



United Republic of Tanzania
 Ministry of Labour and Employment and National Bureau of Statistics
INTEGRATED LABOUR FORCE SURVEY 2014
HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

CONFIDENTIAL

This information is collected under the Statistics Act
 No. 1 of 2002
 THIS INFORMATION IS STRICTLY CONFIDENTIAL
 AND IS TO BE USED FOR STATISTICAL
 PURPOSES ONLY.

SECTION A: IDENTIFICATION BLOCK

	CODE	
1. REGION:	<input type="text"/>	_____
2. DISTRICT	<input type="text"/>	_____
3. WARD / SHEHIA	<input type="text"/>	_____
4. VILLAGE/STREET	<input type="text"/>	_____
5. ENUMERATION AREA (EA)	<input type="text"/>
6. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>
7. NAME OF LOCAL LEADER/SHEHA:		_____
8. NAME OF HOUSEHOLD HEAD:		_____
9. PHONE NO. OF HOUSEHOLD HEAD:		_____

MARK BOX WITH AN 'X' AND NUMBER OF FORMS
 BELOW IF YOU USE MORE THAN THIS SINGLE FORM
 TO COLLECT INFORMATION FROM THIS HOUSEHOLD.
 IF SO, BE SURE TO MARK IN THE SAME WAY THE
 OTHER FORMS USED FOR THIS HOUSEHOLD

FORM ____ OF ____

QUARTER

TOTAL NUMBER OF USED QUESTIONNAIRES:

LFS WCS TUS

TOTAL NUMBER OF HOUSEHOLD MEMBERS

PERSON'S NUMBER TO BE INTERVIEWED LFS2

10. RESULT OF INTERVIEW:

IF CODE 2-7 GIVE
 COMMENTS:

- Fully Responding..... 1
- Vacant..... 2
- Listing Error..... 3
- Refusal..... 4
- No Contact..... 5
- Family Problems..... 6

SECTION A-2: SURVEY STAFF DETAILS

11. NAME OF ENUMERATOR: _____

12. ENUMERATOR CODE:

13. NAME OF FIELD SUPERVISOR: _____

14. FIELD SUPERVISOR CODE:

15. DATE OF QUESTIONNAIRE INSPECTION: / /
DD MM YYYY

16. NAME OF DATA EDITOR: _____

17. CODE OF DATA EDITOR:

18. DATE OF EDITING: / /
DD MM YYYY

19. NAME OF DATA ENTRY CLERK: _____

20. DATA ENTRY CLERK CODE:

21. DATE OF DATA ENTRY: / /
DD MM YYYY

IDENTIFICATION

VISIT 1

22. TIME INTERVIEW START :

23. TIME INTERVIEW END :

24. DATE OF INTERVIEW: / /
DD MM YYYY

VISIT 2

25. TIME INTERVIEW START :

26. TIME INTERVIEW END :

27. DATE OF INTERVIEW: / /
DD MM YYYY

VISIT 3

28. TIME INTERVIEW START :

29. TIME INTERVIEW END :

30. DATE OF INTERVIEW: / /
DD MM YYYY

OBSERVATIONS ON THE INTERVIEW
RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

SECTION B: HOUSEHOLD MEMBER ROSTER

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

DISABILITY

I N D I V I D U A L I D	2.	3.	4.	5A.	5B.	6.	7A.	7B.	7C.	7D.	I N D I V I D U A L I D
	NAME Please state the names of all usual residents (and visitors of the household who have stayed here for 3 or more months), starting with Head of Household. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER PAGE.)</div>	What is the relationship of (NAME) to the head of household? Head..... 1 Spouse..... 2 Child..... 3 Step child... 4 Parents..... 5 Other relative..... 6 Domestic employee..... 7 Unrelated.... 8	Sex Is (NAME) a male or a female? Male...1 Female..2	In which month and year was [NAME] born? IF DON'T KNOW WRITE "98" FOR MONTH & "9998" FOR YEAR USE MAJOR HISTORICAL EVENT CODES IN MANUAL MONTH YEAR	How old is [NAME]? WRITE AGE IN COMPLETE YEARS WRITE 00 IF AGE < 1 YR AND WRITE "97" IF AGE ≥ 97 YEARS	PENSION: INT: ASK THIS QUESTION TO A PERSON AGED 45 YEARS AND ABOVE Is [NAME] currently receiving pension? YES..1 NO...2	ALBINISM: Is [Name] an albino? YES..1 NO...2	SEEING: Does [Name] have difficulty seeing, even if wearing glasses? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> No Difficulty 1 Some Difficulty..... 2 A lot of Difficulty 3 Unable to..... 4 </div>	HEARING: Does [Name] have difficulty hearing, even if using a hearing aid?	WALKING: Does [NAME] have difficulty walking or climbing steps?	
01											01
02											02
03											03
04											04
05											05
06											06
07											07
08											08
09											09
10											10
11											11
12											12

Children LFS2: 5 ≤ 17	
Adult LFS2 ≥ 18	
Total LFS2 =	

PERSONS 5 YRS OR ABOVE ONLY

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

DISABILITY

MIGRATION

INDIVIDUAL ID	7E. REMEMBERING: Does [NAME] have difficulty in remembering or concentrating?	7F. SELF-CARE: Does [NAME] have difficulty with self-care, such as washing all over or dressing?	7G. Using the common language, does [NAME] have difficulty communicating; for example understanding or being understood?	8. INT: IS (NAME) 5 YRS OR ABOVE? YES...1 NO...2 (▶NEXT PERSON)	9. What is the current marital status of (NAME)? (READ THE OPTION) Single1 Married.....2 Cohabit3 Widowed4 Divorced/ Seperated...5	10. CITIZENSHIP: [NAME] is a citizen of which country? Tanzania..... 1 Kenya..... 2 Uganda..... 3 Rwanda..... 4 Burundi..... 5 Congo DRC..... 6 Zambia..... 7 Malawi..... 8 Mozambique..... 9 Other SADC..... 10 Other African... 11 Non-African Countries..... 12	11. How many months have you lived in this *Town/District? INT: IF SINCE BIRTH WRITE "000" AND GO TO Q. 14 NUMBER OF MONTHS	12. Where were you living before? INT: IF WITHIN TANZANIA RECORD AREA, REGION AND DISTRICT CODE, OTHERWISE RECORD COUNTRY CODE ONLY. TANZANIA (AREA) Village.....1 City/Town.....2 OUTSIDE TANZANIA: Kenya.....3 Uganda.....4 Rwanda.....5 Burundi.....6 Other Country.....7 AREA/COUNTRY CODE REGION DISTRICT	13. What is the reason for coming here? Job transfer.. 1 Arranged job.. 2 Looking for better agri land..... 3 Business opportunity... 4 Looking for paid work..... 5 Join spouse/family..... 6 Attending school/training..... 7 War/chaos..... 8 Other (Specify)..... 9	INDIVIDUAL ID
	No Difficulty 1 Some Difficulty..... 2 A lot of Difficulty..... 3 Unable to..... 4									

01								A	B	C		01
02												02
03												03
04												04
05												05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

EDUCATION

TRAINING

I N D I V I D U A L I D	14.	15.	16.	17A.	17B.	FOR OFFICIAL USE ONLY	18.	I N D I V I D U A L I D
	Can (NAME) read and write a short sentence in Kiswahili, English, Both English and Kiswahili, any other Language or can not?	Is/has [NAME] completed, attending, dropped or never attended school? (ADULT EDUCATION SHOULD NOT BE CONSIDERED AS NEVER ATTENDED)	What was the main reason for [NAME] school dropout/never attended?	In which level of education is/has [NAME] attended/Dropped/Completed?	Please Specify subject of training attended e.g. ACCOUNTANCY, MECHANICAL ENGINEERING, NURSING, SECONDARY TEACHING	SUBJECT OF TRAINING CODES	What type of training have you attended for at least one month duration? If any. IF CODE 01, DON'T ASK Q.19, Q.20 & Q21.	
	Kiswahili Only 1 English Only 2 English and Kiswahili.... 3 Any other language..... 4 Don't know... 5	Completed.. 1 (►17A) Attending.. 2 (►17A) Dropped.... 3 Never attended... 4	Financial Constraints... 1 School too far away..... 2 Ill/Sick..... 3 Pregnancy related..... 4 Satisfied..... 5 Refusal..... 6 Expulsion..... 7 To work/looking for work..... 8 Caring for the sick/children.. 9 Marriage..... 10 Other Too young..... 11	Pre School.. 00 Form 1.. 111 Std 1.. 01 Form 2.. 2 Std 2.. 02 Form 3.. 13 Std 3.. 03 Form 4.. 14 Std 4.. 04 Training after O Std 5.. 05 level... 15 Std 6.. 06 Form 5.. 16 Std 7.. 07 Form 6.. 17 Std 8.. 08 Training after A P/E.... 09 level... 18 Adult Tertiary Ed..... 10 Non- Uni (Atleast for one year)... 19 Tertiary Uni..... 20		CODE	None..... 1 On the job..... 2 Informal apprenticeship..... 3 Formal apprenticeship..... 4 Vocational Trade Test G3/CBET 1/NABE STAGE 1..... 5 Vocational Trade Test G3/CBET 1/NABE STAGE 2..... 6 Vocational Trade Test G3/CBET 1/NABE STAGE 3..... 7 College/certificate..... 8 Other (Specify).... 9	
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

TRAINING

HOUSEHOLD ECONOMIC QUESTIONS: (ASK HEAD OF HOUSEHOLD)

I N D I V I D U A L I D	19. Please Specify Subject of training attended e.g. CARPENTRY, ELECTRICAL INSTALLATION, WELDING	SUBJECT OF TRAINING CODES	20. In which year [NAME] completed training?	21. How many months does the training take?	22A Does this household or anyone in this household engage in any of the following activities? MULTIPLE ANSWER IS ALLOWED YES..1 NO...2	22B. INT: IF ANYONE IN THIS HOUSEHOLD WORKING ON OWN OR FAMILY BUSINESS (EXCLUDING AGRICULTURE) Please describe at most five main business activities(excluding Agriculture)	FOR OFFICIAL USE ONLY ISIC CODES	I N D I V I D U A L I D	
	CODE	YEAR	NUMBER OF MONTHS	Wage Employment	Working on own or family business (excluding agriculture)	Working on own or family farm, fishing or animal keeping	CODE		
					i	ii	iii		
01								i)	01
02								ii)	02
03								iii)	03
04								iv)	04
05								v)	05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	23. Does the household have any other sources of income of any type? (MULTIPLE ANSWER IS ALLOWED) WRITE CODE "1" FOR EACH ANSWER IN A SPECIFIC AREA								24. Among the source of income you mentioned which is the main source of income for household?								25. What is the household monthly cash income from all sources? (FOR SELF EMPLOYED WRITE NET INCOME) (IN TSH)								INDIVIDUAL ID		
	Remittances within the country.. A								Wage employment..... 1								Under 60,000..... 01										
	Remittances from abroad..... B								Working on own or family business (excl. Agric)..... 2								60,000 to 119,999..... 02										
	Pension..... C								Working on own farm, fishing or animal keeping..... 3								120,000 to 199,999..... 03										
	Rent..... D								Remittances..... 4								200,000 to 299,999..... 04										
	Interest..... E								Pension..... 5								300,000 to 499,999..... 05										
	Dividend..... F								Rent..... 6								500,000 to 999,999..... 06										
	None..... G								Interest..... 7								1,000,000 to 1,499,999.. 07										
	Other (Specify)..... H								Dividend..... 8								1,500,000 to 1,999,999.. 08										
									Other (Specify)..... 9								2,000,000 to 2,999,999.. 09										
																	3,000,000 or above..... 10										
		A	B	C	D	E	F	G	H																		
01																											01
02																											02
03																											03
04																											04
05																											05
06																											06
07																											07
08																											08
09																											09
10																											10
11																											11
12																											12

HOUSEHOLD AMENITIES, SERVICES AND ASSETS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	1. What is the main material used in building this house? (For roofing, walls and floor)			2. Does this household own the following assets? (MORE THAN ONE ANSWER IS ACCEPTABLE) THE ASSETS SHOULD BE FUNCTIONAL.														3. What is the main source of energy in your household for cooking, lighting and heating/cooling?			4. How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?	INDIVIDUAL ID																																							
	Roof	Walls	Floor	<p style="text-align: center;">Yes= 1</p> <table border="0" style="width: 100%;"> <tr><td>A car.....</td><td>A</td></tr> <tr><td>Tricycle.....</td><td>B</td></tr> <tr><td>Motocycle.....</td><td>C</td></tr> <tr><td>A refrigerator.....</td><td>D</td></tr> <tr><td>An electric or gas cooker.....</td><td>E</td></tr> <tr><td>A television.....</td><td>F</td></tr> <tr><td>Charcoal/electric iron.....</td><td>G</td></tr> <tr><td>A cellular phone.....</td><td>H</td></tr> <tr><td>A radio.....</td><td>I</td></tr> <tr><td>A bicycle.....</td><td>J</td></tr> <tr><td>A Plough.....</td><td>K</td></tr> <tr><td>A Cart.....</td><td>L</td></tr> <tr><td>A Charcoal stove/Kerosene.....</td><td>M</td></tr> <tr><td>Livestock.....</td><td>N</td></tr> <tr><td>Power tiller.....</td><td>O</td></tr> <tr><td>Other (Specify).....</td><td>P</td></tr> </table>														A car.....	A	Tricycle.....	B		Motocycle.....	C	A refrigerator.....	D	An electric or gas cooker.....	E	A television.....	F	Charcoal/electric iron.....	G	A cellular phone.....	H	A radio.....	I	A bicycle.....	J	A Plough.....	K	A Cart.....	L	A Charcoal stove/Kerosene.....	M	Livestock.....	N	Power tiller.....	O	Other (Specify).....	P	Electricity..... 01	Gas (Industrial)... 02	Gas (Biogas)..... 03	Firewood..... 04	Coal..... 05	Candles..... 06	Animal Dung..... 07	Solar Energy..... 08	Kerosene..... 09	Charcoal..... 10	Other, Specify.... 11
A car.....	A																																																												
Tricycle.....	B																																																												
Motocycle.....	C																																																												
A refrigerator.....	D																																																												
An electric or gas cooker.....	E																																																												
A television.....	F																																																												
Charcoal/electric iron.....	G																																																												
A cellular phone.....	H																																																												
A radio.....	I																																																												
A bicycle.....	J																																																												
A Plough.....	K																																																												
A Cart.....	L																																																												
A Charcoal stove/Kerosene.....	M																																																												
Livestock.....	N																																																												
Power tiller.....	O																																																												
Other (Specify).....	P																																																												
	A	B	C	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	A	B	C																																							
01																								01																																					
02																								02																																					
03																								03																																					
04																								04																																					
05																								05																																					
06																								06																																					
07																								07																																					
08																								08																																					
09																								09																																					
10																								10																																					
11																								11																																					
12																								12																																					

HOUSEHOLD AMENITIES, SERVICES AND ASSETS - CON'T

IDENTIFICATION

INDIVIDUAL	5A. What is the main source of water in your household for drinking and other uses ?		5B. How far is the household from the main source of water ?		6. Are there social facilities which can be reached by walking within 30 minutes (equivalent to 2 km) from the household ?					7. What type of toilet does your household have?		INDIVIDUAL		
	IF THE ANSWER IS CODE 1-6 (► 6)		Drinking Water		ii) Other uses		Primary school	Secondary school	Clinic/hospital	Shop where basic food can be bought	Market		No toilet/bush..... 1 Flush toilet..... 2 Pit latrine (traditional)..... 3 Improved pit latrine..... 4 Other (specify)..... 5	
	i	ii	i	ii	A	B	C	D	E					
01													01	
02													02	
03													03	
04													04	
05													05	
06													06	
07													07	
08													08	
09													09	
10													10	
11													11	
12													12	

SECTION A. USUAL ACTIVITY (LAST 12 MONTHS)

IDENTIFICATION

INT: EXPLAIN TO RESPONDENT THAT, WE ARE STARTING WITH THE USUAL ACTIVITIES DURING THE LAST 12 MONTHS (EXCLUDING THE SURVEY MONTH)

I N D I V I D U A L I D	INT: IS THE RESPONDENT 5 YEARS OR OLDER?	INT: IS THIS PERSON RESPONDING FOR HIM/HER SELF?	INT: RECORD THE ROSTER ID NUMBER OF THE HOUSHOELD MEMBER REPORTING FOR THIS PERSON.	1. During the last 12 months, did you do any work/activities for pay, profit, barter or home use? INT: IF THE ANSWER IS NO, READ THE COMPLETE LIST OF ACTIVITIES.	2. Products / services produced/rendered from the place of work.... (READ THE OPTIONS) Only for sale/ barter/ paid employment/Paid employment..... 1 Mainly for sale, but partly for own consumption 2 Mainly for own consumption but partly for sale or barter..... 3 Only for own consumption..... 4	3. Did you work all weeks every month during the last 12 months? (Include all types of work, paid leave and temporary absences) YES..1 (▶6A) NO...2	Wage Jobs: Permanent 01 Temporary/Casual..... 02 Part tim..... 03 Agriculture: Coffee 04 Cotton 05 Sisal 06 Tobacco 07 Tea..... 08 Other Cash Crop 09 Food Crops Maize 10 Sorghum 11 Cassava 12 Fruits, Vegetables..... 13 Beans and Peas 14 Other Food Crop 15 Keeping birds/other pests away from crops... 16 Activities related to the storage of crops.. 17 Herding..... 18 Milk, making butter, etc..... 19 Sheering / Slaughtering..... 20 Activities related to poultry production... 21 Other agricultural activities including hunting, forestry, fishing 22 Manufacturing/Processing: Making Charcoal 23 Milling (Including hand Milling)..... 24 Other food processing..... 25 Making baskets/hats/clay pots/ other handcraft..... 26 Spinning/Weaving/Tailoring 27 Other manufacturing/ repair/ maintenance (not for home use)..... 28 Other manufacturing/ repair/ maintenance (for home use)..... 29 Construction/major repair or maintenance: Farm building or fences..... 30 Own dwelling..... 31 Access roads..... 32 Other construction activities/mining..... 33 Trading/Sales: Retail shop..... 34 Engaged in tea shops/street vending etc..... 35 Assisting in sales of agriculture products and other retail trade..... 36 Transport: Carrying loads to market for sale..... 37 Carrying grain to/from mil/shamba..... 38 Other transport activities..... 39 Services: Giving tuition to students for payment..... 40 Repair services: tool, shoes, etc. (not for own household)..... 41 Collection of firewood, fetching water..... 42 Any other business or income generation activity..... 43
	ID						
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

SECTION A. USUAL ACTIVITY (LAST 12 MONTHS) CONT'D

IDENTIFICATION

I N D I V I D U A L I D	<p>4A. ENUMERATOR: START BY PLACING AN "X" ABOVE THE CURRENT MONTH. FILL IN THE BOXES TO THE RIGHT OF THE "X" STARTING AT "1" AND ENDING AT "12". STARTING WITH THE LAST FULL MONTH, MONTH "1", ASK THE RESPONDENT FOR EACH MONTH IN THE LAST 12 MONTHS.</p> <p>4A(i) In.....(month) did you work</p> <ul style="list-style-type: none"> - The whole month GO TO that month and put "A" in that box - Part of the month GO TO 4A(ii) - Did not work at all GO TO 4A(iii) <p>INT: INCLUDE TEMPORARY ABSENCES (E.G. LEAVE) AS WORKED</p> <p>4A(ii). Were you available for work in that month which you didn't work (in reference month)?</p> <ul style="list-style-type: none"> - YES - GO to that month and put "B" in that box - NO - GO to that month and put "C" in that box <p>4A(iii). Were you available for work most of.....(month)</p> <ul style="list-style-type: none"> - YES - GO TO to that month and put "D" in that box - NO - GO TO to that month and put "E" in that box 																						<p>4B. INT: IS THERE ANY CODE "C" OR "E" IN THE BOX FOR THE LAST 12 MONTHS ?</p> <p>YES..1 NO...2 (►5B)</p>	I N D I V I D U A L I D						
	<p>FILL TOTAL NUMBER OF LETTERS FOR EACH HOUSEHOLD MEMBER</p>																													
	NOV	OCT	SEP	AUG	JUL	JUN	MAY	APR	MAR	FEB	JAN	DEC	NOV	OCT	SEP	AUG	JUL	JUN	MAY	APR	MAR	FEB	JAN		DEC	A	B	C	D	E
"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"13	"13	"13	"13	"13	"13	"13	"13	"13	"13	"13	"13	"12						
01																														01
02																														02
03																														03
04																														04
05																														05
06																														06
07																														07
08																														08
09																														09
10																														10
11																														11
12																														12

SECTION A. USUAL ACTIVITY (LAST 12 MONTHS)

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL	5A.	5B.	6A.	6B	OFFICIAL	INDIVIDUAL
	What was the main reason for not doing economic activity and not being available for work during that period?	INT: DID THE PERSON NOT WORK AT ALL IN ALL TWELVE MONTHS (Q4A BOXES A, B, OR D FOR ALL MONTHS)	While working what was the economic activity in which you spent most of your time?	What type of work/activity? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	TASCO CODE	
	Attending School 01 <u>Engaged Household Duties:</u> Lack of capital 02 Unable to hire paid helper... 03 To take care of those who need assistance/Household chores including fetching water and collection firewood for home use..... 04 Retired..... 05 <u>Unable to work:</u> Too Old 06 Too young 07 Sick 08 Disabled 09 Do not want to work/resting/income recipient..... 10 Other (Specify)..... 96	YES..1 (▶7) NO...2	Paid Employee Central Government..... 01 Local Government..... 02 Parastatal Organization..... 03 Political Party..... 04 Cooperative..... 05 NGO..... 06 International Organization..... 07 Religious Organization..... 08 Private Sector..... 09 Private apprentices Public Sector..... 10 Private Sector..... 11 Self Employed (other than agriculture): Self employed in a business with employees..... 12 (▶7) Self employed in a business without employees..... 13 (▶7) Working on your own/family farm..... 14 (▶7) Unpaid work in family business (Agric)... 15 (▶7) Uppaid work in family business (Non Agriculture)..... 16 (▶7) Other Private (Specify)..... 96 (▶7)			
01						01
02						02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	6C	OFFICIAL	6D.		6E	OFFICIAL	INDIVIDUAL ID
	What type of product/service which is mainly produced/rendered by your company/business/activities?	ISIC CODE	In which year did you start working in economic activities for wage job or self-employment to support your life for the first time?	INT: WRITE YEAR "9998" FOR DON'T KNOW	What type of work/activity were you doing at your first employment? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	TASCO CODE	
			WAGE JOB	SELF EMPLOYMENT			
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

SECTION B. CURRENT ACTIVITY (LAST FULL WEEK) MONDAY - SUNDAY

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INT: REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLETE LIST ON PAGE 1 AGAIN WITH RESPONDENT

I N D I V I D U A L I D	7. Did you do any work of any type for pay, profit, barter or home use during the last week even for one hour?	8A. Although you did not do any work during the last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work? INT: EXAMPLES OF TEMPORARY ABSENCE • WAGE JOBS – LEAVE, STOOD DOWN UP TO THREE MONTHS AND WILL DEFINITELY RETURN, 6 MONTH FOR ILLNESS AND FOR THE WHOLE STUDYING PERIOD • BUSINESS/AGRIC. – TEMPORARY ABSENCES UP TO ONE MONTH WHILE BUSINESS/ AGRIC. CONTINUES DURING ABSENCE. • UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT	8B. What was the main reason for being absent from work last week? Vacation, holidays 01 Illness, injury, temporary disability 02 Maternity, paternity leave.. 03 Temporary slack work for technical or economic reasons 04 Bad Weather 05 Strike or labour dispute ... 06 Off Season (self-employed).. 07 Off Season (wage employment) 08 Education or training 09 Family/community responsibilities 10 Other (Specify) 96	8C. Is this your main work/activity? YES...1 (►18A) NO...2 [RECORD MAIN ACTIVITY IN Q18A AND CURRENT ACTIVITY AS SECONDARY ACTIVITY IN Q36A,]	9. Were you available for work last week? YES...1 (►11) NO...2	10. Why were you not available for work last week? (main reason) Attending School 01 Engaged Household Duties: Lack of capital 02 CHECK Q9 Bereaved/attending funeral.. 03 Unable to hire paid helper... 04CHECK Q9 To take care of those who need assistance/Household chores including fetching water and collection firewood for home use..... 05 Stopped by spouse..... 06 Retired..... 07 Retrechment/laid off 08CHECK Q9 Unable to work: Too Old 09 Too young 10 Sick 11 Disabled 12 Do not want to work/resting/income recipient..... 13 Other (Specify)..... 96	I N D I V I D U A L I D
	YES..1 (►8C) NO...2	YES..1 NO...2 (►9)	FOR ANY ANSWER ► 18A			END OF INTERVIEW FOR THIS PERSON	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

SECTION C. UNEMPLOYMENT

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

I N D I V I D U A L I D	11. For what type of work were you available during the last week? INT: READ THE OPTIONS Full Time .. 1 Part Time .. 2	12. Have you taken any steps during the past four weeks to look for work? YES..1 NO...2 (▶14)	13. What did you do during the past four weeks to look for work? (MULTIPLE ANSWER IS ALLOWED) WRITE CODE "1" FOR THE GIVEN ANSWER IN A SPECIFIC AREA Applied to prospective employers. A Checked at farms, factories or work sites..... B Seeking assistance of friends, relatives, unions, etc..... C Took action to start business (usual small scale)..... D Took action to start agriculture. Registration at Tanzania E Employment Service Agency (TaESA). F Registration at other employment agencies..... G Other..... H ▶15A	14. Why didn't you look for work during the past four weeks? (WRITE MOST IMPORTANT ONLY) Thought no work available..... 1 Awaiting reply for earlier enquires..... 2 Waiting to start arranged job, business or agriculture..... 3 Off season in agriculture..... 4 Occupied with home duties..... 5 Temporary illness (Check Q8A)..... 6 Full time student (Check Q9)..... 7 Other (Specify)..... 9	15A. Have you ever worked or having any economic activity? YES..1 NO...2 (▶16)	15B. What type of work did you do in your last job? INT: WRITE THE OCCUPATION FULLY IN AT LEAST 2 WORDS DESCRIPTION	OFFICIAL TASCO CODES	I N D I V I D U A L I D

	A	B	C	D	E	F	G	H										
01																		01
02																		02
03																		03
04																		04
05																		05
06																		06
07																		07
08																		08
09																		09
10																		10
11																		11
12																		12

SECTION C. UNEMPLOYMENT CONT'D

IDENTIFICATION

I N D I V I D U A L I D	15C. Why did you stop working in you last job?	16. What sort of work do you think you could do now?	17A. For how long have you been available for work?	17B. What was the main reason for failing to secure work during this period?	17C. How do you support yourself during this period of unemployment? (MULTIPLE ANSWER IS ALLOWED) WRITE CODE "1" FOR THE GIVEN ANSWER IN A SPECIFIC AREA	I N D I V I D U A L I D
	Retrenchment/ laid off/End of contract..... 1 Retired..... 2 Low pay..... 3 Business closed. Technology change..... 4 Too many hours and low pay 5 Restricted by Spouse..... 6 Other 7	Paid Employment - Wage Job..... 1 Self employment - Business (all types)..... 2 Self employment - Agriculture including Livestock and Fishing..... 3	Less than 3 months..... 1 More than 3 months but less than 6 months..... 2 6 months but less than 1 year..... 3 1 year or above..... 4	Stiff competition 01 lack of experience or qualifications..... 02 lack of jobs matching my skills..... 03 Not having enough education for available jobs..... 04 Favoritism/corruption... 05 Lack of information about available jobs.... 06 No jobs were available... 07 Failed to secure start up capital or working tools. 08 Failed to secure work place..... 09 Other (Specify)..... 96	Receives a pension form work..... A Support from parents/spouse, guardians..... B Support from family, friends,- Within the country..... C Support from family, friends - Outside the country..... D Income from own property..... E Annuitant..... F Savings..... G Other (Specify)..... H END OF INTERVIEW FOR THIS PERSON FOR LFS 2	
					A B C D E F G H	
01						01
02						02
03						03
04						04
05						05
06						06
07						07
08						08
09						09
10						10
11						11
12						12

SECTION D. MAIN ECONOMIC ACTIVITY

IDENTIFICATION

INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

I N D I V I D U A L I D	18A. What type of work/activity? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	OFFICIAL TASCO CODE	18B. Do you have skills that enable you to perform your tasks? INT:READ THE OPTIONS Yes you can perform independently..... 1 Yes, you can perform with assistance and you are on training..... 2 Yes, you can perform with assistance but you are not on training..... 3 No, you are on training..... 4 No, you are not on training..... 5	18C. What is the type of your work contract? Permanent contract... 1 <u>Temporary Contract:</u> Specific task contract..... 2 Fixed time contract.. 3 Casual..... 4 Not Applicable..... 5 (►19A)	18D. What is the form of your work contract? Written.. 1 Oral..... 2	19A. How would you rate your chance to hold this job next month? Absolute Certainty... 1 High..... 2 Low..... 3 No Chance... 4	19B. Have you ever been injured at your workplace or suffered from a work-related illness of your current job for the past 12 months? Yes, injured at work place..... 1 Yes, work-related illness..... 2 Yes, both injured and illness..... 3 No..... 4	I N D I V I D U A L I D
	01							
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

I N D I V I D U A L I D	20. Are you working as: (READ THE OPTIONS)	21A. Are you a member of any trade union?	21B. Are you benefiting from maternity/paternity leave?	21C. Does your employer/you deduct income tax from your salary?	21D. Does your employer/you pay contributions to social security?	22A. What type of product/service which is mainly produced/rendered by your company/business/activities?	OFFICIAL	I N D I V I D U A L I D
				INT: EXCLUDE BUSINESS TAX			ISIC	
	A paid employee..... 01 A self Employed (non-agric): with employees..... 02 (▶21C) without employees..... 03 (▶21C) Unpaid family helper (non-agriculture)..... 04 (▶22A) Unpaid family helper (agric): fishing..... 05 (▶22A) crop growing..... 06 (▶22A) livestock/animals..... 07 (▶22A) On your own farm or shamba: fishing..... 08 (▶21D) crop growing..... 09 (▶21D) livestock/animals..... 10 (▶21D)	YES..1 NO...2	YES..1 NO...2	YES...1 NO...2 DON'T KNOW..3	YES...1 NO...2 DON'T KNOW..3		CODE	
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

IDENTIFICATION

I N D I V I D U A L I D	22B.	23.	24.	25.	26.	27.	I N D I V I D U A L I D
	Products / services produced/rendered from the place of work.... (READ THE OPTIONS)	Who is the owner of this enterprise:	Is this business/establishment: (INT: READ THE OPTIONS)	How many paid employees (including yourself) are working in your business/this enterprise on continuous basis?	In order to be able to monitor the activities of the Enterprise, do you/does your employer keep any written records or accounts?	Do the accounts show all of the following Balance sheets of assets and liabilities, Investment/ withdraw of capital by the Business Owner(s), withdrawals of income by the Business Owner(s), earnings Retained within the Business as saving?	
	Only for sale/ barter/ paid employment..... 1 Mainly for sale, but partly for own consumption.... 2 Mainly for own consumption but partly for sale or barter..... 3 Only for own consumption.... 4	Central Government..... 01 (▶35A) Local Government..... 02 (▶35A) Parastatal Organization..... 03 (▶35A) Political Party..... 04 (▶35A) Partnership - Registered..... 05 (▶35A) Non-Governmental Organization..... 06 (▶35A) Religious Organization..... 07 (▶35A) Cooperative - Registered..... 08 (▶35A) International/Regional Organization.... 09 (▶35A) Private own account/family agriculture). 10 (▶35A) Private Sector employed (agriculture).... 11 (▶35A) Household - Fetching water/collecting firewood..... 12 Household - Other economic activities..... 13 Cooperative - Unregistered..... 14 Private own account (Non-agriculture)... 15 Private sector employed (Non-agriculture)..... 16 partnership Un-registered..... 17 Other Private (Specify)..... 96	Registered Only.....1 Business Licensed only.2 Registered and business licensed.....3 (▶35A) Neither registered nor licensed.....4 Don't Know....5	Less than 5 (employees) 1 5 and above (employees) 2 (▶35A) Don't know..... 3	Don't Know..... 1 (▶35A) No..... 2 (▶28A) Yes, Order Book/record..... 3 Yes, Sales book/record..... 4 Yes, Accountancy book..... 5 Yes, Final accounts for Business year..... 6	YES...1 (▶35A) NO...2 DON'T KNOW..3	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

SECTION E. INFORMAL SECTOR - MAIN ACTIVITY

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	28A. Are you the primary owner of this business?	28B. When was the business/activity started? WRITE MONTH & YEAR (98 9998 FOR DON'T KNOW)	29. Why do you conduct this kind of business/activity? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA													30. Where do you conduct your present business/activity?	31. Did this business/activity operate all year around?	INDIVIDUAL ID			
	YES..1 NO...2 (▶35A)	MONTH YEAR	Can't find other work..... A Released from other employment or reduction of working time..... B Retirement from other employment..... C Family needs additional income..... D Business/activity provides good income opportunities..... E Business/activity does not require much capital..... F Can keep production cost low..... G Wants to be independent from his/her own master..... H Can choose his/her own hours and place of work..... I Can combine business/activities with household or family responsibilities..... J Bureaucracy in formalizing business/activity..... K Traditional line of business/activities of respondent or family/tribe..... L M													Within own or business/activity partner's home - with special business/activity space..... 01 Within own or business/activity partner's home - without special business/activity space..... 02 Structure attached to/outside own or business partner's house..... 03 Permanent building other than house..... 04 Fixed stall/kiosk - market..... 05 Vehicle, cart, temporary stall - market.. 06 Fixed stall/kiosk - street..... 07 Vehicle, cart, temporary - street..... 08 Other temporary structure..... 09 Construction site..... 10 Customer's/employer's house..... 11 No fixed location/mobile..... 12 Farm/fishing area/ grazing area..... 13	YES..1 (▶33) NO...2				
	01			A	B	C	D	E	F	G	H	I	J	K	L	M				01	
	02																				02
	03																				03
	04																				04
	05																				05
	06																				06
	07																				07
	08																				08
	09																				09
	10																				10
	11																				11
12																			12		

E: INFORMAL SECTOR – MAIN ACTIVITY- CONT'D

IDENTIFICATION

INDIVIDUAL	32. Why did the business/activity not operate all the year around? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA													33. During the last 12 months, have you received any loan or obtained any credit for business/activity purposes from any source? YES..1 NO...2 (▶35A)													34. Who gave you the loan/credit? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA													INDIVIDUAL
	A	B	C	D	E	F	G	H	I	J	K	L	M	A	B	C	D	E	F	G	H	I	J	K																
	01																										01													
	02																											02												
	03																											03												
	04																											04												
	05																											05												
	06																											06												
	07																											07												
	08																											08												
	09																											09												
	10																											10												
	11																											11												
12																											12													

SECTION F. OTHER ECONOMIC ACTIVITY

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--

THE FOLLOWING SET OF QUESTIONS REFER TO THE SECONDARY ECONOMIC ACTIVITY IF YOU HAVE MORE THAN ONE ACTIVITY

INDIVIDUAL	35A.	35B.	36A.	OFFICIAL	36B.	36C.	36D.	37A.	37B.	INDIVIDUAL
	Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour? YES...1 (▶36A) NO...2	Although you did not do any work during the last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work? YES...1 NO...2 (▶Q53A)	What type of work/activity? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	TASCO CODES	Do you have skills that enable you to perform your tasks? INT: READ THE OPTIONS Yes, can perform independently..... 1 Yes, can perform with assistance and I am on training..... 2 Yes, can perform with assistance but I am not on training..... 3 No, I am on training.... 4 No, I am not on training..... 5	What is the type of your work contract? Permanent contract..... 1 Temporary Contract: Specific task contract..... 2 Fixed time contract..... 3 Casual..... 4 5 (▶37A)	What is the form of your work contract? Written. 1 Oral... 2	How would you rate your chance to hold this job next month? Absolute Certainty.. 1 High..... 2 Low..... 3 No Chance.. 4	Have you ever been injured at your workplace or suffered from a work-related illness of your current job for the past 12 months? Yes, injured at work place..... 1 Yes, work-related illness..... 2 Yes, both injured and illness..... 3 No..... 4	
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08										08
09										09
10										10
11										11
12										12

SECTION F. OTHER ECONOMIC ACTIVITY CONT'

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	38.	39A.	39B.	39C.	39D.	40A.	OFFICIAL				INDIVIDUAL ID	
	Are you working as	Are you a member of any trade union?	Are you benefiting from maternity/paternity leave?	Does your employer/you deduct income tax from your salary?	Does your employer/ you pay contributions to social security?	What type of product/service which is mainly produced/rendered by your company/business/activities?	ISIC					
				INT: EXCLUDE BUSINESS TAX			CODE					
	A paid employee..... 01 A self Employed (non-agric): with employees..... 02 (▶39C) without employees..... 03 (▶39C) Unpaid family helper (non-agriculture)..... 04 (▶40A) Unpaid family helper (agric): fishing..... 05 (▶40A) crop growing..... 06 (▶40A) livestock/animals..... 07 (▶40A) On your own farm or shamba: fishing..... 08 (▶39D) crop growing..... 09 (▶39D) livestock/animals..... 10 (▶39D)	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 DON'T KNOW..3	YES...1 NO...2 DON'T KNOW..3							
01												01
02												02
03												03
04												04
05												05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL	40B. The products/service produced/rendered from the workplace were; (READ THE OPTIONS)	41. Is this enterprise:-	42. Is this business/establishment: (INT: READ THE OPTIONS)	43. How many paid employees (including yourself) are working in your business/this enterprise on continuous basis?	44. In order to be able to monitor the activities of the Enterprise, do you/does your employer keep any written records or accounts?	45. Do the accounts show all of the following Balance sheets of assets and liabilities, Investment/ withdraw of capital by the Business Owner(s), withdrawals of income by the Business Owner(s), earnings Retained within the Business as saving?	INDIVIDUAL
	Only for sale/ barter/ paid employment..... 1 Mainly for sale, but partly for own consumption.... 2 Mainly for own consumption but partly for sale or barter..... 3 Only for own consumption.... 4	Central Government..... 01 (▶53A) Local Government..... 02 (▶53A) Parastatal Organization..... 03 (▶53A) Political Party..... 04 (▶53A) Partnership - Registered..... 05 (▶53A) Non-Governmental Organization..... 06 (▶53A) Religious Organization..... 07 (▶53A) Cooperative - Registered..... 08 (▶53A) International/Regional Organization..... 09 (▶53A) Private own account/family (agriculture). 10 (▶53A) Private Sector employed (agriculture).... 11 (▶53A) Household - Fetching water/collecting firewood..... 12 Household - Other economic activities... 13 Cooperative - Unregistered..... 14 Private own account (Non-agriculture).... 15 Private sector employed (Non-agriculture)..... 16 partnership Un-registered..... 17 Other Private (Specify)..... 96	Registered Only..... 1 Business Licensed only.. 2 Registered and business licensed..... 3 (▶53A) Neither registered nor licensed..... 4 Don't Know..... 5	Less than 5 (employees). 1 5 and above (employees). 2 (▶53A) Don't know..... 3	Don't Know... 1 (▶53A) No..... 2 (▶46A) Yes, Order Book/record.. 3 Yes, Sales book/record.. 4 Yes, Accountancy book..... 5 Yes, Final accounts for Business year..... 6	YES...1 (▶53A) NO....2 DON'T KNOW..3	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

SECTION G. INFORMAL SECTOR - SECONDARY ACTIVITY CONT'D

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	46A. Are you the primary owner of this business? YES..1 NO...2 (▶53A)	46B. When was the business/activity started? WRITE MONTH & YEAR (98 99 98 FOR DON'T KNOW)	47. Why do you conduct this kind of business/activity? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR EACH ANSWER IN A SPECIFIC AREA													48. Where do you conduct your present business/activity?	49. Did this business/activity operate all year around?	INDIVIDUAL ID		
			Can't find other work..... A Released from other employment or reduction of working time..... B Retirement from other employment..... C Family needs additional income..... D Business/activity provides good income opportunities..... E Business/activity does not require much capital..... F Can keep production cost low..... G Wants to be independent from his/her own master..... H Can choose his/her own hours and place of work..... I Can combine business/activities with household or family responsibilities..... J Bureaucracy in formalizing business/activity..... K Traditional line of business/activities of respondent or family/tribe..... L Other (Specify)..... M													Within own or business/activity partner's home - with special business/activity space..... 1 Within own or business/activity partner's home - without special business/activity space..... 2 Structure attached to/outside own or business partner's house..... 3 Permanent building other than house..... 4 Fixed stall/kiosk - market..... 5 Vehicle, cart, temporary stall - market.. 6 Fixed stall/kiosk - street..... 7 Vehicle, cart, temporary - street..... 8 Other temporary structure..... 9 Construction site..... 10 Customer's/employer's house..... 11 No fixed location/mobile..... 12 Farm/fishing area/ grazing area..... 13			YES..1 (▶51) NO...2	
	MONTH YEAR		A	B	C	D	E	F	G	H	I	J	K	L	M					

01																		01
02																		02
03																		03
04																		04
05																		05
06																		06
07																		07
08																		08
09																		09
10																		10
11																		11
12																		12

SECTION H. HOURS WORKED

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--

I N D I V I D U A L I D	53A. How many hours did you work each day during the last week, in your Main and any other economic activity? INT: * PROBE HOURS WORKED IN EACH DAY FOR LAST WEEK (MONDAY TO SUNDAY) * "00" HOURS IS ACCEPTABLE FOR PERSONS WITH A JOB/BUSINESS BUT NOT AT WORK.														I N D I V I D U A L I D		
	MAIN ACTIVITY							OTHER ACTIVITY									
	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	MON	TUES	WED	THUR	FRI	SAT		SUN	TOTAL
01																	01
02																	02
03																	03
04																	04
05																	05
06																	06
07																	07
08																	08
09																	09
10																	10
11																	11
12																	12

SECTION H: HOURS WORKED CON'T

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

INDIVIDUAL ID	54A. INT: IS Q53B GRAND TOTAL	54B. What was the main reason you worked more than 40 hours during the last week?	54C. What was the main reason you worked less than 40 hours during the last week?	55. Were you available for more hours of work during the last week?	56. In which type of job were you available for more hours of work?	57. Are your benefits/earnings from this work appropriate in terms of hours worked under normal circumstances?	INDIVIDUAL ID
	Less than 40 hours..... 1 (▶54C) 40 hours..... 2 (▶57) More than 40 hours..... 3	Schedule set by employer..... 1 Overwork due to the strong economy..... 2 Overwork in order to survive/to gain more money..... 3 Business/ agriculture season..... 4 Other (Specify)..... 5 ▶57	Illness or aged..... 01 (▶57) Disability..... 02 (▶57) In school or training..... 03 (▶57) Leave, holiday incl. family obligations (funerals, sick/ child etc.)..... 04 (▶57) Did not want to work more hours... 05 (▶57) Housework duties..... 06 (▶57) Cannot find more work in a job, agriculture or for a business.... 07 No suitable agriculture land or slack period in agriculture..... 08 Lack of raw materials equipment and finance..... 09 Machinery/electrical breakdown/ other technical problems..... 10 Stood down by employer..... 11 Off season..... 12 Other (Specify)..... 96	YES..1 NO...2 (▶57)	Current job..... 1 Paid employment - Wage Job..... 2 Self Employment - Small scale business (any type)..... 3 Self employment - Agriculture including livestock and fishing.... 4	YES..1 NO...2	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

SECTION H: HOURS WORKED CON'T
USUAL WORKING HOURS

IDENTIFICATION

--	--	--	--	--	--	--	--

INDIVIDUAL ID	58. How many hours per week do you usually work in;			59A. INT: IS Q58 GRAD TOTAL; Less than 40 hours..... 1 (▶59C) 40 hours..... 2 (▶61A) More than 40 hours..... 3	59B. Why do you usually work more than 40 hours per week? (INT: WRITE THE CODE OF MAIN REASON ONLY) Schedule set by employer..... 1 Overwork due to the strong economy..... 2 Overwork in order to survive/to gain more money..... 3 Business/ agriculture season..... 4 Other (Specify)..... 5 FOR ANY ANSWER ▶ 61A	59C. Why do you usually work less than 40 hours per week? (INT: WRITE THE CODE OF MAIN REASON ONLY) Illness or aged..... 1 (▶61A) Disability..... 2 (▶61A) In school or training..... 3 (▶61A) Did not want to work more hours... 4 (▶61A) Housework duties..... 5 Cannot find more work in a job, agriculture or for a business..... 6 No suitable agriculture land or slack period in agriculture..... 7 Lack of raw materials, equipment and finance..... 8 Other (Specify)..... 9	60. Are you usually available to work for more hours? YES..1 NO...2	INDIVIDUAL ID
	MAIN ACTIVITY	BOTHER ACTIVITIES	TOTAL					
	A	B	C					
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

SECTION I: INCOME

IDENTIFICATION

--	--	--	--	--	--	--	--

INT: YOU MUST REFER BACK TO Q.20 AND Q.38 FOR THESE QUESTIONS

INDIVIDUAL ID	61A. INT: WAS THIS PERSON A PAID EMPLOYEE IN MAIN OR SECONDARY ACTIVITY DURING THE LAST WEEK?	61B. WHAT WAS YOUR GROSS CASH INCOME FROM YOUR PAID EMPLOYMENT DURING THE LAST MONTH?		62A. INT: WAS THIS PERSON SELF EMPLOYED (NOT AGRICULTURE) DURING THE LAST WEEK?	62B. What gross income/earning did you get from your business or businesses during the last week/month?		62C. What were the total expenses associated with the earned income?		62D. INT: THE REMAINING INCOME FORM THE BUSINESS/ACTIVITIES AFTER DEDUCTING ALL EXPENSES DURING THE LAST WEEK/MONTH IS THIS; i.e. Q.62b – Q.62c		62E. How many months did this business/enterprise operate during the last 12 months?	63A. INT: IS THIS PERSON SELF EMPLOYED IN AGRICULTURE ?	63B. What gross income/earning did you get from your agricultural work during the last week/month?		63C. What were the total expenses associated with the earned income?		63D. What was you net income form your agricultural work during the last week/month? I.E.Q. 63B- Q. 63C		INDIVIDUAL ID
	YES...1 NO...2 (▶62A)	TSH CASH IN-KIND		YES...1 NO...2 (▶63A)	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	MONTHS	YES...1 NO...2(END)	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	END OF INTERVIEW FOR THIS PERSON FOR LFS 2		PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2		
		i	ii		i	ii	i	ii	i	ii			i	ii		i	ii		
01																			01
02																			02
03																			03
04																			04
05																			05
06																			06
07																			07
08																			08
09																			09
10																			10
11																			11
12																			12

CHILDREN AGED 5 TO 17 YEARS

IDENTIFICATION

SECTION I: NON-ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS DURING THE LAST WEEK (ASK ALL CHILDREN)

INDIVIDUAL ID	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD?	1. During the last week did you do any of the tasks indicated below for this household?							2. How many hours have you been working per day?							3A. INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE ANSWERED YES LFS2 Q.1 OR Q.7 OR Q.8(a) OR WCS Q.1)	INDIVIDUAL ID
	YES...1 NO...2 (▶END)	YES...1 NO...2							INT: WRITE TIME IN MINUTES							YES...1 NO...2 (END)	
		Shopping for household	Repairing and household equipment	Cooking	Cleaning utensils/ house	Washing clothes	Caring for children/ old/sick	Other household tasks	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL	
	a	b	c	d	e	f	g	a	b	c	d	e	f	g			
1																1	
2																2	
3																3	
4																4	
5																5	
6																6	
7																7	
8																8	
9																9	
10																10	
11																11	
12																12	

SECTION II: SCHOOL ATTENDANCE AND HOURS OF WORK

CHILDREN WHO DID ECONOMIC ACTIVITIES LAST WEEK (WHO HAVE ANSWERED LFS2 Q. 20 CODE 1 OR Q.38 CODE 1 FROM LFS 2)

CHILDREN WHO ANSWERED Qn6A LFS2

SECTION IV: HEALTH AND SAFETY ASPECTS OF CHILDREN AGED 5-17 YEARS (APPLICABLE TO ALL CHILDREN WHO WORKED IN ECONOMIC AND NON-ECONOMIC ACTIVITIES DURING THE LAST 12 MONTHS/ LAST WEEK/ WHO HAVE ANSWERED CODE 1 IN LFS 2 Q.1 OR Q. 7 or Q. 8 (a) OR WCS Q.1)

I N D I V I D U A L I D	3B. Are you currently attending school or training institution? Yes, Full-time .1 Yes, Part-time .2 No.....3 (►Q5)	4. If attending school or training institution on a full-time or part-time, but also working, does your work affect your regular school/training attendance or studies? YES...1 NO...2	5. During which time and how many hours do you usually work? (FILL APPROPRIATE ANSWER) (INT: ASK THIS QUESTION TO ALL CHILDREN WHO HAVE INDICATED TO BE ENGAGED IN ECONOMIC ACTIVITY/ACTIVITIES DURING THE LAST WEEK i.e. Q.18a OR Q. 36a FROM LFS 2)			6. Were you attending school while engaged in economic activities during the last 12 months? YES..1 NO...2	7. Have you ever been hurt at work/work place or suffered from illnesses/injuries due to work at any time? YES..1 NO...2 (►13)	8. How often were you hurt or suffered from illness/injuries? Often/ frequently... 1 Occasionally.. 2 Seldom/ Rarely..... 3	9A Referring to the most serious injury/illness, how serious was the injury/illness consequences on your work performance? Permanently Disabled..... 1 Prevented from Work Permanently.. 2 Stopped Work Temporarily..... 3 Changed Jobs..... 4 Continued to Work..... 5	9B. Referring to the most serious injury/illness, how serious was the injury/illness consequences on school attendance? Stopped Schooling Temporarily..... 1 Prevented from Schooling Permanently..... 2 Not affected..... 3 Not applicable.... 4	I N D I V I D U A L I D
	NUMBER OF HOURS										
	a	b	c								
1											1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12

IDENTIFICATION

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

I N D I V I D U A L I D	10. What was the main activity of the establishment/ industry in which you were injured/hurt or from which you suffered serious illness?	OFFICIAL ISIC CODE	11. What was the occupation or job you were performing when the accident happened or from which you suffered serious illness?	OFFICIAL TASCO CODE	12. Who paid for medical treatment? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA No Treatment..... A Employer..... B Parents/ Guardians..... C Myself..... D Free..... E Other F	13. How often do you carry heavy loads in your daily activities? Always/ Often....1 Sometimes.....2 Seldom / Rarely..3 Never.....4	14. Are you required to operate any tools, equipments, machines, etc. at your workplace or on your job/ occupation? YES..1 NO...2	I N D I V I D U A L I D	
	A	B	C	D	E	F			
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12

IDENTIFICATION

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

I N D I V I D U A L I D	15. Are you often exposed to any of the following? (INT: READ THE OPTIONS) YES=1 NO=2 Water bodies (sea, lakes, rivers, etc).. A Dusts, fumes, smoke, gases..... B Noise..... C Extreme tempatures/humidity..... D Dangerous tools/animals..... E Work underground/Pits..... F Work at heights..... G Insufficient lighting..... H Chemicals..... I Other J None..... K												16. Do you use any of the following protective wear/gear while working? (INT: READ THE OPTIONS) YES=1 NO=2 Glasses..... A Helmet..... B Earplugs..... C Special Shoes..... D Gloves..... E Dust Mask..... F Don't Know..... G Other H None..... I									17. Do other persons doing the same work use protective wear /gear while working? YES.... 1 NO..... 2 (▶19) DON'T KNOW... 3 (▶19)			18. Which of the following protective wear/gear do they usually use? (INT: READ THE OPTIONS) YES=1 NO=2 Glasses..... A Helmet..... B Earplugs..... C Special Shoes..... D Gloves..... E Dust Mask..... F Other G							I N D I V I D U A L I D
	A	B	C	D	E	F	G	H	I	J	K	A	B	C	D	E	F	G	H	I	A	B	C	D	E	F	G					
	1																									01						
	2																									02						
	3																									03						
	4																									04						
	5																									05						
	6																									06						
	7																									07						
	8																									08						
	9																									09						
	10																									10						
11																									11							
12																									12							

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--

CHILD PERCEPTION

I N D I V I D U A L	CHILD PERCEPTION						I N D I V I D U A L										
	A	B	C	D	E	F		A	B	C	D						
19. What problems do you perceive to affect you as a result of work? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA Injuries/ illness or poor health..... A Poor Grades in School..... B Physical Abuse..... C Emotional Abuse..... D Sexual Abuse..... E None..... F							20. What is the main reason for you to work? To supplement household income where you are living.....01 To supplement household income away from where you are living..... 02 To pay outstanding debt under contractual arrangement..... 03 To assist/help in household enterprise..... 04 Education/training programme is not suitable..... 05 Education/training institutions are too far..... 06 Good upbringing and imparting of skills..... 07 Cannot afford education/training expenses..... 08 Peer pressure..... 09 Other, Specify..... 96	21. If you stop working, what will happen? I will lose income.... 1 I will not be able to support family/parents financially... 2 My parents will lose someone to assist.... 3 I will fail to meet school expenses..... 4 Nothing will happen... 5 Other (specify)..... 6	22. If given a choice, what would you prefer to do? Going to school full-time... 01 Working for income full-time..... 02 Helping full-time in household enterprise or business..... 03 Working full-time in household chores or housekeeping..... 04 Going to school part-time and working part-time for income..... 05 Part-time in household enterprise or business..... 06 Part-time in household chores or housekeeping..... 07 Complete education/ training and start to work..... 08 Find a better job/work than the presentwork..... 09 Continue with current work.. 10 Other (Specify)..... 96	23. At what age did you start working for the first time (i.e., in economic or non-economic activity)? (Age in complete years) YEARS	24. What do you do for fun/hobby, when not working? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA Playing..... A Watching TV..... B Studying..... C Other (Specify) ... D END OF THIS INTERVIEW						
01													01				
02													02				
03													03				
04													04				
05													05				
06													06				
07													07				
08													08				
09													09				
10													10				
11													11				
12													12				

INTEGRATED LABOUR FORCE SURVEY, 2014

GUIDELINES OF HOW TO SELECT RESPONDENTS THAT WILL BE ADMINISTERED TIME USE QUESTIONS (TUS)

ONLY ONE RESPONDENT PER HOUSEHOLD REQUIRED TO BE SELECTED FOR TUS QUESTIONS

USE THE TABLE BELOW TO SELECT TUS RESPONDENT FROM THE HOUSEHOLD.

NAME OF RESPONDENT SELECTED _____

HOUSEHOLD MEMBER ID. CODE FROM HOUSEHOLD QUESTIONNAIRE

--	--

GO TO THE COLUMN OF LIST OF HOUSEHOLD MEMBERS IN THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE HOUSEHOLD MEMBER ID. CODE SELECTED FOR TUS

HOW TO USE THE TABLE BELOW TO SELECT RESPONDENTS FOR TUS

CHECK THE LAST DIGIT OF HOUSEHOLD QUESTIONNAIRE ID. NUMBER. THIS IS THE ROWS ID. THAT YOU HAVE TO STICK TO. CHECK THE NUMBER OF INDIVIDUALS QUALIFIED TO BE INTERVIEWED (5 - YEARS OR ABOVE), IN THE HOUSEHOLDS MEMBER ROSTER. THIS IS THE COLUMN YOU SHOULD GO. WHERE ROWS AND COLUMNS INTERSECT, IS THE HOUSEHOLDS MEMBER ID. SELECTED FOR THE COMPLETION OF TUS QUESTIONNAIRE.

FOR EXAMPLE, IF THERE ARE THREE HOUSEHOLD MEMBERS AGED 5 YEARS OR ABOVE QUALIFIED (NUMBER OF LINE , 02 , 04 , 05) . IF THE NUMBER OF HOUSEHOLD QUESTIONNAIRE IS '16 ', THE LAST DIGIT IS SIX '6 ', THEREFORE GO TO ROW NUMBER SIX '6 '. THERE ARE THREE QUALIFIED INDIVIDUALS AGED 5 + IN THE HOUSEHOLDS, SO GO TO COLUMN NUMBER THREE '3'. FOLLOW THOSE ROWS AND COLUMNS AND CHECK WHERE ARE INTERSECTING ('2') AND CIRCLE THAT BOX. NOW GO TO THE HOUSEHOLD ROSTER AND FIND THE SECOND HOUSEHOLD MEMBER WHO QUALIFIES TO BE ADMINISTERED TUS QUESTIONNAIRE (LINE NUMBER '4' IN OUR EXAMPLE). RECORD NUMBER OF THE LINE IN THE BOX SHOWN ABOVE .

THE TABLE USED TO SELECT RESPONDENTS TO BE INTERVIEWED TUS QUESTIONNAIRE

THE LAST DIGIT IN THE HOUSEHOLD QUESTIONNAIRE NUMBER	TOTAL NUMBER OF RESPONDENTS QUALIFIED TO BE INTERVIEWED, AGED 5 YEARS OR ABOVE							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CONFIDENTIAL

IDENTIFICATION

Quest. No..... Of

TIME USE

PERSONAL NO.					FOR OFFICIAL USE	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
PERSONAL DIARY					Code of day	1	2	3	4	5	6	7	8
							List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside...2	

1	What were you doing yesterday between and <i>INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD</i>	06:00 am											
2	What else were you doing during that period? <i>INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD</i>		i										
			ii										
			iii										
3	If more than one activity mentioned: Did you do the activities at the same time, or one after the other? <i>INT: WRITE CODE 1 IF THE ANSWER IS 'YES' AND CODE 2 IF THE ANSWER IS 'NO'</i>		iv										
			v										
4	Did you get any payment? (e.g. Monthly salary; Food and allowance) <i>INT: FILL IN COLUMN 5 USING CODE A -PAYMENT</i>	07:00 am											
			i										
			ii										
5a	Where were you when you did the activities? <i>INT: FILL IN COLUMN 6 USING CODE B - LOCATION AND COLUMN 7 USING "1" FOR INSIDE OR "2" FOR OUTSIDE</i>		iii										
			iv										
			v										
5b	Which means of transport, did you use to reach the place of this activities? <i>INT: FILL IN COLUMN 8 USING CODE C -MEANS OF TRANSPORT</i>	08:00 am											
			i										
			ii										
			iii										
			iv										
			v										

INT: REPEAT QUESTIONS 1 TO 5 FOR EACH CATEGORY OF TIME IN AN HOUR PERIOD FROM 6:00 AM YESTERDAY TO 6:00AM TODAY

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

PERSONAL NO.					FOR OFFICIAL USE Code of day	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
PERSONAL DIARY	DATE	MONTH	YEAR	DAY		1	2	3	4	5	6	7	8
						List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2				Inside...1 Outside...2	
6 Did you spend any time during the day looking after the children? Yes: Not mentioned all the time.....11 Yes: Already mentioned all the time.....22 No.....3					INT: IF THE ANSWER IS CODE 1 IN Q.6 - Q.9, FILL THE ACTIVITY ON A PARTICULAR TIME	09:00 am	i ii iii iv v						
7 Did you spend any time during the day looking after the sick person? Yes: Not mentioned all the time.....11 Yes: Already mentioned all the time.....22 No.....3						10:00 am	i ii iii iv v						
8 Did you spend any time during the day looking after the elderly person? Yes: Not mentioned all the time.....11 Yes: Already mentioned all the time.....22 No.....3						11:00 am	i ii iii iv v						
9 Did you spend any time during the day looking after the disabled person? Yes: Not mentioned all the time.....11 Yes: Already mentioned all the time.....22 No.....3						12:00 pm	i ii iii iv v						
10 Was yesterday a typical day for you? (CYCLE THE CORRECT ANSWER) Yes..... 1 No, because I was sick..... 2 No, because it was School/Holiday..... 3 No, because I was on leave from work/day off..... 4 No, because there was a funeral, wedding, etc..... 5 No, because there was a problem with the weath..... 6 No, because I was looking after another family member..... 7 No, because there was a public holiday..... 8 No, because it was a weekend day..... 9 No, other, specify..... 10						01:00 pm	i ii iii iv v						

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL NO.											FOR OFFICIAL USE	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport	
PERSONAL DIARY											Code of day	1	2	3	4	5	6	7	8	
PERSONAL	DATE	MONTH	YEAR	DAY							FOR OFFICIAL USE		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside..2		
11 Which activity during the day did you enjoy the most? Activity <input type="text"/> Code <input type="text"/>												02:00PM								
12 Which activity during the day did you enjoy the least? Activity <input type="text"/> Code <input type="text"/>													i							
													ii							
													iii							
													iv							
													v							
13 Generally, how did you feel about yesterday's activities you have just described? I was too busy/ I had too many things to do..... 1 I had a comfortable amount of things to do in the day..... 2 I was not busy enough/ I did not have enough to do..... 3 I was sick..... 4												03:00 PM								
													i							
													ii							
													iii							
													iv							
													v							
												04:00 pm								
													i							
													ii							
													iii							
													iv							
													v							
												05:00 pm								
													i							
													ii							
													iii							
													iv							
													v							

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL NO.					FOR OFFICIAL USE	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
						1	2	3	4	5	6	7	8
PERSONAL DIARY	DATE	MONTH	YEAR	DAY	Code of day	List of Activities from 1 to 5 Activities per time period		ICATUS	Yes.....1 No.....2			Inside....1 Outside..2	
CODES FOR PAYMENT, LOCATION AND MEANS OF TRANSPORT						06:00 pm							
(CODE "A") PAYMENT							i						
01	No Payment						ii						
02	Monthly salary only						iii						
03	Salary and other allowances or transport allowance.						iv						
04	Salary and other allowances without transport allowance.						v						
05	Food and allowance (Cash payment)												
06	Cash payment for Services / Sales.												
07	Food, accomodation and other needs.					07:00 pm							
08	Allowance and all needs (Cash payment)						i						
09	Other, specify _____						ii						
10	Not applicable						iii						
(CODE "B") LOCATION							iv						
01	Own household						v						
02	Someone's household					08:00 pm							
03	Field farm or other agricultural workplace within private H/Hold.						i						
04	Field farm or other agricultural workplace outside private H/Hold						ii						
05	Other workplace within private household						iii						
06	Other workplace outside private household						iv						
07	Educational establishment						v						
08	Public area i.e. not in a private household workplace or hospital					09:00 pm							
09	The place for fetching water						i						
10	The area for collecting firewood.						ii						
11	Traveling or waiting to travel						iii						
12	Other, specify _____						iv						
(CODE "C") MEANS OF TRANSPORT							v						
1	Traveling on foot					10:00 pm							
2	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)						i						
3	Hiring Transport (e.g. taxi, Pick-up, motocyle, e.t.c)						ii						
4	Traveling by train						iii						
5	Traveling by bus						iv						
6	Traveling by bicycle						v						
7	Water transport (Boat, Ship e.t.c)												
8	Traveling by animal (e.g. Horse, Cow e.t.c)						i						
9	Traveling by other means (specify)						ii						
10	Not applicable						iii						
							iv						
							v						

IDENTIFICATION

--	--	--	--	--	--	--	--	--	--

PERSONAL NO.					FOR OFFICIAL	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
						1	2	3	4	5	6	7	8
PERSONAL DIARY	DATE	MONTH	YEAR	DAY	Code of day	List of Activities from 1 to 5 Activities per time period		ICATUS	Yes.....1 No.....2			Inside....1 Outside..2	
						11:00 pm	i						
						ii							
						iii							
						iv							
						v							
						12 - 04am	i						
						ii							
						iii							
						iv							
						v							
						04:00 am	i						
						ii							
						iii							
						iv							
						v							
						05:00 am	i						
						ii							
						iii							
						iv							
						v							

I N D I V I D U A L I D	NAME	AGE	I N D I V I D U A L I D
--	------	-----	--

1			01
2			02
3			03
4			04
5			05
6			06
7			07
8			08
9			09
10			10
11			11
12			12

CODES FOR PAYMENTS, LOCATION AND MEANS OF TRANSPORT

CODE A - PAYMENTS

01	No Payment
02	Monthly salary only
03	Salary and other allowances or transport allowance.
04	Salary and other allowances without transport allowance.
05	Food and allowance (Cash payment)
06	Cash payment for Services / Sales.
07	Food, accomodation and other needs.
08	Allowance and all needs (Cash payment)
09	Other, specify _____
10	Not applicable

CODE B - LOCATION

01	Own household
02	Someone's household
03	Field farm or other agricultural workplace within private H/Hold.
04	Field farm or other agricultural workplace outside private H/Hold
05	Other workplace within private household
06	Other workplace outside private household
07	Educational establishment
08	Public area i.e. not in a private household workplace or hospital
09	The place for fetching water
10	The area for collecting firewood.
11	Traveling or waiting to travel
12	Other, specify _____

GERESHO C - MEANS OF TRANSPORT

01	Traveling on foot
02	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)
03	Hiring Transport (e.g. taxi, Pick-up, motocyle, e.t.c)
04	Traveling by train
05	Traveling by bus
06	Traveling by bicycle
07	Water transport (Boat, Ship e.t.c)
08	Traveling by animal (e.g. Horse, Cow e.t.c)
09	Traveling by other means (specify)
10	Not applicable