11.42)

09  Don't know/Not stated (SKIP TO Q11.42)

11.38 What is or was the nature of your illnesses or injuries?

01  General, such as fever, cold, headache, etc.

02  Eye infection

03  Ear infection

04  Skin problem

05  Breathing problem

06  Stiff neck

07  Back problem

08  Anaemia

09  Injured limb (hand, foot, finger, toe, etc.)

10  Allergies

11  Malaria

12  Loss of limb

13  Other (Specify \_\_\_\_\_)

99  Don't know/Not stated

**11.39 Referring to the most serious injury/illness, how serious was it?**

- 01  Did not need any medical treatment (SKIP TO Q11.42)
- 02  Medically treated and released immediately (SKIP TO Q11.42)
- 03  Stopped work temporarily (SKIP TO Q11.41)
- 04  Hospitalized
- 05  Prevented work permanently (SKIP TO Q11.42)
- 06  Other (Specify \_\_\_\_\_) (SKIP TO Q11.42)
- 09  Don't know/Not stated (SKIP TO Q11.42)

**11.40 For how many days were you hospitalized?**

Days hospitalized. (SKIP TO Q11.42) DK/NS-----999

**11.41 For how many days did you stop work?**

Days stopped working temporarily. DK/NS-----999

**11.42 If given a choice, what would you like to do now?**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Go to school full-time                                  | 07 <input type="checkbox"/> Go to school full-time and working full-time for income |
| 02 <input type="checkbox"/> Undergo skills training for a good job                  | 08 <input type="checkbox"/> Part-time work in household enterprise or business      |
| 03 <input type="checkbox"/> Work for income full-time                               | 09 <input type="checkbox"/> Part-time work in household chores or housekeeping      |
| 04 <input type="checkbox"/> Help full-time in household enterprise/ business        | 10 <input type="checkbox"/> Look for a good job                                     |
| 05 <input type="checkbox"/> Work full-time in household chores/housekeeping         | 11 <input type="checkbox"/> Find a better job/work than the present one             |
| 06 <input type="checkbox"/> Go to school part-time and working part-time for income | 12 <input type="checkbox"/> Other (Specify _____)                                   |
|   | 99 <input type="checkbox"/> Don't know/Not stated                                   |

**11.43 What would you like to do in the future?**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Go to school full-time                                  | 07 <input type="checkbox"/> Part-time in household enterprise or business |
| 02 <input type="checkbox"/> Undergo skills training for a good job                  | 08 <input type="checkbox"/> Part-time in household chores or housekeeping |
| 03 <input type="checkbox"/> Work for income full-time                               | 09 <input type="checkbox"/> Complete education/training and start to work |
| 04 <input type="checkbox"/> Help full-time in household enterprise or business      | 10 <input type="checkbox"/> Look for a good job                           |
| 05 <input type="checkbox"/> Work full-time in household chores or housekeeping      | 11 <input type="checkbox"/> Find a better job/work than the present one   |
| 06 <input type="checkbox"/> Go to school part-time and working part-time for income | 12 <input type="checkbox"/> Other (Specify _____)                         |
|   | 99 <input type="checkbox"/> Don't know/Not stated                         |

**END OF INTERVIEW FOR THIS CHILD**

**SECTION V: CHARACTERISTICS OF THE CHILD 5 – 17 YEARS OLD**  
**(INTERVIEWER: PLEASE WRITE THE CHILD NUMBER BELOW FROM**  
**THE LISTING ON PAGE 3 STARTING WITH THE OLDEST CHILD)**

**PERSON**

**5.1 What is (name of child) relationship to you?**

- 01  Spouse/Partner
- 02  Child
- 03  Brother/Sister
- 04  Brother/Sister-in-law
- 05  Grandchild
- 06  Other relative
- 07  Non-relative
- 09  Don't know/Not stated

**5.2 What is (name of child)'s sex?**

- 01  Male
- 02  Female

**5.3 What was the age of (name of child) the week ending \_\_/\_\_/\_\_?**

Years    DK/NS ----- 99

**5.4 In what country was (name of child) born?**

\_\_\_\_\_    DK/NS ----- 999

**5.5 To what ethnic, racial or national group does (name of child) belong?**

- 01  Creole
- 02  East Indian
- 03  Garifuna
- 04  Maya
- 05  Mennonite
- 06  Mestizo
- 07  Spanish/Latino/Ladino/Hispanic
- 08  Chinese (China/Hong Kong/Taiwan)
- 09  Caucasian/White
- 10  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**SECTION VI: MIGRATION STATUS OF THE CHILD 5-17 YEARS OLD**

**6.1 Has (name of child) always been living with the present household?**

- 01  Yes (SKIP TO Q7.1)
- 02  No

**6.2 Where was the last place of usual residence of (name of child) prior to coming to this household's residence?**

- 01 \_\_\_\_\_ Country    DK/NS ----- 999
- 02 \_\_\_\_\_ District (In Belize)  DK/NS ----- 9
- 03 \_\_\_\_\_ City/Town/Village (In Belize)   DK/NS ----- 99

**6.3 What was (name of child) doing in the last place of usual residence prior to coming to this household?**

- 01  Self employed but not attending school
- 02  Working for someone but not attending school
- 03  Attending school or a training institution but not working
- 04  Self employed and attending school
- 05  Working for someone and attending school
- 06  Involved in housekeeping activities in the past household
- 07  Not working and not attending school and not involved in housekeeping
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**6.4 What was the main reason that (name of child) came to live or reside with the present household?**

- 01  Job transfer
- 02  Found a job
- 03  Looking for a job
- 04  Education
- 05  Agricultural purpose
- 06  Natural disaster
- 07  Parents migrated and left the child behind
- 08  Child found a safer environment
- 09  Child abandoned last house
- 10  Start a family
- 11  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**6.5 How long has (name of child) been living/residing in the present place of residence or present household?**

- 01 Months   (IF LESS THAN 12 MONTHS)
- 02 Years   (IF 12 MONTHS OR LONGER)
- 09 Don't know/Not stated

**SECTION VII: ECONOMIC ACTIVITY OF THE CHILD 5-17 YEARS OLD**

**Current Economic Activity of The Child During the Last Week.**

**7.1 Did (name of child) do any work for pay, profit or family gain for at least one hour, during the past week?**

- 01  Yes
- 02  No (SKIP TO Q7.19)

**7.2 What category of worker is or was (name of child) in his or her present or last job?**

- 01  Own business/self-employed with paid help
- 02  Own business/self-employed without paid help
- 03  Paid employee – Government
- 04  Paid employee - Quasi Government
- 05  Paid employee – Private
- 06  Unpaid family worker
- 09  Don't know/Not stated

**7.3 What is or was (name of child)'s job title? Give a brief description of (name of child)'s main duties. (For Economic Activity)**

Title of Occupation \_\_\_\_\_ Code (ISIC)

Description \_\_\_\_\_

**7.4 What type of business is or was carried on there?**

\_\_\_\_\_ Code (ISIC)  Code (BCEA)

Description \_\_\_\_\_

**Place of Work/ Employers of The Child.**

(INTERVIEWER: IF Q7.2 RESPONSE IS '06' OR '09' SKIP TO Q7.7. IF QUESTION Q7.2 RESPONSE IS '01' OR '02' SKIP TO Q7. 7B, ELSE CONTINUE)

**7.5 Is (name of child) working for parent or guardian?**

- 01  Yes (SKIP TO Q7.8)
- 02  No
- 09  Don't know/Not stated

**7.6 Do you know where and for whom (name of child) works?**

- 01  Yes
- 02  No **(SKIP TO Q7.8)**
- 09  Don't know/Not stated **(SKIP TO Q7.8)**

**7.7 What is the name and address of (name of child)'s employer?**

Name of employer or establishment/enterprise

\_\_\_\_\_

Address  
**(SKIP TO Q7.8)**

\_\_\_\_\_

**7.7b For those who have their own business: (Those who answered '01' or '02' to Q7.2)**

Address of business  
**(INTERVIEWER: SKIP TO Q7.11)**

\_\_\_\_\_

**7.8 How is or was (name of child)'s relationship with his or her employer?**

- 01  Good **(SKIP TO Q7.10)**
- 02  Bad
- 03  Indifferent **(SKIP TO Q7.10)**
- 09  Don't know/Not stated **(SKIP TO Q7.10)**

**7.9 Give the main reasons for the bad relationship?  
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Wants too much work done
- 02  Wants work done for long hours
- 03  Pays poorly
- 04  Does not pay on time
- 05  Abuses physically
- 06  Abuses verbally
- 07  Abuses mentally
- 08  Abuses sexually
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**7.10 Which of the following benefits did/does the employer provide?  
(MORE THAN ONE ANSWER IS ACCEPTABLE READ OPTIONS)**

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Paid holidays                                    | 08 <input type="checkbox"/> Subsidized meals      |
| 02 <input type="checkbox"/> Paid sick leave                                  | 09 <input type="checkbox"/> Free transport        |
| 03 <input type="checkbox"/> Social security insurance (health, pension etc.) | 10 <input type="checkbox"/> Subsidized transport  |
| 04 <input type="checkbox"/> Bonus (regularly)                                | 11 <input type="checkbox"/> Free lodging          |
| 05 <input type="checkbox"/> Free uniform                                     | 12 <input type="checkbox"/> Subsidized lodging    |
| 06 <input type="checkbox"/> Subsidized uniform                               | 13 <input type="checkbox"/> No benefit at all     |
| 07 <input type="checkbox"/> Free meals                                       | 14 <input type="checkbox"/> Other (Specify _____) |
|  | 99 <input type="checkbox"/> Don't know/Not stated |

**Earnings and Hours of Work during the past week.**

**(INTERVIEWER: IF PERSON ANSWERED '06' OR '09' IN Q7.2 SKIP TO Q7.14 ELSE CONTINUE.)**

**7.11 What was the amount (name of child) received for the last pay period?  
(PLEASE WRITE THE AMOUNT GIVEN)**

01 \$ \_\_\_\_\_ in-Cash DK/NS ----- 9999

02 \$ \_\_\_\_\_ in -Kind DK/NS ----- 9999

**7.12 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q7.11 AND DO NOT ASK THIS QUESTION)**

**The total earnings (name of child) received was:**

\$ \_\_\_\_\_ in-cash and in-kind. DK/NS ----- 9999

**7.13 How is (name of child) being paid?**

- 01  Piece rate
- 02  Hourly
- 03  Daily
- 04  Weekly
- 05  Fortnightly
- 06  Monthly
- 07  Per task
- 08  Commission basis
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**7.14 During which time of the day does (name of child) work and for how many hours does he or she usually work? (MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  Day time (5am-5pm)        Hours    DK/NS ----- 99
- 02  Evening time (5pm-8pm)       Hours    DK/NS ----- 9
- 03  Night time (8pm-5am)       Hours    DK/NS ----- 9

**7.15 Is (name of child) aware of any likely health problem or possible injury or accident in connection with his or her work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**7.16 Which of the following protective wear does (name of child) usually use while working? (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)**

- 01  Glasses
- 02  Helmet
- 03  Earplugs
- 04  Special shoes
- 05  Gloves
- 06  Cap
- 07  None
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**7.17 Do other people doing the same work use protective wear while working?**

- 01  Yes
- 02  No (**SKIP TO Q7.19**)
- 09  Don't know/Not stated (**SKIP TO Q7.19**)

**7.18 Which of the following do they usually use? (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)**

- 01  Glasses
- 02  Helmet
- 03  Earplugs
- 04  Special shoes
- 05  Gloves
- 06  Cap
- 07  None
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**Usual Economic Activity of The Child During the Last 12 months before the reference week.**

**7.19** Was (name of child) engaged in any economic activity at any time during the last 12 months?

- 01  Yes
- 02  No (**SKIP TO Q8.1**)
- 09  Don't know/Not stated (**SKIP TO Q8.1**)

**7.20** What was the total duration of work in all economic activities in which he or she was engaged?

- 01  Less than 1 month
- 02  1-3 months
- 03  4-6 months
- 04  7-9 months
- 05  10-12 months
- 09  Don't know/Not stated

**7.21** Was (name of child) also attending school while he or she was engaged in economic activities?

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**SECTION VIII: NON ECONOMIC ACTIVITY AND COMPLETE IDLENESS OF THE CHILD 5-17 YEARS OLD:**

**Non Economic Activity during the past week**

**8.1** Has (name of child) been engaged in housekeeping activities or household chores (in own parents' or guardians' home) on a regular basis during the past week?

01  Yes

02  No (SKIP TO Q8.3)

**8.2** How many hours a week, on the average, does (name of child) spend on these household chores or activities?

Minutes (IF LESS THAN 1 HOUR)

Hours (IF 1 HOUR OR MORE)

Don't know/Not stated ----- 99

(SKIP TO Q9.1)

**Complete Idleness during the past week**

**8.3** Was (name of child) idle last week (he or she did not do anything last week)?  
(INTERVIEWER: CHILDREN WHO WERE IDLE DID NOT ATTEND SCHOOL NOR WERE ENGAGED IN ECONOMIC OR NON-ECONOMIC ACTIVITIES)

01  Yes

02  No (SKIP TO Q9.1)

**8.4** What was the main reason for (name of child)'s idleness?

01  Too young to go to school

02  School holiday

03  Child is sick

04  Child wants to be idle

05  Other (Specify \_\_\_\_\_)

09  Don't know/Not stated

**SECTION IX: HEALTH AND SAFETY ASPECTS OF THE CHILD 5-17 YEARS OLD WHO HAVE WORKED AT ANY TIME IN THE PAST:**

**9.1 Has (name of child) ever worked for pay, profit or family gain at anytime in the past?**

- 01  Yes
- 02  No (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)
- 09  Don't know/Not stated (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)

**9.2 Has (name of child) ever been hurt at work or suffered from any illness or injury due to his or her work at any time?**

- 01  Yes
- 02  No (SKIP TO Q10.1)
- 09  Don't know/Not stated (SKIP TO Q10.1)

**9.3 How often was (name of child) hurt or suffered from illnesses or injuries?**

- 01  4 or more times a month
- 02  1 -3 times a month
- 03  Less than once per month
- 09  Don't know /Not stated

**9.4 What job titles were held by (name of child) when the accident happened or when he/she suffered illness?  
(List up to 5 occupations or jobs)**

	Code (ISCO)
01 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**9.5** What types of business (es) was/were carried on there? (Economic activities)  
 (Please list up to five activities/industries and ensure that the industry listed for this question corresponds with the Occupation in Q9.4)

	Code (ISCO)	Code (BCEA)
01 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05 _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**9.6** When (name of child) was hurt or suffered from illnesses or injuries, what type were they?  
 (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)

- 01  General, such as fever, cold, headache, etc.
- 02  Eye infection
- 03  Ear infection
- 04  Skin problem
- 05  Breathing problem
- 06  Stiff neck
- 07  Back problem
- 08  Anaemia
- 09  Injured limb (hand, foot, finger, toe, etc.)
- 10  Allergies
- 11  Malaria
- 12  Loss of limb
- 13  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**9.7** Referring to the most serious illness or injury, how serious was it?

- 01  Did not need any medical treatment (does not have to be a physician). (SKIP TO Q10.1)
- 02  Medically treated and released immediately (SKIP TO Q9.9)
- 03  Hospitalized
- 04  Prevented work permanently (SKIP TO Q9.9)
- 05  Other (Specify \_\_\_\_\_) (SKIP TO Q9.9)
- 09  Don't know/Not stated (SKIP TO Q9.9)

**9.8 For how many days was (name of child) hospitalized?**

Days in hospital (DK/NS ---- 999)

**9.9 Did the illness or injury cause (name of child) to stop work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**9.10 Where was (name of child) treated?  
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  At home
- 02  At workplace
- 03  Government clinic/health center
- 04  Private doctor/clinic
- 05  Government hospital
- 06  Private hospital
- 07  Pharmacy/Drugstore
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**9.11 Who paid for (name of child)'s treatment?  
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01  Self
- 02  Employer
- 03  Parents/guardians
- 04  Social Security
- 05  Free
- 06  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**SECTION X: PERCEPTION OF PARENT OR GUARDIAN OF THE CHILD 5-17 YEARS OLD**

**(INTERVIEWER: IF GIVEN CODE '01' IN Q7.1 OR CODE '01' IN Q8.1,  
CONTINUE, ELSE SKIP TO Q11.1)**

**10.1 What does (name of child) do for fun, when not working?  
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Watch TV
- 02  Play with friends/brothers/sisters
- 03  Plays alone
- 04  Study
- 05  Read
- 06  Sports
- 07  Attend youth groups/organizations (Scouts, girlguide, 4H, etc.) or other social activities
- 08  Spend time on the computer
- 09  Relax/Sleep
- 10  Go to movies/amusement centers
- 11  Extra curricular activities (dancing, music, arts, singing, etc.)
- 12  Window shopping or Shopping
- 13  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**10.2 What is the main reason for letting (name of child) work?**

- 01  To supplement household income
- 02  To pay outstanding debt under contractual arrangement
- 03  To assist/help in household enterprise
- 04  Education/training programme is not suitable
- 05  Education/training institutions are too far
- 06  To teach him/her work ethics/training
- 07  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**10.3 What will happen if (name of child) stops working? (MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Household living standard will decline
- 02  Household cannot afford to live
- 03  Household enterprise cannot operate fully & other labor not affordable
- 04  Would not continue school
- 05  No work ethics
- 06  Will not be able to sustain herself or himself
- 07  Nothing
- 08  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**10.4 At what age did (name of child) start to work for the first time? (THAT IS ECONOMIC OR NON-ECONOMIC ACTIVITIES)**

Years

**10.5 If given a choice, what would you prefer (name of child) to do in the future?**

- 01  Go to school full-time
- 02  Undergo skills training for a good job
- 03  Work for income full-time
- 04  Help full-time in household enterprise or business
- 05  Work full-time in household chores or housekeeping
- 06  Go to school part-time and working part-time for income
- 07  Part-time in household enterprise or business
- 08  Part-time in household chores or housekeeping
- 09  Complete education/training and start to work
- 10  Look for a good job
- 11  Find a better job/work than the present one
- 12  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**END OF QUESTIONS ADDRESSED TO PARENTS OR GUARDIANS**

**GO TO QUESTIONS ADDRESSED TO CHILDREN 5 -17 YEARS OF AGE**

**SECTION XI: FOR THE CHILD 5-17 YEARS OLD**  
**(INTERVIEWER: QUESTIONS TO BE ADDRESSED TO THE CHILD 5-17**  
**YEARS OLD)**

PERSON

**Interviewer please note whether the child is:**

**01 \_\_\_ alone**

**02 \_\_\_ accompanied by a parent/Guardian,**

**03 \_\_\_ accompanied by any other member of the household**

**11.1 Are you presently attending school or training institution?**

01  Yes full-time (SKIP TO Q11.3i)

02  Yes part-time (SKIP TO Q11.3i)

03  No (FOR THOSE WHO ARE 15-17 YEARS OLD SKIP TO Q11.3ii)

**11.2 What is the main reason for not going to school or a training institution?**

01  Too young

02  No suitable school or training institution available

03  To support self

04  Cannot afford schooling or training

05  Poor in studies

06  Not interested in schooling or training

07  Failed at school

08  Afraid of teachers

09  Illness

10  Disabled

11  Helping in household chores/housekeeping

12  Assisting in household enterprise/business

13  Working for wages/salaries

14  Working in own business for income

15  Family does not permit schooling or training

16  Other (Specify \_\_\_\_\_)

99  Don't know/Not stated

(SKIP TO Q11.3ii)

**11.3i In what class/standard/year and school level are you presently in?**

\_\_\_\_\_  
Class/standard/year  
(SKIP TO Q11.4)

\_\_\_\_\_  
School level

**11.3ii What was the last standard/form/year and school level you have completed?**

\_\_\_\_\_

**11.4 (INTERVIEWER: DO NOT ASK Q11.4 AND Q11.5, JUST RECORD ANSWER FROM Q11.3i and Q11.3ii)**

**Highest education level completed**

- 01  None  
 02  Primary  
 03  High school  
 04  BTTC/BCA/BNS  
 05  Sixth form or equivalent  
 09  Don't know/Not stated

**11.5 Number of years beyond level COMPLETED**

Years

**Current Economic Activity of The Child During the Past Week.**

**11.6 Did you do any work for pay, profit or family gain for at least one hour, during the past week?**

- 01  Yes (SKIP TO Q11.8)  
 02  No

**11.7 Did you engage in any work activity for pay, profit or family gain in another household on the following list, for at least one hour, during the week ending \_\_\_/\_\_\_/2001? (READ OPTIONS)**

- a) Babysitting  
 b) Sell pastries/food from home  
 c) Sweeping/Mopping  
 d) Cleaning yard/Cutting grass  
 e) Sewing for pay  
 f) Cutting firewood  
 g) Farming  
 h) Car washing  
 i) Sell food or snacks at market/bus stops/school  
 j) Doing dishes  
 k) Fetching water  
 l) Cooking  
 m) Ironing, cleaning or other domestic work  
 n) Any other activity (Specify \_\_\_\_\_)

- 01  Yes  
 02  No (SKIP TO Q11.32)  
 09  Don't know/Not stated (SKIP TO Q11.32)

**11.8 What category of worker are or were you in your present or last job?**

- 01  Own business/self-employed with paid help
- 02  Own business/self-employed without paid help
- 03  Paid employee – Government
- 04  Paid employee - Quasi Government
- 05  Paid employee – Private
- 06  Unpaid family worker
- 09  Don't know/Not stated

**11.9 What is/was your job title? Give a brief description of your main duties. (FOR ECONOMIC ACTIVITY)**

Title of Occupation \_\_\_\_\_ Code (ISIC)

Description \_\_\_\_\_

**11.10 What type of business is/was carried on there? (FOR ECONOMIC ACTIVITY)**

\_\_\_\_\_ Code (ISCO)  Code (BCEA)

Description \_\_\_\_\_

**(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.12)**

**11.11 What is the name and address of your employer?**

Name of employer /establishment/enterprise \_\_\_\_\_

Address \_\_\_\_\_

**(SKIP TO Q11.13)**

**11.12 For those who have their own business**

Address of business \_\_\_\_\_

**11.13 Are or were you also attending school while working?**

- 01  Yes
- 02  No **(SKIP TO Q11.15)**

**11.14 Does your work affect your regular attendance or studies?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.15 Are you satisfied with your present job?**

- 01  Yes (**SKIP TO Q 11.17**)
- 02  No
- 03  Other (Specify \_\_\_\_\_) (**SKIP TO Q 11.17**)
- 09  Don't know/Not stated (**SKIP TO Q 11.17**)

**11.16 Why are you not satisfied with your present job?**

- 01  Wages too low
- 02  Work too tiring or too hard
- 03  Employer too hard or too demanding
- 04  Earning from self-employment very low
- 05  Does not have time to play/socialize
- 06  Work is dangerous
- 07  Does not have time to study
- 08  Does not have time for himself or herself
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**11.17 Are you required to operate any tool, equipment, machine, etc. at your workplace or on your job/occupation?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.18 Are you aware of any likely health problem or possible hazard, injury or illness in connection with your work?**

- 01  Yes
- 02  No
- 09  Don't know/Not stated

**11.19 Do you face any problem or difficulty with the present job?**

- 01  Yes
- 02  No
- 03  Other (Specify \_\_\_\_\_)
- 09  Don't know/Not stated

**(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.23)**

**11.20 How is your relationship with your employer?**

- 01  Good (**SKIP TO Q11.22**)
- 02  Bad
- 03  Indifferent (**SKIP TO Q11.23**)

09  Don't know/Not stated (SKIP TO Q11.23)

**11.21 Give the main reasons for the bad relationship. (MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01  Wants too much work done
- 02  Wants work done for long hours
- 03  Pays poorly
- 04  Does not pay on time
- 05  Abuses physically
- 06  Abuses verbally
- 07  Abuses mentally
- 08  Abuses sexually
- 09  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 – 09' IN Q11.8, SKIP TO Q11.32, ELSE SKIP TO Q11.23)

**11.22 Give the main reasons for the good relationship. (MORE THAN ANSWER IS ACCEPTABLE)**

- 01  Pays well
- 02  Work is not hard
- 03  Employer is not demanding
- 04  Work period is convenient
- 05  Benefits (food, lodging, etc.) are provided
- 06  Employer is parent
- 07  Employer is a relative
- 08  Employer protects from being hurt by others
- 09  Employer pays education expenses
- 10  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 – 09' IN Q11.8, SKIP TO Q11.32, ELSE CONTINUE)

**11.23 Do you usually work overtime and get paid for it?**

- 01  Yes, with pay
- 02  Yes, without pay
- 03  No overtime work

**11.24 Do you receive wage payment compared to the minimum usual pay in your community?**

- 01  Yes
- 02  No

09  Don't know/Not stated

**11.25 Do you give a part or all of your earnings to your parents or guardians or other relatives you usually reside with?**

01  Yes, all directly through the employer

02  Yes, all by self

03  Yes, part through the employer

04  Yes, part by self

05  No

06  Other (Specify \_\_\_\_\_)

09  Don't know/Not stated

**11.26 Do you save any part of your earnings?**

01  Yes, regularly

02  Yes, occasionally

03  No (**SKIP TO Q11.28**)

04  Other (Specify \_\_\_\_\_)

09  Don't know/Not stated (**SKIP TO Q 11.28**)

**11.27 What is the main reason for saving?**

01  To start own business

02  To go to school/training institution

03  To start own household/get married

04  To buy personal items

05  Other (Specify \_\_\_\_\_)

09  Don't know/Not stated

### **Earnings and Hours of Work during the past week.**

**11.28 What was the amount you received for the last pay period? (PLEASE WRITE THE AMOUNT GIVEN)**

01 \$ \_\_\_\_\_ in-Cash DK/NS ----- 9999

02 \$ \_\_\_\_\_ in-Kind DK/NS ----- 9999

**11.29 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q11.28 AND DO NOT ASK THIS QUESTION)**

**The total earnings you received was:**

\$ \_\_\_\_\_ in-cash and in-kind.(DK/NS ----- 9999)

**11.30 How were you paid?**

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Piece rate  | 06 <input type="checkbox"/> Monthly               |
| 02 <input type="checkbox"/> Hourly      | 07 <input type="checkbox"/> Per task              |
| 03 <input type="checkbox"/> Daily       | 08 <input type="checkbox"/> Commission basis      |
| 04 <input type="checkbox"/> Weekly      | 09 <input type="checkbox"/> Other (Specify _____) |
| 05 <input type="checkbox"/> Fortnightly | 99 <input type="checkbox"/> Don't know/Not stated |

**11.31 During which time of the day did you work and for how many hours did you usually work? (MORE THAN ONE ANSWER ACCEPTABLE)**

- |  |   |                |
|--|---|----------------|
| 01 <input type="checkbox"/> Day time (5am-5pm)     | <input type="checkbox"/> <input type="checkbox"/> Hours | DK/NS ----- 99 |
| 02 <input type="checkbox"/> Evening time (5pm-8pm) | <input type="checkbox"/> Hours                          | DK/NS ----- 9  |
| 03 <input type="checkbox"/> Night time (8pm-5am)   | <input type="checkbox"/> Hours                          | DK/NS ----- 9  |

**Non Economic Activity during the past week**

**11.32 Did you work, without getting paid, in housekeeping activities AT HOME during the past week? (e.g. washing clothes, looking after younger brothers and sisters, cooking food, cleaning the inside and outside of the house etc.)**

- 01  Yes
- 02  No (SKIP TO Q11.35)

**11.33 In which activities did you work during the last week?**

	YES	NO
01 Cooking, preparing and serving meals	<input type="checkbox"/>	<input type="checkbox"/>
02 Delivery of food products (Bread, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
03 Collection of firewood	<input type="checkbox"/>	<input type="checkbox"/>
04 Running of errands/Shopping (Going to the shop, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
05 Fetching water (Pump, wells, river, vats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
06 Washing clothes	<input type="checkbox"/>	<input type="checkbox"/>
07 Ironing clothes	<input type="checkbox"/>	<input type="checkbox"/>
08 Caring after brothers or sisters, sick, infirm disabled or old members of own household.	<input type="checkbox"/>	<input type="checkbox"/>
09 Cleaning outside and inside of house	<input type="checkbox"/>	<input type="checkbox"/>
10 Driving/fetching family members to or from work or school	<input type="checkbox"/>	<input type="checkbox"/>
11 Feed or caring for animals/pets	<input type="checkbox"/>	<input type="checkbox"/>
12 Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

11.34 How many hours a week, on the average, do you spend on these household chores or activities?

Minutes (IF LESS THAN 1 HOUR)

Hours (IF 1 HOUR OR MORE)

Don't know/Not stated ----- 99

### Children who worked in the past

11.35 Have you ever worked at any time in the past? (Economic or non-economic)

01  Yes

02  No (END INTERVIEW)

09  Don't know/Not stated (END INTERVIEW)

11.36 At what age did you start to work for the first time?

Years DK/NS -----99

11.37 Have you ever been hurt at work or suffered from any illness or injury due to your work at any time?

01  Yes

02  No (SKIP TO Q11.42)

09  Don't know/Not stated (SKIP TO Q11.42)

11.38 What is or was the nature of your illnesses or injuries?

01  General, such as fever, cold, headache, etc.

02  Eye infection

03  Ear infection

04  Skin problem

05  Breathing problem

06  Stiff neck

07  Back problem

08  Anaemia

09  Injured limb (hand, foot, finger, toe, etc.)

10  Allergies

11  Malaria

12  Loss of limb

13  Other (Specify \_\_\_\_\_)

99  Don't know/Not stated

**11.39 Referring to the most serious injury/illness, how serious was it?**

- 01  Did not need any medical treatment (SKIP TO Q11.42)
- 02  Medically treated and released immediately (SKIP TO Q11.42)
- 03  Stopped work temporarily (SKIP TO Q11.41)
- 04  Hospitalized
- 05  Prevented work permanently (SKIP TO Q11.42)
- 06  Other (Specify \_\_\_\_\_) (SKIP TO Q11.42)
- 09  Don't know/Not stated (SKIP TO Q11.42)

**11.40 For how many days were you hospitalized?**

Days hospitalized. (SKIP TO Q11.42) DK/NS-----999

**11.41 For how many days did you stop work?**

Days stopped working temporarily. DK/NS-----999

**11.42 If given a choice, what would you like to do now?**

- 01  Go to school full-time
- 02  Undergo skills training for a good job
- 03  Work for income full-time
- 04  Help full-time in household enterprise/ business
- 05  Work full-time in household chores/housekeeping
- 06  Go to school part-time and working part-time for income
- 07  Go to school full-time and working full-time for income
- 08  Part-time work in household enterprise or business
- 09  Part-time work in household chores or housekeeping
- 10  Look for a good job
- 11  Find a better job/work than the present one
- 12  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**11.43 What would you like to do in the future?**

- 01  Go to school full-time
- 02  Undergo skills training for a good job
- 03  Work for income full-time
- 04  Help full-time in household enterprise or business
- 05  Work full-time in household chores or housekeeping
- 06  Go to school part-time and working part-time for income
- 07  Part-time in household enterprise or business
- 08  Part-time in household chores or housekeeping
- 09  Complete education/training and start to work
- 10  Look for a good job
- 11  Find a better job/work than the present one
- 12  Other (Specify \_\_\_\_\_)
- 99  Don't know/Not stated

**END OF INTERVIEW FOR THIS CHILD**