

**REPUBLIC OF NICARAGUA
MINISTRY OF LABOUR**

XIV HOUSEHOLD SURVEY TO MEASURE URBAN AND RURAL EMPLOYMENT, NOVEMBER 2000

I. IDENTIFICATION:

Department:	Municipality	Stratum	Repeat	Order	UPM	USM	Dwelling	Household

Department _____

Municipality: _____

II. CHARACTERISTICS OF THE MEMBERS OF THE HOUSEHOLD

N U M B E R O R D E R	ALL MEMBERS OF THE HOUSEHOLD				ONLY FOR PERSONS AGED 5 YEARS OR MORE			ONLY FOR PERSONS AGED 5 TO 9 YEARS	
	Name and surnames of all of the persons who are members of this household, beginning with the head of household	HOUSEHOLD MEMBERS			SCHOOLING			9. WORKED DURING THE LAST WEEK? Yes = 1 → 15 No = 2	10. USUALLY WORKS DURING VACATIONS, HARVEST, OR SEASONALLY? Yes = 1 → 15 No = 2 → 14
		2. SEX Male = 1 Female = 2	3. AGE AT LAST BIRTH-DAY	4. RELATIONSHIP TO HEAD OF HOUSEHOLD Head 1 Spouse 2 Child 3 Relative 4 Non-relative 5 Household Workers 6	5. READS AND WRITES Yes = 1 No = 2	6. LAST GRADE OR YEAR COMPLETED			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

III. FAMILY MEMBERS OUTSIDE THE COUNTRY

Family relations residing in another country and that maintain contact through correspondence or visits. How many persons? _____

1. Name and Surnames	2. SEX Male = 1 Female = 2	3. AGE AT LAST BIRTH-DAY	4. RELATIONSHIP WITH THE HEAD OF HOUSEHOLD	5. SCHOOLING		6. GRADE	7. COUNTRY OF CURRENT RESIDENCE	8. YEAR HE/SHE LEFT NICARAGUA	9. CURRENT OCCUPATION
				5. LEVEL None ... 1 Primary ... 2 Secondary . 3 University 4					
01									
02									
03									
04									
05									

IV. INTERVIEW CONTROL

VISITS	DATE	OBSERVATIONS OR RESULTS
1 st Attempt		
2 nd Attempt		
3 rd Attempt		

POSITION	NAME	SIGNATURE
Interviewer		
Supervisor		

REPUBLIC OF NICARAGUA
MINISTRY OF LABOUR
XIV HOUSEHOLD SURVEY TO MEASURE URBAN AND RURAL EMPLOYMENT, NOVEMBER 2000
INFANT LABOUR MODULE

Appendix A

Department	Municipality	Stratum	Repeat	Order	UPM	USM	Dwelling	Household

DEPARTMENT _____

MUNICIPALITY: _____

Name of father or guardian: _____

Nº in Order _____ sex _____ age _____

VI ACTIVITIES OF CHILDREN AGED 5 TO 17 (Interview for parents, guardians or persons in charge of girls and boys from 5 to 17 years of age)

Migration Status of the household and living and housing conditions

1. Has this household ever changed its customary place of residence?

YES 1 > (indicate the following data on the last places of usual residence)

Country _____ Department _____

Municipality _____ Comarca _____

NO 2 → go to Question 4 .

2. Why did they move here and change from the previous place of residence?

Job transfer 1.

Found work 2.

To look for work 3.

For studies 4.

Other _____ 5.

(specify)

3. How long has this household been living at its current place of residence?

Months _____ Years _____

4. The dwelling occupied by this household is:

Owned 1 → go to Question 6 .

Provided free by the employer 2 → go to Question 6 .

Rented from a private owner 3.

Rented from the State 4.

Subsidised by the employer (private/public) 5.

Financed by the Bank 6.

Paid to Bavnic 7.

Other _____ 8 → go to Question 6 .

(specify)

(or continue as corresponds)

5. How much rent does the household pay each month?

C\$ _____ Month

6. What type of dwelling does the household occupy?

Formal house 1.

Apartment 2.

Tenement 3.

Country home 4.

Shack 5.

Improvised dwelling 6.

Other locale used as dwelling 7.

7. How many rooms or quarters does the dwelling have, including living/dining room?

1 to 2 rooms 1.

3 to 4 rooms 2.

More than 4 rooms 3.

Other _____ 4.

(specify)

8. Which of the following services is available in the dwelling?

Toilet/latrine 1 { Within the dwelling 1.
 Outside the dwelling 2.

2 { Outside the dwelling/shared with
 Other households 3.

Other _____ 4.
 (specify)

Does not have 5.

Kitchen 2 { Within the dwelling 1.
 Outside the dwelling 2.

2 { Outside the dwelling/shared with
 Other households 3.

Other _____ 4.
 (specify)

Does not have 5.

Lighting source 3 { Electricity 1.
 Kerosene/gas 2.

Other _____ 3.
 (specify)

(Faucets/pipes:)

Drinking water source 4 { Within the dwelling 1.
 Outside the dwelling 2.

4 { Sanitary well 3.
 Hand-drawn well 4.

Hand Pump 5.
 Stream or pond 6.

Other _____ 7.
 (specify)

Source of fuel for cooking 5 { Electricity 1.
 LPG Gas Cylinder 2.

5 { Kerosene/gas 3.
 Firewood 4.

Coal/Charcoal 5.
 Other _____ 6.

(specify)

None 7.

9. Which of the following appliances does the household have?

Television			1.
Radio			2.
Telephone			3.
Motorcycle			4.
Video cassette player (VHS)			5.
Refrigerator			6.
Automobile			7.
Other _____			8.
(specify)			
None			9.

10. During the last twelve months, from what main activity did the household obtain its principal income?

Self-Employed			1.
specify > Agricultural Activities			1.
Non-Agricultural Activities			2.
Agricultural Labour			2.
Other Occasional Labours			3.
Regular Employment			4.
Pensions, Dividends, Interest, Property Leases, etc.			5.
Other sources(specify) _____			6.

11. What is the average monthly expenditure of the household?

Categories	C\$
Food	_____
Transportation	_____
Educational expenses	_____
Kerosene/tank of gas	_____
Toiletries/cleansers	_____
Medicines	_____
Electricity	_____
Water	_____
Other expenses	_____
Total household expenses	C\$ _____

Section on children from this household normally living outside the household, not included as usual residents of the household (Questions 12 through 17)

12. Are there any girl or boy children from this household currently residing elsewhere in a household other than that of their parents or guardians?

YES | | 1 | > (indicate)

Order	Name	Sex	Age	Address of current residence
01				
02				
03				
04				
05				

NO | | 2 | → go to the next page, Question 1.

13. Do you know with whom the girl or boy is currently living?

YES | | 1 | 01. _____ NO | | 2 |
(name of the person or institution)

YES | | 1 | 02. _____ NO | | 2 |
(...)

continue ↗



YES | | 1 | 03 _____ NO | | 2 |

YES | | 1 | 04 _____ NO | | 2 |

YES | | 1 | 05 _____ NO | | 2 |

14. What does the boy or girl child do where he/she is currently residing?

	01	02	03	04	05
Works for someone					1.
Works on his/her own					2.
Attends school/training centre					3.
Other _____					4.
(specify)					
Don't know					5.

15. Does the girl or boy child communicate somehow with this household?

	01	02	03	04	05
YES 1 >					
NO 2 >					

end of interview on this child.

16. When was the last time that she/he contacted the household?

01 Month _____ Year _____

02 Month _____ Year _____

03 Month _____ Year _____

04 Month _____ Year _____

05 Month _____ Year _____

17. Does he/she occasionally send money, goods or some type of product home?

01 YES | | 1 | > _____ NO | | 2 |
(specify, when was the last time he/she sent something)

02 YES | | 1 | > _____ NO | | 2 |
(specify, when was the last time he/she sent something)

03 YES | | 1 | > _____ NO | | 2 |
(specify, when was the last time he/she sent something)

04 YES | | 1 | > _____ NO | | 2 |
(specify, when was the last time he/she sent something)

05 YES | | 1 | > _____ NO | | 2 |
(specify, when was the last time he/she sent something)



Observations _____



Once the sections on household data and the children not usually residing in the household are finished, continue with the section for data on parental opinion about the children 5 to 17 years of age, on the following page.

REPUBLIC OF NICARAGUA
MINISTRY OF LABOUR
XIV HOUSEHOLD SURVEY TO MEASURE URBAN AND RURAL EMPLOYMENT, NOVEMBER 2000
INFANT LABOUR MODULE

DEPARTMENT _____ **Appendix A** MUNICIPALITY: _____

Department	Municipality	Stratum	Repeat	Order	UPM	USM	Dwelling	Household

Name of parent or guardian: _____ Nº in order _____ sex _____ age _____

Name of child: _____ Nº in order _____ sex _____ age _____

VI ACTIVITIES OF CHILDREN AGED 5 TO 17 YEARS (For parents, guardians or persons in charge of the boy and girl children)

1. During the last week, has s/he regularly participated in the domestic chores in their parents', guardians', or the household of those caring for them?

YES 1 > specify 1. _____
 (number of hours per day)
 2. _____
 (days per week)

NO 2 → go to Question 3 .

2. Why do they do or participate in the household chores in their home?

Their parents must work	<input type="checkbox"/> 1 .
No one else does the domestic chores	<input type="checkbox"/> 2 .
They must learn to do the chores	<input type="checkbox"/> 3 .
They have to help out at home	<input type="checkbox"/> 4 .
Other reason _____	<input type="checkbox"/> 5 .

(specify)

3. Was this child completely inactive last week; did s/he not attend school or a training centre, nor participate in domestic chores, nor any job?

YES 1 NO 2

4. Did this girl or boy carry out any employment activity at any time during the last 12 months?

YES 1 > (specify) NO 2 → go to Question 6 .
 ☺ number of days

November/99	December/99	January/00	February/00	March/00
April/00	May/00	June/00	July/00	August/00
September/00	October/00			

5. Did s/he attend school at the same time s/he was working?

Yes 1 NO 2

6. Has s/he worked any time, or during the last week?

YES 1 NO 2 go to → Question 26.

7. Has s/he ever had a job-related accident or suffered any job-related lesion or sickness?

YES 1 NO 2 → see note after Question 14 .

8. How frequently has s/he had accidents or suffered job-related injuries?

Frequently	<input type="checkbox"/> 1 .
Occasionally	<input type="checkbox"/> 2 .
Infrequently, rarely	<input type="checkbox"/> 3 .

9. What does the establishment do, where s/he had the accident or suffered some job-related disease?

1) _____
 (specify up to five if the case so requires)
 2) _____
 3) _____
 4) _____
 5) _____

10. What occupations or jobs was s/he carrying out when the accident happened or s/he suffered or acquired the disease?

1) _____
 (specify up to five)
 2) _____
 3) _____
 4) _____
 5) _____

11. Of what type were the lesions or diseases that s/he suffered or suffer from job-related causes?

Job-related Diseases		Injuries from accidents	
Fever, flu, cold	<input type="checkbox"/> 1	Burns	<input type="checkbox"/> 1 .
Eye infection	<input type="checkbox"/> 2	Wounds or cuts	<input type="checkbox"/> 2 .
Ear infection	<input type="checkbox"/> 3	Fractures	<input type="checkbox"/> 3 .
Skin problems	<input type="checkbox"/> 4	Amputation/member	<input type="checkbox"/> 4 .
Respiratory problems	<input type="checkbox"/> 5	Bruises(contusions)	<input type="checkbox"/> 5 .
Neck pains	<input type="checkbox"/> 6	Intoxication	<input type="checkbox"/> 6 .
Back problems	<input type="checkbox"/> 7	Loss of an organ	<input type="checkbox"/> 7 .
Anaemia	<input type="checkbox"/> 8	Other _____	<input type="checkbox"/> 8 .
Other _____	<input type="checkbox"/> 9	(specify)	

(specify)

12. With regard to the worst accident/disease/injury, how severe was it?

Did not require medical treatment	<input type="checkbox"/> 1 .
Was given medical treatment and released	<input type="checkbox"/> 2 .
Was hospitalised and released	<input type="checkbox"/> 3 .
Received and continues to receive medical treatment	<input type="checkbox"/> 4 .
Ceased working permanently	<input type="checkbox"/> 5 .
Ceased working temporarily	<input type="checkbox"/> 6 .
Other _____	<input type="checkbox"/> 7 .

(specify)

If you marked code 1 → see note after Question 14 .

13. Where did you receive medical assistance or treatment?

- At home

		1.
--	--	----
- At work

		2.
--	--	----
- In a hospital

		3.
--	--	----
- Health Centre

		4.
--	--	----
- Clinic

		5.
--	--	----
- Other _____

		6.
--	--	----

(specify)
- Did not seek assistance

		7.
--	--	----

14. Who paid for the medical treatment?

- Social Security

		1.
--	--	----
- The employer

		2.
--	--	----
- Parents / Guardians

		3.
--	--	----
- Him / herself

		4.
--	--	----
- MINSA

		5.
--	--	----
- Other _____

		6.
--	--	----

(specify)

If he/she has ever worked, but is not currently working,
Go to

--	--	--

question 26.

15. If he/she is **currently** working, is the child aware of any health problem or risk related with his/her job? * (reference week)

- YES

		1.
--	--	----

 _____ NO

		2.
--	--	----

(specify)

16. Does he/she use any of the following protective equipment when working?

- Safety glasses

		1.
--	--	----
- Protective helmet

		2.
--	--	----
- Earplugs

		3.
--	--	----
- Special footwear

		4.
--	--	----
- Gloves

		5.
--	--	----
- Other _____

		6.
--	--	----

(specify)
- None

		7.
--	--	----
- Does not require

		8.
--	--	----

17. Do the other persons that carry out the same job use protective equipment when they are working?

- Safety glasses

		1.
--	--	----
- Helmets

		2.
--	--	----
- Earplugs

		3.
--	--	----
- Special footwear

		4.
--	--	----
- Gloves

		5.
--	--	----
- Others _____

		6.
--	--	----

(specify)
- None

		7.
--	--	----
- Does not require

		8.
--	--	----

If the girl or boy works with parents or guardians
Go to

--	--	--

Question 22.

18. If he/she works for someone other than parents or guardians, do you know where and for whom he/she works?

- YES

		1.
--	--	----

 > (indicate) NO

		2.
--	--	----

1. _____
(Name of the employer)

2. _____
(Exact address of the employer)

3. _____
(In the case of a self-employed worker, indicate the place where he/she usually carries out his/her job)

--	--	--

go to Question 22.

19. How is this person's relationship with their employer?

- Good

		1.
--	--	----

go to question 21.
- Indifferent

		2.
--	--	----

go to question 21.
- Bad

		3.
--	--	----
- Don't know

		4.
--	--	----

go to question 21.

20. Why do you consider the relationship with the employer bad?

- Wants too much work done

		1.
--	--	----
- Wants long working hours

		2.
--	--	----
- The pay is bad

		3.
--	--	----
- Doesn't pay on time

		4.
--	--	----
- Verbal abuse

		5.
--	--	----
- Physical abuse

		6.
--	--	----
- Other reason (specify) > _____

		7.
--	--	----

21. Which of the following benefits does the employer guarantee?

- | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|
| Vacations <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>1.</td></tr></table> | | | 1. | Paid sick leave <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>2.</td></tr></table> | | | 2. |
| | | 1. | | | | | |
| | | 2. | | | | | |
| Social Security <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>3.</td></tr></table> | | | 3. | Incentives <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>4.</td></tr></table> | | | 4. |
| | | 3. | | | | | |
| | | 4. | | | | | |
| Free uniforms <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>5.</td></tr></table> | | | 5. | Subsidised uniforms <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>6.</td></tr></table> | | | 6. |
| | | 5. | | | | | |
| | | 6. | | | | | |
| Free food <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>7.</td></tr></table> | | | 7. | Subsidised food <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>8.</td></tr></table> | | | 8. |
| | | 7. | | | | | |
| | | 8. | | | | | |
| Free transportation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>9.</td></tr></table> | | | 9. | Subsidised transportation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>10.</td></tr></table> | | | 10. |
| | | 9. | | | | | |
| | | 10. | | | | | |
| Free housing <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>11.</td></tr></table> | | | 11. | Subsidised housing <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>12.</td></tr></table> | | | 12. |
| | | 11. | | | | | |
| | | 12. | | | | | |
| Other _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>13.</td></tr></table> | | | 13. | No benefits <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>14.</td></tr></table> | | | 14. |
| | | 13. | | | | | |
| | | 14. | | | | | |
| (specify) | Don't know <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>15.</td></tr></table> | | | 15. | | | |
| | | 15. | | | | | |

22. What does the girl/boy do for entertainment when not working?

- Plays with friends/brothers/sisters

		1.
--	--	----
- Watches television

		2.
--	--	----
- Studies

		3.
--	--	----
- Other (specify) > _____

		4.
--	--	----

23. If he/she is currently working, what is the main reason for letting him/her work?

- To add to family income

		1.
--	--	----
- To pay outstanding debts of parents/guardians

		2.
--	--	----
- To collaborate with a household business/enterprise

		3.
--	--	----
- The educational / training program is inadequate

		4.
--	--	----
- The school is too far away

		5.
--	--	----
- Other (specify) > _____

		6.
--	--	----

REPUBLIC OF NICARAGUA
MINISTRY OF LABOUR
XIV HOUSEHOLD SURVEY TO MEASURE URBAN AND RURAL EMPLOYMENT, NOVEMBER 2000

Appendix B

Department:	Municipality	Stratum	Repeat	Order	UPM	USM	Dwelling	Household

Department _____

MUNICIPALITY: _____

Child's name: _____

Nº order _____ sex _____ age _____

VII. ACTIVITIES OF CHILDREN AGED 5 TO 17 YEARS (Interview oriented to minors aged 5 to 17 years old)

1. Are you **currently** attending school or a training centre?

YES 1 2 3 4 5 6 7 8 9 10 11 12

1 → Full-Time 1 → go to Question 3.
 2 → Part-Time 2 → go to Question 3.
 NO 2.

2. What are the main reasons why you are not attending school or a training centre?

No available school or training centre is convenient 1.

Cannot afford studies or training (no resources to do so) 2.

Low school performance 3.

Not interested in studying or training 4.

Failed out of school (did not pass grade) 5.

Afraid of the teachers 6.

Is a disabled person 7.

Have to help out with household chores 8.

Have to help out with family business or enterprise 9.

Must work for income to support self 10.

The family does not allow him/her to study or train 11.

Other (specify) _____ 12.

3. Have you ever worked or during the last week?

YES 1 2 3 4 5 6 7 8 9 10 11 12

When _____ years old
 (specify at what age s/he began to work the first time)

NO 2 3 4 5 6 7 8 9 10 11 12

 Terminate the interview with this child.

4. If you have worked, or are working, while attending school or a training centre, does or did your job affect your regular class attendance? (at any time)

YES 1 2 3 4 5 6 7 8 9 10 11 12

NO 2.

5. Have you **ever** had a job-related accident, or any disease due to your working conditions or occupation?

YES 1 2 3 4 5 6 7 8 9 10 11 12

NO 2 → go to Question 8.

6. What type of lesions or diseases did you suffer or do you suffer from job-related causes?

Job-related Diseases					
Fever, flu, cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)					

Injuries from accidents					
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wounds or cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amputation/member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruises(contusions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of an organ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify)					

7. With regard to the worst accident/disease/injury, how severe was it?

Did not require medical treatment 1.

Was given medical treatment and released 2.

Was hospitalised _____ 3.
 (specify the number of days)

Caused permanent removal from workforce 4.

Ceased working temporarily _____ 5.
 (specify the number of days)

Other _____ 6.
 (specify)

8. In your job or occupation do you have to operate any machine, equipment, or tools?

YES 1 2 3 4 5 6 7 8 9 10 11 12

NO 2.

9. Were you or are you informed that in your job or occupation, you ran or run the risk of health problems, disease, or injury?

YES 1 2 3 4 5 6 7 8 9 10 11 12

NO 2. (specify)



If s/he is not currently working, terminate the interview for this child.

10. Do you face any problems or difficulties on the job that you currently carry out?

YES 1 2 3 4 5 6 7 8 9 10 11 12

NO 2. (specify)

11. If you were given the opportunity, what would you like to do now and in the future?

Now _____

In the future _____

If s/he is self-employed → go to Question 15.

If s/he is an unpaid family worker → go to Question 21.

If s/he is a salaried employee continue with the following



12. If you work for someone other than your parents/guardians, or those responsible for you, do you usually work overtime and are you paid for it?

YES | | 1. > specify → If paid | | 1.

If not paid | | 2.

NO | | 2.

13. How is your relationship with your employer?

Good | | 1. → go to Question 15.

Indifferent | | 2. → go to Question 15.

Bad | | 3.

14. What is the main reason that you consider that your relationship with your employer is bad?

Wants too much work done | | 1.

Wants long working hours | | 2.

The pay is bad | | 3.

Doesn't pay on time | | 4.

Verbal abuse | | 5.

Physical abuse | | 6.

Other reason (specify) > _____ | | 7.

15. Do you give any part of your income from your job to your parents/guardians or other relatives?

YES | | 1. > (specify)



- They are all given directly to them by my employer | | 1. → go to Question 18.

- Turn them all over by self | | 2. → go to Question 18.

- Part through the employer | | 3.

- Part by him/herself | | 4.

- Other _____ | | 5.

(specify)

NO | | 2.

16. Do you save any part of your income?

YES | | 1. > (specify) Regularly | | 1.

Occasionally | | 2.

NO | | 2. → go to Question 18.

17. What is the main reason that you save part of your income?

To begin a business | | 1.

To go to school / training centre | | 2.

Other reason _____ | | 3.

(specify)

18. Are you satisfied with your current job?

YES | | 1. → go to Question 20.

NO | | 2.

19. Why aren't you satisfied with your current job?

The wages paid are very low | | 1.

It feels or is too tiring and heavy | | 2.

The employer is very rough and demanding | | 3.

I earn very little working for myself | | 4.

Other reason _____ | | 5.

(specify)

20. In the event that the child works for a person other than his/her parents, guardians or those responsible, indicate the following data:

1. _____
(Name of the employer/establishment of firm)

2. _____
(Exact address of the place where the child works)

21. a) In the event that s/he is a self-employed worker, indicate:

1. _____
(Exact address of the place where the child carries out his/her activity)

b) In the event that s/he is an unpaid family worker, indicate:

1. _____
(Exact address of the place where the child carries out his/her activity)



Observations: _____



End of the interview

(Remember that you must fill out Appendix "B" for each child aged 5 to 17 years of age that is a usual resident of the household)