



UGANDA BUREAU OF STATISTICS
2011/2012 LABOUR FORCE
AND CHILD LABOUR SURVEY



THE REPUBLIC OF UGANDA

THIS SURVEY IS BEING CONDUCTED BY THE UGANDA BUREAU OF STATISTICS UNDER THE AUTHORITY OF THE UGANDA BUREAU OF STATISTICS ACT, 1998.

PART A. Identification particulars and eligibility

HA1	Stratum				
HA2	District				
HA3	Urban code				
HA4	Enumeration area				
HA5	Household number				
HA6	Sample number				
HA7	Household head	_____			

(Name)

Interview control section

Visits	Date (DD/MM/YY)	Start time (HH:MM)	End time (HH:MM)	5. Interview results:
1	___/___/___	___:___ Hours	___:___ hours	1=Completed (fully responding household)
2	___/___/___	___:___ Hours	___:___ hours	2=Partly completed
3	___/___/___	___:___ Hours	___:___ Hours	3=Non-contact
				4=Refused
				5=Temporarily absent, inadequate informant
				6=Vacant, demolished dwelling, change of status
				7=Listing error
				8=Other reasons:

4. Main language of interviews:

[English]

[Other]

[other]

Field staff

Interviewer's Comments (if any problems encountered):

Supervisor's Comments:

6. Interviewer	7. Field supervisor	8. Data coding officer	9. Data entry officer
Name: _____	_____	_____	_____
Signature: _____	_____	_____	_____
Date: ___/___/___	___/___/___	___/___/___	___/___/___

THE UGANDA BUREAU OF STATISTICS
 P.O. BOX7186,
 KAMPALA,
 TEL: 0414 - 706000, 041 - 706000
 Fax: 0414 - 237553
 E-mail: ubos@ubos.org Website: www.ubos.org

PART B: HOUSEHOLD SCHEDULE:

Complete list of household members (Usual and regular residents)

PERSON ID	Names	ID of person reporting	Sex	Relationship	Age	Residential status	Marital status (For those aged 10 years and above)	For those below 18 years					
								Living parents		If (NAME'S) parents are alive			
								Are the parents of [NAME] still alive?		Indicate parent's serial number. (Write 99 if absent or not applicable).		Has (NAME'S) parents been very sick for at least 3 months during the past 12 months, that he/she was too sick to work or do normal activities	
								Mother	Father	Mother	Father	Mother	Father
HB0	HB1	HB2	HB3	HB4	HB5	HB6	HB7	HB8	HB9	HB10	HB11	HB12	HB13
01													
02													
03													
04													
05													

PART C: EDUCATION AND TRAINING (FOR ALL USUAL AND REGULAR HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
HB18	Can (NAME) read and write a short, simple statement with understanding in any language? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
HB19A	Is (NAME) attending school or pre-school during the current school year (2011)? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>HB21
HB19B	At what age did (NAME) begin primary school? (Aged 5-17 YEARS)						
HB19C	In which district (NAME) schooling 1= Current district 2=Another district 3=Another country	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
HB19D	Name district/country District/country code						
HB20A	What was/is the highest level of education that [You have/[NAME has] successfully completed? (SEE CODES BELOW)						
HB20B	[ASK IF HB20A >= 41] In what area did (you/Name) specialize (your/his/her) studies? (SEE CODES BELOW)						>>HB26
HB21	Has (NAME) ever attended school? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>HB25
HB22	What was/is the highest level of education that [You/[NAME] completed? (SEE CODES BELOW)						

CODES FOR HB20 and HB22

00=No formal schooling	12=P2	17=P7	33=S3	41= Post primary specialized training or certificate	64=Doctoral Degree
08= Incomplete Pre-primary	13= P3	21=Junior Secondary	34=S4	51=Post-secondary specialized training or certificate	
09=Completed Pre-primary	14=P4	31=S1	35=S5	62=Bachelor's degree	
10=Not completed P1	15=P5	32=S2	36=S6	63=Master's degree	
11= P1	16=P6			99 Not Applicable	

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
HB23	[ASK IF HB22 >= 41] In what area did (you/Name) specialize (your/his/her) studies? (SEE CODES BELOW)						
HB24	[ASK IF AGED 5-24 YEARS] Why did [You/NAME] leave school? (main reason) (Aged 5-24 years) 01=Completed schooling 02=To old for school 03=Disabled/sickness 04=School too far 05=Cannot afford school 06=Family did not allow school 07=Poor in studies/not interested in studies 08=Education not considered valuable 09=To work/do a job (economic activity) 10=To help in household chores (non-economic activity) 11=Pregnancy 12=Others (specify)	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	
HB24A	[ASK IF AGED 5-24 YEARS] At what age did (NAME) begin primary school? (Age in completed years)						
HB24B	[ASK IF AGED 5-24 YEARS] At what age did (NAME) leave school? (Age in completed years)						>>HB26

CODES FOR HB23

00=General programmes

01=Education

02=Humanities and sciences

03=Social science, business and law

43=Physical sciences

46=Mathematics and statistics

48=Computing

52=Engineering and engineering trades

42=life sciences

54=Manufacturing and processing

58=Architecture and building

62=Agriculture forestry, and fishery

64=Veterinary

72=Health

76=Social services

08=Services

98=Don't know

99=Others (specify)

	Serial number in HH Roster						SKIP PATTERN
	Name of household member						
	Age of household member						
HB25	[ASK IF AGED 5-24 YEARS] What is the main reason why (NAME) has never attended school? <i>(Read each of the following options and circle the most appropriate option)</i> 1=Too young 2=Disabled/illness 3=No school/school too far 4=Cannot afford schooling 5=Family did not allow schooling 6=Not interested in schooling 7=Education not considered valuable 8=school not safe 9=To learn a job 10=To work for pay 11=To work as unpaid worker in family business/farm 12=Help at home with household chores 13=Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	
HB26	Did (you/Name) participate in any business, entrepreneurship, or microenterprise development training? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
HB27	Did (you/Name) learn a trade or technical skill? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
HB28	What type of trade or technical skill did (you/Name) learn? (SEE CODES IN CODE LIST, ANNEX 1)						
HB29	How did (you/Name) acquire this trade or skill? 1=Vocational school/Course 2=Apprenticeship or on the job training 3=Learned from a friend or family member 4=From an NGO or community organization 5=Other, specify	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

MIGRATION FOR ALL HOUSEHOLD FOR PERSON AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						SKIP PATTERN
	Name of household member						
	Age of household member						
HB30	In which district/ country was [NAME] born? SEE CODE BOOK.						
HB31	In which district/ country did [NAME] live 5 years ago? SEE CODE BOOK.						
HB32	How many years has [NAME] lived in this place/village? RECORD 100 IF SINCE BIRTH (>> NEXT PERSON) IF <1 YEAR, RECORD 00						
HB33	In which district/ country did [NAME] live before moving to current place of residence? SEE CODE BOOK.						
HB34	Was the place where [NAME] lived before coming here a rural or urban area? 1= Gazette urban 2= Other Urban 3=Rural	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
HB35	What was the main reason for moving to the current place of residence? 1= To look for work 2= Other income reasons 3= Drought, flood or other weather related condition 4= Eviction 5= Other land related problems 6= Illness, injury 7= Disability 8=Education 9= Marriage 10= Divorce 11= To escape insecurity 12= To return home from displacement 13= Abduction 14= Follow/join family 96= Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96	1 2 3 4 5 6 7 8 9 10 11 12 13 14 96	

SECTION A: IDENTIFICATION OF PERSONS CURRENTLY EMPLOYED

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
A0	Which Household member is providing data on the Individual (<i>Write Serial number from Roster</i>)						
A1a	In the last week, did you work for a wage, salary, commission or any payment in kind, including doing paid domestic work, even if it was for only for one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>B1
A1b	In the last week, did you run a business of any size, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, brewing beer for sale, collecting wood or water for sale, hairdressing, crèche businesses, having a legal or medical practice, performing, having a public phone shop.</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>B1
A1c	In the last week, did you help without being paid in any kind of business run by your household, even if it was only for one hour? <i>Examples: help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>B1
A1d	In the last week, were you an apprentice? (INCLUDE APPRENTICESHIPS THAT ARE PAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE.) 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>B1
A2	In the last week, did you work on your household's farm? (<i>Examples: tending crops, feeding animals, collecting eggs, milking cows, repairing tools, weeding</i>) 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>A5
A3	Was this work done on your own land or that of another household member? <i>Examples: Livestock farming, land cultivation and other agricultural</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
A4	In general, are the products obtained from this land for sale/barter or mainly for your own family use? 1=Only for sale/barter 2=Mainly for sale/barter but partly for own or family use 3=Mainly for own or family use but partly for sale/barter 4=Only for own or family use	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	>>B1 >>B1 >>B1 >>B1
A5	In the last week, did you have work, from which you were temporarily absent and to which you will definitely return to? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work, make things for sale or exchange, doing the accounts, cleaning up for the business, tending crops, feeding animals, collecting eggs, milking cows, repairing tools, etc.</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G1a
A6	Why were you absent from work last week? 1=Vacation, holidays 2=Illness, injury, temporary disability 3=Maternity, paternity leave 4=Temporary slack work for technical or economic reasons 5=Bad weather 6=Strike or labour dispute 7=Off season (self-employment) 8=Off season (wage employment) 9=Education or training 10=Family/community responsibilities 11=Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	>>B1 >>B1 >>B1 >>B1 >>B1 >>B1 >>G1A >>G1A >>B1 >>B1 >>G1A

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

The following questions refer to the respondent's main job/activity (if more than one) during the last week. The main job/activity is the one in which the respondent usually works the greatest number of hours per week. If the usual hours of work are the same in each job/activity, the main job/activity is the one that generates the highest income.

	Serial number in HH Roster									Skip Pattern
	Name of household member									
	Age of household member									
B1	<p>What kind of work do you usually do in the <u>MAIN</u> job/activity that you had last week or from which you were absent? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS.</p> <p><i>Examples: street seller, subsistence farmer, primary school teacher, registered nurse, domestic worker, truck driver</i></p> <p>Occupational title</p>									
B2	<p>What are your main tasks or duties?</p> <p>Short description of the main tasks or duties:</p> <p style="text-align: right;">ISCO</p> <p>Code</p>									
B3	<p>What kind of industry, business, service or activity is carried out at your place of work?</p> <p><i>Examples: Write the main industry, economic activity, product or service of the person's employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i></p>									
B4A	<p>What are the main goods or services produced at your place of work or its main functions?</p> <p><i>Examples: selling fish, raising cattle, teaching children, caring for the sick</i></p> <p style="text-align: right;">ISIC</p> <p>Code</p>									
B5	<p>In this job/activity, were you...?</p> <p>READ</p> <p>1=Employee (working for pay in cash or in kind) ¹</p> <p>2=An employer (a person who pays one or more people to work for him)</p> <p>3=An own-account worker (a person running a business with no employees)</p> <p>4=Helping without pay in a household</p> <p>5=Members of Producers' cooperatives</p> <p>6 =Volunteer(Unpaid workers)</p>	1	1	1	1	1				
		2	2	2	2	2				>>B17
		3	3	3	3	3				>>B17
		4	4	4	4	4				>>B17
		5	5	5	5	5				>>B17
		6	6	6	6	6				>>B17

¹ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						
	Name of household member						Skip Pattern
	Age of household member						
	FOR EMPLOYEES(IF CODE 1 IN B5)						
B6	Was your employment agreement... ? 1=A verbal agreement 2=A written agreement	1 2	1 2	1 2	1 2	1 2	
B7	Was the duration of your contract or agreement of limited or unlimited duration? 1=Limited time duration 2=Unlimited time duration	1 2	1 2	1 2	1 2	1 2	>>B10
B8	Was your position.....? 1=Permanent and pensionable 2=An open ended appointment 3=A fixed term	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	>>B10 >>B10
B9	What is the duration of your contract or agreement? 1=Less than 12 months 2=12 months to 36 months 3=More than 36 months 4=Don't know	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
B10	Does your employer pay contributions to social security for you? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B11	Do you get paid annual leave or payment for leave not taken? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B12A	Would you get paid sick leave in case of illness or injury? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B12B	Would you get maternity/paternity leave? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B13	Do you get medical benefits from your employer? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B14	Does your employer deduct income tax from your salary/wage? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
B15	On this job, are you a member of a trade union or a similar employee association? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
B16	Do you work in a ...? 1=Government institution 2=State-owned enterprise 3=Non-governmental/non-profit organization 4=Private business or farm 5=Private household 6=Embassy, international organization 7=Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	>>B20 >>B20 >>B20 >>B20 >>B23 >>B20 >>B20
FOR EMPLOYERS, OWN ACCOUNT WORKERS AND CONTRIBUTING FAMILY HELPERS(CODES 2-6 IN B5)							
B17	What is the type of ownership of your business/farm (or the business/farm where you worked)? 1=Individual owner (or with other household members) 2=Partnership with members of other households 3=Incorporated enterprise (Private Limited Co., Public Limited Co. Inc.) 4=Other (specify): _____	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
B18a	Is your business (or household business where you work) registered for VAT? 1=Yes 2=No 8=Don't know 9=refused	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	
B18b	Is your business/farm (or the business/farm where you work) registered for income tax? 1=Yes 2=No 8=Don't know 9=refused	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	
B19	Does your business/farm keep a complete record of accounts (assets and expenditures)? 1=Yes 2=No 8=Don't know	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

	Serial number in HH Roster								Skip Pattern
	Name of household member								
	Age of household member								
B20	How many persons, including yourself, work at your place of work? 1=1-4 2=5-9 3=10-19 4=20-49 5=50-99 6=100 or more 8=Don't know	1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8	1 2 3 4 5 6 8	>>B22 >>B22 >>B22 >>B22
B21	Please specify the exact number of workers Number of workers								
B22	Where is your usual place of work located? 1=In your home 2=Structure attached to your home 3=At the client's or employer's home 4=Enterprise, plant, factory, office, shop, workshop etc. (separate from house) 5=On a farm or agricultural plot 6=Construction site 7=Fixed stall in the market/street 8=Without fixed location/mobile/open space 9=Other (specify): _____	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9		
B23	In which district is your place of work located? 1=In this district 2=Another district 3=Another country 4=Mobile	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
B24	Name of District/Country								
B25	How long have you worked for this employer (or in this business/activity)? 1=Less than 1 year 2=1 year to less than 3 years 3=3 years to less than 5 years 4=5 years to less than 10 years 5=10 years to less than 20 years 6=20 to 30 years 7=31 or more years	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7		

SECTION C: MULTIPLE JOB HOLDERS AND CHARACTERISTICS OF SECONDARY ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

The following questions refer to the respondent's secondary job/activity, if any, during the last week.

	Serial number in HH Roster							
	Name of household member						Skip Pattern	
	Age of household member							
C1	Last week, did you have any secondary job/activity from which you or your households obtain any income in cash or in kind? 1=Yes 2=No	1	1	1	1	1	>>C9	
		2	2	2	2	2		
C4	What kind of work do you usually do in this secondary job/activity? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. <i>Examples: street seller, subsistence farmer, primary school teacher, registered nurse, domestic worker, truck driver</i> Occupational title							
C5	What are your main tasks or duties? Short description of the main tasks or duties: Code	ISCO						
C6	What kind of industry, business, service or activity is carried out at your place of work where you had your secondary job/activity? <i>Examples: Write the main industry, economic activity, product or service of the person's employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i>							
C7	What are the main goods or services produced at your place of work or its main functions? <i>Examples: selling fish, raising cattle, teaching children</i>							
C8	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ² 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)	1	1	1	1	1		
		2	2	2	2	2		
		3	3	3	3	3		
		4	4	4	4	4		
		5	5	5	5	5		
		6	6	6	6	6		

² Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION C: TIME OF WORK FOR CHILDREN AGED 5-17YEARS-

	Serial number in HH Roster						
	Name of household member						Skip Pattern
	Age of household member						
C9	<p>During the past week when did you usually carry out these activities? <u>For ALL children (including children attending school):</u> A. During the day (between 6 a.m. and 6 p.m) B. In the evening or at night (after 6 p.m.) C. During both the day and the evening (for the entire day). D. On the week-end E. Sometimes during the day, sometimes in the evening</p> <p><u>ADDITIONAL: For children attending school ONLY (If HB19= YES):</u> F. After school G. Before school H. Both before or after school I. On the week-end J. During missed school hours/days</p>	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	A B C D E F G H I J	

SECTION D: HOURS OF WORK FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

Serial number in HH Roster											
Name of household member											
Age of household member											
D1	How many hours do you usually work per week...? D1a: In your main job/activity (M) D1b: In any other job(s)/activity(ies)(O)	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS
	<i>Interviewer: Add the hours usually worked per week in the main job/ activity (D1a) and in any other job(s)/ activities (D1b). Record the total in D1c. Read the total to the respondent and ask to confirm if correct.</i>										
	DO NOT READ D1c. Total for all jobs/activities										
D2	Thinking of each day last week, how many hours did you actually work on... D2a: In your main job/activity (M) D2b: In any other job(s)/activity(ies)(O)	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS	MAIN JOB	OTHER JOBS
	Monday?										
	Tuesday?										
	Wednesday?										
	Thursday?										
	Friday?										
	Saturday?										
	Sunday?										
	DO NOT READ D2c. Total for all jobs/activities										

SECTION E: TIME RELATED UNDEREMPLOYMENT AND INADQUATE EMPLOYMENT SITUATIONS

	Serial number in HH Roster																	Skip Pattern
	Name of household member																	
	Age of household member																	
E1	Last week, would you have liked to work more hours than you actually worked? 1=Yes 2=No																	>>E4
E2	How many additional hours could you have worked last week? Number of additional hours																	If 0hrs>>E4
E3	How would you have liked to increase your working hours? 1=Increase number of hours in current job(s)/activity(ies) 2=Take an additional job/activity 3=Replace current job(s)/activity(ies) with another job/activity with more hours																	
E4	Would you like to change your current employment situation? 1=Yes 2=No																	>>CHK3
E5	What is the main reason why you want to change your current employment situation? 1=Present job(s) is(are) temporary 2=Fear of loosing the present job(s) 3=To work more hours paid at your current rate 4=To have a higher pay 5=To work less hours with a reduction in pay 6=To use better your qualifications/skills.. 7=To have more convenient working time, shorter commuting time 8=To improve working conditions 9=Other reason (specify): _____																	
E6	During the last four weeks, did you look for another job/activity to replace your current one(s)? 1=Yes 2=No																	
E7	During the last four weeks, did you look for extra work in addition to your current job(s)/ activity(ies)? 1=Yes 2=No																	

SECTION F: INCOME FROM EMPLOYMENT

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
CHK 3	CHECK IF B5 IS 1 (EMPLOYEE ON MAIN JOB) THEN CIRCLE 1; IF C8 IS 1 (EMPLOYEE ON SECOND JOB) CIRCLE 2; IF EITHER B5 OR C8 IS OTHER CATEGORIES, CIRCLE 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	(>>F1) (>>F10) (>>SECTION I)
	MAIN JOB(EMPLOYEE only)						
F1	On your (main) job, are you paid... 1 =a set rate 2 = both a set rate and on the commission basis of sales 3 = commission on the basis of sales 4 = in kind only 5 =some other way, specify	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	(>>F4) (>>F8) (>>F6)
F2	What is the set rate you are paid? <i>This should be the pay rate before taxes or other deductions are taken out.</i> (ENTER AMOUNT IN SHILLINGS)						
F3	What is the periodicity of this? 1=Hourly 2=Daily 3=Weekly 4=Every two weeks 5=Twice Monthly 6= Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>F7 >>F7 >>F7 >>F7 >>F7 >>F7 >>F7 >>F7
F4	In the last month, how much were you paid on earnings from sales? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN SHILLINGS						(>>F7)
F6	In the last month, how much did you earn? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN SHILLINGS						

SECTION F: INCOME FROM EMPLOYMENT

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
F7	Did you receive any payments in kind such as food or housing from your (MAIN) job? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>CHK 4)
F8	What is the estimated value of these payments in kind? ENTER AMOUNT IN SHILLINGS						
F9	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Monthly 6=Annually 7=Other, specify	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
CHK 4	CHECK IF C8 IS WORKING FOR SOMEONE ELSE FOR PAY 1=YES 2=NO	1 2	1 2	1 2	1 2	1 2	(IF 2 >> SECTION N6)
	SECOND JOB (EMPLOYEE only)						
F10	On your (SECOND) job, are you paid... 1 =a set rate 2 = both a set rate and on the basis of sales 3 = on the basis of sales 4 = in kind only 5 =some other way, specify	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	(>>F13) (>>F16) (>>F14)
F11	What is the set rate you are paid? This should be the pay rate before taxes or other deductions are taken out. ENTER AMOUNT IN SHILLINGS						

SECTION F: INCOME FROM EMPLOYMENT

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
F12	That rate is... 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>F17 >>F17 >>F17 >>F17 >>F17 >>F17 >>F17 >>F13
F13	In the last month, how much were you paid on earnings from sales? <i>This should be earnings before taxes or other deductions are taken out.</i>						>>F17
F14	In the last month, how much did you earn? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN SHILLINGS						
F15	Did you receive any payments in kind such as food or housing from your (SECOND) job? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>SECT ION I)
F16	What is the estimated value of these payments in kind? ENTER AMOUNT IN SHILLINGS						
F17	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	

SECTION G: UNEMPLOYED AND PERSONS NOT IN THE LABOUR FORCE AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
G1a	In the last four weeks, were you looking for a job? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G2
G1b	In the last four weeks, were you trying to start a business? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G3a
G2	In the last four weeks, what have you done to look for work or to start a business? A=Registered at an employment centre B=Placed /answered job advertisement(s) C=Inquired directly at factories, farms, markets, shops, or other workplaces D=Took a test or interview E=Asked friends, relatives, acquaintances F=Waited on the street to be recruited for casual work G=Sought financial assistance to look for work or start a business H=Looked for land, building, equipment, machinery to start own business or farming I=Applied for permit or license to start a business J=Other (specify): _____ K=No method	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	>>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7
G3a	Was this because you have already found a job to start at a later date? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G7
G3b	Was this because you have undertaken all necessary steps to start a business at a later date? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G7
G4	Last week, would you have liked to work if there had been an opportunity to work? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G9

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
G5	What was the main reason why you did not seek work or try to start a business in the last four weeks?						
	01=Was waiting for the results of a vacancy competition or an interview	01	01	01	01	01	>>G8a
	02=Awaiting the season for work	02	02	02	02	02	>>G8a
	03=Attended school or training courses	03	03	03	03	03	>>G8a
	04=Family responsibilities or housework	04	04	04	04	04	>>G8a
	05=Pregnancy	05	05	05	05	05	>>G8a
	06=Illness, injury or disability	06	06	06	06	06	>>G8a
	07=Does not know how and where to look for work	07	07	07	07	07	>>G8a
	08=Unable to find work for his/her skills	08	08	08	08	08	
	09=Had looked for job(s) before but had not found any	09	09	09	09	09	
	10=Too young or too old to find a job	10	10	10	10	10	
	11=No jobs available in the area/district	11	11	11	11	11	
12=Other reason (specify): _____	12	12	12	12	12	>>G8a	
G6	During the last 12 months, did you do anything to look for work or to start a business?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G8a >>G8a
G7	For how long have you been without work and trying to find a job or start a business?						
	1=Less than 3 months	1	1	1	1	1	
	2=3 months to less than 6 months	2	2	2	2	2	
	3=6 months to less than 1 year	3	3	3	3	3	
	4=1 year to less than 3 years	4	4	4	4	4	
	5=3 years to less than 5 years	5	5	5	5	5	
	6=5 years or more 7=Don't know	6 7	6 7	6 7	6 7	6 7	
G8a	Last week, could you have started to work if a job had been offered to you?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>H1
G8b	Last week, could you have started to work if an opportunity to open a business had been offered to you?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>H1

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
G9	What was the main reason why you did not want to work last week?						
	1=In school or training	1	1	1	1	1	>>H1
	2=Family responsibilities or housework	2	2	2	2	2	>>H1
	3=Pregnancy	3	3	3	3	3	>>H1
	4=Illness, injury or disability	4	4	4	4	4	>>H1
	5=Retired or too old for work	5	5	5	5	5	>>H1
	6=Too young to work.	6	6	6	6	6	>>H1
	7=No desire to work	7	7	7	7	7	>>H1
	8=Off-season	8	8	8	8	8	>>H1
	9=Other reason (specify): _____	9	9	9	9	9	>>H1

SECTION H: : PREVIOUS WORK EXPERIENCED AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
H1	<p>Have you ever worked for a wage or salary, or for other income in cash or in kind (including income obtained from your own or a family business or farm)? <i>Interviewer: Work includes unpaid work in a family business or subsistence farming</i> 1=Yes 2=No</p>	1 2	1 2	1 2	1 2	1 2	>>I1
H2	<p>What was the main reason why you stopped working in your last job/activity? 01=Temporary job ended 02=End of season 03=Dismissal or staff reduction 04=Business/farm/institution closed down 05=Changed residence/displaced 06=Started school, studies, or training 07=Family/community responsibilities 08=Pregnancy 09=Illness or disability 10=Resignation for other reasons 11=Retirement 12=Other reason (specify): _____</p>	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	
H3	<p>How long ago (in years) did you stop working in your last job/activity? 1=Less than 3 months ago 2=3 months to less than 6 months ago 3=6 months to less than 1 year ago 4=1 year to less than 3 years ago 5=3 years to less than 5 years ago 6=5 years to less than 10 years ago 7=10 or more years ago</p>	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	>>I1 >>I1
H4	<p>What kind of industry, business, service or activity was carried out at the place where you last worked? <i>Interviewer: Write the main industry, economic activity, product or service of (the person's) employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i></p>						

SECTION H: : PREVIOUS WORK EXPERIENCED AGED 5 YEARS AND ABOVE-

	Serial number in HH Roster																		Skip Pattern
	Name of household member																		
	Age of household member																		
H5	What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick ISIC Code																		
H6	What kind of work did you do in your last job/activity? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ... Occupational title:																		
H7	What were your main tasks or duties in this work? Short description of the main tasks or duties: ISCO code																		
H8	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ³ 2=An employer (<i>a person who pays one or more people to work for him</i>) 3=An own-account worker (<i>a person running a business with no employees</i>) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)	1	1	1	1	1													
		2	2	2	2	2													
		3	3	3	3	3													
		4	4	4	4	4													
		5	5	5	5	5													
		6	6	6	6	6													
H9	In your last job/activity, did you work in a ...? 1=Government institution 2=State-owned enterprise 3=Private business or farm 4=Non-governmental/non-profit organization 5=Private household 6=Embassy, international organization 7=Other (specify): _____	1	1	1	1	1													
		2	2	2	2	2													
		3	3	3	3	3													
		4	4	4	4	4													
		5	5	5	5	5													
		6	6	6	6	6													
		7	7	7	7	7													
H12	How long did you work for your last employer (or your last business/activity)																		

³ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION I: USUAL ACTIVITY STATUS AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
PRE I	Now I'd like to ask about the income generating activity you spent the most time doing in the past 12 months. This could be work at a job, your own business, a household enterprise, or a farm. It could be work that you still do or work that you have stopped doing.						
I1	<p>You have told me that last week you were doing, Is it the same task that you spent most time in the past 12 months? (READ)</p> <p>1= Main job last week 2=Second job last week 3= Other economic activity/work 4=Has never worked at all</p>	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	→I9 →I9 →SECTION K
I2	<p>What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick</p> <p>ISIC Code</p>						
I3	<p>What kind of work did you do in your last job/activity? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ...</p> <p>Occupational title:</p>						
I4	<p>What were your main tasks or duties in this work? Short description of the main tasks or duties:</p> <p>ISCO Code</p>						
I5	<p>In this job/activity, were you...? READ</p> <p>1=Employee (working for pay in cash or in kind) ⁴ 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)</p>	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	

⁴ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION I: USUAL ACTIVITY STATUS AGED 5 YEARS AND ABOVE

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
I6	In your last job/activity, did you work in a ...? 1=Government institution 2=State-owned enterprise 3=Private business or farm 4=Non-governmental/non-profit organization 5=Private household 6=Embassy, international organization 96=Other (specify): _____	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	
CHK 4	CIRCLE 1 IF I5=1, IS WORKING FOR SOMEONE ELSE FOR PAY, ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	→I9
I7	Was your employment agreement... 1=a verbal agreement 2=a written agreement	1 2	1 2	1 2	1 2	1 2	
I8	Was your position... 1=permanent and pensionable 2=an open ended appointment 3=a fixed term	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
I9	During which of the past 12 months did you work at this job/business? (CIRCLE ALL THAT APPLY) A=January B=February C= March D=April E=May F=June G=July H=August I=September J=October K=November L=December (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	

SECTION J: HEALTH AND SAFETY ISSUES

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
J1	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=1” or “No=2” for all options) 01. Superficial injuries or open wounds 02. Fractures 03. Dislocations, sprains or stains 04. Burns, corrosions, scalds or frostbite 05. Breathing problems. 06. Eye problems. 07. Skin problems 08. Stomach problems / diarrhea 09. Fever. 10. Extreme fatigue 96. Other (specify)	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	If “No to all”→J4
J2	Think about your most serious illness/injury, how did this/these affect your work/schooling? 1=Not serious- did not stop work/schooling. 2=Stopped work or school for a short time 3=Stopped work or school completely.	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
J3	Think about your most serious illness/injury, what were you doing when this happened? Job/Task description						
	OCCUPATION CODE						
J4	Do you carry heavy loads at work? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
J5	Do you operate any machinery/heavy equipment at work? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	→J7

SECTION J: HEALTH AND SAFETY ISSUES

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
J6	What type of tools, equipment or machines do you use at work? <i>(Write down 2 mostly used)</i> List of tools, equipment and machines	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	
J7	Are you exposed to any of the following at work? (Read each of the following options and mark "YES" or "NO" for all options) 01. Dust, fumes, 02. Fire, gas, flames. 03. Loud noise or vibration 04. Snake bite/ insect stringing(poisonous) 05. Dangerous tools (knives etc) 06. Work underground 07. Work at heights 08. Work in water/lake/pond/river 09. Workplace too dark or confined 10. Insufficient ventilation 11. Chemicals (pesticides, glues, etc.) 12. Explosives 96. Other things, processes or conditions bad for your health or safety (specify)	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 11 12 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 11 12 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 11 12 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 11 12 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 11 12 96	
J8	Have you ever been subject to the following at work? (Read each of the following options and mark "YES" or "NO" for all options) 1. Constantly shouted at 2. Repeatedly insulted 3. Beaten /physically hurt 4. Sexually abused (touched or done things to you that you did not want) 6. Other (Specify)	1=Yes 2=No 1 2 3 4 6	1=Yes 2=No 1 2 3 4 6	1=Yes 2=No 1 2 3 4 6	1=Yes 2=No 1 2 3 4 6	1=Yes 2=No 1 2 3 4 6	

SECTION K: HOUSEHOLD ACTIVITIES

	Serial number in HH Roster							Skip Pattern
	Name of household member							
	Age of household member							
K1	During the past week did you do any of the tasks indicated below for this household? <i>(Read each of the following options and mark "YES" or "NO" for all options)</i> 1. Fetching water 2. Fetching firewood 3. Cooking 4. Cleaning utensils/house 5. Washing clothes 6. Caring for children/old/sick 7. Other household tasks.	1=Yes 2=No 1 2 3 4 5 6 7	1=Yes 2=No 1 2 3 4 5 6 7	1=Yes 2=No 1 2 3 4 5 6 7	1=Yes 2=No 1 2 3 4 5 6 7	1=Yes 2=No 1 2 3 4 5 6 7	1=Yes 2=No 1 2 3 4 5 6 7	If any "Yes" →K2 If no "Yes" →Next person
K2	During each day of the past week how many hours did you do such household tasks? <i>(Record for each day separately)</i> 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday							
K3	[FOR CHILDREN AGED 5-17 YEARS] Has (NAME) been interviewed in the company of an adult or an older child? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2		
K4	INDIVIDUAL INTERVIEW RESULT 1=Completed (fully responding household) 2=Partly completed 3=Non-contact 4=Refused 5=Temporarily absent, inadequate informant	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		

SECTION L: HOUSING AND HOUSEHOLD CHARACTERISTICS

L1	In what type of dwelling does the household live? 1=Independent house 2=Tenement (Muzigo) 3=Independent flat/apartment 4=Sharing house/flat/apartment 5=Boys quarters 6=Garage 7= Hut 8=Uniport 9= Other (specify)			L8	What is the <u>main</u> source of energy? 1=Nothing 2=Wood 3=Charcoal 4=Kerosene 5=Gas 6=Electricity 7=Solar 9=Other	COOKING	LIGHTING
						1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
L2	What is the ownership status of this dwelling? 1= Owned 2= Rented (Normal) 3= Rented (subsidized) 4= Supplied free by employer 5= Supplied free or rent paid by relative or other person 6= Other (specify)			L9	What is the <u>main</u> source of drinking water? 1= Private connection to pipeline 2= Public taps 3= Bore-hole 4= Protected well/spring 5= River, stream, lake, pond 6= Vendor/Tanker truck 7= Gravity flow scheme 8= Rain water 9= Other (specify)		
L3	How many rooms are there in this dwelling?						
L7	Are any of these facilities available to the household? (Enter appropriate code for each facility) 1=Inside house and exclusive 2=Inside house and shared 3=Outside house and exclusive 4=Outside house and shared. 9= Not available	KITCHEN	BATHROOM	TOILET			
		1 2 3 4 9	1 2 3 4 9	1 2 3 4 9			

SECTIONM: HOUSEHOD SOCIO-ECONOMIC STATUS

M1	Does the household own any livestock? 1=Yes 2=No	1 2	→ END
M2	How many?		→END
	1. Cow		
	1. Sheep.		
	2. Goat		
	3. Pig		
	4. Poultry(last 30days)		
	8. Other		

END TIME:

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