

PART III CHILD QUESTIONNAIRE

Ask every child (5-17) in the household

HOUSEHOLD ID NUMBER :


SECTION IX

Educational Attainment of All Children (5-17)

August 2015

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question	
Name of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years
C1. Can you read and write a short, simple statement with understanding in any language?								
1. Yes.....	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2		
C2. Are you attending school or pre-school during the current school year?								
1. Yes.....	1	1	1	1	1	1	→C3	
2. No.....	2	2	2	2	2	2	→C8	
C3. What is the level of school and grade that you are currently attending? Level: (L) Grade (G)	L	G	L	G	L	G	L	G
1. Pre-school.....	1		1		1		1	
2. Primary.....	2	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>
3. Lower secondary.....	3	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>
4. Upper secondary.....	4	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>
5. Post-secondary non-tertiary.....	5	<input type="text"/>	5	<input type="text"/>	5	<input type="text"/>	5	<input type="text"/>
6. University or higher.....	6	<input type="text"/>	6	<input type="text"/>	6	<input type="text"/>	6	<input type="text"/>
7. Non standard curriculum.....	7		7		7		7	
C4								
→C10								
C4. At what age did you begin primary school? (If C3=1 write 99) (Age in completed years..).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
C5. Did you miss any school day during the last 7 days?							→C6	→C6
1. Yes.....	1	1	1	1	1	1	→C17	→C14
2. No.....	2	2	2	2	2	2		
C6. How many school days did you miss during the last 7 days? (Write the number of days).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
C7. Why did you miss school day(s) during the last 7 days ? (Read each of the following options and circle two most appropriate options)							C17	C14
1. School vacation period.....	1	1	1	1	1	1		
2. Teacher was absent	2	2	2	2	2	2		
3. Bad weather conditions.....	3	3	3	3	3	3		
4. To help family business.....	4	4	4	4	4	4		
5. To help at home with household tasks ...	5	5	5	5	5	5		
6. Working outside family business....	6	6	6	6	6	6		
7. Illness/ Injury/disablement	7	7	7	7	7	7		
8. Other (specify).....	8	8	8	8	8	8		
Other (Specify).....								

Serial No in A1 →							Skip to Question						
Name of household member →													
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years					
C8. Have you ever attended school?													
1. Yes.....	1	1	1	1	1	1	→C10						
2. No.....	2	2	2	2	2	2	→C9						
C9. Why have you never attended school? (Read each of the following options and circle the most appropriate option)													
1. Too young	1	1	1	1	1	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 10px; text-align: center;">C17</div> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 10px; text-align: center;">C14</div> </div>						
2. Disabled.....	2	2	2	2	2	2							
3. Illness.....	3	3	3	3	3	3							
4. No school/school too far.....	4	4	4	4	4	4							
5. Cannot afford schooling.....	5	5	5	5	5	5							
6. Family did not allow schooling...	6	6	6	6	6	6							
7. Not interested in school.....	7	7	7	7	7	7							
8. Education not considered valuable.	8	8	8	8	8	8							
9. School not safe.....	9	9	9	9	9	9							
10. To learn a job.....	10	10	10	10	10	10							
11. To work for pay	11	11	11	11	11	11							
12. To work as unpaid worker in family business/farm	12	12	12	12	12	12							
13. Help at home with household tasks...	13	13	13	13	13	13							
14. Other (specify)	14	14	14	14	14	14							
Other(Specify)													
C10. What is the highest level of school and grade you have attended?	L	G	L	G	L	G	L	G	L	G	L	G	
<i>Level (L) Grade (G)</i>													
1. Pre-school.....	1		1		1		1		1		1		
2. Primary.....	2		2		2		2		2		2		
3. Lower secondary.....	3		3		3		3		3		3		
4. Upper secondary.....	4		4		4		4		4		4		
5. Post-secondary non-tertiary	5		5		5		5		5		5		
6. University or higher.....	6		6		6		6		6		6		
7. Non standard curriculum....	7		7		7		7		7		7		
C11. At what age did you begin primary school? (If C10=1 write 99) (Age in completed years).....													
C12. At what age did you leave school? (Age in completed years).....													

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question	
Name of household member →								
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years
C13. Why did you leave school? <i>(Circle the most appropriate option)</i>							 C17	
1. Completed his/her compulsory schooling (IF C10=3 and grades=9)	1	1	1	1	1	1		
2. Too old for school.....	2	2	2	2	2	2		
3. Disabled/	3	3	3	3	3	3		
4. Illness.....	4	4	4	4	4	4		
5. No school/school too far.....	5	5	5	5	5	5		
6. Cannot afford schooling...	6	6	6	6	6	6		
7. Family did not allow schooling.	7	7	7	7	7	7		
8. Poor in studies/not interested in school.	8	8	8	8	8	8		
9. Education not considered valuable	9	9	9	9	9	9		
10. School not safe.....	10	10	10	10	10	10		
11. To learn a job.....	11	11	11	11	11	11		
12. To work for pay as employee or (as paid/ unpaid worker) in family business or farm.....	12	12	12	12	12	12		
13. Help at home with household tasks.....	13	13	13	13	13	13		
14. Other (Specify).....	14	14	14	14	14	14		
Other(Specify)								
C14. Have you ever attended/are you currently attending a vocational / skills training course outside of school?								
1. Yes.....	1	1	1	1	1	1		→C15
2. No.....	2	2	2	2	2	2		→C17
C15. Have you /will you obtain a certificate for this vocational training?								
1. Yes	1	1	1	1	1	1		→C16
2. No.....	2	2	2	2	2	2		→C17
C16. Describe subject of vocational training received/being received. (e.g Carpentry, Car repair, Nursing, etc) <i>(If more than one then indicate the most important)</i>								
For official use (OCCUPATION CODE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

SECTION X

Current Economic Activities Status of All Children (5-17)

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question	
Name of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years
Economic Activity								
C 17. Did you engage in any work at least one hour during the last 7 days? <i>(As employee, self employed, employer or unpaid family worker)</i> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	→ C20 → C18	
C18. During the last 7 days, did you do any of the following activities, even for only one hour? <i>(Read each of the following questions until the first affirmative response is obtained)</i> (a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? <i>Examples: Selling things, making things for sale, repairing things, guarding car, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, barber, shoe shining etc.</i> (b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i> (c) Do any work as a domestic worker for a wage, salary or any payment in kind? (d) Help unpaid in a household business of any kind? (Don't count normal housework.) <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> (e) Do any work on his/her own or the household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household? <i>Examples: ploughing, harvesting, looking after livestock.</i> (f) Do any construction or major repair work on his/her own home, plot, or business or those of the household? (g) Catch any fish, prawns, shells, wild animals or other food for sale or household food? (h) Fetch water or collect firewood for household use? (i) Produce any other good for this household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	If any "YES" → C20 Otherwise →C19	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question		
Name of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years	
C19. Even though you did not do any of these activities in the last 7 days, do you have a job, business, or other economic or farming activity that you will definitely return to? <i>(For agricultural activities, the off season in agriculture is not a temporary absence).</i> 1. Yes..... 2. No.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	→C20 →C31		
C20. Describe the main job/task you were performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc. <i>(“Main” refers to the work on which (NAME) spent most of the time during the week.)</i>									
Job/Task	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
OCCUPATION CODE For official use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
C21. Describe briefly the main activity i.e. goods produced and services rendered where you are doing this job or task								→C33	→C22
Activity / Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
INDUSTRY CODE For official use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Serial No in A1 →	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Skip to Question
Name of household member →													
Age of household member →	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Children Aged 10-17 years
C22. In addition to your main work, did you do any other work during the last 7 days?													
1. Yes.....	1		1		1		1		1		1		
2. No.....	2		2		2		2		2		2		
C23. For each day worked during the last 7 days how many hours did you actually work? <i>Main (M) Other (O)</i>	M	O	M	O	M	O	M	O	M	O	M	O	
1. Monday.....													
2. Tuesday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. Wednesday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. Thursday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. Friday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. Saturday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7. Sunday.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
C24. During the past week when did you usually carry out these activities? <u><i>For ALL children (including children attending school):</i></u>													
1. During the day (between 6 a.m. and 10 p.m)	1		1		1		1		1		1		
2. In the evening or at night (after 10 p.m.)	2		2		2		2		2		2		
3. During both the day and the evening (for the entire day).	3		3		3		3		3		3		
4. On the week-end.....	4		4		4		4		4		4		
5. Sometimes during the day, sometimes in the evening	5		5		5		5		5		5		
<u><i>ADDITIONAL: For children attending school ONLY (If C2=YES):</i></u>													
6. After school.....	6		6		6		6		6		6		
7. Before school.....	7		7		7		7		7		7		
8. Both before or after school.....	8		8		8		8		8		8		
9. On the week-end.....	9		9		9		9		9		9		
10. During missed school hours/days.....	10		10		10		10		10		10		

Serial No in A1 →							Skip to Question
Name of household member →							
Age of household member →							Children Aged 10-17 years
C25. Where did you carry out your main work during the last 7 days?							
1. At (his/her) family dwelling...	1	1	1	1	1	1	
2. Client's place	2	2	2	2	2	2	
3. Formal office	3	3	3	3	3	3	
4. Factory / Atelier	4	4	4	4	4	4	
5. Plantations / farm / garden.....	5	5	5	5	5	5	
6. Construction sites.....	6	6	6	6	6	6	
7. Mine / quarry.....	7	7	7	7	7	7	
8. Shop / kiosk / coffee house / restaurant / hotel	8	8	8	8	8	8	
9. Different places (mobile).....	9	9	9	9	9	9	
10. Fixed, street or market stall	10	10	10	10	10	10	
11. Pond / lake / river.....	11	11	11	11	11	11	
12. Other (specify).....	12	12	12	12	12	12	
Other (specify)							
C26. For your main job/work were you a/an....?							→C27 } → C28 →C30 →C28
1. Employee.....	1	1	1	1	1	1	
2. Own account worker (His/her own business without employees)	2	2	2	2	2	2	
3. Employer (His/her own business with employees)	3	3	3	3	3	3	
4. Member of producers` cooperatives	4	4	4	4	4	4	
5. Unpaidfamily worker....	5	5	5	5	5	5	
6. Other (specify)	6	6	6	6	6	6	
Other (specify)							
C27. What was the mode of payment for the last payment period?							
1. Piece rate.....							
2. Hourly.....	1	1	1	1	1	1	
3. Daily.....	2	2	2	2	2	2	
4. Weekly.....	3	3	3	3	3	3	
5. Monthly.....	4	4	4	4	4	4	
6. Upon completion of task....	5	5	5	5	5	5	
7. Other (specify).....	6	6	6	6	6	6	
Other (specify)	7	7	7	7	7	7	
Other (specify)							

Serial No in A1 →							Skip to Question			
Name of household member →										
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years		
C28. What is your average monthly income from the main work? (in local currency)										
C29. What do you usually do with your earnings? (Multiple answers are allowed)										
1. Give all/part of money to my parents/guardians...	1	1	1	1	1	1				
2. Employer gives all/part of money to my parents/guardians...	2	2	2	2	2	2				
3. Pay my school fees.....	3	3	3	3	3	3				
4. Buy things for school	4	4	4	4	4	4				
5. Buy things for household	5	5	5	5	5	5				
6. Buy things for myself	6	6	6	6	6	6	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>C33</div> </div>			
7. Save	7	7	7	7	7	7				
8. Other (specify).....	8	8	8	8	8	8				
Other (specify)										
C30. Why do you work? (Multiple answers are allowed)									<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>C33</div> </div>	
1. Supplement family income...	1	1	1	1	1	1				
2. Help pay family debt.....	2	2	2	2	2	2				
3. Help in household enterprise...	3	3	3	3	3	3				
4. Learn skills.....	4	4	4	4	4	4				
5. Schooling not useful for future.....	5	5	5	5	5	5				
6. School too far / no school	6	6	6	6	6	6				
7. Cannot afford school fees.....	7	7	7	7	7	7				
8. Not interested in school.....	8	8	8	8	8	8				
9. Want to work...	9	9	9	9	9	9				
10. Material hardship	10	10	10	10	10	10				
11. To temporarily replace someone unable to work.	11	11	11	11	11	11				
12. Other (specify).....	12	12	12	12	12	12				
Other (specify)										
A. Job Search										
C31. Were you seeking working the past four weeks?										
1. Yes.....	1	1	1	1	1	1				
2. No.....	2	2	2	2	2	2				
C32. At any time during the past 12 months did you engage in any work?							→C33 →C41			
1. Yes.....	1	1	1	1	1	1				
2. No.....	2	2	2	2	2	2				

SECTION XI

Health and Safety Issues about working children (5-17)

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question	
Name of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years
C33. Did you have any of the following in the past 12 months because of your work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	<p>If all "NO" → C36</p> <p>Otherwise → C34</p>	
1. Superficial injuries or open wounds	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>		
2. Fractures.....	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>		
3. Dislocations, sprains or stains...	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>		
4. Burns, corrosions, scalds or frostbite	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>		
5. Breathing problems.....	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>		
6. Eye problems.....	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>		
7. Skin problems...	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>		
8. Stomach problems / diarrhea ...	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>		
9. Fever.....	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>		
10. Extreme fatigue.....	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>		
11. Other (specify).....	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>		
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
C34. Think about your most serious illness/injury, how did this/these affect your work/schooling?								
1. Not serious- did not stop work/schooling.	1	1	1	1	1	1		
2. Stopped work or school for a short time	2	2	2	2	2	2		
3. Stopped work or school completely.	3	3	3	3	3	3		
C35. Think about your most serious illness/injury, what were you doing when this happened?								
Job/Task	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
OCCUPATION CODE For Official use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Serial No in A1 →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question	
Name of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Age of household member →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years
C36. Do you carry heavy loads at work?								
1. Yes.....	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2		
C37. Do you operate any machinery/heavy equipment at work?								
1. Yes.....	1	1	1	1	1	1	→ C38	
2. No.....	2	2	2	2	2	2	→ C39	
C38. What type of tools, equipment or machines do you use at work? (Write down 2 mostly used)	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....		
C39. Are you exposed to any of the following at work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO		
1. Dust, fumes,	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>		
2. Fire, gas, flames.....	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>		
3. Loud noise or vibration.....	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>		
4. Extreme cold or heat	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>		
5. Dangerous tools (knives etc).....	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>		
6. Work underground.....	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>		
7. Work at heights.....	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>		
8. Work in water/lake/pond/river.....	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>		
9. Workplace too dark or confined	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>		
10. Insufficient ventilation.....	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>		
11. Chemicals (pesticides, glues, etc.)..	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>		
12. Explosives.....	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>		
13. Other things, processes or conditions bad for your health or safety (specify).....	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>		
Other (specify)								
C40. Have you ever been subject to the following at work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO		
1. Constantly shouted at	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>		
2. Repeatedly insulted.....	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>		
3. Beaten /physically hurt...	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>		
4. Sexually abused (touched or done things to you that you did not want)	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>		
5. Other (Specify).....	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>		
Other (specify)								

SECTION XII

Household Tasks of Children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
C41. During the last 7 days did you do any of the tasks indicated below for this household? (Circle all appropriate options)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	If any "YES" →C42 Otherwise END for this HH member. Go to the next child in Section II.	
1. Shopping for household....	1	1	1	1	1	1		
2. Repair any household equipments	2	2	2	2	2	2		
3. Cooking.....	3	3	3	3	3	3		
4. Cleaning utensils/house.....	4	4	4	4	4	4		
5. Washing clothes.....	5	5	5	5	5	5		
6. Caring for children/old/sick.....	6	6	6	6	6	6		
7. Other household tasks.....	7	7	7	7	7	7		
Other (Specify)								
C42. During each day of the last 7 days how many hours did you do such household tasks? (Record for each day separately)								
1. Monday.....								
2. Tuesday.....								
3. Wednesday.....								
4. Thursday.....								
5. Friday.....								
6. Saturday.....								
7. Sunday.....								
TOTAL								
C43. During the past week when did you usually carry out these activities?								
<u>For ALL children (including children attending school):</u>								
1. During the day (between 6 a.m. and 10 p.m)	1	1	1	1	1	1		
2. In the evening or at night (after 10 p.m.)	2	2	2	2	2	2		
3. During both the day and the evening (for the entire day).	3	3	3	3	3	3		
4. On the week-end.....	4	4	4	4	4	4		
5. Sometimes during the day, sometimes in the evening	5	5	5	5	5	5		
<u>ADDITIONAL: For children attending school ONLY (If C2=YES):</u>								
6. After school.....	6	6	6	6	6	6		
7. Before school.....	7	7	7	7	7	7		
8. Both before or after school.....	8	8	8	8	8	8		
9. On the week-end.....	9	9	9	9	9	9		
10. During missed school hours/days.....	10	10	10	10	10	10		
C44. Has (NAME) been interviewed in the company of an adult or an older child?							END for this HH member. Go to the next child in Section II.	
1. Yes	1	1	1	1	1	1		
2. No	2	2	2	2	2	2		

END OF INTERVIEW