

PERSON NUMBER ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

5 YEARS AND OVER  
September LFS 2013

Household Questionnaire Barcode

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DISTRICT	URBAN/RURAL	Cluster	Household	Result Code																																																																		
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Person Answering

① ② ③  
④ ⑤ ⑥ ⑦ ⑧ ⑨

AG1 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
⑩	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 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ 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: \_\_\_\_\_

For Office Use Only

BCEA ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨  
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

3103611



# 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 REPOSSES 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: \_\_\_\_\_

**For Office Use Only**

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: \_\_\_\_\_

**For Office Use Only**

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

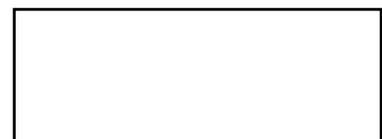
**IF EA17 = 'YES', THEN EA18 SHOULD HAVE RESPONSES FOR MAIN JOB AND OTHER JOB**

**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

**SKIP TO EA20**

**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"/>

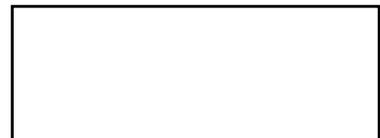
**EA20 What is/was your/N's job title? Give a brief description of your/N's MAIN duties.**

MAIN JOB	OTHER JOB	PREVIOUS JOB
Title: _____	Title: _____	Title: _____
Description _____	Description _____	Description _____
<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>	<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>	<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>

**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 _____
_____	_____	_____
<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>	<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>	<p><b>For Office Use Only</b></p> <p>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</p> <p><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</p> <p><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</p> <p><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</p>

**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: \_\_\_\_\_

For Office Use Only

BCEA  0  1  2  3  4  5  6  7  8  9  
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 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

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**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

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**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
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<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	

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 REPOSSES 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  → **SKIP TO CS3**  
 DK/NS  →

**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  → **SKIP TO CS5**  
 DK/NS  →

**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**

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**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  → **SKIP TO CS16**  
 DK/NS  →

**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 \_\_\_\_\_

**For Office Use Only**

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 → **SKIP TO CS14**  
 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 REPOSSES 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 REPOSSES 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 REPOSSES 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  Looking for employment  
 School holiday  Child wants to be idle  
 Child was sick  Other (Specify \_\_\_\_\_)  
 Child is disabled  DK/NS  
 Child has chronic illness

**END INTERVIEW**

