



REPUBLIC OF EL SALVADOR
 MINISTRY OF THE ECONOMY



**2001 MULTIPLE PURPOSE HOUSEHOLD SURVEY
 MECOVI PROGRAMME**

GENERAL DIRECTORATE OF STATISTICS AND CENSUS

THE DATA RECORDED IN THIS SURVEY ARE CONFIDENTIAL,
 THE SURVEY IS COVERED BY LEGISLATIVE DECREE 1784,
 STATUTORY LAW OF THE NATIONAL STATISTICAL SERVICE

SAMPLING IDENTIFICATION

INTERVIEW AND SUPERVISION

VISIT ORDER	INTERVIEWER				SUPERVISOR VERIFICATION AND RE-INTERVIEW			
	DATE	NEXT VISIT		CODE	VISIT OUTCOME	DATE	CODE	VISIT OUTCOME
		DATE	TIME					
First								
Second								
Third								
Fourth								

FINAL SURVEY OUTCOME

DATE	
OUTCOME	

(*) VISIT OUTCOME CODES		
TYPE A	TYPE B	TYPE C
1. COMPLETE	5. USUALLY VACANT	8. LIMITED RESOURCES
2. TEMPORARILY ABSENT (P)	6. UNOCCUPIED (P)	9. OTHERS _____ (Specify)
3. REFUSED	7. VACANT, IN TEMPORARY USE FOR BUSINESS OR STORAGE	
4. OTHERS _____ Specify		

INTERVIEWER'S NAME: SUPERVISOR:

ORDER NUMBER OF MAIN INFORMANT

FORM ATTACHED
 1. Yes 2. No

OBSERVATIONS: (Explain reason for visit code, except for code 1)

SECTION 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

101	102	103	104	105		106	107	108	109	110		111	112	
N°	WHAT IS THE NAME AND SURNAME OF THE PERSONS USUALLY RESIDING IN THIS DWELLING?	HOW IS (NAME)... RELATED TO THE HEAD OF THE HOUSEHOLD?	GENDER	WHAT IS HIS/HER BIRTH DATE?	HOW OLD WAS (NAME).. ON HIS/HER LAST BIRTHDAY?	FOR PERSONS 12 YEARS OF AGE AND OLDER	FOR CHILDREN AGED 5 TO 9 YEARS	DOES (NAME)... HAVE ANY MEDICAL INSURANCE?	DOES (NAME)... ATTEND CONTROLS FOR:	DURING LAST MONTH DID (NAME)... HAVE ANY DISEASE, SYMPTOM, OR LESION FROM AN ACCIDENT OR CRIMINAL ACT?	N°			
O R D E R	(Don't forget to register those members of the household temporarily absent for less than 4 months, the newborn, live-in maids, students abroad, and/or sick/infirm persons whose care is financed by the household)	01. Head 02. Spouse, Partner 03. Son/Daughter 04. Father/Mother 05. Son/Daught.-in-Law 06. Grandchild 07. Parent-in-Law 08. Other relatives 09. Domestic Help 10. Others _____ (Specify)	1. Male 2. Female	Enter 00 for those under 1 year of age.	1. In Union 2. Married 3. Widowed 4. Divorced 5. Separated 6. Single	1. Yes (Fill out Section 4) 2. No (Do not fill out Section 4)	1. Pays ISSS 2. ISSS beneficiary 3. Collective 4. Individual 5. Does not have	1. Healthy child? 2. Prenatal? 3. Postnatal? 4. Vaccination? 5. Permanent Dis.? 6. Temporary Dis.? 7. Not attend → Go to 111 8. Others _____ (Specify)	Where does he/she attend? (Specify)		1. Yes 2. No	CONTROL	PLACE	
									1. MSPAS 2. ISSS 3. Private 4. IPSFA 5. NGOs 6. Others _____					
01		01											01	
02													02	
03													03	
04													04	
05													05	
06													06	
07													07	
08													08	
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11													11	
12													12	
13													13	
14													14	
15													15	
16													16	
17													17	
18													18	
19													19	

Draw a circle around the N° in order of the persons with a code 1 in question 111. ↗

OBSERVATIONS: _____

SECTION 3: GENERAL HOUSING CHARACTERISTICS

301. TYPE OF DWELLING: 1. Private or independent home 2. Apartment 3. Room in a house 4. Room in a tenement house 5. Improvised house 6. Shack 7. Temporary (Earthquake) 8. Others _____ <div style="text-align: right; font-size: small;">(Specify)</div>		308. UNDER WHAT TYPE OF OWNERSHIP/HOLDING IS THIS DWELLING HELD? 1. Tenant 2. Owner of the dwelling but still paying it off in payments Nº in order <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> } 3. Owner Nº in order <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> → Go to 311 4. Squatter 5. Guard of the dwelling 6. Free occupant 7. Other _____ <div style="text-align: right; font-size: small;">(Specify)</div>			
302. THE PREDOMINANT MATERIAL IN THE ROOF IS: 1. Cement slab? 2. Adobe or cement shingles (Tejas)? 3. Asbestos-cement sheets? 4. Metal sheets? 5. Straw or palm thatch? 6. Waste materials? 7. Other Materials? _____ <div style="text-align: right; font-size: small;">(Specify)</div>		309. DO YOU PAY WITH SOME GOOD OR SERVICE FOR THE USE OF THE DWELLING? 1. Yes 2. No → Go to 311	MONTHLY PAYMENT (Go to 312)		
303. THE PREDOMINANT MATERIAL IN THE WALLS IS: 1. Cement or mixed? 2. Wattle? 3. Adobe? 4. Wood? 5. Sheeting? 6. Straw or palm thatch? 7. Waste materials? 8. Other Materials? _____ <div style="text-align: right; font-size: small;">(Specify)</div>		310. WHAT WOULD BE THE MONETARY VALUE OF THESE GOODS OR SERVICES FOR LAST MONTH? \$ <div style="text-align: center; font-size: small;">Go to 312</div>			
304. THE PREDOMINANT MATERIAL IN THE FLOOR IS: 1. Brick or cement? 2. Mud brick? 3. Cement? 4. Earthen? 5. Other Materials? _____ <div style="text-align: right; font-size: small;">(Specify)</div>		311. IF YOU HAD TO RENT THIS DWELLING, HOW MUCH DO YOU THINK YOU WOULD PAY PER MONTH? \$			
305. NOT COUNTING BATHROOMS, KITCHEN, CORRIDORS, OR GARAGE, HOW MANY ROOMS ARE USED EXCLUSIVELY BY THIS HOUSEHOLD? <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		312. WHAT TYPE OF LIGHTING DOES THIS DWELLING HAVE? 1. Electricity 2. Electrical connection to neighbour 3. Kerosene (gas) 4. Candle 5. Other type _____ <div style="text-align: right; font-size: small;">(Specify)</div>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
306. HOW MANY ROOMS ARE USED EXCLUSIVELY AS BEDROOMS? <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		313. THE WATER SUPPLY FOR THIS DWELLING COMES FROM THE FOLLOWING SOURCE: 01. Piped into the dwelling? 02. Pipes outside the dwelling, but within the property? 03. Neighbour's pipe? 04. Public pipe or fountain? 05. Common fountain? 06. Water truck or cart? 07. Well (private or common)? 08. Spring, river or stream? 09. ¿Other means? _____ <div style="text-align: right; font-size: small;">(Specify)</div>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				
307. HOW MANY ROOMS ARE USED EXCLUSIVELY FOR WORK OR FOR BUSINESS ACTIVITIES? <small>(Not used or if shared enter 00)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> <td style="width: 30px; border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		314. DO YOU THINK THAT THE WATER SUPPLIED TO YOU IN YOUR HOME IS SUITABLE FOR DRINKING? 1- Yes → Go to 316 2. No	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				

315. THEN WHAT DO YOU DO WITH YOUR DRINKING WATER? 1. Boil it before using 2. Treat it with chlorine or another product 3. Filter it 4. Doesn't do anything 5. Purchase purified water 6. Get it somewhere else (paid or purchased) 7. Other _____ (Specify)		322. DO YOU HAVE DOMESTIC HELP? 1. Yes How much do you pay them each month? 2. No _____ \$
316. HOW DO YOU SATISFY YOUR NEED TO BATHE: 1. Shower or tub within the dwelling? 2. Shower or tub outside the dwelling but within the property? 3. Common shower or tub for bathing? 4. River, stream, or spring? 5. Open air barrel or tub? 6. Other means? _____ (Specify)		323. DO YOU HAVE A TELEPHONE / BEEPER IN USE? 1. Yes, landline 5. Yes, line, cell, & beeper 2. Yes, cell phone 6. Line and beeper 3. Yes, beeper 7. Cell and beeper 4. Yes, line & cell 8. Does not have
317. THE TOILET FOR THIS DWELLING IS OF THE FOLLOWING TYPE: 1. Toilet connected to a sewer? 2. Toilet connected to a septic tank? 3. Private latrine? 4. Common toilet connected to a sewer? 5. Common toilet connected to a septic tank? 6. Common latrine? 7. Does not have → Go to 319		324. HOW DOES THIS HOUSEHOLD GET RID OF ITS REFUSE? 1. Public household collection? 2. Private household collection 3. Deposit it in containers 4. Bury it 5. Burn it 6. Leave it anywhere 7. Other _____ (Specify)
318. WHERE IS THE TOILET LOCATED? 1. Within the dwelling 2. Outside the dwelling		325. HOUSEHOLD FURNISHINGS 1. YES , 2. NO 01. Radio? <input type="checkbox"/> 02. Sound system? <input type="checkbox"/> 03. T.V.? <input type="checkbox"/> 04. Video cassette player? <input type="checkbox"/> 05. Refrigerator? <input type="checkbox"/> 06. Washing machine? <input type="checkbox"/> 07. Blender? <input type="checkbox"/> 08. Fan? <input type="checkbox"/> 09. Computer? <input type="checkbox"/> 10. Internet and/or email? <input type="checkbox"/> 11. Sewing machine? <input type="checkbox"/> 12. Vehicle (for household use)? <input type="checkbox"/> 13. Iron? <input type="checkbox"/> 14. Microwave oven? <input type="checkbox"/> 15. Electrical generator? <input type="checkbox"/>
319. WHAT IS THE PREDOMINANT TYPE OF FUEL USED FOR COOKING? 1. Electricity 2. Kerosene (gas) 3. Propane gas 4. Wood 5. Coal/charcoal 6. None → Go to 321 7. Other _____ (Specify)		
320. WHERE IS THE KITCHEN LOCATED? 1. Within the dwelling 2. Outside the dwelling but within the property 3. Outside the dwelling and the property (Go to 322)		
321. IS THERE A ROOM EXCLUSIVELY FOR COOKING? 1. Yes 2. No		

HOUSEHOLD EXPENSES

326. THE LAST MONTHLY EXPENSE FOR WAS:							
	PAID OR PURCHASED?	DONATED OR GIVEN	SELF-CONSUMED SELF-SUPPLIED?	¿INCLUDED IN THE RENT?	NOT SPENT?	DOES NOT KNOW, NO RESPONSE	HOW MUCH WAS THE LAST MONTHLY EXPENSE? (\$)
01. Water.....	1	2	3	4	5	6	
02. Electricity.....	1	2	3	4	5	6	
03. Kerosene (Gas)....	1	2	3	4	5	6	
04. Propane gas.....	1	2	3	4	5	6	
05. Candle.....	1	2	3	4	5	6	
06. Wood.....	1	2	3	4	5	6	
07. Coal/charcoal.....	1	2	3	4	5	6	
08. Gasoline/Diesel.....	1	2	3	4	5	6	
09. Phone (landline)....	1	2	3	4	5	6	
10. Cell and/or Beeper	1	2	3	4	5	6	
11. Cable	1	2	3	4	5	6	
12. Refuse collection ..	1	2	3	4	5	6	
13. Other _____	1	2	3	4	5	6	
(Specify)	TOTAL						

SECTION 4: EMPLOYMENT AND INCOME

(ONLY FOR CHILDREN AGED 5-9 YEARS RESPONDING Q. 108 = 1 AND PERSONS 10 OR MORE YEARS OF AGE)

401. N° IN TRH ORDER		NAME:	402. N° IN ORDER OF INFORMANT
EMPLOYMENT STATUS		408. WHAT DID YOU DO LAST WEEK TO SEEK WORK OR START-UP YOUR OWN ENTERPRISE OR BUSINESS?	
403. LAST WEEK DID YOU DO ANY WORK? (Excluding household chores) 1. Yes → Go to 411 2. No		01. Established contact with employment offices 02. Sought directly with employers 03. Sought in the working place, farms, etc. 04. Sought taking advantage of friends and family 05. Posted notices or responded to offers that appeared in the newspapers 06. Sought land, building, etc., to establish his/her own enterprise or business 07. Sought financial resources with which to establish his/her own enterprise or business 08. Other _____ (Specify) 09. DID NOTHING → Return to 406 and enter code 2	
404. ALTHOUGH YOU ALREADY TOLD ME YOU DIDN'T WORK LAST WEEK, DO YOU HAVE STABLE EMPLOYMENT, AN ENTERPRISE, OR YOUR OWN BUSINESS, THAT YOU WILL RETURN TO SOON? (For sickness, labour vacations, re-entry, shift changes, strikes, etc.) 1. Yes → Go to 412 2. No		409. HOW MANY WEEKS HAVE YOU BEEN ACTIVELY LOOKING FOR WORK?	
405. LAST WEEK, DID YOU CARRY OUT ANY ACTIVITY TO OBTAIN INCOME IN MONEY OR IN SPECIE, SUCH AS:		410. HAVE YOU WORKED BEFORE? 1. Yes → Go to 435 2. No → Go to 442	
		EMPLOYED	
		MAIN OCCUPATION	
		411. HOW MANY HOURS AND DAYS DID YOU ACTUALLY WORK LAST WEEK?	
		HOURS	
		DAYS	
		SHIFT { 1. Morning 4. Morning & Afternoon 2. Afternoon 5. Morning & Night 3. Night 6. Afternoon & Night	
		IF THE ANSWER IS 40 HOURS OR MORE Go to 414	
		412. HOW MANY HOURS AND DAYS DO YOU USUALLY WORK DURING THE WEEK?	
		HOURS	
		DAYS	
		SHIFT { 1. Morning 4. Morning & Afternoon 2. Afternoon 5. Morning & Night 3. Night 6. Afternoon & Night	
		IF THE ANSWER IS 40 HOURS OR MORE Go to 414	
UNEMPLOYED		413 WHY DID YOU WORK LESS THAN 40 HOURS?	
406. LAST WEEK, WERE YOU LOOKING FOR WORK OR TRYING TO ESTABLISH YOUR OWN ENTERPRISE OR BUSINESS? 1. Yes → Go to 408 2. No		01. Didn't want to work more hours 02. Reduced activity or shortage of work 03. Only found part-time work 04. Usual work shift 05. Family reasons 06. Has another job 07. For studies 08. For sickness 09. For household chores 10. Other _____ (Specify)	
407. WHY WEREN'T YOU LOOKING FOR WORK?		414. WHAT IS YOUR OCCUPATION OR THE TYPE OF WORK THAT YOU CARRY OUT?	
01. Thought there was no work available in the area } 02. Didn't know how to look for work } Go to 410 03. Got tired of looking for work } 04. Waiting for the season (Ag. labourer) } 05. Attends a formal educational centre or is on school vacation } 06. Due to family or personal obligations } G 07. Disease or accident } o 08. Household chores } t 09. Retiree or pensioner } o 10. Can't work (disabled, elderly, etc.) } 11. Attends a training centre } 442 12. Other _____ } (Specify)		_____ _____ _____	
13. Has found work already } 14. Awaiting response from employer } Go to 409		415. WHAT ARE THE TASKS OR FUNCTIONS THAT YOU CARRY OUT?	
15. Did look for work → Return to Q. 406 and enter code 1		_____ _____ _____	
		416. WHAT IS THE BUSINESS OF THE FIRM OR INSTITUTION WHERE YOU WORK?	
		_____ _____ _____	
		NAME OF THE FIRM (NO ABBREVIATIONS)	

417. IN YOUR MAIN OCCUPATION DO YOU WORK AS: 01. Employer or boss? 02. Self-employed with premises? 03. Self-employed w/o premises? } Go to 420 04. Co-op member? 05. Un-paid family worker? 06. Permanent salaried worker? 07. Temporary salaried worker? 08. Apprentice? 09. Household worker? → Go to 422 10. Other _____ (Specify)		INCOME FROM MAIN OCCUPATION FOR SELF-EMPLOYMENT
418. HAVE YOU SIGNED A LABOUR CONTRACT? 1. Yes 2. No		425. YOU CARRY OUT THIS ACTIVITY IN: 1. The household being interviewed? 2. In another fixed location? 3. On the move?
419. IN WHICH SECTOR DO YOU WORK? 1. Private 2. Public		IF AGRICULTURAL PRODUCER, WHETHER AS EMPLOYER OR SELF-EMPLOYED GO TO Q. 431
420. IN ADDITION TO ..(NAME).. HOW MANY PERSONS WORK IN THE ENTERPRISE, BUSINESS, OR INSTITUTION MENTIONED? (Enter the number of persons)		426. HOW OFTEN DO YOU RECEIVE INCOME FOR THE SALE OF PRODUCTS AND/OR SERVICES FROM YOUR FIRM, ESTABLISHMENT, OR BUSINESS? 01. Daily 02. Weekly 03. Fortnightly 04. Monthly 05. Bi-monthly 06. Quarterly 07. Semi-annually 08. Annually 09. On a task or piece-work basis (monthly average)
MORE THAN 98 ENTER 98		427. WHAT IS THE [period] GROSS INCOME OF YOUR ENTERPRISE OR BUSINESS?
421. ARE YOU COVERED OR AFFILIATED WITH SOME PUBLIC OR PRIVATE SOCIAL SECURITY SYSTEM? 1. Yes, affiliated 2. Yes, beneficiary 3. No		\$
F RESPONSE TO Q. 417 IS 1 THROUGH 3 GO TO Q. 425		428. WHAT WAS THE [period] TOTAL COST OF YOUR ENTERPRISE OR BUSINESS?
INCOME FROM THE MAIN OCCUPATION FOR SUBORDINATE LABOUR		\$
422. HOW FREQUENTLY DO YOU RECEIVE YOUR WAGES OR SALARY FOR YOUR MAIN OCCUPATION? 1. Daily 2. Weekly 3. Fortnightly 4. Monthly 5. By job or piecework (monthly average) 6. No cash salary paid → Go to 424, codes 5 to 9		429. DO YOU USE PRODUCTS FOR CONSUMPTION FROM AMONG THE GOODS PRODUCED WITHIN THE HOUSEHOLD AND/OR PRODUCTS ACQUIRED FOR COMMERCIAL PURPOSES IN MAIN ACTIVITY? 1. Yes 2. No → Go to 431
423. WHAT WERE THE WAGES OR SALARY RECEIVED DURING THE LAST [period] FOR YOUR MAIN OCCUPATION?		\$
424. IN ADDITION TO THE FOREGOING INCOME FOR WAGES / SALARY, DID YOU RECEIVE ANY OTHER MONETARY OR IN KIND REMUNERATION DURING THE LAST 12 MONTHS? (Indicate amount and frequency)	TIMES PER YEAR	430. WHAT IS THE ESTIMATED VALUE OF THE PRODUCTS USED FOR CONSUMPTION LAST MONTH?
	AMOUNT \$	\$
01. Overtime pay 02. Vacation salary 03. Christmas bonus 04. Bonuses, commissions, travel exp ... 05. Meals or refreshments 06. Clothing, uniforms or footwear 07. Merchandise (in kind) 08. Housing 09. Transportation or fuel 10. Private health insurance 11. Other _____ (Specify)		SECONDARY EMPLOYMENT
		431. IN ADDITION TO YOUR MAIN OCCUPATION, DO YOU HAVE ANOTHER JOB? 1. Yes 2. No → Go to 442
		432. HOW MANY HOURS DID YOU WORK LAST WEEK IN YOUR SECONDARY OCCUPATION?
		HOURS
		433. WHAT WERE THE WAGES OR SALARY RECEIVED DURING THE LAST [period] FOR YOUR SECONDARY OCCUPATION?
		\$
		434. IN ADDITION TO THE FOREGOING INCOME FOR WAGES / SALARY, DID YOU RECEIVE ANY OTHER MONETARY OR REMUNERATION IN KIND DURING THE LAST 12 MONTHS? (Indicate amount and frequency)
	TIMES PER YEAR	\$
	AMOUNT \$	
01. Overtime pay 02. Vacation salary 03. Christmas bonus 04. Bonuses, commissions, travel exp ... 05. Meals or refreshments 06. Clothing, uniforms or footwear 07. Merchandise (in kind) 08. Housing 09. Transportation or fuel 10. Private health insurance 11. Other _____ (Specify)		
Go to 431		Go to 442

FORMER EMPLOYMENT OR OCCUPATION		440. WHAT SECTOR DID YOU WORK IN?																																	
435. WHAT OCCUPATION DID YOU CARRY OUT? _____ _____		1. Private	2. Public																																
		441. WHY DID YOU LEAVE YOUR FORMER OCCUPATION? 01. Earned little 02. Establishment closed or job ended 03. Personnel reduction 04. Labour contract ended 05. Due to government reduction policy 06. Wanted to study 07. Retired or was pensioned 08. Had to do household chores 09. Got a job with pay 10. Other _____ (Specify)																																	
436. WHAT WERE THE TASKS OR FUNCTIONS THAT YOU CARRIED OUT IN THAT OCCUPATION? _____ _____		OTHER NON-LABOUR INCOME																																	
437. WHAT DID THEY DO AT THE FIRM OR INSTITUTION WHERE YOU WORKED? _____ _____		442. DURING THE LAST 30 DAYS DID YOU RECEIVE INCOME FOR:																																	
			<table border="1"> <thead> <tr> <th></th> <th>AMOUNT \$</th> <th>TIMES PER YEAR</th> </tr> </thead> <tbody> <tr><td>01. Family remittances from abroad?</td><td></td><td></td></tr> <tr><td>02. Assistance from family or friends that reside in the country?</td><td></td><td></td></tr> <tr><td>03. Alimony / child care payment?</td><td></td><td></td></tr> <tr><td>04. Dwelling rentals?</td><td></td><td></td></tr> <tr><td>05. Business or machinery rentals?</td><td></td><td></td></tr> <tr><td>06. Land rentals?</td><td></td><td></td></tr> <tr><td>07. Retirement, disability, old age pension?</td><td></td><td></td></tr> <tr><td>08. Vehicle depreciation?.....</td><td></td><td></td></tr> <tr><td>09. Other monthly income?</td><td></td><td></td></tr> <tr><td>(Specify)</td><td></td><td></td></tr> </tbody> </table>		AMOUNT \$	TIMES PER YEAR	01. Family remittances from abroad?			02. Assistance from family or friends that reside in the country?			03. Alimony / child care payment?			04. Dwelling rentals?			05. Business or machinery rentals?			06. Land rentals?			07. Retirement, disability, old age pension?			08. Vehicle depreciation?.....			09. Other monthly income?			(Specify)	
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438. IN YOUR FORMER JOB DID YOU WORK AS: 01. Employer or boss? 02. Self-employed with premises? 03. Self-employed w/o premises? } Go to 441 04. Co-op member? 05. Un-paid family worker? 06. Permanent salaried worker? 07. Temporary salaried worker? 08. Apprentice? 09. Household worker? → Go to 441 10. Other _____ (Specify)		443. WHAT OTHER INCOME HAVE YOU HAD DURING THE LAST 12 MONTHS THAT YOU HAVEN'T MENTIONED ALREADY? 01. Business earnings																																	
439. HAVE YOU SIGNED A LABOUR CONTRACT? 1. Yes 2. No			<table border="1"> <thead> <tr> <th></th> <th>AMOUNT \$</th> </tr> </thead> <tbody> <tr><td>02. Stock dividends</td><td></td></tr> <tr><td>03. Interest</td><td></td></tr> <tr><td>04. Inheritances, lotteries, games of chance</td><td></td></tr> <tr><td>05. Indemnification for retirement of dismissal</td><td></td></tr> <tr><td>06. Government assistance in cash</td><td></td></tr> <tr><td>07. For odd-jobs</td><td></td></tr> <tr><td>08. Leases on land</td><td></td></tr> <tr><td>09. Other _____</td><td></td></tr> <tr><td>(Specify)</td><td></td></tr> </tbody> </table>		AMOUNT \$	02. Stock dividends		03. Interest		04. Inheritances, lotteries, games of chance		05. Indemnification for retirement of dismissal		06. Government assistance in cash		07. For odd-jobs		08. Leases on land		09. Other _____		(Specify)													
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09. Other _____																																			
(Specify)																																			

MEALS CONSUMED OUTSIDE THE HOUSEHOLD DUE TO WORK				OTHER EXPENSES DUE TO WORK ACTIVITIES			
444		445	446	447		448	449
LAST WEEK THE MEAL OR BEVERAGE CONSUMED OUTSIDE THE HOUSEHOLD CORRESPONDED TO:		HOW MANY TIMES DURING THE WEEK?	GENERALLY HOW MUCH WAS PAID EACH TIME?	LAST WEEK DID YOU HAVE EXPENSES FOR:		HOW MANY TIMES DURING THE WEEK?	GENERALLY HOW MUCH WAS PAID EACH TIME?
GO TO THE NEXT LINE				GO TO THE NEXT LINE			
	Yes No		AMOUNT IN \$		Yes No		AMOUNT IN \$
1. Breakfast	1 2			1. Public Transportation?	1 2		
2. Lunch?	1 2			2. Public Telephone?	1 2		
3. Dinner?	1 2			3. Fuel/repairs for your vehicle?	1 2		
4. Others? _____ (Specify)	1 2						

450. DURING THE 2000/2001 AGRICULTURAL SEASON, DID YOU POSSESS LAND DEVOTED TO AGRICULTURE? 1. Yes _____ Manzanas 2. No		451. DURING THE 2000/2001 AGRICULTURAL SEASON, DID YOU CARRY OUT AGRICULTURAL ACTIVITIES AS AN EMPLOYER OR SELF-EMPLOYED? 1. Yes 2. No → Go to section 6	
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SECTION 5: ACTIVITY OF AGRICULTURAL PRODUCER

501. ORDER NUMBER OF THE TRH	NAME :	502. ORDER No. OF INFORMANT
51. CHARACTERISTICS OF THE AGRICULTURAL UNIT WORKED DURING THE AGRICULTURAL CYCLE 2000/2001 (01/04/00 TO 31/03/01)		
511. WITH REGARD TO OWNERSHIP OF THE LAND THAT YOU WORKED, ARE YOU: 1. OWNER? Order No. of Owner _____ 2. Lessee? _____ 3. Colonist? 4. Cooperative member? 5. Share cropper (census)? 6. Free occupant? 7. Did not utilize land? → Go to question 514 8. ¿Other form? _____ (Specify) _____	514. WHAT TYPE OF AGRICULTURAL ACTIVITY? 1. Agriculture 5. Agro-animal husb. 2. Forestry 6. Forestry-animal husb. 3. Animal Husbandry 7. Agro-forestry-animal husb. 4. Agro-forestry	
512. WHAT IS THE TOTAL SURFACE AREA IN MANZANAS OF THE AGRICULTURAL UNIT THAT YOU POSSESS? _____ MANZANAS	515. DID YOU REQUEST CREDIT FOR THE AGRICULTURAL ACTIVITIES CARRIED OUT? 1. Yes 2. No → Go to Item 52	
513. WHAT IS THE SURFACE AREA UNDER: 1. Crops?..... 2. Natural grasses?..... 3. Fallow?..... 4. Forest or underbrush?..... 5. Leased out?..... 6. With infrastructure?..... 7. Others? _____ (Specify) _____	516. DID YOU OBTAIN THE CREDIT REQUESTED? 1. Yes 2. No 3. In process	
_____ MANZANAS	517. FROM WHOM WAS IT REQUESTED? 1. Bank 2. Rural Credit Bureau 3. Harvest purchasers 4. Cooperative 5. Loan shark 6. Family or friends 7. NGOs 8. Others _____ (Specify) _____	

52. AGRICULTURAL ACTIVITY DURING THE 2000/2001 AGRICULTURAL CYCLE (01/04/00 TO 31/03/01)

521. DID YOU WORK IN AGRICULTURAL ACTIVITIES DURING THE 2000/2001 AGRICULTURAL CYCLE?																																																																										
Yes.....1 No.....2 → Go to Item 54																																																																										
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CONTINUATION ITEM 52

D _____ CODE

E _____ CODE

F _____ CODE

522. WHAT SURFACE AREA WAS UNDER CULTIVATION?

Mz.

522. WHAT SURFACE AREA WAS UNDER CULTIVATION?

Mz.

522. WHAT SURFACE AREA WAS UNDER CULTIVATION?

Mz.

523. DID YOU LOSE YOUR CROP?

1. Total? → Go to the next crop
 2. Partial?
 3. None?

523. DID YOU LOSE YOUR CROP?

1. Total? → Go to the next crop
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524. WHAT WAS THE TOTAL PRODUCTION OBTAINED?

QUANTITY	UNIT OF MEASUREMENT	VALUE \$

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525. HOW MUCH OF THIS PRODUCTION WAS DESTINED TO...

DESTINATION	QUANTITY	VALUE \$
Sale?		
Seed?		
Household Consumption?		
Sub-prod.?		
Animal Consumption?		
Others?		
TOTAL		

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Sale?		
Seed?		
Household Consumption?		
Sub-prod.?		
Animal Consumption?		
Others?		
TOTAL		

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DESTINATION	QUANTITY	VALUE \$
Sale?		
Seed?		
Household Consumption?		
Sub-prod.?		
Animal Consumption?		
Others?		
TOTAL		

53. SUB-PRODUCTS FROM AGRICULTURAL ACTIVITY DURING 2000/2001 (01/04/00 AL 31/03/01)

531. DID YOU PREPARE AGRICULTURAL SUB-PRODUCTS FOR SALE FROM THE 2000/2001 AGRICULTURAL CYCLE, SUCH AS: TORTILLAS, BROWN SUGAR, TAMALES, ETC.?

Yes.....1 No.....2 → Go to Item 54

532. WHAT AGRICULTURAL SUB-PRODUCTS DID YOU MAKE?

A _____ CODE

B _____ CODE

C _____ CODE

533. HOW MANY TIMES A YEAR?

533. HOW MANY TIMES A YEAR?

533. HOW MANY TIMES A YEAR?

534. WHAT WAS YOUR PRODUCTION EACH TIME YOU MADE IT?

QUANTITY	UNIT OF MEASUREMENT	VALUE \$

534. WHAT WAS YOUR PRODUCTION EACH TIME YOU MADE IT?

QUANTITY	UNIT OF MEASUREMENT	VALUE \$

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QUANTITY	UNIT OF MEASUREMENT	VALUE \$

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DESTINATION	QUANTITY	VALUE \$
Sale?		
Household Consumption?		
Sub-products?		
Others?		
TOTAL		

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DESTINATION	QUANTITY	VALUE \$
Sale?		
Household Consumption?		
Sub-products?		
Others?		
TOTAL		

54. FORESTRY ACTIVITY 2000/2001 AGRICULTURAL CYCLE

541. DURING THE 2000/2001 AGRICULTURAL CYCLE DID YOU EXPLOIT FORESTRY PRODUCTS SUCH AS TIMBER, NURSERY PLANTS, FIREWOOD, ETC.?
 Yes.....1 No.....2 → Go to Item 55

542. WHAT FORESTRY PRODUCTS DID YOU EXPLOIT?

A	CODE		B	CODE	
---	------	--	---	------	--

543. WHAT IS THE TOTAL VALUE OF THE PRODUCTION HARVESTED?
 \$

544. HOW MUCH OF THIS PRODUCTION WAS DESTINED TO...

DESTINATION	VALUE \$
Sale	
Household	
Consumption	
Others?	
TOTAL	

55. PRODUCTION COSTS IN AGRICULTURAL AND/OR FORESTRY ACTIVITIES IN THE 2000/2001 AGRICULTURAL CYCLE

551. DURING THE 2000/2001 AGRICULTURAL CYCLE, DID YOU HAVE PRODUCTION COSTS IN AGRICULTURAL AND/OR FORESTRY ACTIVITIES (IN CASH AND/OR IN KIND)?
 Yes.....1 No.....2 → Go to Item 56

	DOLLARS
	2000/2001

01. Inputs (Seeds, plantings, fertilizer)?	
02. Purchase of materials and supplies?	
03. Pesticides (Insecticides, herbicides, etc.)?	
04. Transportation and storage?	
05. Pay salaries?	
06. Pay leases on land (for harvesting or grazing)?	
07. Raw materials costs to produce sub-products (sugarcane)	
08. Other costs for preparing sub-products?	
09. Machinery rental costs?	
10. Other production costs (interest, etc.)?	
TOTAL	

56. ANIMAL HUSBANDRY ACTIVITIES DURING LAST TWELVE MONTHS

561. DURING THE LAST 12 MONTHS, DID YOU EXPLOIT ANY ANIMAL SPECIES, SUCH AS BEEF CATTLE, PIGS, GOATS, HORSES, POULTRY BEES, ETC.?
 Yes.....1 No.....2 → End section 5

562. WHAT ANIMAL SPECIES WAS EXPLOITED?

A	CODE		B	CODE		C	CODE																																																							
563. HOW MANY DID YOU HAVE?	<input type="text"/>		563. HOW MANY DID YOU HAVE?	<input type="text"/>		563. HOW MANY DID YOU HAVE?	<input type="text"/>																																																							
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CONTINUATION ITEM 56

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57. PRODUCTS AND SUB-PRODUCTS COMING FROM ANIMAL HUSBANDRY ACTIVITIES DURING THE LAST 12 MONTHS

571. DURING THE LAST 12 MONTHS, HAVE YOU OBTAINED OR MADE PRODUCTS OR SUB-PRODUCTS SUCH AS MILK, CHEESE, CREAM, EGGS, HONEY, ETC.?

Yes.....1 No.....2 → Go to Item 58

572. WHAT ANIMAL PRODUCTS OR SUB-PRODUCTS DID YOU OBTAIN OR MAKE?

A _____ CODE	B _____ CODE	C _____ CODE																																																															
573. DURING THE LAST 12 MONTHS HOW MANY TIMES DID YOU MAKE IT? <input style="width:40px;" type="text"/>	573. DURING THE LAST 12 MONTHS HOW MANY TIMES DID YOU MAKE IT? <input style="width:40px;" type="text"/>	573. DURING THE LAST 12 MONTHS HOW MANY TIMES DID YOU MAKE IT? <input style="width:40px;" type="text"/>																																																															
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58. PRODUCTION EXPENSES IN ANIMAL HUSBANDRY ACTIVITIES DURING THE LAST 12 MONTHS

581. DURING THE LAST 12 MONTHS, DID YOU HAVE PRODUCTION COSTS IN ANIMAL HUSBANDRY ACTIVITIES?

Yes.....1 No.....2 → End of section 5

REASON	DOLLARS
1. Animal feed?	
2. Purchase of animals?	
3. Veterinary services?	
4. Veterinary products?	
5. Salaries?	
6. Transportation?	
7. Cost of raw materials for preparing sub-products (milk)?	
8. Others?	
TOTAL	

SECTION 6: HEALTH

(ONLY FOR THOSE PERSONS RESPONDING 1 IN SECTION 1 QUESTION 111)

601. N° IN TRH ORDER		NAME:																																														
602. LAST MONTH, WHAT WAS THE SYMPTOM, THE DISEASE OR LESION FROM ACCIDENT OR CRIMINAL ACT THAT ...(NAME)... SUFFERED MOST RECENTLY? (Accept one response option in each one) SYMPTOMS Headache 01 Stomachache, vomiting 02 Temperature, fever 03 Dizziness/vertigo 04 Other 05 DISEASE OR LESION RESPIRATORY SYSTEM Difficulty breathing / Asthma..... 06 Pneumonia / Bronchopneumonia..... 07 Flu, cold, cough, etc..... 08 Tonsillitis / Bronchitis..... 09 DIGESTIVE SYSTEM Bloody stools..... 10 Diarrhoea..... 11 Hepatitis / Pancreatitis / Gastritis / Ulcer..... 12 KIDNEYS Kidney / Urinary Infection..... 13 Kidney Failure..... 14 REPRODUCTIVE AND MAMMARY SYSTEM Cancer (uterus, breasts)..... 15 Hemorrhages / Miscarriage..... 16 CARDIOVASCULAR SYSTEM Hypertension..... 17 Heart failure / attack..... 18 Anaemia 19 NEUROLOGICAL SYSTEM Convulsions..... 20 Paralysis, stroke..... 21 Colitis 22 ENDOCRINE SYSTEM Cholesterol..... 23 Diabetes..... 24 PARASITIC DISEASES Parasites..... 25 Dengue..... 26 Yellow fever..... 27 Malaria..... 28 SCHELETAL AND MUSCULAR SYSTEM Arthritis / Rheumatism/Rheumatitis..... 29 Fracture..... 30 Traumatism or blow..... 31 SKIN DISEASES OR LESIONS Chicken pox..... 32 Ulcers, sores, fungi..... 33 Lesion or wound..... 34 OTHER (conjunctivitis, etc.)..... 35 (Specify)	DISEASE, SYMPTOM OR OR LESION	605. LAST MONTH, HOW MANY TIMES DID ...(NAME).. GO TO THIS PLACE DURING HIS/HER SICKNESS OR LESION DUE TO AN ACCIDENT OR CRIMINAL ACT?																																														
	606. HOW LONG DID IT TAKE TO TRAVEL TO THE PLACE WHERE S/HE VISITED HEALTH SERVICES THE LAST TIME FOR THEIR DISEASE OR LESION FROM ACCIDENT OR CRIMINAL ACT? (Indicate only the time getting there)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">HOURS</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: center;">MINUTES</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		HOURS			MINUTES																																								
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	607. WHAT MEANS OF TRANSPORT DID ...(NAME)... USE TO GO THE LAST TIME S/HE WENT TO CONSULT FOR HIS/HER DISEASE OR LESION FROM ACCIDENT OR CRIMINAL ACT? 1. On foot 2. Microbus, bus, pick-up or collective transport. 3. Cart 4. Private automobile 5. Ambulance 6. Others _____ (Specify)																																															
	608. HOW LONG DID ...(NAME)... HAVE TO WAIT TO BE ATTENDED AT THE PLACE OF THE LAST CONSULTATION FOR HIS/HER DISEASE OR LESION DUE TO AN ACCIDENT OR CRIMINAL ACT?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">HOURS</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: center;">MINUTES</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		HOURS			MINUTES																																								
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609. WAS S/HE CHARGED FOR THE SERVICES OF:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3"></th> <th colspan="5">WHAT WAS THE AMOUNT (\$)</th> </tr> <tr> <th colspan="2">SPENT BY THE HOUSEHOLD</th> <th>DONATED BY OTHERS</th> <th>SELF-PAID?</th> <th>DONATED BY THE STATE</th> </tr> <tr> <th>YES</th> <th>NO</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1. Visit?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>2. Laboratory analysis?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>3. X-Rays?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>4. Other exams....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> (Specify)		WHAT WAS THE AMOUNT (\$)					SPENT BY THE HOUSEHOLD		DONATED BY OTHERS	SELF-PAID?	DONATED BY THE STATE	YES	NO				1. Visit?.....	1	2			1	2. Laboratory analysis?.....	1	2			1	3. X-Rays?.....	1	2			1	4. Other exams....	1	2			1	TOTAL					
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TOTAL																																																
610. WAS S/HE HOSPITALIZED FOR THIS DISEASE OR LESION FROM ACCIDENT OR CRIMINAL ACT? 1. Yes 2. No → Go to Q 613																																																
611. WHERE WAS ...(NAME)... HOSPITALIZED? 1. MSPAS Hospital 2. ISSS Hospital or peripheral units 3. Private Hospital or clinic 4. Others _____ (Specify)																																																
612. HOW MANY DAYS WAS S/HE HOSPITALIZED AND WHAT WERE THE TOTAL EXPENSES IN DOLLARS?		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>N° OF DAYS</th> <th>HOUSEHOLD EXPENSE</th> <th>DONATED BY OTHERS</th> <th>SELF-SUPPLIED</th> <th>DONATED BY THE STATE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	N° OF DAYS	HOUSEHOLD EXPENSE	DONATED BY OTHERS	SELF-SUPPLIED	DONATED BY THE STATE					1																																				
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603. LAST MONTH, WITH WHOM DID ...(NAME) .. CONSULT PRIMARILY, DUE TO THE MOST RECENT SYMPTOM, DISEASE OR LESION FROM ACCIDENT OR CRIMINAL ACT? 1. Physician 5. Medicine man 2. Nurse 6. Family or neighbour 3. Health promoter 7. No one 4. Pharmacist } Go to Q 613		DISEASE, SYMPTOM OR OR LESION																																														
604. LAST MONTH, WHERE DID ...(NAME)... MOST RECENTLY SEE A DOCTOR OR WAS ATTENDED FOR THE SYMPTOM, DISEASE OR LESION DUE TO AN ACCIDENT OR CRIMINAL ACT? (If 2 or more places, enter the lower code) 01. MSPAS Hospital 02. MSPAS Health Unit 03. MSPAS Dispensary or care houses 04. ISSS Hospital or Unit 05. Private Hospital or clinic 06. NGOs 07. Pharmacy 08. Medicine man's home or natural clinic 09. Home of the sick or injured person → Go to 609 10. Others _____ (Specify)		DISEASE, SYMPTOM OR OR LESION																																														
IF THIS PERSON ONLY SUFFERED SYMPTOMS GO TO QUESTION 613, OTHERWISE CONTINUE		614. WHY DID S/HE NOT VISIT AN INSTITUTION SEEKING CARE FOR THIS SYMPTOM, DISEASE OR LESION DUE TO ACCIDENT OR CRIMINAL ACT? 01. There are no medicines 02. Lack of care 03. Very expensive 04. No nearby health services, the place to see the doctor is far away 05. No trained staff 06. It wasn't necessary 07. Doesn't believe or trust in medicine 08. Prefers household remedies for cures 09. Did not get permission 10. Had to work 11. Poor care 12. Gravity of the patient 13. Others _____ (Specify)																																														

806. DURING THE LAST MONTH, DID THIS HOUSEHOLD PURCHASE, OBTAIN, GET, OR UTILISE:

ARTICLES AND SERVICES	1.Yes 2.No	807. HOW FREQUENTLY OBTAINED? 1. Daily 2. Weekly 3. Fortnightly 4. Monthly 5. Bi-Monthly 6. Quarterly 7. Semester 8. Annually Code	808. OBTAINED BY:			809. WHAT WAS THE VALUE OF:		
			1. Paid by the household?	2. Self-con- sumption? 3. Self- supply?	4. Family assistance? 5. State Assistance? 6. Private Assistance? 7. Others?	Paid by the household? \$	Self-con- sumption? or Self- supply? \$	Assistance? \$
01. Personal hygiene articles (soap, toothbrush, toilet paper, etc.)?								
02. Laundry articles (detergent, soap for clothes, etc.)?								
03. Household cleaning articles (broom, air freshener, disinfectants, floor mops, etc.)?								
04. Newspapers, magazines videos, movie, stadium, discotheque tickets?								
05. Hair dresser, cosmetics and other care?								
06. Washing and/or ironing of clothes?								
07. Fuel?								
08. Public transportation (bus, microbus, taxi, etc.)? (Exclude educational expenses)								
09. Others (board, rent, etc.)? (Exclude educational expenses)								
10. Childcare expenses for children under 3 years in nursery?								

810. DURING THE LAST 6 MONTHS DID THIS HOUSEHOLD PURCHASE, OBTAIN OR USE :

(EXCLUDE EXPENSES NOTED IN THE SECTIONS ON EDUCATION AND HEALTH, EXCEPTING THOSE CAUSED BY A CHRONIC DISEASE)

01. Clothing, accessories and cloth?								
02. Footwear (Include sporting, repairs)?								
03. Furniture and household decorations (living room, bedroom, dining room)?								
04. Electrical appliances (refrigerator, blender, etc.)?								
05. Housing maintenance and repair?								
06. Vehicle maintenance and repair (automobile, bicycle, motorcycle, etc.)?								
07. Household linens (sheets, towels, curtains, tablecloths, etc.)?								
08. Kitchen equipment (crockery, pantries, stove, etc.)?								
09. Health expenses (dentist, periodic controls, eyeglasses, etc.)?								
10. Interdepartmental and international transportation (tourism, visits to family or friends, etc.)?								
11. Other expenses (jewelry, watches)?								

811. DURING THE LAST 12 MONTHS, HAS THIS HOUSEHOLD MADE ANY OF THE FOLLOWING EXPENSES :

01. Alimony or child care payments?								
02. Donation to non-profit institutions? (school, orphanage, etc.)?								
03. Gifts to third parties not members of household?								
04. Payment of life, theft insurance, etc.?								
05. Payment of medical-hospitalization insurance?								
06. Membership fees for clubs or associations?								
07. Economic contribution to third parties?								
08. Gambling debts or for items pawned?								
09. Marriages, funerals and others?								

OBSERVATIONS:

SECTION 9: APPENDIX A: CHILD LABOUR

(FOR THE FATHER, MOTHER OR PERSON RESPONSIBLE (TUTOR) FOR MINORS AGED 5 TO 17 YEARS)

<p>901. N° IN TRH ORDER</p>		<p>NAME:</p>																																																		
<p>902. LAST WEEK, DID THE CHILD(REN) FROM THIS HOUSEHOLD PARTICIPATE IN ACTIVITIES TO MAINTAIN THE HOUSEHOLD OR IN HOUSEHOLD CHORES IN THEIR PARENTS' OR TUTOR' S HOME OR IN PRIVATE HOMES?</p> <p>1. YES Why do(es) s/he/they has (have) this activity?</p> <ol style="list-style-type: none"> 1. The parents have to work 2. There is no one else to do it 3. Must learn to work or prepare for it 4. Has to help out at home 5. To build their character 6. There is no educational center near the home 7. Economic assistance for the household 8. Other reason _____ <p style="text-align: right;">(Specify)</p> <p>2. NO → Go to Q 906</p>		<p>907. WHAT WOULD YOU PREFER THAT THESE MINORS FROM THIS HOUSEHOLD DO PRINCIPALLY IN THE NEAR FUTURE?</p> <ol style="list-style-type: none"> 01. Attend school full time 02. Work productively for the family full time 03. Household chores full time 04. Do private work full time 05. Study and productive family work part time 06. Study and household chores part time 07. Study and private work part time 08. Productive family work and household chores part time 09. Productive family work and private work part time 10. Household chores and private work part time 11. Other _____ <p style="text-align: right;">(Specify)</p>																																																		
<p>903. THE WORK DONE BY THE MINORS FROM THIS HOUSEHOLD IS IN ACTIVITIES OTHER THAN DOMESTIC CHORES?</p> <p>1. YES 2. NO → Go to Q 906</p>		<p>908. IS THERE CURRENTLY SOMEONE BETWEEN AGE 5 AND 15 YEARS OLD LIVING OUTSIDE HOUSEHOLD?</p> <p>1. Yes → According to questions 909, 910 and 911, please indicate the following:</p> <p>2. No → Go to Q 912</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">N°</th> <th rowspan="2">AGE</th> <th rowspan="2">1- MALE 2- FEMALE</th> <th rowspan="2">LIVING WHERE (Q 909)</th> <th rowspan="2">WHAT DOES S/HE DO (Q 910)</th> <th rowspan="2">ASSISTS (Q 911A)</th> <th colspan="2">FOR HOW LONG (Q 911B)</th> </tr> <tr> <th>YEARS</th> <th>MONTHS</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	N°	AGE	1- MALE 2- FEMALE	LIVING WHERE (Q 909)	WHAT DOES S/HE DO (Q 910)	ASSISTS (Q 911A)	FOR HOW LONG (Q 911B)		YEARS	MONTHS	1								2								3								4								5							
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2																																																				
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<p>904. WHAT IS THE MAIN REASON FOR ALLOWING THEM TO WORK?</p> <ol style="list-style-type: none"> 1. To round out the family income? 2. To pay a family debt? 3. To help or collaborate in the family business? 4. For self-sufficiency? 5. Savings in order to study? 6. Does not have sufficient for studies? 7. Other _____ <p style="text-align: right;">(Specify)</p>		<p>909. WHERE DOES S/HE CURRENTLY LIVE?</p> <p>DEPARTMENT: _____</p>																																																		
<p>905. IF ANYONE WERE TO STOP WORKING, BASICALLY WHAT WOULD HAPPEN?</p> <ol style="list-style-type: none"> 1. Lower the family's standard of living 2. The household could not survive 3. The family business or firm would not be fully operational 4. S/he would be out on the street all day long 5. Would not get character formation 6. Other _____ <p style="text-align: right;">(Specify)</p>		<p>910. WHAT DO THESE MINORS DO MOSTLY WHERE THEY CURRENTLY LIVE?</p> <ol style="list-style-type: none"> 1. Work for family member 2. Work for private individual 3. Attend school or training institute 4. Set up own home 5. Don't know 6. Other _____ <p style="text-align: right;">(Specify)</p>																																																		
<p>906. WHAT DO THE MINORS FROM THIS HOUSEHOLD DO FOR RECREATION WHEN THEY AREN' T WORKING?</p> <p>(More than one may be listed)</p> <p>TABLE OF CODES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TRH N°</th> <th>MONDAY THRU FRIDAY</th> <th>SATURDAY TO SUNDAY</th> </tr> </thead> <tbody> <tr><td>1. Play</td><td></td><td></td></tr> <tr><td>2. Watch television</td><td></td><td></td></tr> <tr><td>3. Read</td><td></td><td></td></tr> <tr><td>4. Inter-group activities</td><td></td><td></td></tr> <tr><td>5. Rest</td><td></td><td></td></tr> <tr><td>6. Other _____</td><td></td><td></td></tr> </tbody> </table> <p style="text-align: right;">(Specify)</p>	TRH N°	MONDAY THRU FRIDAY	SATURDAY TO SUNDAY	1. Play			2. Watch television			3. Read			4. Inter-group activities			5. Rest			6. Other _____				<p>911. DO THEY OR HAVE THEY SENT MONEY OR GOODS TO THE HOUSEHOLD?</p> <p>1. Yes → How long has it been since last time something received?</p> <p>2. No</p>																													
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6. Other _____																																																				
		<p>912. HAS THIS FAMILY EVER CHANGED ITS USUAL PLACE OF RESIDENCE?</p> <p>1. YES (Specify prior place of residence)</p> <p>MUNICIPALITY: _____</p> <p>DEPARTMENT: _____</p> <p>2. NO → END SECTION</p>																																																		
		<p>913. WHAT WAS THE MAIN REASON FOR COMING TO THE CURRENT PLACE AND LENGTH OF RESIDENCE?</p> <table style="width: 100%;"> <tr> <td>1. Job change</td> <td>4. Children's education</td> <td rowspan="2" style="width: 10%;"></td> <td rowspan="2" style="width: 10%;"></td> </tr> <tr> <td>2. Found work</td> <td>5. Insecurity</td> </tr> <tr> <td>3. Search for work</td> <td>6. Other _____</td> <td colspan="2" style="text-align: right;">(Specify)</td> </tr> </table>	1. Job change	4. Children's education			2. Found work	5. Insecurity	3. Search for work	6. Other _____	(Specify)																																									
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SECTION 10: APPENDIX B: CHILD LABOUR

(ONLY FOR CHILDREN AGED 5 THRU 17 YEARS)

1001. N° IN TRH ORDER		NAME:															
1002. LAST WEEK DID YOU DO ANY HOUSEHOLD CHORES IN YOU PARENTS' OR YOUR GUARDIAN' S HOME ON A REGULAR BASIS? 1. YES → How many hours and days and since what age? What activities? _____ _____ 2. NO		ONLY FOR CHILDREN AGED 5 THRU 17 YEARS THAT RESPONDED IN SECTION 4: R403=1 OR R404=1, OTHERWISE, GO TO Q 1024.															
		1008. DO YOU GIVE PART OR ALL OF YOUR INCOME TO YOUR PARENTS OR GUARDIAN? 1. YES, all through boss or employer 2. YES, all and I give it to them 3. YES, part through your boss or employer 4. YES, part and I give it to them 5. Unpaid family worker → Go to Q 1019 6. Not currently working → Go to Q 1019 7. NO															
1003. HAVE YOU EVER HAD A JOB, OCCUPATION OR ECONOMIC ACTIVITY? 1. YES From what age and what was your job? Occupation: _____ 2. NO → Go to Q 1005		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">HOURS</th> <th style="width:10%;">DAYS</th> <th style="width:10%;">AGE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	HOURS	DAYS	AGE				1009. DO YOU SAVE ANY PART OF YOUR INCOME? 1. YES, regularly 2. YES, occasionally 3. NO → Go to Q 1011								
HOURS	DAYS	AGE															
1004. DURING THE LAST 12 MONTHS, WHAT MONTHS HAVE YOU WORKED? <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td> </tr> </table>		01	02	03	04	05	06	07	08	09	10	11	12	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">OCCUPATION</th> </tr> <tr> <td> </td> </tr> </table>	OCCUPATION		1010. WHAT IS YOUR MAIN REASON FOR SAVING? 1. To go to school or training 2. To begin my own business 3. Other _____ (Specify)
01	02	03	04	05	06	07	08	09	10	11	12						
OCCUPATION																	
1005. ARE YOU CURRENTLY ATTENDING AN EDUCATIONAL OR TRAINING CENTER AND ON WHAT SCHEDULE? <table style="width:100%;"> <tr> <td colspan="2" style="text-align:center;">SHIFT</td> <td rowspan="2" style="vertical-align:middle;"> } Go to Q 1007 </td> </tr> <tr> <td style="width:50%;"> 1. Yes, just school 2. Yes, just training 3. Yes, both 4. No </td> <td style="width:50%;"> 1. Morning 2. Afternoon 3. Night </td> </tr> </table>		SHIFT		} Go to Q 1007	1. Yes, just school 2. Yes, just training 3. Yes, both 4. No	1. Morning 2. Afternoon 3. Night	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">AGE</th> </tr> <tr> <td> </td> </tr> </table>	AGE		1011. ARE YOU SATISFIED WITH YOUR CURRENT JOB? 1. YES → Go to Q 1019 2. No							
SHIFT		} Go to Q 1007															
1. Yes, just school 2. Yes, just training 3. Yes, both 4. No	1. Morning 2. Afternoon 3. Night																
AGE																	
1006. WHAT IS THE MAIN REASON WHY YOU AREN' T ATTENDING SCHOOL OR TRAINING? 01. No school or training center close-by 02. Self-sustaining 03. Lack of economic resources at home 04. Low educational performance, not interested in studying or training 05. Sickness or disability 06. To help out in chores and care for household 07. To collaborate with family business 08. The family does not allow you to study or be trained 09. To carry out economic activities 10. Educational centre damaged by earthquakes 11. Other _____ (Specify)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">OCCUPATION</th> </tr> <tr> <td> </td> </tr> </table>	OCCUPATION		1012. WHY AREN' T YOU SATISFIED WITH YOUR CURRENT JOB? 1. Because of the wages (low pay) 2. Because it is very tiring (too much work) 3. Your boss or employer is very demanding 4. Because you can't study 5. Your boss or employer touches you (Sexual Harass.) 6. Your boss or employer hits you (Physical abuse) 7. Other _____ (Specify)												
OCCUPATION																	
1007. IF THEY GAVE YOU THE CHANCE, WHAT WOULD YOU LIKE TO DO NOW AND IN THE FUTURE? 01. Attend school full time 02. Work productively with the family full time 03. Do household work full time 04. Do private job full time 05. Part-time study and productive family work 06. Part-time study and domestic chores 07. Part-time study and private job 08. Part-time productive family work and domestic chores 09. Part-time productive family work and private job 10. Part-time domestic chores and private job 11. Does not know does not respond 12. Other _____ (Specify)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">OCCUPATION</th> </tr> <tr> <td> </td> </tr> </table>	OCCUPATION		1013. ARE YOU CURRENTLY USING ANY OF THE FOLLOWING PROTECTIVE EQUIPMENT AT WORK? (You may enter more than one) 1. Safety glasses 2. Helmets 3. Ear plugs 4. Special footwear 5. Gloves 6. Mask 7. Does not use or does not apply 8. Other _____ (Specify)												
OCCUPATION																	
IF R404=2 and R1002=2 and R1005=4 FINALIZE SECTION, OTHERWISE CONTINUE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">NOW</th> </tr> <tr> <td> </td> </tr> <tr> <th style="width:10%;">IN THE FUTURE</th> </tr> <tr> <td> </td> </tr> </table>	NOW		IN THE FUTURE		1014. DO THE OTHER PERSONS THAT DO THE SAME JOB USE PERSONAL PROTECTION EQUIPMENT WHEN THEY WORK? 1. Yes 2. No → Go to Q 1016										
NOW																	
IN THE FUTURE																	
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">OCCUPATION</th> </tr> <tr> <td> </td> </tr> </table>	OCCUPATION		1015. WHICH OF THE FOLLOWING PERSONAL PROTECTION EQUIPMENT DO THESE PERSONS USUALLY USE? (More than one may be marked) 1. Safety glasses 2. Helmets 3. Ear plugs 4. Special footwear 5. Gloves 6. Mask 7. Others _____ (Specify)												
OCCUPATION																	

<p>1016. IN YOUR PLACE OF WORK OR AT YOUR OCCUPATION DO YOU OPERATE ANY HAZARDOUS TOOLS, EQUIPMENT OR MACHINERY?</p> <p>1. Yes Which _____</p> <p>2. No → Go to Q 1018</p>		<p>1022. WHERE DID YOU RECEIVE TREATMENT FOR THE WORST SICKNESS OR LESION?</p> <ol style="list-style-type: none"> At home In the workplace In a hospital At a health unit In a private clinic Did not seek medical care Other _____ (Specify) 																									
<p>1017. DO YOU KNOW ABOUT THE RISK OR DAMAGE THAT THIS TYPE OF WORK CAN CAUSE TO YOUR HEALTH?</p> <ol style="list-style-type: none"> Yes No 		<p>1023. WITH REGARD TO THE WORST DISEASE OR LESION WHAT TREATMENT DID YOU RECEIVE?</p> <ol style="list-style-type: none"> Received medical treatment and was released immediately Required hospitalization. How many days? _____ <p>WHAT WAS THE EFFECT ON YOUR JOB?</p> <ol style="list-style-type: none"> Temporarily kept you from working Kept you from working permanently in the activity that you were carrying out No effect Other _____ (Specify) 	<p>TREATM.</p> <p>EFFECT</p>																								
<p>1018. DO YOU FACE ANY OF THESE PROBLEMS AT YOUR PLACE OF WORK?</p> <ol style="list-style-type: none"> Little or no ventilation Bad light No toilets Limited access to toilets No access to a telephone There is no first aid kit or clinic No protection from the sun's rays Bad odors None Others _____ (Specify) 		<p>ONLY FOR PERSONS WHO IN R1005=1 THRU 3, OTHERWISE GO TO Q 1025</p>																									
<p>1019. HAVE YOU HAD ANY SYMPTOMS OR SUFFERED SICKNESS OR INJURIES IN THE WORK PLACE DUE TO THE WORKING CONDITIONS OR OCCUPATION, INCLUDING PRIOR JOBS OR OCCUPATIONS?</p> <ol style="list-style-type: none"> Yes No → Go to Q 1024 (Read printed instruction) 		<p>1024. IF YOU ATTEND SCHOOL OR TRAINING, BUT ALSO ARE WORKING OR DOING HOUSEHOLD CHORES, DOES THIS AFFECT YOUR REGULAR ATTENDANCE AT STUDIES?</p> <ol style="list-style-type: none"> YES NO Only studies → Finalize Section 																									
<p>1020. WHAT WAS YOUR MOST SERIOUS SYMPTOM, SICKNESS OR LESION IN THE WORK PLACE?</p> <p><u>SYMPTOM OR DISEASE OR LESION</u></p> <table border="0"> <tr> <td>01. Fever</td> <td>13. Fracture</td> </tr> <tr> <td>02. Flu or cold</td> <td>14. Burns</td> </tr> <tr> <td>03. Eye infection / weepy</td> <td>15. Contusions or trauma</td> </tr> <tr> <td>04. Ear infection / pain</td> <td>16. Wound</td> </tr> <tr> <td>05. Skin problems / sores</td> <td>17. None</td> </tr> <tr> <td>06. Respiratory problems</td> <td>18. Other _____ (Specify)</td> </tr> <tr> <td>07. Head or neck pain</td> <td></td> </tr> <tr> <td>08. Back problems</td> <td></td> </tr> <tr> <td>09. Anaemia</td> <td></td> </tr> <tr> <td>10. Gastritis or ulcer</td> <td></td> </tr> <tr> <td>11. Stomachache</td> <td></td> </tr> <tr> <td>12. Dizziness or vomiting</td> <td></td> </tr> </table>	01. Fever	13. Fracture	02. Flu or cold	14. Burns	03. Eye infection / weepy	15. Contusions or trauma	04. Ear infection / pain	16. Wound	05. Skin problems / sores	17. None	06. Respiratory problems	18. Other _____ (Specify)	07. Head or neck pain		08. Back problems		09. Anaemia		10. Gastritis or ulcer		11. Stomachache		12. Dizziness or vomiting			<p>1025. WHAT KIND OF TREATMENT DO YOUR PARENTS OR GUARDIAN GIVE YOU IN HOUSEHOLD CHORES OR BOSS IN YOUR JOB / OCCUPATION?</p> <ol style="list-style-type: none"> Scolds you using vulgarities Scolds you without using vulgarity Strikes you (Physical abuse) Both (scolds and hits) Touches you (Sexual harassment) Takes a cut from your wages Treat you well Only household chores or employment Other _____ (Specify) 	<p>PARENT/ GUARDIAN</p> <p>BOSS</p>
01. Fever	13. Fracture																										
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<p>1021. DID YOU RECEIVE MEDICAL TREATMENT FOR THIS SYMPTOM, DISEASE OR LESION?</p> <ol style="list-style-type: none"> Yes → Who paid for it? <ol style="list-style-type: none"> ISSS The employer The parents Him/herself Free (treatment expenses) Other _____ (Specify) No → Go to Q 1024 (Read printed instruction) 		<p style="text-align: center;">INTERVIEWER COMMENTS OR OBSERVATIONS ABOUT THE INTERVIEW</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(END OF THE INTERVIEW)</p>																									

CLASSIFICATION OF THE HOUSEHOLD VISITED

OBSERVATIONS:

1. Reliable information; 2. Slightly reliable information; 3. Unreliable information

SUMMARY TABLE TO BE COMPLETED BY THE SUPERVISOR

<p>1</p> <p>NUMBER OF HOUSEHOLD MEMBERS</p> <input type="text"/>	<p>2</p> <p>PERSONS AGED 3 OR MORE YEARS OF AGE</p> <input type="text"/>	<p>3</p> <p>PERSONS AGED 5 OR MORE YEARS OF AGE</p> <input type="text"/>	<p>4</p> <p>NUMBER OF PERSONS INVOLVED IN AGRICULTURAL LABOUR</p> <input type="text"/>	<p>5</p> <p>NUMBER OF PERSONS WHO GOT SICK</p> <input type="text"/>	<p>6</p> <p>NUMBER OF PERSONS AGED 5 TO 17 YEARS OF AGE</p> <input type="text"/>
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IDENTIFICATION OF OFFICE STAFF

<p>NAME OF INTERVIEWING TECHNICIAN A</p> <hr/> <hr/> <p>CODE <input type="text"/></p> <p>DATE: _____</p>	<p>NAME OF PERSON DOING CRITIQUING AND CODING B</p> <hr/> <hr/> <p>Code <input type="text"/></p> <p>DATE: _____</p>	<p>NAME OF PERSON DOING DATA ENTRY C</p> <hr/> <hr/> <p>Code <input type="text"/></p> <p>DATE: _____</p>
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CONTROL OF SECTIONS REQUIRING COMPLETION BY SURVEY DEPARTMENT

<p>SECTION 2</p> <input type="text"/>	<p>SECTION 4</p> <input type="text"/>	<p>SECTION 5</p> <input type="text"/>	<p>SECTION 6</p> <input type="text"/>	<p>SECTION 10</p> <input type="text"/>
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