

PERSON 1 2 3

NUMBER 0 1 2 3 4 5 6 7 8 9

5 YEARS AND OVER

Household Questionnaire Barcode

September LFS 2013

DISTRICT	URBAN/RURAL	Cluster	Household	Result Code
<input type="radio"/> Corozal	<input type="radio"/> Urban	<input type="text"/>	<input type="text"/>	
<input type="radio"/> Orange Walk	<input type="radio"/> Rural	<input type="text"/>	<input type="text"/>	
<input type="radio"/> Belize		0 0	0 0	1 Complete
<input type="radio"/> Cayo		1 1 1	1 1 1	2 Partially Complete
<input type="radio"/> Stann Creek		2 2 2	2 2 2	4 Refusal
<input type="radio"/> Toledo		3 3 3	3 3 3	7 No Contact
ED Number: _____		4 4 4	4 4 4	9 Other (specify) _____
		5 5 5	5 5 5	
CTV: _____		6 6 6	6 6 6	
		7 7 7	7 7 7	
		8 8 8	8 8 8	
		9 9 9	9 9 9	

Person Answering

1 2 3
0 1 2 3 4 5 6 7 8 9AG1 LAST WEEK SUNDAY, what was your/N's age?
98 YEARS AND OVER = 98

	1 2 3 4 5 6 7 8 9	<input type="radio"/> DK/NS
	0 1 2 3 4 5 6 7 8 9	

PAST WORK MODULE

(Persons 5 to 17 Years)

PW1 BETWEEN SEPTEMBER 2012 AND AUGUST 2013, did you/N have a job where you/he/she worked at least 8 hours a day for 11 days or more in a month?

☐ Yes ☐ No ☐ DK/NS → **SKIP TO EA1**

PW2 In what months?

- ☐ September 2012
☐ October 2012
☐ November 2012
☐ December 2012
☐ January 2013
☐ February 2013
☐ March 2013
☐ April 2013
☐ May 2013
☐ June 2013
☐ July 2013
☐ August 2013

PW3 The last month you worked for at least 11 days, what was your/N's job title? Give a brief description of your/N's MAIN duties.

Title: _____

Description: _____

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ISCO 0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

PW4 What is/was the name of the place where you/N carried out the work? What type of business is/was carried on there?

Name of place: _____

Description: _____

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BCEA 0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

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ECONOMIC ACTIVITY MODULE

(Persons 5 Years and Over)

EA1 *LAST WEEK*, did you/N do any work for pay, profit or family gain for at least one hour?

EXCLUDE OWN DOMESTIC WORK AND VOLUNTEER WORK.

☐ Yes → **SKIP TO EA17** ☐ No ☐ DK/NS

EA2 *LAST WEEK*, did you/N engage in any of the following economic activities for pay, profit or family gain for at least one hour?

READ LIST ON FLASH CARD

☐ Yes → **SKIP TO EA17** ☐ No ☐ DK/NS

EA3 *LAST WEEK*, did you/N have a job, business or a farm from which you were/N was temporarily absent?

☐ Yes
☐ No → **IF LESS THAN 12 YEARS SKIP TO NA1, ELSE SKIP TO EA6**
☐ DK/NS →

EA4 *LAST WEEK*, why were you/was N absent from work?

- ☐ Seasonal employment
- ☐ Temporary Lay - off
- ☐ Vacation _____
- ☐ Maternity / Paternity leave
- ☐ Sick leave / Illness
- ☐ Mechanical breakdown, bad weather
- ☐ Personal / Family matters
- ☐ Other _____
- ☐ DK/NS _____

SKIP TO EA17

EA5 Do you/Does N expect to return to work *WITHIN FOUR (4) WEEKS*?

☐ Yes → **SKIP TO EA17**
☐ No → **IF LESS THAN 12 YEARS SKIP TO NA1, ELSE CONTINUE**
☐ DK/NS →

EA6 During the *PAST TWO (2) MONTHS*, did you/N look for work or try to start your/his/her own business?

☐ Yes
☐ No → **SKIP TO EA8**
☐ DK/NS →

EA7 During the *PAST TWO (2) MONTHS*, what steps did you/N take to look for work or to start your/his/her own business?

[MULTIPLE RESPONSES ALLOWED]

- ☐ Applied for jobs (in person or in writing)
- ☐ Asked friends or relatives about job vacancies
- ☐ Checked newspapers or agencies for job vacancies
- ☐ Registered with Labour Department or Employment Agency / Public Labour Exchange
- ☐ Made arrangements to establish own business
- ☐ Other job search method _____
- ☐ DK/NS

ANY RESPONSE TO THIS QUESTION SKIP TO EA9

EA8 During the *PAST TWO (2) MONTHS*, what was the *MAIN* reason you/N did not look for work or try to start a business?

[DO NOT READ THE OPTIONS]

- ☐ Did not want to work → **SKIP TO EA11**
- ☐ Disability
- ☐ Personal, family responsibilities
- ☐ In school, training
- ☐ Retired, Too old to work / Old age
- ☐ Too young
- ☐ Own illness
- ☐ Own injury
- ☐ Own pregnancy
- ☐ Already found work to start later or made arrangement for self-employment activity to start later
- ☐ Awaiting recall to former job
- ☐ Awaiting replies from employers
- ☐ Awaiting busy season
- ☐ Believe no suitable work available relevant to skill or capacity
- ☐ Believe no financial resource, land permits, etc., available to start, own business
- ☐ Lack employer's requirements too old or too young - experience, etc.
- ☐ Tired of looking
- ☐ Don't know how or where to seek work
- ☐ Not yet started to seek work
- ☐ No reason
- ☐ Other reason (bad weather, holidays, etc.) _____
- ☐ DK/NS

EA9 Could you/N have started a job in the *PAST TWO WEEKS* if one had been offered or you/N had the opportunity to start a business?

☐ Yes → **SKIP TO EA12** ☐ No ☐ DK/NS



EA10 Why couldn't you/N have started a job or business?

- ☐ Home / Family Duties ☐ Disability
☐ In school / Training ☐ Other (Specify _____)
☐ Retirement / Old Age _____
☐ Illness ☐ DK/NS

EA11 Do you/Does N expect to be available for work or to start your/his/her own business within the NEXT SIX MONTHS?

- ☐ Yes ☐ No ☐ DK/NS → **SKIP TO EA15**

EA12 In what kind of occupation would you/N be interested? Give a brief description of your/N's main duties.

Title: _____

Description: _____

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ISCO ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

EA13 What is the name of the place where you/N would be interested in working? What type of business is carried on there?

Name of place: _____

Description: _____

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BCEA ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

IF EA9 IS 'YES' CONTINUE, ELSE SKIP TO EA15

EA14 How long have you/has N been without work, wanting and available for work?

TIME MAY BE EXPRESSED IN YEARS AND MONTHS

Years Months

☐ DK/NS

EA15 Have you/ Has N ever worked?

- ☐ Yes ☐ No ☐ DK/NS → **SKIP TO EA41**

EA16 Why did you/N stop working?

- ☐ Lost job / Business failed
☐ Retired
☐ Job completed
☐ Moved to live elsewhere
☐ Resigned to continue studies
☐ Resigned to take up family responsibilities
☐ Resigned for other reasons, including health
☐ Other (Specify _____)
☐ DK/NS

**SKIP TO EA18,
RECORD RESPONSE UNDER PREVIOUS JOB**

EA17 LAST WEEK, did you/N have more than one job or business activity?

- ☐ Yes ☐ No ☐ DK/NS

**IF EA17 = 'YES', THEN EA18 SHOULD HAVE
RESPONSES FOR MAIN JOB AND OTHER JOB**

EA18 What category of worker are you/is N or were you/was N in your/his/her present/last job? READ LIST

	MAIN JOB	OTHER JOB	PREVIOUS JOB
1. Self-employed with paid help	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
2. Self-employed without paid help	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
3. Paid employee - Government	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
4. Paid employee - Quasi Gov't	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
5. Paid employee - Private/NGO	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
6. Paid employee - International Organisation/Embassy	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
7. Unpaid family worker	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
9. DK/NS	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

**ONLY THOSE RESPONDING EA18 = 1. 'SELF-EMPLOYED WITH PAID HELP' FOR MAIN JOB
CONTINUE WITH EA19. ALL OTHERS SKIP TO EA20.**

EA19 How many workers do you/does N employ in your/his/her business?

RESPONSES IN BOTH COLUMNS ALLOWED IF APPLICABLE

	SEASONAL	YEAR ROUND
1-4 employees	<input type="radio"/>	<input type="radio"/>
5-9 employees	<input type="radio"/>	<input type="radio"/>
10-19 employees	<input type="radio"/>	<input type="radio"/>
20 or more employees	<input type="radio"/>	<input type="radio"/>
DK/NS	<input type="radio"/>	<input type="radio"/>

EA20 What is/was your/N's job title? Give a brief description of your/N's MAIN duties.

MAIN JOB		OTHER JOB		PREVIOUS JOB	
Title: _____		Title: _____		Title: _____	
Description: _____		Description: _____		Description: _____	
For Office Use Only ISCO <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		For Office Use Only ISCO <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		For Office Use Only ISCO <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	

EA21 What is/was the name of the place where you/N work/worked? What type of business is/was carried on there?

MAIN JOB		OTHER JOB		PREVIOUS JOB	
Name of Place: _____		Name of Place: _____		Name of Place: _____	
Description: _____		Description: _____		Description: _____	
For Office Use Only BCEA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		For Office Use Only BCEA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		For Office Use Only BCEA <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	

SKIP TO EA41

EA34 What is the name of the place where you/N would be interested in doing additional work? What type of business is carried on there?

Name of Place: _____

Description: _____

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BCEA 0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

EA35 With respect to your/N's MAIN job, how long have you/has N been working with this employer/in your/his/her own business without broken service?

TIME MAY BE EXPRESSED IN YEARS AND MONTHS

Years Months
[][] [][] ☐ DK/NS

EA36 Is this your/N's first job/business?
☐ Yes → **SKIP TO EA38** ☐ No ☐ DK/NS

EA37 How long did you/N work with your/his/her previous employer, or in your/his/her own business without broken service?

TIME MAY BE EXPRESSED IN YEARS AND MONTHS

Years Months
[][] [][] ☐ DK/NS

EA38 What is your/N's total income from employment in your/his/her MAIN job?

This is before taxes and deductions. (Include tips, bonuses, commissions, etc., from all sources.)

TOTAL INCOME _____

Income Group		<input type="radio"/> DK/NS
	1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	

UNPAID FAMILY WORKERS = 0
NO FIXED PERIOD (SEASONAL WORKER, PIECE WORKER) = 88

EA39 How often do you/does N receive this income?

- ☐ Daily ☐ Unpaid family worker
☐ Weekly ☐ No fixed period (seasonal and piece work)
☐ Every two weeks / Fortnightly ☐ Other (Specify _____)
☐ Monthly ☐ DK/NS
☐ Yearly

IF 18 YEARS OR OLDER SKIP TO EA41

IF LESS THAN 18 YEARS AND EA39 = UNPAID FAMILY WORKER, SKIP TO EA41, ELSE CONTINUE

EA40 What do you/does N usually do with your/his/her earnings?

[MULTIPLE RESPONSES ALLOWED]

- ☐ Give all of it to parents/guardians
☐ Give part of it to parents/guardians
☐ Employer gives all of it to parents/guardians
☐ Employer gives part of it to parents/guardians
☐ Pay school expenses
☐ Buy things for household
☐ Buy things for myself
☐ Save
☐ Other (Specify _____)
☐ DK/NS

EA41 LAST WEEK, who/what was your/N's MAIN means of financial support?

- ☐ Self (Wages / Salaries / Payment in kind)
☐ Self (Savings / Rents / Investments/Interests / Pensions/Social Security)
☐ Parent / Guardian
☐ Spouse / Partner
☐ Child / Children
☐ Social Assistance from Government
☐ Remittances from abroad
☐ Other (Specify _____)
☐ DK/NS

IF 18 YEARS OR OLDER END INTERVIEW

IF LESS THAN 18 YEARS AND EA17 HAS A RESPONSE CONTINUE, ELSE SKIP TO NA1

CHILD SAFETY MODULE

(Persons 5 to 17 Years)

CS1 Do you/Does N usually use any protective wear while working?

☐ Yes

☐ No

☐ DK/NS

→ **SKIP TO CS3**

CS2 Which of the following protective wear do you/does N usually use while working?

[READ OPTIONS]
[MULTIPLE REPNSES ALLOWED]

☐ Glasses

☐ Helmet

☐ Earplugs

☐ Special shoes (e.g. rubber boots)

☐ Glove

☐ Cap

☐ Other (Specify _____)

CS3 Do other people doing the same job at your place of work use protective wear while working?

☐ Yes

☐ No

☐ DK/NS

→ **SKIP TO CS5**

CS4 Which of the following do they usually use?

[READ OPTIONS]
[MULTIPLE REPNSES ALLOWED]

☐ Glasses

☐ Helmet

☐ Earplugs

☐ Special shoes (e.g. rubber boots)

☐ Glove

☐ Cap

☐ Other (Specify _____)

CS5 Do you/does N carry heavy loads at work?

☐ Yes

☐ No

☐ DK/NS

CS6 Do you/does N use any tools, machinery, or heavy equipment at work?

☐ Yes

☐ No

☐ DK/NS

→ **SKIP TO CS8**

CS7 What type of tools, equipment or machines do you/does N use at work?

WRITE DOWN 2 MOSTLY USED

CS8 Are you/Is N exposed to any of the following at work?

[READ OPTIONS]
[MULTIPLE REPNSES ALLOWED]

☐ Dust/fumes

☐ Fire, gas, flames

☐ Loud noise or vibration

☐ Extreme heat or cold

☐ Dangerous tools (machetes, etc.)

☐ Work underground

☐ Work at heights

☐ Work in water/lake/pond/river

☐ Workplace too dark or confined

☐ Insufficient ventilation

☐ Chemicals (pesticides, glues, etc.)

☐ Explosives

☐ Other things (Specify _____)

☐ None

CS9 Have you/has N ever been hurt at work or suffered from any illness or injury due to your/his/her work at any time?

☐ Yes

☐ No

☐ DK/NS

→ **SKIP TO CS16**

CS10 When you were/N was hurt or suffered from illnesses or injuries due to your/his/her work, what types were they?

[READ OPTIONS]
[MULTIPLE REPNSES ALLOWED]

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

☐ Superficial injuries/open wounds (hand, foot, finger, toe, etc)

☐ Dislocation, strains or sprains

☐ Fractures

☐ Loss of limb

☐ Burns, corrosion, scalding

☐ Eye infection

☐ Ear infection

☐ Skin problem

☐ Stomach problems/Diarrhoea

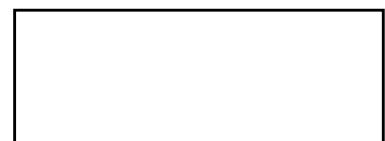
☐ Breathing problem

☐ Allergies

☐ Back problem

☐ Other (Specify _____)

☐ DK/NS



- CS11** Think about your/N's most recent injury/illness at work. Give a brief description of your/N's *MAIN* duties when this happened.

Description _____

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ISCO

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

- CS12** How did this injury/illness affect your/N's work/schooling?

- ☐ Not serious. Did not stop work/schooling → **SKIP TO CS14**
☐ Stopped work/school completely
☐ Stopped work/school for a while

- CS13** For how long did you/N stop work/school?

	Work	School
1 day	<input type="radio"/>	<input type="radio"/>
2 - 5 days	<input type="radio"/>	<input type="radio"/>
6 - 10 days	<input type="radio"/>	<input type="radio"/>
11 - 15 days	<input type="radio"/>	<input type="radio"/>
16 - 20 days	<input type="radio"/>	<input type="radio"/>
More than 20 days	<input type="radio"/>	<input type="radio"/>

- CS14** Did you/N receive treatment?

- ☐ Yes ☐ No ☐ DK/NS → **SKIP TO CS16**

- CS15** Where were you/was N treated?

[MULTIPLE RESPONSES ALLOWED]

- ☐ At home
☐ At workplace
☐ Government clinic/health center
☐ Private doctor/clinic
☐ Government hospital
☐ Private hospital
☐ Pharmacy/drugstore
☐ Other (Specify _____)
☐ DK/NS

- CS16** Are you/N exposed to any of the following at work?

[READ OPTIONS]
[MULTIPLE RESPONSES ALLOWED]

- ☐ Constantly shouted at
☐ Repeatedly insulted
☐ No breaks
☐ Confined to workplace
☐ Running of errands/shopping
☐ Touched, told or done things that you/N did not want (Harassment/abuse)
☐ Other (Specify _____)

NON-ECONOMIC ACTIVITY MODULE (Persons 5 to 17 Years)

- NA1** *LAST WEEK* did you/N do any of the tasks indicated below for this household?

[READ OPTIONS]
[MULTIPLE RESPONSES ALLOWED]

- ☐ Washing Dishes
☐ Cooking, preparing and serving meals
☐ Delivery of food products (bread, etc.)
☐ Collection of firewood
☐ Running of errands/shopping
☐ Fetching water (pump/vats/rivers/wells/etc.)
☐ Washing clothes
☐ Ironing clothes
☐ Caring for members of own household
☐ Cleaning inside or outside of house
☐ Dropping off or picking up family members at/from work or school
☐ Feed or caring for pets
☐ Other (Specify _____)
☐ None

IF RESPONSE TO NA1 IS NONE, SKIP TO NA4

- NA2** *LAST WEEK*, how many hours did you/N spend on these household chores or activities?

Hours Minutes

		:		
--	--	---	--	--

☐ DK/NS

- NA3** *LAST WEEK*, at what time did you/N do these activities?

- ☐ During the day (6 am to 6 pm)
☐ During the evening (6 pm to 10 pm)
☐ At night (10 pm to 6 am)
☐ DK/NS

END INTERVIEW

- NA4** Were you/Was N idle last week (did not do anything last week)?

- ☐ Yes
☐ No → **END INTERVIEW**

- NA5** What was the *MAIN* reason for your/N's idleness?

- ☐ Too young
☐ School holiday
☐ Child was sick
☐ Child is disabled
☐ Child has chronic illness
☐ Looking for employment
☐ Child wants to be idle
☐ Other (Specify _____)
☐ DK/NS

END INTERVIEW