

SIMPOC questionnaires for stand-alone national child labour surveys



SIMPOC questionnaires for stand-alone national child labour surveys. Part 1 and Part 2 are addressed to the most knowledgeable adult member of the household, while Part 3 is addressed directly to children.

- 1. PART I: Adult questionnaire - Addressed to the most knowledgeable member of household**
- 2. PART II: Household characteristics - Addressed to the most knowledgeable member of household**
- 3. PART III: Child questionnaire - Addressed to every child (5-17) in the household**



NATIONAL CHILD LABOUR SURVEY

(Addressed to the most knowledgeable member of the household)

17 JUL 2007

GENERAL INFORMATION

REGION..... DISTRICT.....LOCALITY..... ADDRESS OF HOUSEHOLD..... PHONE NUMBER (-----)	ENUMERATION AREA CODE..... Region District/Locality EA Number <div style="text-align: center;"> _ _ _ _ </div>	HOUSE/STRUCTURE NO. <div style="text-align: center;"> _ _ _ _ </div>	HOUSEHOLD ID NUMBER <div style="text-align: center;"> _ _ _ _ </div>
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INTERVIEWER VISITS				FINAL VISIT	
	1	2	3	DATE/MONTH/YEAR	_ _ - _ _ - _ _ _ _
DATE				RESULT *	_
INTERVIEWER'S NAME				(*) RESULT CODES	
				1. Completed 2. No household members at home or no competent respondent 3. Entire Household absent for extended period of time 4. Postponed	5. Refused 6. Dwelling vacant or address not a dwelling 7. Dwelling destroyed 8. Dwelling not found 9. Other (Specify).....
SUPERVISOR'S NAME				ELIGIBILITY	
NEXT VISIT				Starting Time: ____:____	Ending Time: ____:____
				If Additional Questionnaires used indicate Number	• _

PART I: ADULT QUESTIONNAIRE
Addressed to the most knowledgeable member of household

Section I: Household Composition and Characteristics for All Household Members

Person's serial number in household	Can you please provide full names of all persons who are part of this household, beginning with the Head of the Household? <i>(A Household is defined as a person or group of persons who live together in the same house or compound, share the same housekeeping arrangements and are catered for as one unit. Members of a household are not necessarily related (by blood or marriage) and not all those related in the same house or compound are necessarily of the same household)</i>	Which household member provided information on the individual (write serial number from A1)	What is (NAME)'s relationship to head of the household 1. Household Head 2. Spouse 3. Son / Daughter 4. Brother/Sister 5. Daughter-in-law / son-in-law 6. Grandchild 7. Niece / Nephew 8. Step child 9. Aged parent/parent-in-law 10. Servant (live-in) 11. Other relative 12. Non-relative	What is the sex of each of these individual household members? 1. Male 2. Female	How old was (NAME) at (his/her) last birthday? <i>(In completed years)</i>	Indicate With "1" if person is between 5-17 years old, "0" otherwise	What is (NAME)'s marital status (for persons 12 years or above) 1. Single or never married 2. Married civil/religious 3. Married but separated 4. Polygamous marriage 5. Living together as married partners 6. Divorced 7. Widowed	For all household members		
								Please indicate (NAME)'s serial number . <i>(Write 99 if absent or not applicable)</i>		
								Spouse <i>(if applicable and s/he is among the household members)</i>	Natural Mother <i>(if she is among the household members)</i>	Natural Father <i>(if he is among the household members)</i>
A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11
01		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
02		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
03		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
04		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
05		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
06		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
07		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□
08		□□□	□□□	□	□□□	□	□	□□□	□□□	□□□

IMPORTANT NOTE: SECTION II onwards to be filled in column-wise beginning with the Serial No: 01 from A1

Section II:		Educational Attainment for <u>All Household Members</u> aged 5 and above																
Serial No in A1		<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"/>	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"/>	<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"/>		
A12. Can (NAME) read and write a short, simple statement with understanding in any language?																		
1. Yes.....		1	1	1	1	1	1	1	1	1	1	1	1	1	1			
2. No.....		2	2	2	2	2	2	2	2	2	2	2	2	2	2			
A13. Is (NAME) attending school or pre-school during the current school year?																	→A14 →A15	
1. Yes.....		1	1	1	1	1	1	1	1	1	1	1	1	1	1			
2. No.....		2	2	2	2	2	2	2	2	2	2	2	2	2	2			
A14. What is the level of school and grade that (NAME) is attending?		L	G	L	G	L	G	L	G	L	G	L	G	L	G	L	G	<div style="display: flex; justify-content: space-between; align-items: center;"> } A18 </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> } A16 </div>
<i>Level: (L) Grade: (G)</i>																		
1. Pre-school.....		1	<input type="text"/>	1	<input type="text"/>	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. Primary.....		2	<input type="text"/>	2	<input type="text"/>	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. Secondary.....		3	<input type="text"/>	3	<input type="text"/>	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. High school.....		4	<input type="text"/>	4	<input type="text"/>	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. University or higher.....		5	<input type="text"/>	5	<input type="text"/>	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. Non standard curriculum...		6	<input type="text"/>	6	<input type="text"/>	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. Don't know.....		7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	7	<input type="text"/>	

Serial No in A1																		Skip To Question		
Name of household member →																				
Age of household member →																				
A15. Has (NAME) ever attended school?																				
1. Yes.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	→A16		
2. No.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	→A17		
A16. What is the highest level of school and grade that (NAME) has attended?	L	G	L	G	L	G	L	G	L	G	L	G	L	G	L	G		} A18		
<i>Level: (L) Grade: (G)</i>																				
1. Pre-school.....	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1		<input type="checkbox"/>	
2. Primary.....	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2		<input type="checkbox"/>	
3. Secondary.....	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3		<input type="checkbox"/>	
4. High school.....	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4		<input type="checkbox"/>	
5. University or higher.....	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5		<input type="checkbox"/>	
6. Non standard curriculum.....	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6		<input type="checkbox"/>	
7. Don't know.....	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>		
A17. What is/was the main reason why (NAME) has never attended school?																			} A18	
<i>(Read each of the following options and circle the most appropriate option)</i>																				
1. Too young	1		1		1		1		1		1		1		1		1			
2. Disabled/ illness.....	2		2		2		2		2		2		2		2		2			
3. No school/school too far.....	3		3		3		3		3		3		3		3		3			
4. Cannot afford schooling.....	4		4		4		4		4		4		4		4		4			
5. Family did not allow schooling...	5		5		5		5		5		5		5		5		5			
6. Not interested in school.....	6		6		6		6		6		6		6		6		6			
7. Education not considered valuable.	7		7		7		7		7		7		7		7		7			
8. School not safe.....	8		8		8		8		8		8		8		8		8			
9. To learn a job.....	9		9		9		9		9		9		9		9		9			
10. To work for pay	10		10		10		10		10		10		10		10		10			
11. To work as unpaid worker in family business/farm	11		11		11		11		11		11		11		11		11			
12. Help at home with household chores.....	12		12		12		12		12		12		12		12		12			
13. Other	13		13		13		13		13		13		13		13		13			
Other (specify)																				

Section III:

Current Economic Activity Status of All Household Members (5 and above) during the reference week

Serial No in A1										Skip To Question
Name of household member →										
Age of household member →										
A. Employment										
A18 Did (NAME) engage in any work at least one hour during the past week? <i>(As employee, self employed, employer or unpaid family worker)</i>										→A21 →A19
1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
A19. During the past week did (NAME) 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>	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	If any “YES” → A21 Otherwise →A20
(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 cars, 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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Do any work as a domestic worker for a wage, salary or any payment in kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Fetch water or collect firewood for household use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Produce any other good for this household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Serial No in A1									Skip To Question	
Name of household member →										
Age of household member →										
A20. Even though (NAME) did not do any of these activities in the past week, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? <i>(For agricultural activities, the off season in agriculture is not a temporary absence.)</i>										
1. Yes.....	1	1	1	1	1	1	1	1	→ A21 →A33	
2. No.....	2	2	2	2	2	2	2	2		
A21. Describe the main job/task (NAME) was 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										
OCCUPATION CODE <i>For official use</i>										
A22. Describe briefly the main activity i.e. goods produced and services rendered where (NAME) is working.										
Activity/Type										
INDUSTRY CODE <i>For official use</i>										
A23. Where did (NAME) carry out his/her main work during the past week? (Read out responses below)										
1. At (his/her) family dwelling...	1	1	1	1	1	1	1	1		
2. Client’s place	2	2	2	2	2	2	2	2		
3. Formal office	3	3	3	3	3	3	3	3		
4. Factory / Atelier	4	4	4	4	4	4	4	4		
5. Plantations / farm / garden.....	5	5	5	5	5	5	5	5		
6. Construction sites.....	6	6	6	6	6	6	6	6		
7. Mines / quarry.....	7	7	7	7	7	7	7	7		
8. Shop / kiosk / coffee house / restaurant / hotel	8	8	8	8	8	8	8	8		
9. Different places (mobile).....	9	9	9	9	9	9	9	9		
10. Fixed, street or market stall	10	10	10	10	10	10	10	10		
11. Pond/lake/river.....	11	11	11	11	11	11	11	11		
12. Other.....	12	12	12	12	12	12	12	12		
Other (specify)										
A24. During the past week, which of the following best describe (NAME) ’s work situation at his/her main work? (Read out responses below)										
1. Employee.....	1	1	1	1	1	1	1	1	→A25 } A28 →A30	
2. Own account worker (His/her own business without employees)	2	2	2	2	2	2	2	2		
3. Employer (His/her own business with employees)	3	3	3	3	3	3	3	3		
4. Member of producers’ cooperative.....	4	4	4	4	4	4	4	4		
5. Unpaid family worker.....	5	5	5	5	5	5	5	5		

Serial No in A1									Skip To Question
Name of household member →									
Age of household member →									
A25. Has (NAME) been employed on the basis of..									
1. A written contract.....	1	1	1	1	1	1	1	1	
2. A verbal agreement.....	2	2	2	2	2	2	2	2	
3. Don't know.....	3	3	3	3	3	3	3	3	
A26. Is (NAME)'s contract/agreement.....									→A27 } A28
1. Limited duration.....	1	1	1	1	1	1	1	1	
2. Unlimited duration.....	2	2	2	2	2	2	2	2	
3. Don't know.....	3	3	3	3	3	3	3	3	
A27. What is the duration of (NAME)'s contract/agreement?									
1. Less than 12 months.....	1	1	1	1	1	1	1	1	
2. 12-36 months.....	2	2	2	2	2	2	2	2	
3. More than 36 months	3	3	3	3	3	3	3	3	
4. Don't know.....	4	4	4	4	4	4	4	4	
A28. What is (Name's) average monthly cash income from the main work? (in local currency)									
	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	□□□□	
A29. What other benefits does (NAME) usually receive in his/her main work? (Read each of the following questions and circle answers)									
1. Not applicable if A24=2,3 or 4	1	1	1	1	1	1	1	1	
2. Weekly rest days....	2	2	2	2	2	2	2	2	
3. Medical expenses.....	3	3	3	3	3	3	3	3	
4. School expenses.....	4	4	4	4	4	4	4	4	
5. Assistance with schooling ...	5	5	5	5	5	5	5	5	
6. Paid sick leave.....	6	6	6	6	6	6	6	6	
7. Annual vacation....	7	7	7	7	7	7	7	7	
8. Free/subsidized accommodation.....	8	8	8	8	8	8	8	8	
9. Food/meal.....	9	9	9	9	9	9	9	9	
10. Paid leave	10	10	10	10	10	10	10	10	
11. Clothing.....	11	11	11	11	11	11	11	11	
12. Transportation	12	12	12	12	12	12	12	12	
13. Other	13	13	13	13	13	13	13	13	
14. Nothing.....	14	14	14	14	14	14	14	14	
Other (specify)									

Serial No in A1	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>									
A30. In addition to (NAME)'s main work, did (NAME) do any other work during the past week?																	
1. Yes.....	1	1	1	1	1	1	1	1									
2. No.....	2	2	2	2	2	2	2	2									
A31. For each day worked during the past week how many hours did (NAME) actually work? <i>Main: (M) Other: (O)</i>	M	O	M	O	M	O	M	O	M	O	M	O	M	O	M	O	
1. Monday.....	<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"/>	
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	
A32. At what age did (NAME) start to work for the first time in his/her life (As employee, own account worker, employed, employer or unpaid family worker)?	<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"/>	→A40

Serial No in A1									Skip To Question	
Name of household member →										
Age of household member →										
B. Unemployment									Aged 5-9 years	Aged 10 years and over
A33. Was (NAME) seeking work during the past week? (As employee, employer or own-account worker to establish his/her own business)									} A37	→A34 →A35
1. Yes.....	1	1	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2	2	2		
A34. What steps did (NAME) take during the past four weeks to find work? (Mark at most 4 boxes)									} A37	→A35
1. Asked friend or relatives to find a job for him/her.	1	1	1	1	1	1	1	1		
2. Applied to the employment office/mediator	2	2	2	2	2	2	2	2		
3. Placed/answered job advertisements in newspaper	3	3	3	3	3	3	3	3		
4. Submitted job application	4	4	4	4	4	4	4	4		
5. Tried to obtain equipment, credit and/or a work place to establish his/her own business	5	5	5	5	5	5	5	5		
6. Other	6	6	6	6	6	6	6	6		
7. Nothing.....	7	7	7	7	7	7	7	7		
Other (specify)										
A35. Did (NAME) want to work during the past week?										→A36 →A39
1. Yes.....	1	1	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2	2	2		
A36. What is the main reason why (NAME) did not seek work during the past week? (Indicate the most important reason)										
1. Found a job but waiting to start	1	1	1	1	1	1	1	1		
2. Works seasonally	2	2	2	2	2	2	2	2		
3. Tired of looking for work, believes no suitable work is available....	3	3	3	3	3	3	3	3		
4. Lacks employers` requirements (training, experience, qualification)	4	4	4	4	4	4	4	4		
5. Does not know where to search for a job..	5	5	5	5	5	5	5	5		
6. Student (studying).....	6	6	6	6	6	6	6	6		
7. Family/parents/spouse does not allow.....	7	7	7	7	7	7	7	7		
8. Engaged in household chores.....	8	8	8	8	8	8	8	8		
9. On retirement, no need to work	9	9	9	9	9	9	9	9		
10. Unable to work (illness, disability)	10	10	10	10	10	10	10	10		
11. Too young for work.....	11	11	11	11	11	11	11	11		
12. Other.....	12	12	12	12	12	12	12	12		
Other (specify)										

Serial No in A1									Skip to Question			
									Aged 5-9 years	Aged 10 years and over		
Name of household member →												
Age of household member →												
A37. If opportunity to work had existed, would (NAME) have been able to start work in the past week?									} A41	→A38 →A39		
1. Yes.....	1	1	1	1	1	1	1	1				
2. No.....	2	2	2	2	2	2	2	2				
A38. How long has (NAME) been out of work and seeking work?									} A41			
1. Less than one month....	1	1	1	1	1	1	1	1				
2. 1 to 3 month.....	2	2	2	2	2	2	2	2				
3. 4 to 6 month.....	3	3	3	3	3	3	3	3				
4. 7 to 12 month.....	4	4	4	4	4	4	4	4				
5. 13 to 24 months.....	5	5	5	5	5	5	5	5				
6. More than 2 years....	6	6	6	6	6	6	6	6				
A39. Why was (NAME) not available or did not want to work? (Indicate the most important reason)									} A41			
1. Found a job but waiting to start	1	1	1	1	1	1	1	1				
2. Works seasonally	2	2	2	2	2	2	2	2				
3. Tired of looking for work, believes no suitable work is available....	3	3	3	3	3	3	3	3				
4. Lack of employers` requirement (training, experience, qualification)	4	4	4	4	4	4	4	4				
5. Does not know where to search for a job..	5	5	5	5	5	5	5	5				
6. Student (studying).....	6	6	6	6	6	6	6	6				
7. Family/parents/spouse does not allow.....	7	7	7	7	7	7	7	7				
8. Engaged in household chores	8	8	8	8	8	8	8	8				
9. On retirement, no need to work	9	9	9	9	9	9	9	9				
10. Unable to work (illness, disability)	10	10	10	10	10	10	10	10				
11. Too young for work.....	11	11	11	11	11	11	11	11				
12. Other.....	12	12	12	12	12	12	12	12				
Other (specify)												

Section IV:

Usual Employment Status of All Household Members (5 and above) during the last 12 months

Serial No in A1										Skip To Question
Name of household member →										
Age of household member →										
A40. Was the work reported in A21, A22 and A24 (NAME)'s main employment during the past 12 months? <i>(As employee, own account worker, employer or unpaid family worker)</i>										
1. Yes.....	1	1	1	1	1	1	1	1	1	→ A46 → A43
2. No.....	2	2	2	2	2	2	2	2	2	
A 41 Did (NAME) engage in any work at least one hour during the past 12 months? <i>(As employee, self employed, employer or unpaid family worker)</i>										
1. Yes.....	1	1	1	1	1	1	1	1	1	→A43 →A42
2. No.....	2	2	2	2	2	2	2	2	2	
A 42. In the past twelve months, did (NAME) 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>										
	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	If any “YES” → A43 Otherwise If Age <18→A47 If Age ≥18→END for this HH member. Go to the next HH member in Section II
(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 cars, 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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Do any work as a domestic worker for a wage, salary or any payment in kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Fetch water or collect firewood for household use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Produce any other good for this household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Serial No in A1										Skip To Question
Name of household member										
Age of household member										
A43. Describe the main job/task (NAME) was performing during the last 12 months e.g. carrying bricks; mixing baking flour; harvesting maize; etc. ("Main" refers to the work on which (NAME) spent most of the time during the year.)										
Job/Task										
OCCUPATION CODE For official use										
A44. Describe briefly the main activity i.e. goods produced and services rendered where (NAME) worked most of the time.										
Activity/Type										
INDUSTRY CODE For official use										
A45. Which of the following best describe (NAME)'s work situation at his/her main work in the past 12 months? (Read out responses below)										
1. Employee.....	1	1	1	1	1	1	1	1	1	
2. Own account worker (His/her own business without employees)...	2	2	2	2	2	2	2	2	2	
3. Employer (His/her own business with employees)	3	3	3	3	3	3	3	3	3	
4. Member of producers' co-operatives	4	4	4	4	4	4	4	4	4	
5. Unpaid family worker.....	5	5	5	5	5	5	5	5	5	
A46. In each month during the past year did (NAME) work or have a job?										
	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	
<i>(Mark "YES" or "NO" for all months)</i>										
1. January.....	1	1	1	1	1	1	1	1	1	
2. February.....	2	2	2	2	2	2	2	2	2	
3. March.....	3	3	3	3	3	3	3	3	3	
4. April.....	4	4	4	4	4	4	4	4	4	
5. May.....	5	5	5	5	5	5	5	5	5	
6. June.....	6	6	6	6	6	6	6	6	6	
7. July.....	7	7	7	7	7	7	7	7	7	
8. August.....	8	8	8	8	8	8	8	8	8	
9. September.....	9	9	9	9	9	9	9	9	9	
10. October.....	10	10	10	10	10	10	10	10	10	
11. November.....	11	11	11	11	11	11	11	11	11	
12. December.....	12	12	12	12	12	12	12	12	12	
TOTAL										

If Age <18→A47

**Otherwise
END**
for this HH member.
Go to the next HH member in Section II

Section V:

Household Tasks: About Children (5-17) ONLY

Serial No in A1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	
A47. During the past week did (NAME) do any of the tasks indicated below for this household? (Read each of the following options and mark "YES" or "NO" for all options)	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	If any "YES" →A48 If all "NO" & Working (*)→A49 Otherwise END for this HH Member. Go to the next HH member in Section II
1. Shopping for household... 2. Repairing any household equipment 3. Cooking..... 4. Cleaning utensils/house..... 5. Washing clothes..... 6. Caring for children/old/sick..... 7. Other household tasks.....	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	
Other (specify)									
A48. During each day of the past week how many hours did (NAME) do this household task? (Record for each day separately)									If Working (*) →A49 Otherwise END for this HH Member. Go to the next HH member in Section II
1. Monday..... 2. Tuesday..... 3. Wednesday..... 4. Thursday..... 5. Friday..... 6. Saturday..... 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"/> <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"/>	
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(*)WORKING = IF A18=YES or A19=YES or A20=YES

Attention: Section VI applies ONLY to those working (A18=YES or A19=YES or A20=YES) children age 5-17 (A7=1).

Section VI

Perceptions/Observations of Parents/Guardians about working children (5-17)

These questions are intended to solicit views from parents or guardians about children's work.. Therefore reference should only be made about children who were reported to be working.

Serial No in A1										Skip To Question
Name of household member →										
Age of household member →										
A 49. What do you consider currently best for (NAME)? (Read the options)										
1. Work for income.....	1	1	1	1	1	1	1	1	1	
2. Assist family business.....	2	2	2	2	2	2	2	2	2	
3. Assist with household chores	3	3	3	3	3	3	3	3	3	
4. Attend school	4	4	4	4	4	4	4	4	4	
5. Other	5	5	5	5	5	5	5	5	5	
Other (specify)										
A 50. What problem(s) does (NAME) face as a result of his/her work?) (Read the options and circle all the ones that are appropriate.)										
1. Injury, illness or poor health.....	1	1	1	1	1	1	1	1	1	
2. Poor grades in school.....	2	2	2	2	2	2	2	2	2	
3. Emotional harassment (intimidation, scolding, insulting).....	3	3	3	3	3	3	3	3	3	
4. Physical harassment (beating)...	4	4	4	4	4	4	4	4	4	
5. Sexual abuse.....	5	5	5	5	5	5	5	5	5	
6. Extreme fatigue.....	6	6	6	6	6	6	6	6	6	
7. No play time.....	7	7	7	7	7	7	7	7	7	
8. No time to go to school.....	8	8	8	8	8	8	8	8	8	
9. None.....	9	9	9	9	9	9	9	9	9	
A51. What are the main reasons for letting (NAME) work? (Indicate three most important reasons)										
1. Supplement family income.....										
2. Help pay family debt.....	1	1	1	1	1	1	1	1	1	
3. Help in household enterprise...	2	2	2	2	2	2	2	2	2	
4. Learn skills.....	3	3	3	3	3	3	3	3	3	
5. Schooling not useful for future...	4	4	4	4	4	4	4	4	4	
6. No school/school too far.....	5	5	5	5	5	5	5	5	5	
7. Cannot afford school fees.....	6	6	6	6	6	6	6	6	6	
8. Child not interested in school.....	7	7	7	7	7	7	7	7	7	
9. Temporarily replacing someone unable to work.	8	8	8	8	8	8	8	8	8	
10. Preventing him/her from making bad friends and/or being led astray	9	9	9	9	9	9	9	9	9	
11. Other.....	10	10	10	10	10	10	10	10	10	
11. Other.....	11	11	11	11	11	11	11	11	11	
Other (specify)										

Go to the next HH member in Section II

Go to the 2nd part of the Questionnaire to ask questions on the household characteristics

PART II HOUSEHOLD CHARACTERISTICS

Addressed to the most knowledgeable member of household

HOUSEHOLD ID NUMBER :

SECTION VII

Housing and Household Characteristics

17 JUL 2007

B1. In what type of dwelling does the household live?				Skip to question	
1. Apartment/flat.....	1				
2. Private house.....	2				
3. Part of a private house.....	3				
4. Mobile home (e.g. tent, caravan).	4				
5. Shelter not meant for living purposes	5				
6. Shanty.....	6				
7. Other.....	7				
Other (specify)					
B2. What is the ownership status of this dwelling?				Skip to question	
1. Owned by any household member	1				
2. Co-owner	2				
3. Provided free	3				
4. Subsidised by employer (lodging)	4				
5. Rented	5				
6. Other...	6				
Other (specify)					
B3. How many rooms are there in this dwelling?		_ _ _		Skip to question	
B4. What is the size of dwelling in square metres?					
1. Less than 20 square metres...	1				
2. 20 to 39 square metres.....	2				
3. 40 to 69 square metres.....	3				
4. 70 to 99 square metres.....	4				
5. 100 square metres or more.....	5				
B5. Are any of these facilities available to the household? (Enter appropriate code for each facility)		KITCHEN	BATHROOM	TOILET	Skip to question
1. Inside house and exclusive.....	1	1	1		
2. Inside house and shared.....	2	2	2		
3. Outside house and exclusive...	3	3	3		
4. Outside house and shared....	4	4	4		
5. Not available.....	5	5	5		
B6. What is the main source of energy?		COOKING	HEATING/ COOLING	LIGHTING	Skip to question
1. Wood.....	1	1	1		
2. Coal.....	2	2	2		
3. Kerosene.....	3	3	3		
4. Gas.....	4	4	4		
5. Electricity.....	5	5	5		
6. Solar.....	6	6	6		
7. Other...	7	7	7		
Other (Specify)					

B7. What is the main source of drinking water?				Skip to question
1. Pipe-borne inside house.....	1			
2. Pipe-borne outside house....	2			
3. Tanker service.....	3			
4. River/stream.....	4			
5. Bore-hole/tubewell ...	5			
6. Well.....	6			
7. Dug out/pond.....	7			
8. Rain water.....	8			
9. Other.....	9			
Other (Specify)				
B8. Has the household ever changed the place of residence? (district/province/country)				Skip to question
1. Yes.....	1			
2. No.....	2			
B9. In which district/province/country was the last place of residence of the household?		CODES (For official use)		Skip to question
District:	_ _ _		
Province:	_ _		
Country:	_ _		
B10. In which year did the household move to the present place of residence?		_ _ _ _		Skip to question
B11. What was the main reason for coming or changing to the present place of residence?				
1. Job transfer.....	1			
2. Found a job.....	2			
3. Looking for job.....	3			
4. Looking for better agricultural land...	4			
5. Studies (Schooling/training).....	5			
6. Proximity to place of work	6			
7. Housing	7			
8. Social/political problem	7			
9. Health	9			
10. Other	10			
Other (Specify)				

SECTION VIII

Household Socio-Economic Status

B12. Does the household own any of the following? (Mark "YES" or "NO" for all options)	Y= YES N=NO	Skip to question
1. Automobile.....	1 <input type="checkbox"/>	
2. Tractor.....	2 <input type="checkbox"/>	
3. Motor-bike.....	3 <input type="checkbox"/>	
4. Bicycle.....	4 <input type="checkbox"/>	
5. Animal drawn-cart...	5 <input type="checkbox"/>	
6. Television.....	6 <input type="checkbox"/>	
7. Iron.....	7 <input type="checkbox"/>	
8. VCD/DVD player.....	8 <input type="checkbox"/>	
9. Washing machine.....	9 <input type="checkbox"/>	
10. Oven.....	10 <input type="checkbox"/>	
11. Dishwasher.....	11 <input type="checkbox"/>	
12. Refrigerator.....	12 <input type="checkbox"/>	
13. Computer.....	13 <input type="checkbox"/>	
14. Sewing machine.....	14 <input type="checkbox"/>	
15. Satellite/Cable TV.....	15 <input type="checkbox"/>	
16. Telephone (Land line)...	16 <input type="checkbox"/>	
17. Mobile phone.....	17 <input type="checkbox"/>	
18. Radio.....	18 <input type="checkbox"/>	
B13. Does the household own any livestock?		
1. Yes.....	1	→B14
2. No.....	2	→B15
B14. How many?	<i>In number</i>	
1. Camel.....	<input type="checkbox"/>	
2. Horse.....	<input type="checkbox"/>	
3. Cow/buffalo.....	<input type="checkbox"/>	
4. Sheep.....	<input type="checkbox"/>	
5. Goat.....	<input type="checkbox"/>	
6. Pig.....	<input type="checkbox"/>	
7. Poultry.....	<input type="checkbox"/>	
8. Other.....	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	
B15. Does the household own any land?		
1. Yes.....	1	→B16
2. No.....	2	→B17
B16. How many ares of land does the household own? (1 are =100 square meters)	Ares	
1. Agricultural (cultivable)....	<input type="checkbox"/>	
2. Other	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	

B17.Has the household been adversely affected by any (countrywide/communitywide) problem in the last 12 months?		Skip to question
1. Yes.....	1	→B18
2. No.....	2	→B19
B18. What was the problem? (Indicate the most important faced)		
1. Natural disaster (drought, flood, storms, hurricane, landslides, forest fires).....	1	
2. Epidemics.....	2	
3. Business closing due to economic recession	3	
4. Falling agricultural prices.	4	
5. Price inflation	5	
6. Public protests	6	
7. Other	7	
Other (Specify)		
B19. Has the household suffered a fall in income due to any of the following household specific problems in the last 12 months? (Mark "YES" or "NO" for all options)	Y= YES N=NO	
1. Loss of employment of any member...	1 <input type="checkbox"/>	If any "YES" → B20 Otherwise →B21
2. Bankruptcy of a family business	2 <input type="checkbox"/>	
3. Illness or serious accident of a working member of the household	3 <input type="checkbox"/>	
4. Death of a working member of the household	4 <input type="checkbox"/>	
5. Abandonment by the household head	5 <input type="checkbox"/>	
6. Fire in the house/business/property	6 <input type="checkbox"/>	
7. Criminal act by household member	7 <input type="checkbox"/>	
8. Land dispute	8 <input type="checkbox"/>	
9. Loss of cash support or in-kind assistance	9 <input type="checkbox"/>	
10. Fall in prices of products of the household business.	10 <input type="checkbox"/>	
11. Loss of harvest.....	11 <input type="checkbox"/>	
12. Loss of livestock.....	12 <input type="checkbox"/>	
13. Other	13 <input type="checkbox"/>	
Other (Specify)		

B20. How was it possible for the household to overcome this hardship? <i>(Multiple answers are allowed)</i>		Skip to question
1. Financial assistance from government agencies	1	
2. Financial assistance from NGOs/ religious organisations/ local community organisations	2	
3. Financial assistance from relatives / friends.....	3	
4. Took children out of school as could not afford it..	4	
5. Placed child(ren) in other household(s)	5	
6. Additional work hours by household members.	6	
7. Sold property/used savings.....	7	
8. Reduced household expenditures.....	8	
9. No serious impact	9	
10. Other	10	
Other (Specify)		
B21. Did any of your household members have any outstanding loans or obtain a new loan during the past 12 months?		
1. Yes.....	1	→B22
2. No.....	2	→B28
B22. What was the main reason for obtaining a loan?		
1. To meet essential household expenditures (buying food, child education etc).	1	
2. To buy vehicle (bike, motorbike, car) for household member	2	
3. To purchase/remodel/repair/construct a house.	3	
4. To meet health related expenditures for household members (medicine, doctor or hospital fees) ...	4	
5. To meet the following ritual expenditures: birth, funeral, and wedding	5	
6. To open/increase business	6	
7. To pay previous loan....	7	
8. Other.....	8	
Other (Specify)		
B23. Where did the household obtain the loan from? <i>(Multiple answers are allowed)</i>		
1. Government.....	1	
2. Bank/credit card.....	2	
3. Micro-credit/finance groups.	3	
4. Employer/landowner.....	4	
5. Supplier of merchandise, equipment or raw materials	5	
6. A friend/relative of employer/landowner...	6	
7. Individual money lender.....	7	
8. A friend/relative of borrower	8	
9. Other.....	9	
Other (Specify)		

B24. Was the debt paid back?		Skip to question
1. Yes, wholly	1	
2. Yes, partly	2	
3. No	3	
If B24 = 1 ask the options A in B25 and B26 If B24 = 2, 3 ask the options B in B25 and B26		
B25. A) How was the debt paid back? B) How will the debt be paid back? <i>(Read all the options and circle all the appropriate ones)</i>		
1. Cash, by borrowing money from someone else...	1	
2. Cash, by selling some assets..	2	
3. Cash, by getting income from work...	3	
4. Provide direct labour to the creditor by adult household member	4	
5. Provide direct labour to the creditor by child household member...	5	
6. In kind.....	6	
7. Other.....	7	
8. Don't know....	8	
B26. A) Was any child withdrawn from school? B) Will any child be withdrawn from school to pay the debt back?		
1. Yes.....	1	} B27 →B28
2. Maybe.....	2	
3. No need to withdraw.....	3	
B27. Will the child/children withdrawn from school be sent back to school after the debt situation improves?		
1. Yes	1	
2. Maybe	2	
3. No....	3	
B28. What is the household's average monthly expenditure? (in local currency) <i>(This question is to be recorded as expenditure incurred at the household level.)</i>		

B.29. What are the household's sources of income?		
1. Employment...		
2. Social transfers		
3. Scholarship		
4. Rent/property		
5. Private transfers		
B30. What is the household's average monthly income? (in local currency)		

Go to the 3rd part of the Questionnaire to interview each child (5-17)

Serial No in A1 →							Skip to Question					
	Name of household member →						Children Aged 5-9 years	Children Aged 10-17 years				
Age of household member →												
C8. Have you ever attended school?												
1. Yes.....	1	1	1	1	1	1	→C10 →C9					
2. No.....	2	2	2	2	2	2						
C9. Why have you never attended school? (Read each of the following options and circle the most appropriate option)							<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;">C17</div> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;">C14</div> </div>					
1. Too young	1	1	1	1	1	1						
2. Disabled/ illness.....	2	2	2	2	2	2						
3. No school/school too far.....	3	3	3	3	3	3						
4. Cannot afford schooling.....	4	4	4	4	4	4						
5. Family did not allow schooling...	5	5	5	5	5	5						
6. Not interested in school.....	6	6	6	6	6	6						
7. Education not considered valuable.	7	7	7	7	7	7						
8. School not safe.....	8	8	8	8	8	8						
9. To learn a job.....	9	9	9	9	9	9						
10. To work for pay	10	10	10	10	10	10						
11. To work as unpaid worker in family business/farm												
12. Help at home with household tasks...	11	11	11	11	11	11						
13. Other	12	12	12	12	12	12						
	13	13	13	13	13	13						
Other(Specify)												
C10. What is the highest level of school and grade you have attended?												
<i>Level (L) Grade (G)</i>	L	G	L	G	L	G	L	G	L	G	L	G
1. Pre-school.....	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
2. Primary.....	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
3. Secondary.....	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
4. High school.....	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
5. Non standard curriculum....	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>
C11. At what age did you begin primary school? <i>(If C3=1 write 99) (Age in completed years).....</i>												
C12. At what age did you leave school? <i>(Age in completed years).....</i>												

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
C13. Why did you leave school? (Circle the most appropriate option)							} C17	
1. Completed his/her compulsory schooling (IF C10=X)	1	1	1	1	1	1		
2. Too old for school.....	2	2	2	2	2	2		
3. Disabled/ 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. Poor in studies/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 as employee or (as paid/ unpaid worker) in family business or farm.....	11	11	11	11	11	11		
12. Help at home with household tasks.....	12	12	12	12	12	12		
13. Other (Specify).....	13	13	13	13	13	13		
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 →C17	
2. No.....	2	2	2	2	2	2		
C15. Have you /will you obtain a certificate for this vocational training?								
1. Yes	1	1	1	1	1	1	→C16 →C17	
2. No.....	2	2	2	2	2	2		
C16. Describe subject of vocational training received/being received. (e.g Carpentry, Car repair, Nursing, etc) (If more than one then indicate the most important)								
For official use (OCCUPATION CODE)								

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
<i>Economic Activity</i>								
C 17. Did you engage in any work at least one hour during the past week? <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 past week, 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>	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=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"/>		
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	<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 →							Skip to Question		
Name of household member →									
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years	
C19. Even though you did not do any of these activities in the past week, 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.....	1 2	1 2	1 2	1 2	1 2	1 2	→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									
OCCUPATION CODE For official use									
C21. Describe briefly the main activity i.e. goods produced and services rendered where you are doing this job or task									
Activity / Type INDUSTRY CODE For official use									

Serial No in A1 →								Skip to Question					
Name of household member →													
Age of household member →								Children Aged 10-17 years					
C22. In addition to your main work, did you do any other work during the past week?													
1. Yes.....	1	1	1	1	1	1	1						
2. No.....	2	2	2	2	2	2	2						
C23. For each day worked during the past week 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wednesday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Thursday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Friday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Saturday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sunday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C24. During the past week when did you usually carry out these activities? <i>For ALL children (including children attending school):</i>													
1. During the day (between 6 a.m. and 6 p.m)	1	1	1	1	1	1	1	1	1	1	1	1	
2. In the evening or at night (after 6 p.m.)	2	2	2	2	2	2	2	2	2	2	2	2	
3. During both the day and the evening (for the entire day).	3	3	3	3	3	3	3	3	3	3	3	3	
4. On the week-end.....	4	4	4	4	4	4	4	4	4	4	4	4	
5. Sometimes during the day, sometimes in the evening	5	5	5	5	5	5	5	5	5	5	5	5	
<i>ADDITIONAL: For children attending school ONLY (If C2=YES):</i>													
6. After school.....	6	6	6	6	6	6	6	6	6	6	6	6	
7. Before school.....	7	7	7	7	7	7	7	7	7	7	7	7	
8. Both before or after school.....	8	8	8	8	8	8	8	8	8	8	8	8	
9. On the week-end.....	9	9	9	9	9	9	9	9	9	9	9	9	
10. During missed school hours/days.....	10	10	10	10	10	10	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 past week?							
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.....	12	12	12	12	12	12	
Other (specify)							
C26. For your main job/work were you a/an....?							→C27 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. Unpaid family worker....	5	5	5	5	5	5	
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		
7. Save	7	7	7	7	7	7		
8. Other.....	8	8	8	8	8	8		
Other (specify)								
C30. Why do you work?								
1. Supplement family income...	1	1	1	1	1	1	}	C33
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. To temporarily replace someone unable to work.	9	9	9	9	9	9		
A. Job Search								
C31. Were you seeking work ing the last week?								
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?								
1. Yes.....	1	1	1	1	1	1		→C33
2. No.....	2	2	2	2	2	2		→C41

SECTION XI		Health and Safety Issues about working children (5-17)						Skip to Question	
Serial No in A1 →									
Name of household member →									
Age of household member →								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)	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	<p>If all "NO" → C36</p> <p>Otherwise → C34</p>	
1. Superficial injuries or open wounds	1 _	1 _	1 _	1 _	1 _	1 _	1 _		
2. Fractures.....	2 _	2 _	2 _	2 _	2 _	2 _	2 _		
3. Dislocations, sprains or stains...	3 _	3 _	3 _	3 _	3 _	3 _	3 _		
4. Burns, corrosions, scalds or frostbite	4 _	4 _	4 _	4 _	4 _	4 _	4 _		
5. Breathing problems.....	5 _	5 _	5 _	5 _	5 _	5 _	5 _		
6. Eye problems.....	6 _	6 _	6 _	6 _	6 _	6 _	6 _		
7. Skin problems...	7 _	7 _	7 _	7 _	7 _	7 _	7 _		
8. Stomach problems / diarrhea ...	8 _	8 _	8 _	8 _	8 _	8 _	8 _		
9. Fever.....	9 _	9 _	9 _	9 _	9 _	9 _	9 _		
10. Extreme fatigue.....	10 _	10 _	10 _	10 _	10 _	10 _	10 _		
11. Other (specify).....	11 _	11 _	11 _	11 _	11 _	11 _	11 _		
Other (specify)									
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	1		
2. Stopped work or school for a short time	2	2	2	2	2	2	2		
3. Stopped work or school completely.	3	3	3	3	3	3	3		
C35. Think about your most serious illness/injury, what were you doing when this happened?									
Job/Task									
OCCUPATION CODE For Official use									

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
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)	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO		
1. Dust, fumes,	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		
2. Fire, gas, flames.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>		
3. Loud noise or vibration.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>		
4. Extreme cold or heat	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>		
5. Dangerous tools (knives etc).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>		
6. Work underground.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>		
7. Work at heights.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>		
8. Work in water/lake/pond/river.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>		
9. Workplace too dark or confined	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>		
10. Insufficient ventilation.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>		
11. Chemicals (pesticides, glues, etc.)..	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>		
12. Explosives.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>		
13. Other things, processes or conditions bad for your health or safety (specify).....	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>		
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)	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO		
1. Constantly shouted at	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		
2. Repeatedly insulted.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>		
3. Beaten /physically hurt...	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>		
4. Sexually abused (touched or done things to you that you did not want)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>		
5. Other (Specify).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>		
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 past week did you do any of the tasks indicated below for this household? (Read each of the following options and mark "YES" or "NO" for all options)	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=NO	Y= YES N=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 past week 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?								
<i>For ALL children (including children attending school):</i>								
1. During the day (between 6 a.m. and 6 p.m)	1	1	1	1	1	1		
2. In the evening or at night (after 6 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		
<i>ADDITIONAL: For children attending school ONLY (If C2=YES):</i>								
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?								
1. Yes	1	1	1	1	1	1	} END for this HH member. Go to the next child in Section II.	
2. No	2	2	2	2	2	2		

END OF INTERVIEW