



REPUBLICA DE HONDURAS
DESPACHO DE LA PRESIDENCIA

INSTITUTO NACIONAL DE ESTADÍSTICA



Encuesta Permanente de Hogares de Propósitos Múltiples
Mayo / 2002

<p style="text-align: center;">CARACTER CONFIDENCIAL</p> <p style="text-align: center;">Los datos individuales serán estrictamente confidenciales Decreto 86 - 2000, art. 31 — Julio, 2000</p>	<p style="text-align: center;">FORMA _____ DE _____</p>
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I. IDENTIFICACION GEOGRÁFICA Y MUESTRAL	II. RESULTADO DE LA ENTREVISTA
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<p>DEPARTAMENTO: <input type="text"/> <input type="text"/></p> <p>MUNICIPIO: <input type="text"/> <input type="text"/></p> <p>ALDEA: <input type="text"/> <input type="text"/></p> <p>CASERIO: <input type="text"/> <input type="text"/></p> <p>DIRECCIÓN: _____</p> <p>DOMINIO: <input type="text"/></p> <p>ESTRATO: <input type="text"/></p> <p>SEGMENTO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MANZANA: <input type="text"/> <input type="text"/></p> <p>VIVIENDA: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>RECORRIDO: <input type="text"/> <input type="text"/></p> <p>HOGAR: <input type="text"/></p>	<p>1. <input type="checkbox"/> REALIZADA</p> <p>2. <input type="checkbox"/> RECHAZADA</p> <p>3. <input type="checkbox"/> PERSONAS AUSENTES</p> <p>4. <input type="checkbox"/> VIVIENDA COLECTIVA</p>
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III. DATOS DE LA VIVIENDA

¿Cuántas personas o grupos de personas que compran y cocinan sus alimentos por separado viven en esta vivienda?

<p>1. TIPO DE VIVIENDA</p> <p>1- <input type="radio"/> Casa o apartamento independiente</p> <p>2- <input type="radio"/> Rancho</p> <p>3- <input type="radio"/> Cuarto en mesón o cuartería</p> <p>4- <input type="radio"/> Barracón</p> <p>5- <input type="radio"/> Casa improvisada pero usada como vivienda</p> <p>6- <input type="radio"/> Local no construido para habitación</p> <p>7- <input type="radio"/> Otro _____</p> <p>2- MATERIAL PREDOMINANTE EN LA CONSTRUCCION DE LAS PAREDES</p> <p>1- <input type="radio"/> Ladrillo, piedra o bloque</p> <p>2- <input type="radio"/> Adobe</p> <p>3- <input type="radio"/> Madera</p> <p>4- <input type="radio"/> Bahareque, vara o caña</p> <p>5- <input type="radio"/> Desechos</p> <p>6- <input type="radio"/> Otro _____</p> <p>3- MATERIAL PREDOMINANTE EN EL PISO</p> <p>1- <input type="radio"/> Cerámica</p> <p>2- <input type="radio"/> Ladrillo de cemento</p> <p>3- <input type="radio"/> Ladrillo de barro</p> <p>4- <input type="radio"/> Plancha de cemento</p> <p>5- <input type="radio"/> Madera</p> <p>6- <input type="radio"/> Tierra</p> <p>7- <input type="radio"/> Otro _____</p> <p>4- SERVICIO DE AGUA</p> <p>a- ¿Tiene tubería instalada para agua?</p> <p>1. <input type="radio"/> Sí 2. <input type="radio"/> No</p>	<p>b- ¿De dónde proviene el agua que utiliza?</p> <p>1. <input type="radio"/> Servicio público</p> <p>2. <input type="radio"/> Servicio privado colectivo</p> <p>3. <input type="radio"/> Pozo malacate</p> <p>4. <input type="radio"/> Pozo con bomba</p> <p>5. <input type="radio"/> Río, riachuelo, manantial, ojo de agua</p> <p>6. <input type="radio"/> Cisterna</p> <p>7. <input type="radio"/> Otro _____</p> <p>c- ¿Dónde la obtiene?</p> <p>1. <input type="radio"/> Dentro de la vivienda</p> <p>2. <input type="radio"/> Fuera de la vivienda y dentro de la prop.</p> <p>3. <input type="radio"/> Fuera de la propiedad menos de 100 mts.</p> <p>4. <input type="radio"/> Fuera de la propiedad más de 100 mts.</p> <p>5- SERVICIO SANITARIO</p> <p>a- ¿Qué tipo de servicio sanitario tiene?</p> <p>1. <input type="radio"/> Inodoro conectado a red de alcantarilla</p> <p>2. <input type="radio"/> Inodoro conectado a pozo séptico</p> <p>3. <input type="radio"/> Letrina con cierre hidráulico</p> <p>4. <input type="radio"/> Letrina con pozo séptico</p> <p>5. <input type="radio"/> Letrina con pozo negro</p> <p>6. <input type="radio"/> No tiene</p> <p>b- ¿El uso del servicio sanitario es:</p> <p>1. <input type="radio"/> exclusivo de esta vivienda?</p> <p>2. <input type="radio"/> compartido con otras viviendas?</p> <p>6- ¿QUE TIPO DE ALUMBRADO TIENE</p> <p>1- <input type="radio"/> Servicio público</p> <p>2- <input type="radio"/> Planta privada colectiva</p> <p>3- <input type="radio"/> Planta privada individual</p> <p>4- <input type="radio"/> Energía solar</p> <p>5. <input type="radio"/> Vela</p>	<p>6. <input type="radio"/> Candil o lámpara de gas</p> <p>7. <input type="radio"/> Otro: _____</p> <p>7- ¿CÓMO SE DESHACE DE LA BASURA EN ESTA VIVIENDA?</p> <p>1. <input type="radio"/> Recolección domiciliar pública</p> <p>2. <input type="radio"/> La deposita en contenedores</p> <p>3. <input type="radio"/> La entierra</p> <p>4. <input type="radio"/> La queman</p> <p>5. <input type="radio"/> La depositan en cualquier lugar</p> <p>6. <input type="radio"/> Otro: _____ (Especifique)</p> <p>8- ¿EN QUE AÑO FUE CONSTRUIDA ESTA VIVIENDA?</p> <p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. <input type="radio"/> No sabe</p> <p>9- TENENCIA DE LA VIVIENDA</p> <p>¿En carácter de qué ocupan esta vivienda?</p> <p>1. <input type="radio"/> Propietario y está pagada totalmente</p> <p>2. <input type="radio"/> Propiet. y la está pagando } <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LPS. (Pago mensual)</p> <p>3. <input type="radio"/> Alquilada</p> <p>4. <input type="radio"/> Cedida sin pago</p> <p>5. <input type="radio"/> Recuperada legalizada</p> <p>6. <input type="radio"/> Recuperada sin legalizar</p> <p>10- TIENE ESTA VIVIENDA SI NO</p> <p>a. Refrigeradora 1. <input type="radio"/> 2. <input type="radio"/></p> <p>b. Televisor 1. <input type="radio"/> 2. <input type="radio"/></p> <p>c. Radio 1. <input type="radio"/> 2. <input type="radio"/></p> <p>d. Teléfono 1. <input type="radio"/> 2. <input type="radio"/></p> <p>11- CANTIDAD DE PIEZAS DE LA VIVIENDA</p> <p>1. ¿Cuántas piezas tiene esta vivienda? (Incluya la cocina, pero no el baño) <input type="text"/> <input type="text"/></p> <p>2. ¿Cuántas piezas utilizan para dormir? <input type="text"/> <input type="text"/></p>
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Pase a la 6

IV. HOUSEHOLD COMPOSITION

What is the total number of persons that eat and sleep in this household?

1	2	3	4	5	6	7	
N° OF THE PERSON	ENTER THE NAMES AND SURNAMES OF THE PERSONS USUALLY RESIDING IN THIS HOUSEHOLD IN THE FOLLOWING ORDER: 1. Head of Household, 2. Spouse or Companion, 3. Children or stepchildren, oldest to youngest, 4. Parents, 5. Son/daughter in law, 6. Other relatives (grandchildren, grandparents, uncles/aunts, nephews/nieces, cousins), 7 Other non-relatives (parent/brother/sister in laws, guests, friends, etc.), 8. Domestic help, 10. Outside contributor (FILL IN SECTION IV ONLY)	RELATIONSHIP TO THE HEAD	SEX	AGE	CURRENT MARITAL STATUS		MOTHER
		Relationship to the head of HH of each member of the HH	C O D E	1. Male 2. Female	Age at last birthday. For children under 1 year enter 00.	1. Married 2. Widowed 3. Divorced 4. Separated 5. Single 6. Consensual Union	C O D E
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Under 5 years of age 5 - 17 years of age 18 or more years Total

8- ¿ How many persons between 5 and 17 years of age that usually lived in this HH in May of last year no longer live here?

1-

2- None

Go to Section V

N° OF THE PERSON	9	10	11	12	13	14	15	16	17	18
	Child's name	Relationship with the head of HH	C o d e 1. Male 2. Female	Sex	Age	With whom does he/she live?	What does he/she do?	Does he/she communicate with the HH? 1 Yes 2 No 1/	When was the last time that he/she was in contact? D M Y	Does he/she send money or goods to the HH? 1 Yes 2 No 2/
1										
2										
3										
4										
5										
6										

1/ Go to No.17

2/ End for this child

Codes for Question No. 13	Codes for Question No. 14
1 Father	1 Only works
2 Mother	2 Only studies
3 Both parents	3 Works and studies
4 Other relative	4 Don't know
5 Other non-relative	5 Other (specify)
6 Institution	

V. PERSONAL CHARACTERISTICS (FOR THOSE 4 OR MORE YEARS OF AGE)

Name: _____

Age:

No. of person:

No. of Person reporting:

EDUCATIONAL CHARACTERISTICS

1. DO YOU KNOW HOW TO READ AND WRITE?

1. YES 2. NO

2. DO YOU CURRENTLY ATTEND AN EDUCATIONAL ESTABLISHMENT?

1. YES 2. NO

Name: _____

3. WHAT IS THE HIGHEST LEVEL OF STUDIES YOU ARE ATTENDING OR HAVE TAKEN, AND WHAT IS THE HIGHEST GRADE PASSED AT THAT LEVEL?

- 1. None
- 2. Nursery School
- 3. Literacy Centre
- 4. Teacher at home
- 5. Primary 1-9
- 6. Secondary, common cycle 1-3
- 7. Secondary, diversified 1-4
- 8. Higher, non-university 1-4
- 9. Higher, university 1-8
- 10. Post-graduate 1-4
- 11. Don't know, no response

last year approved

7. WHAT WERE YOU DOING IN THE LAST PLACE OF RESIDENCE BEFORE COMING TO LIVE IN THIS PLACE?

- 1. Working
- 2. Studying
- 3. Working and studying at the same time
- 4. Was under 5 years of age
- 5. Nothing
- 6. Other: _____

(Specify)

8. WHAT WERE YOUR REASONS FOR MIGRATING TO THIS PLACE?

- 1. To look for work
- 2. Job transfer
- 3. To study
- 4. His/her parents brought the family
- 5. Got married
- 6. Other: _____

(Specify)

CONTINUE ONLY FOR THOSE OVER AGE 5 YEARS

DEMOGRAPHIC CHARACTERISTICS

4. WHERE WERE YOU BORN?

Dept. : _____

Munic. : _____

Country: _____

5. FOR HOW LONG HAVE YOU LIVED IN THIS PLACE?

- 1. Has always lived here Go to No. 9
- 2. Less than one year
- 3. One year or more number of years

6. IN WHICH DEPARTMENT AND MUNICIPALITY DID YOU LIVE BEFORE LIVING IN THIS PLACE?
(If he/she lived abroad, enter the name of the country)

Dept: _____

Munic: _____

Country: _____

ETHNIC CHARACTERISTICS

9. OF WHICH ETHNIC GROUP OR RACE DO YOU CONSIDER YOURSELF A MEMBER

- 1. Garífuna
- 2. Black English
- 3. Tolupán
- 4. Pech (Paya)
- 5. Miskito
- 6. Lenca
- 7. Tawahka (Sumo)
- 8. Chortí
- 9. Mestizo or Ladino
- 10. Other: _____

(Specify)

10. WHICH LANGUAGE OR DIALECT IS SPOKEN IN THE HOUSEHOLD?

- 1. Spanish
- 2. English Creole
- 3. Garífuna
- 4. Miskito
- 5. Tawahka
- 6. Pech
- 7. Tool
- 8. Other: _____

(Specify)

11. WITH WHOM OR WHERE DID YOU LEARN IT?

1. With the mother
2. With the father
3. With both parents
4. With the grandparents
5. With the community elders
6. At school
7. At work
8. Doesn't remember
9. Other: _____
(Specify)

12. WHAT LANGUAGE DID / DO YOUR PARENTS SPEAK?

1. Mother { Enter the corresponding language
2. Father { code according to Q. 10
3. Don't know

ECONOMIC CHARACTERISTICS

13. DURING THE LAST WEEK, DID YOU DEDICATE AN HOUR OR MORE TO SOME JOB OR ACTIVITY WITH PAY IN CASH OR IN ANOTHER FORM OR DID YOU HAVE ANY EARNINGS? (Except household chores)

1. Yes 2. No

14. DURING THE LAST WEEK, DID YOU CARRY OUT OR HELP CARRY OUT ANY JOB WITHOUT PAY? (Except household chores)

1. Yes 2. No

15. ALTHOUGH YOU DID NOT WORK LAST WEEK, DO YOU HAVE A JOB THAT YOU WILL RETURN TO SOON?

1. Yes 2. No

16. WHY DIDN'T YOU WORK THIS PAST WEEK?

1. Bad weather
2. Lack of raw materials, money, etc.
3. Strike or work stoppage
4. Family or health problems
5. Vacations, study, etc.
6. Due to the season
7. Other: _____
(Specify)

17. DO YOU HAVE ANOTHER JOB BESIDES YOUR MAIN EMPLOYMENT?

1. Yes _____
Secondary Employment
2. No

18. HOW MANY HOURS DID YOU WORK LAST WEEK?

- Main Employment
 Secondary Employment
 Total (for office use)

19. HOW MANY TOTAL HOURS DO YOU NORMALLY WORK PER WEEK?

- Main Employment
 Secondary Employment
 Total (for office use)

20. AFTER MEETING JOB, STUDY AND HOUSEHOLD DUTY OBLIGATIONS, DO YOU WANT TO WORK MORE HOURS PER WEEK, AND ARE YOU AVAILABLE TO DO SO FOR MORE PAY OR INCOME?

1. Yes
2. No
3. Don't know

21. HOW MANY ADDITIONAL HOURS PER WEEK ARE YOU WILLING TO WORK?

Number of hours per week:

22. WHY DON'T YOU USUALLY WORK MORE HOURS PER WEEK?

1. For health reasons
 2. Due to studies
 3. For family or personal reasons
 4. Because he/she couldn't get more work
 5. For other reasons: _____
(Specify)
- } Go to Q. 30A

23. DID YOU LOOK FOR WORK OR TRY TO ESTABLISH YOUR OWN BUSINESS OR FARM:

1. Yes, during the last week
2. Yes, during the last four weeks
3. No.

24. WHAT WAS THE MAIN THING YOU DID TO SEEK WORK OR ESTABLISH YOUR OWN BUSINESS OR FARM?

1. Visited firms, offices, cooperatives.
2. Made efforts through friends or relatives
3. Sought land to work or premises for firm
4. Filled out applications, sought loans
5. Other: _____
(Specify)

25. HOW LONG HAVE YOU BEEN LOOKING FOR WORK OR TRYING TO ESTABLISH OWN BUSINESS OR FARM?

1. Less than one month
 2. One month to a year
 3. More than a year
- Number of months }

26. WHY DIDN'T YOU LOOK FOR WORK OR TRY TO ESTABLISH YOUR OWN BUSINESS OR FARM?

1. Will start working within a month
2. Has a sure job after a month
3. Has heard from some of the applications
4. Is waiting for the next working season
5. Thinks that he/she won't find work
6. Stopped looking for work momentarily
7. Has no land or capital
8. Doesn't have time to look for work
9. Doesn't need to work
10. Can't work because of age
11. Other: _____

(Specify)

27. WHAT IS YOUR CURRENT CONDITION?

1. Retired, pensioner
2. Annuitant
3. Student
4. Does the household chores
5. Temporarily disabled
6. Permanently disabled
7. Other: _____

(Specify)

28. DO YOU DESIRE TO WORK AND ARE YOU ABLE TO DO SO?

1. Yes, right now
2. Yes, at another time of year
3. No.

End for this person

29. HAVE YOU WORKED BEFORE?

1. Yes
2. No

End for this person

30A. WHAT IS OR WAS YOUR MAIN EMPLOYMENT?

30B. WHAT ARE OR WERE THE TASKS OR FUNCTIONS THAT YOU CARRIED OUT?

31A. WHAT IS THE MAIN PRODUCT OF THE ESTABLISHMENT OR FARM WHERE YOU WORK, OR WHAT DOES (OR DID) IT DO? (If self-employed, enter the goods produced, sold or service provided)

31B. WHAT IS THE NAME OF THE ESTABLISHMENT OR FARM WHERE YOU WORK OR WORKED?

32. HOW LONG HAVE YOU BEEN WORKING (OR WORKED) IN THAT ESTABLISHMENT OR FARM?

1. Less than a year
2. A year or more Number of years

33. HOW MANY PERSONS WORK (OR WORKED) FULL-TIME IN THAT ESTABLISHMENT OR FARM?

1. Less than ten
 2. Ten or more
- Number of employees

34. WHAT IS OR WAS YOUR MAIN OCCUPATIONAL CATEGORY?

1. Public employee or worker
2. Private employee or worker
3. Domestic help
4. Member of a cooperative, settlement, group
5. Self-employed worker that does not contract temporary labour
6. Self-employed worker that does contract temporary labour
7. Employer or active partner
8. Unpaid family worker
9. Unpaid labourer

Go to Q. 38

End

35. IS OR WAS YOUR EMPLOYMENT IN YOUR MAIN ACTIVITY OF A TEMPORARY NATURE?

1. Temporary?
2. Permanent?

INCOME

INCOME FOR MAIN EMPLOYMENT FOR SALARIED WORKERS

36. HOW MUCH WERE YOU PAID FOR THE TIME YOU WORKED LAST MONTH IN YOUR MAIN EMPLOYMENT?

Lempiras

37. DURING THE LAST MONTH DID YOU RECEIVE PAYMENTS IN KIND FOR YOUR WORK, IN ANY OF THE FOLLOWING CATEGORIES:

- | | | |
|--------------------|--|-----------------------------|
| Food, meals | 1. <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2. <input type="radio"/> No |
| Clothing, footwear | 1. <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2. <input type="radio"/> No |
| Housing | 1. <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2. <input type="radio"/> No |
| Transportation | 1. <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2. <input type="radio"/> No |
| Other _____ | 1. <input type="radio"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2. <input type="radio"/> No |
- (Specify)

VI-a MODULE ON CHARACTERISTICS OF THE PERSONS BETWEEN 5 AND 17 YEARS OF AGES - QUESTIONNAIRE FOR THE PARENTS

		1 (Single Resp.)	2 (S. R.)	3	4	5 (Mult. Resp.)	6 (M. R.)	7
N° of the child	What would you prefer that (...) would be doing currently?	1. Only studying 2. Only working 3. Only doing household chores 4. Studying and working at the same time 5. Studying and doing the household chores at the same time 6. Working and doing the household chores 7. Other: (Specify)	What would you prefer that (...) does when he/she turns 18 years old? 1. Only study 2. Only work 3. Only do household chores 4. Study and work at the same time 5. Study and do the household chores at the same time 6. Work and do the household chores 7. Other: (Specify)	Did (...) help out with the household activities last week? 1. Yes 2. No <div style="text-align: center;">↓ Go to Q. 7</div>	How much time did he/she help out last week with the household chores? Days Hours per day	What activities did he/she carry out? 1. Wash clothes 2. Iron 3. Cook 4. Care for smaller children 5. Care for sick or disabled persons in the household 6. Tend the family garden, feed and care for animals 7. Run errands and/or go to the market 8. Clean and maintain the household 9. Other: (Specify)	Why does he/she have to do these chores? 1. His/her parents have to work 2. There is no one else to do them 3. Needs to learn, for when he/she grows up 4. He/she needs to participate in the household chores 5. Everyone in the HH has helped out since they were little 6. Other: (Specify)	Did (...) work an hour or more last week? 1. Yes 2. No <div style="text-align: center;">↓ End for this child</div>

		8	9 (S. R.)	10 (S. R.)	11 (M. R.)	12 (M. R.)	13 (M. R.)
N° of the child	Does (...) have permission from the Labour Department to work? 1. Yes 2. No	Where does (...) work? 1. Outside the home: (Specify) 2. Family business 3. At home 4. Don't know <div style="text-align: center;">} Go to Q. 13</div>	What kind of relations does (...) have with his boss? 1. Bad 2. Good 3. Indifferent <div style="text-align: center;">} Go to Q. 12</div>	Why are they bad? 1. He/she wants (...) to do too much work 2. He/she wants (...) to work very long hours 3. The pay is bad or not on time 4. There is physical abuse 5. There is verbal abuse 6. Other: (Specify)	Which of the following coverages or benefits does the employer offer? 1. Paid vacations 2. Paid sick leave 3. Social Security 4. Uniforms 5. Meals 6. Transportation 7. Housing 8. None 9. Don't know 10. Other: (Specify)	What are the reasons for allowing him/her to continue working? 1. Has to help pay for his/her studies 2. Has to help out with household expenses 3. To help pay for some loan or debt 4. Has to participate in family activities 5. Working is a formative experience and makes him/her honest 6. Work gets him/her away from the street and vices 7. There is no nearby school for him/her to study 8. Everyone in the household has worked since they were little 9. Other: (Specify)	

	18 (M. R.)	19 (M. R.)	20	21 (S. R.)	22	23 (M. R.)	24	25 (S. R.)	
N° o f t h e c h i l d	Do you have any of these situations at work? 1. There is noise, bad lighting or bad odours 2. A lot of sun or heat 3. A lot of cold or humidity 4. There is dust and dirt 5. Works with machinery and heavy tools 6. Works with toxic substances 7. Works with inflammable materials 8. There is a risk of electrical discharges 9. There is a risk of animal bites or attacks 10. None	Have you ever had any of these accidents while working or in the work place? 1. Superficial blows or wounds 2. Fractures 3. Twisted or sprained muscles 4. Burns 5. Poisoning or intoxications 6. Amputations or loss of any extremity 7. None → Go to Q. 23 8. Other: (Specify)	Which was the most serious? (from the codes listed in Q. 19, enter the one the child considers the most serious)	How serious was it? 1. Had to be hospitalized 2. Stopped working temporarily 3. Stopped working permanently 4. Received medical treatment without the need for internment 5. Used self-medication and/or applied household remedies 6. Didn't require medical treatment → Go to Q. 23	If 1 or 2 entered in Q. 21, for how many days?	Other than accidents, have you suffered any of these diseases as a consequence of your job? 1. Respiratory infections and allergies 2. Diarrhoea, indigestion or intoxication 3. Anaemia 4. Rashes, eruptions, allergies or blotches on the skin 5. Convulsions, paralysis or tremors of the hands or body 6. Eye and/or ear infections 7. None → Go to Q. 27 8. Other: (Specify)	Which was the most serious? (from the codes listed in Q. 23, enter the one the child considers the most serious)	How serious was it? 1. Had to be hospitalized 2. Had to stop work temporarily 3. Stopped working permanently 4. Received medical treatment without needing internment 5. Took care of self and applied household remedies 6. Did not require medical treatment → Go to Q. 27	

	26	27 (M. R.)	28 (M. R.)	29	30	31 (S. R.)	32 (S. R.)
N° o f t h e c h i l d	If 1 or 2 entered in Q. 25, for how many days?	Do you use any of the following personal protection equipment at work? 1. Gloves 2. Helmet 3. Cap or hat 4. Safety glasses 5. Ear plugs 6. Boots or special shoes 7. None 8. Other: (Specify)	Do your companions at work use any of this equipment? 1. Gloves 2. Helmet 3. Cap or hat 4. Safety glasses 5. Ear plugs 6. Boots or special shoes 7. None 8. Other: (Specify)	At what age did you begin to work (with or without pay) (In years at last birthday)	Do you attend school, high school or the university? 1. Yes 2. No → Go to Q. 32	Is your work or the household chores the cause for you to: 1. To miss school ? 2. To get to classes late? 3. Fail your courses? 4. Not do your homework? 5. Does not work or do household chores 6. Doesn't interfere with studies 7. Other: (Specify)	Why don't you attend or did you stop attending? 1. Does not want to continue studying 2. Finished high school studies 3. Works or had to begin working 4. Got married and doesn't have the time 5. Does all the household chores 6. Had an accident / disease 7. Educational centre too far away 8. There is no place to study here 9. Other reason: (Specify)