



## Survey of Activities of Young People, 2010

### A. Particulars of the dwelling

Unique no.

A1. PSU number

A2. Dwelling unit Number

A3. Assignment number

A4. Survey Date

3

2

0

1

0

A5. Physical identification of the dwelling unit

A6. Telephone number for enumerated household (if any)

A7. Total number of persons in the household

A8. Total number of persons aged 7 - 17 years in the household

A9. Questionnaire no. for this household (for person no. 01-10=1, etc.)

### B. Households at selected dwelling unit

B1. Household number for this household

B2. Total number of households at selected dwelling unit

### C. Response details

Visit no.

Date (actual)

Result

Next visit (planned)

d d m m y y y y

code

d d m m y y y y

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 2-11

#### RESULT CODES

01 Completed

02 Non-contact

03 Refused

04 Partly completed

05 No usable information

06 Vacant/unoccupied dwelling

07 Listing error

08 Demolished

09 Change of status

10 Other non response

11 Ended at question 1.2

Comment in C6 giving full details for result code 2-11

### D. Field staff

D1. SO

Persal number

Interview date

D2. DSC

Persal number

Date checked

INTERVIEW START TIME 

h	h	m	m
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

### SECTION 1

#### This section covers particulars of each person in the household

The following information must be transcribed from the household record card for every person who is shown as a current household member.

		Person number																																					
		<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>																																	
<b>1.1</b>	<b>Record first name and surname name:</b>  <div style="text-align: right;"><b>First name:</b></div> <div style="text-align: right;"><b>Surname:</b></div>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																					
<b>1.2</b>	<b>Is ..... a male or a female?</b> 1 = MALE 2 = FEMALE	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2																																			
<b>1.3</b>	<b>What is .....’s date of birth and age in completed years?</b>  <b>Day (dd)</b>  <b>Month (mm)</b>  <b>Year (yyyy)</b>  <b>Age (less than 1 year = 000)</b>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																					
<b>1.4</b>	<b>What population group does ..... belong to?</b> 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify in the box at the bottom</i>	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> 3 <input style="width: 20px; height: 20px;" type="text"/> 4 <input style="width: 20px; height: 20px;" type="text"/> 5 <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> 3 <input style="width: 20px; height: 20px;" type="text"/> 4 <input style="width: 20px; height: 20px;" type="text"/> 5 <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> 3 <input style="width: 20px; height: 20px;" type="text"/> 4 <input style="width: 20px; height: 20px;" type="text"/> 5 <input style="width: 100%; height: 20px;" type="text"/>																																			

Person number

Person number						
<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"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <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"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>	<input type="text"/> 1 <input type="text"/>
<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>	<input type="text"/> 2 <input type="text"/>
<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>	<input type="text"/> 3 <input type="text"/>
<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>	<input type="text"/> 4 <input type="text"/>
<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>	<input type="text"/> 5 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q 1.5 to Q 1.9 to be answered by parent/guardian/an adult for children aged 7-17 years only**

		Person number		
		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1.5</b>	<b>Is .....’s mother alive?</b>  1 = YES 2 = NO 3 = DON’T KNOW <span style="font-size: 2em; vertical-align: middle;">}</span> → <i>Go to Q 1.7</i>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
<b>1.6</b>	<b>Is .....’s mother a member of this household?</b>  1 = YES 2 = NO	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<b>1.7</b>	<b>Is .....’s father alive?</b>  1 = YES 2 = NO 3 = DON’T KNOW <span style="font-size: 2em; vertical-align: middle;">}</span> → <i>Go to Q 1.9</i>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
<b>1.8</b>	<b>Is .....’s father a member of this household?</b>  1 = YES 2 = NO	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<b>1.9</b>	<b>Is any of .....’s grandparents a member of this household?</b>  1 = YES 2 = NO	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2

Person number						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2

+

Person no.

Age

+

INTERVIEW START TIME

CHILD

1

**SECTION 2**

This section covers the school activities of all children aged 7–17 years

<b>2.0</b>	<i>Interviewer to answer</i> <b>Is the person responding to questions himself/herself?</b> 1 = YES → <b>Go to Q 2.2</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>2.1</b>	Give person number for proxy response	<input type="text"/>
<b>2.3</b>	<b>Which of the following school or educational institution are you currently attending?</b>  1 = Pre-school (including day care, crèche, pre-primary, ECD centre) → <b>Go to Q 2.5</b> 2 = Primary or secondary school  3 = Home based education/home schooling  4 = Higher educational Institution (University/University of Technology)  5 = Literacy classes 6 = Further Education and Training College (FET) 7 = Other College 8 = Adult Basic Education and Training Learning Centre (ABET Centre) 9 = Any other than the above, <i>specify</i>  <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

<b>2.4</b>	<b>At what age did you begin Grade 1/Sub-A (primary school)?</b>	<input type="text"/>
<b>2.5</b>	<b>Did you miss any school days during the last week?</b>  1 = YES 2 = No → <b>Go to Q 2.7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>2.6</b>	<b>What was the main reason you missed school day(s) during the last week?</b> 01 = ILLNESS 02 = INJURY 03 = SCHOOL TOO FAR 04 = TEACHER WAS ABSENT 05 = NO TRANSPORT 06 = BAD WEATHER CONDITIONS 07 = WORKING IN HOUSEHOLD BUSINESS 08 = WORKING IN A NON-HOUSEHOLD BUSINESS 09 = TO HELP AT HOME WITH HOUSEHOLD TASKS 10 = TO LOOK AFTER SIBLINGS 11 = LOOKING AFTER A SICK HOUSEHOLD MEMBER 12 = LOOKING AFTER OWN CHILDREN 13 = SCHOOL VACATION PERIOD 14 = DID NOT WANT TO/FEEL LIKE GOING TO SCHOOL 15 = OTHER, <i>SPECIFY....</i>  <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
<b>2.7</b>	<b>Since the beginning of the school year, for how many days were you absent?</b>  1 = 0 DAYS 2 = 1 TO 4 DAYS 3 = 5 TO 9 DAYS 4 = 10 TO 19 DAYS 5 = 20 OR MORE DAYS  <b>Go to Q 3.1</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

+

6 +

+

Person no.

Age

+

2.8	<b>Have you ever attended school?</b> 1 = YES → <i>Go to Q 2.10</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.9	<b>What is the main reason you never attended school?</b> 01 = TOO YOUNG OR TOO OLD 02 = DISABLED 03 = ILLNESS 04 = NO SCHOOL/SCHOOL TOO FAR 05 = CANNOT AFFORD SCHOOLING 06 = FAMILY DID NOT ALLOW SCHOOLING 07 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE 08 = SCHOOL NOT SAFE 09 = TO RECEIVE JOB-RELATED TRAINING 10 = TO WORK 11 = TO HELP AT HOME WITH HOUSEHOLD TASK (S) 12 = PARENT(S) DIED 13 = OTHER, <i>SPECIFY.....</i>  <input type="text"/>  <i>Go to Q 3.1</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
2.10	<b>At what age did you begin grade 1/Sub A (primary school)?</b>	<input type="text"/> <input type="text"/>

2.11	<b>At what age did you leave school?</b>	<input type="text"/> <input type="text"/>
2.12	<b>Why did you leave school?</b> 01 = COMPLETED SCHOOLING 02 = TOO OLD FOR SCHOOL 03 = DISABLED 04 = ILLNESS 05 = NO SCHOOL/SCHOOL TOO FAR 06 = CANNOT AFFORD SCHOOLING 07 = FAMILY DID NOT ALLOW SCHOOLING 08 = FAILED REPEATEDLY 09 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE 10 = SCHOOL NOT SAFE 11 = TO RECEIVE JOB-RELATED TRAINING 12 = TO WORK 13 = TO HELP AT HOME WITH HOUSEHOLD TASKS 14 = PARENT(S) DIED 15 = TO LOOK AFTER SIBLINGS 16 = LOOKING AFTER A SICK FAMILY MEMBER 17 = PREGNANT 18 = LOOKING AFTER OWN CHILDREN 19 = EXPELLED 20 = OTHER, <i>SPECIFY.....</i>  <input type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20

+

Person no.

Age

+

**SECTION 3**

**This section covers economic activities in the last week/12 months for children aged 7-17 years**

3.1	In the last week....	YES	NO
	<p><b>(a1) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b></p> <p><i>Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>(a2) If yes, for how many hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>(b1) Did you run or do any kind of business, even if it was for only one hour?</b></p> <p><i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>(b2) If yes, for how many hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</b></p> <p><i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>(c2) If yes, for how many hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>

3.2	<p><b>In the last 12 months....</b></p> <p><b>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b></p> <p><i>Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water.</i></p>	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>(b) Did you run or do any kind of business, even if it was for only one hour?</b></p> <p><i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</b></p> <p><i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If any yes, go to Q 3.3, otherwise go to Q 3.5</b>		
3.3	<b>The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q 3.2?</b>	<input type="checkbox"/>	<input type="checkbox"/>

+



+

Person no.

Age

+

<b>3.4</b>	<p><b>What is the main reason you worked?</b></p> <p>01 = TO ASSIST FAMILY WITH MONEY <input type="checkbox"/> 01</p> <p>02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM <input type="checkbox"/> 02</p> <p>03 = TO BUY FOOD OR OTHER ESSENTIALS <input type="checkbox"/> 03</p> <p>04 = TO OBTAIN POCKET MONEY <input type="checkbox"/> 04</p> <p>05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING <input type="checkbox"/> 05</p> <p>06 = TO PAY OUTSTANDING DEBT <input type="checkbox"/> 06</p> <p>07 = OBLIGATION TO LANDLORD (<i>other than category 06</i>) <input type="checkbox"/> 07</p> <p>08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE <input type="checkbox"/> 08</p> <p>09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING <input type="checkbox"/> 09</p> <p>10 = TO GAIN EXPERIENCE/TRAINING <input type="checkbox"/> 10</p> <p>11 = OTHER, SPECIFY <input type="checkbox"/> 11</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div> <p><b>Go to Section 4</b></p>	
------------	--	--

<b>3.6</b>	<p><b>Why do you want to work or start a business?</b></p> <p>01 = TO ASSIST FAMILY WITH MONEY <input type="checkbox"/> 01</p> <p>02 = TO OBTAIN MONEY FOR SCHOOL FEES/ SCHOOL UNIFORM <input type="checkbox"/> 02</p> <p>03 = TO BUY FOOD OR OTHER ESSENTIALS <input type="checkbox"/> 03</p> <p>04 = TO OBTAIN POCKET MONEY <input type="checkbox"/> 04</p> <p>05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING <input type="checkbox"/> 05</p> <p>06 = TO PAY OUTSTANDING DEBT <input type="checkbox"/> 06</p> <p>07 = OBLIGATION TO LANDLORD (<i>other than category 06</i>) <input type="checkbox"/> 07</p> <p>08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE <input type="checkbox"/> 08</p> <p>09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING <input type="checkbox"/> 09</p> <p>10 = TO GAIN EXPERIENCE/TRAINING <input type="checkbox"/> 10</p> <p>11 = OTHER, SPECIFY <input type="checkbox"/> 11</p> <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div> <p><b>Go to section 5</b></p>	
------------	--	--

<b>3.5</b>	<p><b>In the last four weeks, ....</b></p> <p><b>a) Were you looking for any kind of work?</b></p> <p>1 = YES → <b>Go to Q 3.6</b> <input type="checkbox"/> 1</p> <p>2 = NO <input type="checkbox"/> 2</p> <p><b>b) Were you trying to start any kind of business?</b></p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = NO → <b>Go to section 5</b> <input type="checkbox"/> 2</p>	
------------	--	--

**SECTION 4**

This section covers main work activity in the last week/12 months for children aged 7-17 years

*Read out.* The questions that follow refer to your main job/business -this is where you usually work the most hours per week, even if you were absent from it in the last week. If you worked only in the last 12 months, this is where you worked the longest period.

<b>4.1.a</b>	<p><b>What kind of work do you usually do in the main job/business that you had during the last week/12 months?</b></p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Fruit seller, Office cleaner, Vegetable farmer, Cattle header, etc</i></p>																														
	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> </table>																														
<b>4.1.b</b>	<p><b>What are your main tasks or duties in this work?</b></p> <p><i>Examples: Selling fruit, repairing watches, Fetching beers, heading cattle, teaching children</i></p>																														
	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> </table>																														
<b>CODE BOXES FOR OFFICE USE</b>																															
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> </table>																														

<b>4.2.a</b>	<p><b>What is the name of your place of work?</b></p> <p><i>Passer-by Spaza shop, Kopo's Hair Salon, Write 'Own house' or 'No fixed location', if relevant.</i></p>																																								
	<table border="1" style="width: 100%; height: 60px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> </table>																																								
<b>4.2.b</b>	<p><b>What are the main goods or services produced at your place of work or its main functions?</b></p> <p><i>Examples: Restaurants, Hair dressing, Repairing TV's, Repairing cars, Sell food wholesale to restaurants, Retail-clothing shop, Manufacture electrical appliances, Bar/restaurant, Delivering newspapers to homes. For domestic workers write "private household"</i></p>																																								
	<table border="1" style="width: 100%; height: 60px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> </table>																																								
<b>CODE BOXES FOR OFFICE USE</b>																																									
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td colspan="10"></td></tr> </table>																																								

+

Person no.

Age

+

**SECTION 5**

**This section covers non-market activities in the last week for children aged 7-17 years**

5.1	In the last week..... (a1) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/>	<input type="checkbox"/>
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/>	<input type="checkbox"/>
	(c2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(d1) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	(d2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(e1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/>	<input type="checkbox"/>
	(e2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(f1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/>	<input type="checkbox"/>
	(f2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>

5.3	In the last 12 months..... (a) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Did you fetch water for household use?	<input type="checkbox"/>	<input type="checkbox"/>	
	(c) Did you collect wood/dung for household use?	<input type="checkbox"/>	<input type="checkbox"/>	
	(d) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	(e) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/>	<input type="checkbox"/>	
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/>	<input type="checkbox"/>	
	<b><i>If any yes go to Q5.4, otherwise go to section 6</i></b>			
	5.4	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q 5.3?	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

5.2	Did you beg for money or food in public....	Last week?	Last 12 months?
	1 = YES	<input type="checkbox"/>	<input type="checkbox"/>
	2 = No	<input type="checkbox"/>	<input type="checkbox"/>

+

Person no.

Age

+

**SECTION 6**

**This section covers the health and safety issues about children aged 7 -17 years.**

6.0	<i>Interviewer to answer</i>  <b>Is the child involved in market or non-market activities (any yes in Q 3.1, Q 3.2, Q 5.1 or Q 5.3)?</b> 1 = YES → <b>Go to Q 6.1</b> 2 = NO → <b>Go to Section 7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																												
6.1	<b>In the last 12 months, were you exposed to any of the following while performing your activities?</b>  01 = Dust 02 = Fumes, fire, gas, flames 03 = Loud noise or vibration 04 = Extreme cold or heat 05 = Dangerous tools 06 = Work underground 07 = Work at heights 08 = Work in water/lake/pond/river/ sea 09 = Workplace that is too dark/ confined/insufficient ventilation 10 = Explosives/chemicals (pesticides, glues, etc.) 11 = Working at night 12 = Carry heavy loads at work 13 = Operate any machinery or heavy equipment or power tools at work 14 = Other things, processes or conditions bad for your health or safety, <i>Specify</i>  <input type="text"/>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th></th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>06</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>07</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>08</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>09</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td></tr> </tbody> </table>		YES		NO	01	<input type="checkbox"/>	1	<input type="checkbox"/>	02	<input type="checkbox"/>	1	<input type="checkbox"/>	03	<input type="checkbox"/>	1	<input type="checkbox"/>	04	<input type="checkbox"/>	1	<input type="checkbox"/>	05	<input type="checkbox"/>	1	<input type="checkbox"/>	06	<input type="checkbox"/>	1	<input type="checkbox"/>	07	<input type="checkbox"/>	1	<input type="checkbox"/>	08	<input type="checkbox"/>	1	<input type="checkbox"/>	09	<input type="checkbox"/>	1	<input type="checkbox"/>	10	<input type="checkbox"/>	1	<input type="checkbox"/>	11	<input type="checkbox"/>	1	<input type="checkbox"/>	12	<input type="checkbox"/>	1	<input type="checkbox"/>	13	<input type="checkbox"/>	1	<input type="checkbox"/>	14	<input type="checkbox"/>	1	<input type="checkbox"/>
	YES		NO																																																											
01	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
02	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
03	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
04	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
05	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
06	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
07	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
08	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
09	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
10	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
11	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
12	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
13	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
14	<input type="checkbox"/>	1	<input type="checkbox"/>																																																											
6.2	<b>Have you been injured in the last 12 months while doing any of the activities mentioned earlier?</b> 1 = YES 2 = NO → <b>Go to section 7</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																												
6.3	<b>Did the injury prevent you from going to work?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																												

+

+

Person no.

 

Age

 

+

## SECTION 7

This section covers household and school tasks of children aged 7-17 years

7.1	<p><b>During the last week did you do any of the following tasks for this household?</b></p> <p>(a) Cooking, preparing/serving meals, washing dishes</p> <p>(b) Cleaning, sweeping <i>Example: cleaning the house and yard, sweeping floors, cleaning the toilets, etc.</i></p> <p>(c) Washing clothes</p> <p>(d) Caring for children/elderly/sick</p> <p>(e) Repairing any household equipment</p> <p>(f) Going to shops to buy items for household use <i>Example: buying sugar, or bread for the household</i></p> <p>(g) Other household tasks, specify</p> <div style="border: 1px solid black; height: 20px; width: 150px; margin: 5px 0;"></div> <p><b><i>If any 'Yes' Go to Q 7.2, otherwise Go to Q 7.3</i></b></p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
7.2	<p><b>How many hours did you spend on these household tasks in the last week?</b></p>	<p><input type="text"/> <input type="text"/></p>
7.3	<p><i>Interviewer to answer</i></p> <p><b><i>Is the child attending school (yes in Q 2.2)?</i></b></p> <p>1 = YES → <b><i>Go to Q 7.4</i></b></p> <p>2 = No → <b><i>Go to Q 8.0</i></b></p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
7.4	<p><b>Thinking about the last week, on which days did you do any of these household activities?</b></p> <p>1 = Week days: after school</p> <p>2 = Week days: before school</p> <p>3 = Weekend</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

h h m m

+

Person no.

Age

+

7.5	<b>During the last week did you do any of the following activities at school?</b>	<b>YES</b>	<b>NO</b>
	(a) Cleaning at school (including cleaning of toilets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(b) Maintenance of school walls, floors, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(c) Working in school garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(d) Helping teacher with marking	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(e) Helping teacher at his/her house	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(f) Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>If any 'Yes' Go to Q 7.6,</b>		
	<b>CODE BOXES FOR OFFICE USE</b>		
	<b>SUBJECT 2</b>		
	<input type="text"/>		
	<input type="text"/>		
	<b>CODE BOXES FOR OFFICE USE</b>		
	a) Difficulties in catching up with lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) No time to study	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Difficulty in concentrating / tiredness at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) Often coming in late or leaving early	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) Too little time for recreation and resting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7.8	<b>Which two subjects do you like, starting with the one you like the most?</b>		
	<b>SUBJECT 1</b>		
	<input type="text"/>		
	<input type="text"/>		

h h m m

8.0 Interview end time

**End of interview for child 1**

+

Person no.   Age   +