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UGANDA BUREAU OF STATISTICS



THE REPUBLIC OF UGANDA

CHILD LABOUR BASELINE SURVEY
(COVERED DISTRICTS-MBALE, WAKISO AND RAKAI)

SECTION 1A: IDENTIFICATION PARTICULARS			
1. DISTRICT:			
2. COUNTY			
3. SUBCOUNTY			
4. PARISH			
5. EA NAME			
6. RESIDENCE (URBAN=1,RURAL=2)			
7. NAME OF HOUSEHOLD HEAD:			
8. HOUSEHOLD NUMBER			
9. LOCATION ADDRESS OF HOUSEHOLD:			

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

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SECTION 1B: STAFF DETAILS AND SURVEY TIME

1. NAME OF INTERVIEWER

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2. DATE OF INTERVIEW

DD	MM	YYYY

First attempt

DD	MM	YYYY

Second attempt

DD	MM	YYYY

Third attempt

3. START TIME

H	H	M	M

First attempt

H	H	M	M

Second attempt

H	H	M	M

Third attempt

4. END TIME

H	H	M	M

First attempt

H	H	M	M

Second attempt

H	H	M	M

Third attempt

5. RESPONSE CODE

FIRST ATTEMPT

- 1 Completed
2 Partially completed
3 Not done

Remarks by interviewer

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SECOND ATTEMPT

- 1 Completed
2 Partially completed
3 Not done

Remarks by interviewer

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THIRD ATTEMPT

- 1 Completed
2 Partially completed
3 Not done

Remarks by interviewer

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6. NAME OF SUPERVISOR

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7. DATE OF INSPECTION BY SUPERVISOR

DD	MM	YYYY

FOR OFFICE USE ONLY

8. NAME OF OFFICE EDITOR/SCRUTINIZER

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9. NAME OF DATA ENTRY OPERATOR

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10. DATE OF DATA ENTRY

DD	MM	YYYY

SECTION 2: HOUSEHOLD SCHEDULE

We would like to make a complete list of household members.

PERSON ID	USUAL RESIDENTS Please give me the Names of all people who <u>usually</u> live in this household starting with the Household Head	ID of person reporting Which Household member is providing data on the Individual <i>(Write Serial number from 2.1)</i>	Sex Is (NAME) male or Female 1=Male 2=Female	Relationship What is (NAME's) relationship to the head of Household? 1= Head 2= Spouse 3= Son/daughter 4= Grand child 5= Step child 6= Parent of head or spouse 7= Sister/Brother of head or spouse 8= Nephew/Niece 9= Other relatives 10= Servant 11= Non-relative 12= Other (specify)	Age What is (NAMES's) age in completed years? <i>(If less than one write 00)</i>	Marital status (For those aged 10 years and above) What is (NAME's) marital status? 1= Married monogamously 2= Married polygamous 3= Divorced/ Separated 4= Widow/ Widower 5= Never married	For those below 18 years				CIRCLE LINE NUMBER OF ALL CHILDREN AGED 5-17 YEARS
							Living parents Are the parents of (Name) still alive? 1=Yes 2=No 3=DK Mother Father		IF MOTHER ALIVE Does (NAME'S) Mother live in this Household? 1=Yes 2=No 3=DK	IF FATHER ALIVE Does (NAME'S) father live in this Household? 1=Yes 2=No	
2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12
01											01
02											02
03											03
04											04
05											05
06											06
07											07
08											08
09											09
10											10
11											11

SECTION 2: HOUSEHOLD SCHEDULE (CONTINUED)

We would like to make a complete list of household members.

PERSON ID	USUAL RESIDENTS	ID of person reporting	Sex	Relationship	Age	Marital status (For those aged 10 years and above)	For those below 18 years				
							Living parents		IF MOTHER ALIVE		IF FATHER ALIVE
	Please give me the Names of all people who <u>usually</u> live in this household starting with the Household Head	Which House hold member is providing data on the Individual <i>(Write Serial number from 2.1)</i>	Is (NAME) male or Female 1=Male 2=Female	What is (NAME's) relationship to the head of Household? 01= Head 02= Spouse 03= Son/daughter 04= Grand child 05= Step child 06= Parent of head or spouse 07= Sister/Brother of head or spouse 08= Nephew/Niece 09= Other relatives 10= Servant 11= Non-relative 12= Other (specify)	What is (NAMES's) age in completed years? <i>(If less than one write 00)</i>	What is (NAME's) marital status? 1= Married monogamously 2= Married polygamous 3= Divorced/ Separated 4= Widow/ Widower 5= Never married	Are the parents of (Name) still alive? 1=Yes 2=No 3=DK		Does (NAME'S) Mother live in this Household? 1=Yes 2=No 3=DK	Does (NAME'S) father live in this Household? 1=Yes 2=No	CIRCLE LINE NUMBER OF ALL CHILDREN AGED 5-17 YEARS
							Mother	Father			
2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12
12											01
13											02
14											03
15											04
16											05
17											06
18											07
19											08
20											09
21											10
22											11

SECTION 2: HOUSEHOLD SCHEDULE (PARENT'S SICKNESS AND DISABILITY)

	ID of person reporting	Aged 5-17 Years		DISABILITY (FOR ALL AGED 5 YEARS AND ABOVE)					
		If parent is alive		Seeing difficulty	Hearing difficulty	Walking difficulty	Remembering or concentrating difficulty	Self care difficulty	Communicating difficulty
		Mother Sickness	Father Sickness						
P E R S O N I D	Which Household member is providing data on the Individual <i>(Write Serial number from 2.1)</i>	Has (NAME'S) mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities? 1=Yes 2=No 3=Don't know	Has (NAME'S) Father been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities? 1=Yes 2=No 3=Don't know	Does (NAME) have difficulty seeing, even if he/she is wearing glasses? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot see at all 8. Don't Know	Does (NAME) have difficulty hearing, even if he/she is wearing a hearing aid? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot Hears at all 8. Don't Know	Does (NAME) have difficulty with walking or climbing steps? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot walk or climb steps at all 8. Don't Know	Does (NAME) have difficulty with remembering or concentrating? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot Remember or concentrate at all 8. Don't Know	Does (NAME) have difficulty with self care such as) washing all over or dressing, feeding, toileting etc.? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot wash, dress or feed at all 8. Don't Know	Does (NAME) have difficulty communicating, (for example understanding or under standing him/her) because of a physical, mental or emotional health condition? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot do at all 8. Don't Know
2.1	2.3(a)	2.13	2.14	2.15	2.16	2.17	2.18	2.19	2.20
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									

SECTION 2: HOUSEHOLD SCHEDULE (PARENT'S SICKNESS AND DISABILITY)CONTINUED

	ID of person reporting	Aged 5-17 Years		DISABILITY (FOR ALL AGED 5 YEARS AND ABOVE)					
		If parent is alive		Seeing difficulty	Hearing difficulty	Walking difficulty	Remembering or concentrating difficulty	Self care difficulty	Communicating difficulty
		Mother Sickness	Father Sickness						
P E R S O N I D	Which Household member is providing data on the Individual <i>(Write Serial number from 2.1)</i>	Has (NAME'S) mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities? 1=Yes 2=No 3=Don't know	Has (NAME'S) Father been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities? 1=Yes 2=No 3=Don't know	Does (NAME) have difficulty seeing, even if he/she is wearing glasses? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot see at all 8. Don't Know	Does (NAME) have difficulty hearing, even if he/she is wearing a hearing aid? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot Hears at all 8. Don't Know	Does (NAME) have difficulty with walking or climbing steps? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot walk or climb steps at all 8. Don't Know	Does (NAME) have difficulty with remembering or concentrating? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot Remember or concentrate at all 8. Don't Know	Does (NAME) have difficulty with self care such as) washing all over or dressing, feeding, toileting etc.? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot wash, dress or feed at all 8. Don't Know	Does (NAME) have difficulty communicating, (for example understanding or understanding him/her) because of a physical, mental or emotional health condition? 1. NO - No Difficulty 2. YES – Some Difficulty 3. YES– A lot of Difficulty 4. Cannot do at all 8. Don't Know
2.1	2.3(a)	2.13	2.14	2.15	2.16	2.17	2.18	2.19	2.20
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

Usual and regular household member

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.0	Serial number of the person providing information about the individual. <i>(Write Serial number from Household Roster)</i>						
3.1	(Are YOU/ Is NAME) able to read and write in any language with understanding? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	IF AGE IS GREATER THAN 17 YEARS>> 3.8
QUESTIONS 3.2 TO 3.7 ARE APPLICABLE TO ONLY CHILDREN AGED 5-17 YEARS							
3.2	(Are YOU/ Is NAME) currently enrolled in school? <i>(Students currently on vacation, school breaks, or who are temporarily absent for sickness or other reasons should answer "yes.")</i> 1=Yes 2=No (>>3.8)	1 2	1 2	1 2	1 2	1 2	>>3.3 >>3.8
3.3	What is the highest level of Education attainment that (YOU/NAME) have/has attended? (Refer to the code list below)						
3.4	At what Age did (YOU/NAME) first attend primary school? (If in Pre-primary write 98, otherwise write the number of years)						
3.5	How many days was (YOUR/NAME'S) school open last week? (FOR DAY SCHOLARS ONLY). (Write the number of days)						
3.6	How many days did (YOU/NAME) attend school during last week?						IF 3.5=3.6 THEN >>3.14

3.7	Why did (YOU/NAME) miss school days last week? <i>(Read each of the following and circle two most appropriate options)</i>	10	10	10	10	10	3.14
		11	11	11	11	11	
	10=Domestic Work	12	12	12	12	12	
	11=Work for Family Farm/Business	13	13	13	13	13	
	12=Work for Employers	14	14	14	14	14	
	13=Any Other Work	15	15	15	15	15	
	14=Did not want to Go	16	16	16	16	16	
	15=Mistreated at School	17	17	17	17	17	
	16=Funeral/Wedding Ceremony/Family Function	18	18	18	18	18	
	17=Illness	19	19	19	19	19	
	18=School Uniform	20	20	20	20	20	
	19=No Stationery	21	21	21	21	21	
	20=Lack of School fees						
	21=Other, specify						

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.8	Has (YOU/NAME) ever attended school? 1=Yes 2=No	1	1	1	1	1	>>3.10
		2	2	2	2	2	
3.9	Why has (YOU/NAME) never attended school (FOR THOSE AGED 5 – 17) (Circle the most appropriate code)	10	10	10	10	10	3.14
		11	11	11	11	11	
	10=Too Young	12	12	12	12	12	
	11=Disabled/Illness	13	13	13	13	13	
	12=No School Fees	14	14	14	14	14	
	13=School Too far	15	15	15	15	15	
	14=Family did not allow Schooling	16	16	16	16	16	
	15=Not Interested in School	17	17	17	17	17	
	16=Education not considered valuable	18	18	18	18	18	
	17=School not Safe	19	19	19	19	19	
	18=To learn a job	20	20	20	20	20	
	19=To Work for Pay	21	21	21	21	21	
	20=To Work in a family business/Farm	22	22	22	22	22	
	21=Help with Household chores						
	22=Other, Specify						

3.10	What is the highest level of Education attainment that (YOU/NAME) have/has attended? REFER TO THE CODE LIST BELOW						IF AGE IS GREATER THAN 17 YEARS>> 3.14
3.11	At what Age did (YOU/NAME) first attend primary school? (FOR THOSE AGED 5 – 17)						
3.12	At What Age did (YOU/NAME) leave School? (FOR THOSE AGED 5 – 17)						

Codes for 3.3 and 3.10 (Highest Education Attainment)

10=Did not complete P1	15=P5	32=S2	41=Post primary Certificate
11= P1	16=P6	33=S3	51=Post secondary Diploma/Certificate
12= P2	17=P7	34=S4	62=Bachelor's degree
13= P3	21=Junior Secondary	35=S5	63=Master's degree
14= P4	31=S1	36=S6	64=Doctoral Degree

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.13	Why did (YOU/NAME) leave school? (Circle the main reason)						
	10=Disabled/Illness	10	10	10	10	10	
	11=No School Fees	11	11	11	11	11	
	12=School Too far	12	12	12	12	12	
	13=Family did not allow Schooling	13	13	13	13	13	
	14=Not Interested in School	14	14	14	14	14	
	15=Education not considered valuable	15	15	15	15	15	
	16=School not Safe	16	16	16	16	16	
	17=To learn a job	17	17	17	17	17	
	18=To Work for Pay	18	18	18	18	18	
	19=To Work in a family business/Farm	19	19	19	19	19	
	20=Help with Household chores	20	20	20	20	20	
	21=Lack of Scholastic materials	21	21	21	21	21	
	22=Due to pregnancy	22	22	22	22	22	
	23=Other, Specify	23	23	23	23	23	
3.14	Have (YOU/Name) ever participated in or are you currently participating in any business, entrepreneurship, or micro enterprise development training outside School?	1	1	1	1	1	>>(4.0)
	1=Yes 2=No (>> NEXT SECTION)	2	2	2	2	2	


3.15	What type of Trade or technical Skill did (YOU/NAME) learn or Are/Is (YOU/NAME) learning? (See codes below)						
3.16	Where Are/Is (YOU/NAME) acquiring this trade/Skill or If already acquired where was it acquired? 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	

Codes for 3.15


01=Welding	05=Electrician	09=Phone Repair	13=Laundry/Dry Cleaning	17=Agriculture/Land Management/Fishery
02=Carpentry	06=Plumbing	10=Sewing/Tailoring/Textiles	14=Beautician/Hair/Nails	18=Accounting/Book Keeping
03=Construction	07=Motor vehicle mechanic	11=Crafts/Basket Weaving	15=Health care/Traditional Medicine	19=Other, specify
04=Masonry	08=Computer Repair	12=Catering/Food Service	16=Massage/Reflexology	

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

Usual and regular household member

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.0	Serial number of the person providing information about the individual. <i>(Write Serial number from Household Roster)</i>						
3.1	(Are YOU/ Is NAME) able to read and write in any language with understanding? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	IF AGE IS GREATER THAN 17 YEARS>> 3.8
3.2	(Are YOU/ Is NAME) currently enrolled in school? <i>(Students currently on vacation, school breaks, or who are temporarily absent for sickness or other reasons should answer "yes.")</i> 1=Yes 2=No (>>3.8)	1 2	1 2	1 2	1 2	1 2	>>3.3 >>3.8
3.3	What is the highest level of Education attainment that (YOU/NAME) have/has attended? <i>(Refer to the code list below)</i>						
3.4	At what Age did (YOU/NAME) first attend primary school? <i>(If in Pre-primary write 98, otherwise write the number of years)</i>						
3.5	How many days was (YOUR/NAME'S) school open last week? (FOR DAY SCHOLARS ONLY). <i>(Write the number of days)</i>						
3.6	How many days did (YOU/NAME) attend school during last week?						IF 3.5=3.6 THEN >>3.14
3.7	Why did (YOU/NAME) miss school days last week? <i>(Read each of the following and circle two most appropriate options)</i> 10=Domestic Work 11=Work for Family Farm/Business 12=Work for Employers 13=Any Other Work 14=Did not want to Go 15=Mistreated at School 16=Funeral/Wedding Ceremony/Family Function 17=Illness 18=School Uniform 19=No Stationery 20=Lack of School fees 21=Other, specify	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	 3.14

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.8	Has (YOU/NAME) ever attended school? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>3.10
3.9	Why has (YOU/NAME) never attended school (FOR THOSE AGED 5 – 17) (Circle the most appropriate code) 10=Too Young 11=Disabled/Illness 12=No School Fees 13=School Too far 14=Family did not allow Schooling 15=Not Interested in School 16=Education not considered valuable 17=School not Safe 18=To learn a job 19=To Work for Pay 20=To Work in a family business/Farm 21=Help with Household chores 22=Other, Specify	10 11 12 13 14 15 16 17 18 19 20 21 22	10 11 12 13 14 15 16 17 18 19 20 21 22	10 11 12 13 14 15 16 17 18 19 20 21 22	10 11 12 13 14 15 16 17 18 19 20 21 22	10 11 12 13 14 15 16 17 18 19 20 21 22	<div style="text-align: center;">  3.14 </div>
3.10	What is the highest level of Education attainment that (YOU/NAME) have/has attended? REFER TO THE CODE LIST BELOW						IF AGE IS GREATER THAN 17 YEARS>> 3.14
3.11	At what Age did (YOU/NAME) first attend primary school?						
3.12	At What Age did (YOU/NAME) leave School?						

Codes for 3.3 and 3.10 (Highest Education Attainment)

10=Did not complete P1

15=P5

32=S2

41=Post primary Certificate

11= P1

16=P6

33=S3

51=Post secondary Diploma/Certificate

12= P2

17=P7

34=S4

62=Bachelor's degree

13= P3

21=Junior Secondary

35=S5

63=Master's degree

14= P4

31=S1

36=S6

64=Doctoral Degree

SECTION 3: EDUCATION AND TRAINING (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
3.13	Why did (YOU/NAME) leave school? <i>(Circle the main reason)</i>						
	10=Disabled/Illness	10	10	10	10	10	
	11=No School Fees	11	11	11	11	11	
	12=School Too far	12	12	12	12	12	
	13=Family did not allow Schooling	13	13	13	13	13	
	14=Not Interested in School	14	14	14	14	14	
	15=Education not considered valuable	15	15	15	15	15	
	16=School not Safe	16	16	16	16	16	
	17=To learn a job	17	17	17	17	17	
	18=To Work for Pay	18	18	18	18	18	
	19=To Work in a family business/Farm	19	19	19	19	19	
	20=Help with Household chores	20	20	20	20	20	
	21=Lack of Scholastic materials	21	21	21	21	21	
	22=Due to pregnancy	22	22	22	22	22	
	23=Other, Specify	23	23	23	23	23	
3.14	Have (YOU/Name) ever participated in or are you currently participating in any business, entrepreneurship, or micro enterprise development training outside School?	1	1	1	1	1	>>(4.0)
	1=Yes 2=No (>> NEXT SECTION)	2	2	2	2	2	
3.15	What type of Trade or technical Skill did (YOU/NAME) learn or Are/Is (YOU/NAME) learning? <i>(See codes below)</i>						
3.16	Where Are/Is (YOU/NAME) acquiring this trade/Skill or If already acquired where was it acquired?	1	1	1	1	1	
	1=Vocational school/Course	2	2	2	2	2	
	2=Apprenticeship or on the job training	3	3	3	3	3	
	3=Learned from a friend or family member	4	4	4	4	4	
	4=From an NGO or community organization	5	5	5	5	5	
	5=Other, specify						

Codes for 3.15

01=Welding	05=Electrician	09=Phone Repair	13=Laundry/Dry Cleaning	17=Agriculture/Land Management/Fishery
02=Carpentry	06=Plumbing	10=Sewing/Tailoring/Textiles	14=Beautician/Hair/Nails	18=Accounting/Book Keeping
03=Construction	07=Motor vehicle mechanic	11=Crafts/Basket Weaving	15=Health care/Traditional Medicine	19=Other, specify
04=Masonry	08=Computer Repair	12=Catering/Food Service	16=Massage/Reflexology	

SECTION 4: CURRENT LABOUR FORCE STATUS (FOR ALL HOUSEHOLD MEMBERS AGED 5 AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
4.0	Serial number of the person providing information about the child <i>(Write Serial number from Household Roster)</i>						
4.1	In the last seven days, did (YOU/NAME) 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	1	1	1	1	
		2	2	2	2	2	
4.2	In the last seven days, did (YOU/NAME) 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	1	1	1	1	
		2	2	2	2	2	
4.3	In the last seven days, did (YOU/NAME) 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	1	1	1	1	
		2	2	2	2	2	
4.4	In the last seven days, were (YOU/NAME) an apprentice? (INCLUDE APPRENTICESHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE.) 1=Yes 2=No	1	1	1	1	1	
		2	2	2	2	2	
4.5	In the last seven days, did (YOU/NAME) 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	1	1	1	1	
		2	2	2	2	2	
CHK 1	IF 1 TO ANY ITEM IN 4.1 TO 4.5 , THEN CIRCLE 1 ELSE CIRCLE 2	1	1	1	1	1	>> SECTION 5
		2	2	2	2	2	>> 4.6
4.6	Even though (YOU/NAME) did not do any of the above activities in the last seven days, do (YOU/NAME) have a job, business, or other economic or farming activity that you would definitely return to? 1=Yes 2=No	1	1	1	1	1	(>>SECTION 5)
		2	2	2	2	2	
4.7	Were (YOU/NAME) seeking for work in the last 4 weeks? 1=Yes 2=No	1	1	1	1	1	(>>6.4)
		2	2	2	2	2	(>>6.4)

SECTION 4: CURRENT LABOUR FORCE STATUS (FOR ALL HOUSEHOLD MEMBERS AGED 5 AND ABOVE ...CONTINUED

	Serial number in HH Roster						Skip Pattern			
	Name of household member									
	Age of household member									
4.0	Serial number of the person providing information about the child <i>(Write Serial number from Household Roster)</i>									
4.1	In the last seven days, did (YOU/NAME) 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				
4.2	In the last seven days, did (YOU/NAME) 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				
4.3	In the last seven days, did (YOU/NAME) 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				
4.4	In the last seven days, were (YOU/NAME) an apprentice? (INCLUDE APPRENTICESHIPS THAT ARE PAID CASH, PAID IN KIND, UNPAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE.) 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2				
4.5	In the last seven days, did (YOU/NAME) 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				
CHK 1	IF 1 TO ANY ITEM IN 4.1 TO 4.5 , THEN CIRCLE 1 ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	>> SECTION 5 >> 4.6			
4.6	Even though (YOU/NAME) did not do any of the above activities in the last seven days, do (YOU/NAME) have a job, business, or other economic or farming activity that you would definitely return to? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>SECTION 5)			

4.7	Were (YOU/NAME) seeking for work in the last 4 weeks? 1=Yes 2=No	1	1	1	1	1	(>>6.4) (>>6.4)
		2	2	2	2	2	

SECTION 5: EMPLOYMENT AND HOURS OF WORK (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
5.0	Serial number of the person providing information about child (Write Serial number from Household Roster)						
5.1	In the last seven days, did (YOU/NAME) have more than one income generating activity such as a job, business, household enterprise, or farm? 1=Yes 2=No	1	1	1	1	1	
		2	2	2	2	2	
5.2	What kind of work do (YOU/NAME) usually do in the (main) job/business that you had during the last week? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. (E.g. vegetable farmer, primary school teacher, computer programmer.) DESCRIBE CODE						
5.3	What are the main goods/services produced at (YOUR/NAME's) place of work or its main function? DESCRIBE THE INDUSTRY –e.g.- Restaurant, secondary school, appliance factory, real estate office.)						
5.4	When did (YOU/NAME) start working for this employer or start running this business? Year(YYYY) in four figures: Month(MM) in 2 figures (Ex: 08 for August) 98=DK	YEAR					
		MM					
5.5	In this (main) job/business that (YOU/NAME) had during the last week, were (YOU/NAME)... 1=Working for someone else for pay ¹ 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 business 5=An apprentice	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	
5.6	Last week, how many hours did (YOU/NAME) actually work at your main job and secondary jobs? Please tell me the hours you worked each day, starting with Sunday.						
	Sunday						
	Monday						
	Tuesday						
	Wednesday						

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.

Thursday						
Friday						
Saturday						

SECTION 5: EMPLOYMENT AND HOURS OF WORK (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE) - CONTINUED

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
5.0	Serial number of the person providing information about child <i>(Write Serial number from Household Roster)</i>						
5.1	In the last seven days, did (YOU/NAME) have more than one income generating activity such as a job, business, household enterprise, or farm? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
5.2	What kind of work do (YOU/NAME) usually do in the (main) job/business that you had during the last week? <i>DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. (E.g. vegetable farmer, primary school teacher, computer programmer.)</i> DESCRIBE CODE						
5.3	What are the main goods/services produced at (YOUR/NAME's) place of work or its main function? <i>DESCRIBE THE INDUSTRY –e.g.- Restaurant, secondary school, appliance factory, real estate office.)</i>						
5.4	When did (YOU/NAME) start working for this employer or start running this business? Year(YYYY) in four figures: Month(MM) in 2 figures (Ex: 08 for August) 98=DK	YEAR MM					
5.5	In this (main) job/business that (YOU/NAME) had during the last week, were (YOU/NAME)... 1=Working for someone else for pay ² 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 business 5=An apprentice	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	
5.6	Last week, how many hours did (YOU/NAME) actually work at your main job and secondary jobs? Please tell me the hours you worked each day, starting with Sunday.						
	Sunday						
	Monday						

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.

Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

SECTION 6: TIME OF WORK, AGE AT FIRST WORK, JOB SEARCH AND PLACE OF WORK (FOR ALL HOUSEHOLD MEMBERS AGED 5-17 YEARS)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
6.0	Serial number of the person providing information about child (<i>Write Serial number from Household Roster</i>)						
6.1	During what time of the day did (YOU/NAME) usually work last week? (6.1a) (<i>Applicable to all Children</i>) 1=Day 2=Night 3=Both day and Night (6.1b) (<i>Applicable to Only those in School</i>) 4=Before School 5=After School 6=Both Before and After School 7=During weekends 8=During time when absent from School	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	
6.2	At What Age did (YOU/NAME) start work?						
6.3	Last seven days, where did (YOU/NAME) mainly carry out the work? 1=At family dwelling 2=At employer's house 3=On the street 4=Industry/ factory 5=Shop/market/kiosk 6=Plantation/ farm/garden 7=Construction site 8=Quarrying site 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	} >>SECTION 7

6.4	Did you Engage in any work during the last 12 months? 1=Yes	1	1	1	1	1	
	2=No	2	2	2	2	2	

SECTION 6: TIME OF WORK, AGE AT FIRST WORK, JOB SEARCH AND PLACE OF WORK (FOR ALL HOUSEHOLD MEMBERS AGED 5-17 YEARS).. CONTINUED

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
6.0	Serial number of the person providing information about child (<i>Write Serial number from Household Roster</i>)						
6.1	During what time of the day did (YOU/NAME) usually work last week? (6.1a) (<i>Applicable to all Children</i>) 1=Day 2=Night 3=Both day and Night	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	(6.1b) (<i>Applicable to Only those in School</i>) 4=Before School 5=After School 6=Both Before and After School 7=During weekends 8=During time when absent from School	4 5 6 7 8	4 5 6 7 8	4 5 6 7 8	4 5 6 7 8	4 5 6 7 8	
6.2	At What Age did (YOU/NAME) start work?						
6.3	Last seven days, where did (YOU/NAME) mainly carry out the work? 1=At family dwelling 2=At employer's house 3=On the street 4=Industry/ factory 5=Shop/ market/ kiosk 6=Plantation/ farm/ garden 7=Construction site 8=Quarrying site 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	} >>SECTION 7

6.4	Did you Engage in any work during the last 12 months? 1=Yes	1	1	1	1	1	
	2=No	2	2	2	2	2	

SECTION 7: NON-MARKET ACTIVITIES (FOR ALL HOUSEHOLD MEMBERS AGED 5-17)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
7.0	Serial number of the person providing information about child <i>(Write Serial number from Household Roster)</i>						
7.1	Last week, how much time in hours did (YOU/NAME) spend collecting firewood for your household, including travel time?						
7.2	Last week, how much time in hours did (YOU/NAME) spend collecting water for your household, including travel time?						
7.3	Last Week how many hours did (YOU/NAME) spend cooking for the household?						
7.4	Last Week how many hours did (YOU/NAME) spend taking care of children, the sick and the elderly in the household?						
7.5	When do you usually carry out these activities?	1	1	1	1	1	
	<i>7.5a (Applicable to all Children)</i>						
	1=Day	2	2	2	2	2	
	2=Night	3	3	3	3	3	
	3=Both day and Night	4	4	4	4	4	
	<i>7.5b (Applicable to Only those in School)</i>	5	5	5	5	5	
	4=Before School	6	6	6	6	6	
	5=After School	7	7	7	7	7	
CHK 2	IF ENGAGED IN ANY WORK DURING LAST 12 MONTHS (6.4=1) OR 7 DAYS, CIRCLE 1, ELSE CIRCLE 2	1	1	1	1	1	(>>SECTION 8)
		2	2	2	2	2	(>>SECTION 11)

SECTION 7: NON-MARKET ACTIVITIES (FOR ALL HOUSEHOLD MEMBERS AGED 5-17) ...CONTINUED

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
7.0	Serial number of the person providing information about child(<i>Write Serial number from Household Roster</i>)						
7.1	Last week, how much time in hours did (YOU/NAME) spend collecting firewood for your household, including travel time?						
7.2	Last week, how much time in hours did (YOU/NAME) spend collecting water for your household, including travel time?						
7.3	Last Week how many hours did (YOU/NAME) spend cooking for the household?						
7.4	Last Week how many hours did (YOU/NAME) spend taking care of children, the sick and the elderly in the household?						
7.5	When do you usually carry out these activities? <i>7.5a (Applicable to all Children)</i> 1=Day 2=Night 3=Both day and Night <i>7.5b (Applicable to Only those in School)</i> 4=Before School 5=After School 6=Both Before and After School 7=During weekends 8=During time when absent from School	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	
CHK 2	IF ENGAGED IN ANY WORK DURING LAST 12 MONTHS (6.4=1) OR 7 DAYS, CIRCLE 1, ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	(>>SECTION 8) (>>SECTION 11)

SECTION 8: OCCUPATIONAL HEALTH AND SAFETY (FOR ALL HOUSEHOLD MEMBERS AGED 5-17)

	Serial number in HH Roster											Skip Pattern
	Name of household member											
	Age of household member											
8.0	Serial number of the person providing information about child <i>(Write Serial number from Household Roster)</i>											
8.1	Did (NAME/YOU) have any of the following in the past 12 months because of (YOUR/NAME's work? <i>(1=Yes 2=No, If yes indicate frequency of occurrence)</i>	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	IF NO SINGLE YES THEN >>8.5 ELSE 8.2
	A).Superficial injuries or open wounds											
	B)Fractures											
	C)Dislocations											
	D)Burns, corrosions											
	E)Breathing problems											
	F)Eye problems											
	G)Skin problems											
	H)Stomach problems/Diarrhea											
	I)Fever											
	J)Extreme fatigue											
	K)Other (Specify)											
8.2	What consequences did your most serious illness/injury have on..... <u>(8.2a) Work</u> 10=Permanently disabled 11=Prevented from work permanently 12=Stopped Work temporarily 13=Changed job 14=Not serious to stop work <u>(8.2b) Schooling</u> 15=Stopped Schooling temporarily 16=Prevented from schooling permanently 17=Not Serious to stop schooling 18= Mental disturbance 19=Irregular Attendance 20=Poor performance 21=Other, specify	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21	10 11 12 13 14 15 16 17 18 19 20 21						

8.4	Describe the actual tasks or occupation (YOU/NAME) was doing when got seriously injured or fell sick seriously OCCUPATION DESCRIPTION														
	OCCUPATION CODE														

SECTION 8: OCCUPATIONAL HEALTH AND SAFETY (FOR ALL HOUSEHOLD MEMBERS AGED 5-17)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
	Serial number of the person providing information about child (Write Serial number from Household Roster)						
8.5	(Do/Does) (YOU/NAME/ YOU) carry heavy loads at work? 1=Always/Often 2=Sometimes 3=Seldom/Rare 4=Never	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
8.6	(Does NAME/Do YOU) operate any machinery /heavy equipment at work? 1=Yes 2=No (>>8.8)	1 2	1 2	1 2	1 2	1 2	>>8.8
8.7	What type of tools, equipment or machines (does NAME/do YOU) use at work? (Write all applicable)						
8.8	Are (YOU/NAME) often exposed to any of the following at the workplace? (1=Yes, 2=No) A=Dust, fumes, gas B=Noise C=Extreme temperatures D=Dangerous tools E=Work at height F=Chemicals G=Others(Specify)						
8.9	(Is NAME/Are YOU) treated to any of the following at work? (Read each of the following options and write 1=Yes 2=No) A=Constantly shouted at B=Repeatedly insulted C=Beaten/Physically hurt						

	D=Sexually abused (touched or done things to you that you did not want)						
	E=Other Specify						

SECTION 8: OCCUPATIONAL HEALTH AND SAFETY (FOR ALL HOUSEHOLD MEMBERS AGED 5-17)..... CONTINUED

	Serial number in HH Roster											Skip Pattern
	Name of household member											
	Age of household member											
8.0	Serial number of the person providing information about child <i>(Write Serial number from Household Roster)</i>											
8.1	Did (NAME/YOU) have any of the following in the past 12 months because of (YOUR/NAME's work? <i>(1=Yes 2=No, If yes indicate frequency of occurrence)</i>	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	1=Yes 2=No	No of Times	IF NO SINGLE YES THEN >>8.5 ELSE 8.2
	A).Superficial injuries or open wounds											
	B)Fractures											
	C)Dislocations											
	D)Burns, corrosions											
	E)Breathing problems											
	F)Eye problems											
	G)Skin problems											
	H)Stomach problems/Diarrhea											
	I)Fever											
	J)Extreme fatigue											
	K)Other (Specify)											

8.2	What consequences did your most serious illness/injury have on.....	10	10	10	10	10	
	<u>(8.2a) Work</u>	11	11	11	11	11	
	10=Permanently disabled	12	12	12	12	12	
	11=Prevented from work permanently	13	13	13	13	13	
	12=Stopped Work temporarily	14	14	14	14	14	
	13=Changed job	15	15	15	15	15	
	14=Not serious to stop work	16	16	16	16	16	
	<u>(8.2b) Schooling</u>	17	17	17	17	17	
	15=Stopped Schooling temporarily	18	18	18	18	18	
	16=Prevented from schooling permanently	19	19	19	19	19	
	17=Not Serious to stop schooling	20	20	20	20	20	
	18= Mental disturbance	21	21	21	21	21	
	19=Irregular Attendance						
	20=Poor performance						
	21=Other, specify						
8.4	Describe the actual tasks or occupation (YOU/NAME) was doing when got seriously injured or fell sick seriously OCCUPATION DESCRIPTION						
	OCCUPATION CODE						

SECTION 8: OCCUPATIONAL HEALTH AND SAFETY (FOR ALL HOUSEHOLD MEMBERS AGED 5-17)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
	Serial number of the person providing information about child (Write Serial number from Household Roster)						
8.5	(Do/Does) (YOU/NAME/ YOU) carry heavy loads at work?	1	1	1	1	1	
		2	2	2	2	2	
	1=Always/Often	3	3	3	3	3	
	2=Sometimes	4	4	4	4	4	
	3=Seldom/Rare						
	4=Never						
8.6	(Does NAME/Do YOU) operate any machinery /heavy equipment at work?	1	1	1	1	1	>>8.8
	1=Yes 2=No (>>8.8)	2	2	2	2	2	
8.7	What type of tools, equipment or machines (does NAME/do YOU) use at work? (Code two most applicable)						
8.8	Are (YOU/NAME) often exposed to any of the following at the workplace? (1=Yes, 2=No)						
	A=Dust, fumes, gas						
	B=Noise						

	C=Extreme temperatures D=Dangerous tools E=Work at height F=Chemicals G=Others(Specify)						
8.9	(Is NAME/Are YOU) treated to any of the following at work? (Read each of the following options and write 1=Yes 2=No) A=Constantly shouted at B=Repeatedly insulted C=Beaten/Physically hurt D=Sexually abused (touched or done things to you that you did not want) E=Other Specify						

Codes for Question .8.7

- | | | | | | | | | | |
|----|-------------------------|----|--------|----|-----------------|----|---|----|-----------------|
| 10 | Mowing Machines | 13 | Axes | 16 | Slashers | 19 | Grinders | 98 | Other (Specify) |
| 11 | Arc welding machine | 14 | Pangas | 17 | Gun
Concrete | 20 | Wood and Iron Saws (Used in carpentry Workshops)
Operating motor-driven lifting equipment and conveyor belts. | | |
| 12 | Chain saws/Tree cutters | 15 | Hoes | 18 | Vibrators | 21 | | | |

SECTION 9: EARNINGS AND MODE OF PAYMENT (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Serial number in HH Roster						Skip to Pattern
	Name of household member						
	Age of household member						
	Serial number of the person providing information about child (Write Serial number from Household Roster)						
QUESTIONS 9.1 AND 9.2 ARE APPLICABLE TO ONLY PAID EMPLOYEES AGED 5 YEARS AND ABOVE							
9.1	What is (YOUR/NAME'S) mode of payment? 1 =Piece rate 2 =Daily 3 =Weekly 4 = Monthly 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	
9.2	What is the average monthly income that (YOU/NAME) get(s) from the main work? <i>This should be the rate before taxes or other deductions are taken out. Record both the cash and Kind income</i> ENTER AMOUNT IN SHILLINGS	CASH					
		KIND					
QUESTIONS 9.3-9.5 ARE APPLICABLE TO ONLY WORKING CHILDREN AGED 5-17 YEARS							

9.3	What is the main reason for (YOU/NAME) engage in work?						
	1=Supplement family income	1	1	1	1	1	
	2=Help in family business	2	2	2	2	2	
	3=Help pay family debt	3	3	3	3	3	
	4=Learn skills from job	4	4	4	4	4	
	5=School fees too high	5	5	5	5	5	
	6=Not interested in Schooling	6	6	6	6	6	
	7=Schooling not useful in future	7	7	7	7	7	
	8=School too far/No school	8	8	8	8	8	
9=Other Specify	9	9	9	9	9		
9.4	What do (YOU/NAME) usually do with your earnings						} >> SECTION 10)
	1=Pay my school fees	1	1	1	1	1	
	2=Buy school needs	2	2	2	2	2	
	3=Give part or all of earnings to parents/Guardians	3	3	3	3	3	
	4=Buy household needs	4	4	4	4	4	
	5=Buy personal needs	5	5	5	5	5	
	6=Buy Brothers/sisters needs	6	6	6	6	6	
	7=Save part or all of it	7	7	7	7	7	
	8=Other (Specify)	8	8	8	8	8	
9.5	What is the main reason for (YOU/NAME) saving?						
	1=Go to school	1	1	1	1	1	
	2=Start own Business	2	2	2	2	2	
	3=Learn a trade	3	3	3	3	3	
	4=Other (Specify)	4	4	4	4	4	

SECTION 9: EARNINGS AND MODE OF PAYMENT (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE) ... CONTINUED

	Serial number in HH Roster						Skip to Pattern
	Name of household member						
	Age of household member						
	Serial number of the person providing information about child (Write Serial number from Household Roster)						
QUESTIONS 9.1 AND 9.2 ARE APPLICABLE TO ONLY PAID EMPLOYEES AGED 5 YEARS AND ABOVE							
9.1	What is (YOUR/NAME'S) mode of payment?						
	1 =Piece rate	1	1	1	1	1	
	2 =Daily	2	2	2	2	2	
	3 =Weekly	3	3	3	3	3	
	4 = Monthly	4	4	4	4	4	
	5 =Some other way, specify	5	5	5	5	5	
9.2	What is the average monthly income that (YOU/NAME) get(s) from the main work? <i>This should be the rate before taxes or other deductions are taken out. Record both the cash and Kind income</i> ENTER AMOUNT IN SHILLINGS	CASH					
		KIND					
QUESTIONS 9.3-9.5 ARE APPLICABLE TO ONLY WORKING CHILDREN AGED 5-17 YEARS							

9.3	What is the main reason for (YOU/NAME) engage in work?						
	1=Supplement family income	1	1	1	1	1	
	2=Help in family business	2	2	2	2	2	
	3=Help pay family debt	3	3	3	3	3	
	4=Learn skills from job	4	4	4	4	4	
	5=School fees too high	5	5	5	5	5	
	6=Not interested in Schooling	6	6	6	6	6	
	7=Schooling not useful in future	7	7	7	7	7	
	8=School too far/No school	8	8	8	8	8	
	9=Other Specify	9	9	9	9	9	
9.4	What do (YOU/NAME) usually do with your earnings						} >> SECTION 10)
	1=Pay my school fees	1	1	1	1	1	
	2=Buy school needs	2	2	2	2	2	
	3=Give part or all of earnings to parents/Guardians	3	3	3	3	3	
	4=Buy household needs	4	4	4	4	4	
	5=Buy personal needs	5	5	5	5	5	
	6=Buy Brothers/sisters needs	6	6	6	6	6	
	7=Save part or all of it	7	7	7	7	7	
	8=Other (Specify)	8	8	8	8	8	
9.5	What is the main reason for (YOU/NAME) saving?						
	1=Go to school	1	1	1	1	1	
	2=Start own Business	2	2	2	2	2	
	3=Learn a trade	3	3	3	3	3	
	4=Other (Specify)	4	4	4	4	4	

SECTION 10: PERCEPTIONS /OBSEVATION OF PARENT/GUARDIAN ABOUT WORKING CHILDREN (5-17)

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
10.0	Serial number of the person providing information about child <i>(Write Serial number from Household Roster)</i>						
CHK 3	IF ENGAGED IN ANY WORK DURING LAST 7 DAYS (CHK1=1), CIRCLE 1, ELSE CIRCLE 2	1	1	1	1	1	(>>)10.1 >>SECTION 11
		2	2	2	2	2	
10.1	What do you consider currently best for (NAME)? <i>(Read the options)</i>						
	1= Work for income	1	1	1	1	1	
	2= Assist family business	2	2	2	2	2	
	3= Assist with household chores	3	3	3	3	3	
	4=Attend school	4	4	4	4	4	
	5= Other (Specify)	5	5	5	5	5	
10.2	What problem(s) does (NAME) face as a result of his/her work?) <i>(Read the options and circle 1=Yes, if item is applicable and 2=No if not applicable)</i>						
	(a) Injury, illness or poor health	1 2	1 2	1 2	1 2	1 2	

	(b) Poor grades in school	1 2	1 2	1 2	1 2	1 2	
	(c) Emotional harassment (intimidation, scolding,	1 2	1 2	1 2	1 2	1 2	
	(d) Physical harassment (beating)...	1 2	1 2	1 2	1 2	1 2	
	(e) Sexual abuse	1 2	1 2	1 2	1 2	1 2	
	(f) Extreme fatigue	1 2	1 2	1 2	1 2	1 2	
	(g) No play time	1 2	1 2	1 2	1 2	1 2	
	(h) No time to go to school	1 2	1 2	1 2	1 2	1 2	
	(i) Others (Specify)	1 2	1 2	1 2	1 2	1 2	
10.3	What are the main reasons for letting (NAME) work? (Indicate three most important reasons)						
	10= Supplement family income						
	11= Help pay family debt						
	12= Help in household enterprise						
	13= Learn skills						
	14= Schooling not useful for future						
	15= No school/school too far						
	16=Cannot afford school fees						
	17= Child not interested in school						
	18= Temporarily replacing someone unable to work.						
	19= Preventing him/her from making bad friends and/or being led a stray						
	20= Other (Specify)						

SECTION 10: PERCEPTIONS /OBSEVATION OF PARENT/GUARDIAN ABOUT WORKING CHILDREN (5-17)..... CONTINUED

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
10.0	Serial number of the person providing information about child (Write Serial number from Household Roster)						
CHK 3	IF ENGAGED IN ANY WORK DURING LAST 7 DAYS (CHK1=1), CIRCLE 1, ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	(>>)10.1 >>SECTION 11
10.1	What do you consider currently best for (NAME)? (Read the options) 1= Work for income 2= Assist family business 3= Assist with household chores 4=Attend school 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	
10.2	What problem(s) does (NAME) face as a result of his/her work?) (Read the options and circle 1=Yes, if item is applicable and 2=No if not applicable) (a) Injury, illness or poor health	1 2	1 2	1 2	1 2	1 2	

	(b) Poor grades in school	1 2	1 2	1 2	1 2	1 2	
	(c) Emotional harassment (intimidation, scolding,	1 2	1 2	1 2	1 2	1 2	
	(d) Physical harassment (beating)...	1 2	1 2	1 2	1 2	1 2	
	(e) Sexual abuse	1 2	1 2	1 2	1 2	1 2	
	(f) Extreme fatigue	1 2	1 2	1 2	1 2	1 2	
	(g) No play time	1 2	1 2	1 2	1 2	1 2	
	(h) No time to go to school	1 2	1 2	1 2	1 2	1 2	
	(i) Others (Specify)	1 2	1 2	1 2	1 2	1 2	
10.3	What are the main reasons for letting (NAME) work? <i>(Indicate three most important reasons)</i>						
	10= Supplement family income						
	11= Help pay family debt						
	12= Help in household enterprise						
	13= Learn skills						
	14= Schooling not useful for future						
	15= No school/school too far						
	16=Cannot afford school fees						
	17= Child not interested in school						
	18= Temporarily replacing someone unable to work.						
	19= Preventing him/her from making bad friends and/or being led a stray						
	20= Other (Specify)						

SECTION 11: HOUSING AND HOUSEHOLD CONDITIONS

Now we would like to ask you about your housing conditions: all the rooms and all separate building used by your household members.

11.1 What type of dwelling is it?

- 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)

11.2 What is its tenure status?

- 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)

11.3 How many rooms are used for sleeping in the dwelling?

11.4 What is the Household's main source of energy for

- 1= Firewood
- 2= Charcoal
- 3= Paraffin
- 4= Gas
- 5= Electricity
- 6= Solar
- 7= Other (specify)

11.4(a) Cooking	11.4(b) Lighting
<input type="text"/>	<input type="text"/>

11.5 What is the main source of drinking water?

- 1= Tap/Piped water
- 2= Borehole
- 3= Protected well/Spring
- 4= Gravity flow scheme
- 5= Rain water
- 6= Open water sources
- 7= Water truck/Water vendor
- 8= Other (Specify)

SECTION 11: HOUSING AND HOUSEHOLD CONDITIONS

11.6 Has the household ever changed the usual place of residence from some other Districts to the present District during the last 5 Years?

- 1= Yes
- 2= No (>>11.9)

11.7 In which District was the last place of residence?

11.8 What the main reason for changing the place of residence?

- 1= Change of job/Job transfer
- 2= Found Job
- 3= Looking for job
- 4= Search for cultivation land
- 5= Search for pasture land
- 6= Insecurity
- 7= Search for Training opportunities
- 8= Built a permanent home
- 9= Other (Specify)

11.9 Has the household ever experienced major food shortage during the last 5 years? if yes, what was the major cause of the food shortage?

- 1= No (>>11.11)
- 2= Insecurity/ war
- 3= Inadequate land
- 4= Large family size
- 5= Crop failure
- 6= Lack of manpower
- 7= Lack of resources
- 8= Other (Specify)

11.10 How did the household mainly manage the food shortage?

- 1= Food relief
- 2= Assisted by relatives/friends
- 3= Casual labouring
- 4= Sent children to work for pay
- 5= Migrated/ moved to another place
- 6= Reduced number of meals taken a day
- 7= Sent children to relatives
- 8= Other (Specify)

11.11. What is the Household's main source of Livelihood?

- 1= Subsistence Farming
- 2= Employment Income
- 3= Business Enterprise
- 4= Cottage Industry
- 5= Property Income

6= Remittances
7= Other (Specify)

SECTION 11: HOUSING AND HOUSEHOLD CONDITIONS

11.12. Does the Household Own land? (Specify number of acres owned)

998=Household does not own land

11.13. Does the household own any of the following?

(1=Yes 2=No)

1. Motor vehicle	
2. Motor-bike	
3. Bicycle	
4. Television	
5. Computer	
6. Sewing machine	
7. Telephone (Land line)	
8. Mobile phone	
9. Radio	

11.14. Does the household own livestock? (If yes, specify the numbers of livestock owned by the household, else write in the number column '00')

Type	1=Yes, 2=No	Number
1. Cow		
2. Sheep		
3. Goat		
4. Pig		
5. Poultry		
6. Other (specify)		

11.15. Has the household been adversely affected by any of the following countrywide /community wide problem in the last 12 months?

1=Yes

2=No

Problem	1=Yes 2=No
A. Natural disaster (drought, flood, storms, hurricane,	
B. Epidemics	
C. Business closing due to economic recession	
D. Falling agricultural prices.	
E. Public protests	
F. Other (specify)	

(If no single 1 for items 11.15(A)-11.15(F) >>11.17)

SECTION 11: HOUSING AND HOUSEHOLD CONDITIONS

11.16. How did the household cope with this problem? (Indicate 1=Yes, if applicable; 2=No if not applicable)

A	Financial assistance from government agencies	
B	Financial assistance from NGOs/ religious organizations/local community	
C	Financial assistance from relatives / friends	
D	Took children out of school as could not afford it	
E	Placed children in other household(s)	
F	Got a loan (from bank or friend)	
G	Sold household assets	

11.17. Has the household suffered a fall in income due to any of the following household specific problems in the last 12 months? (1=Yes, 2=No)

A	Loss of employment of any member	
B	Bankruptcy of a family business	
C	Illness or serious accident of a working member of the household	
D	Death of a working member of the household	
E	Abandonment by the household head	
F	Fire in the house/business/property	
G	Criminal act by household member	
H	Land dispute	
I	Loss of cash support or in-kind assistance	
J	Fall in prices of products of the household business.	
K	Loss of harvest	
L	Loss of livestock	
M	Other (Specify)	

(If no single 1 for items 11.17(A)-11.17(M) >>End interview)

11.18. How was it possible for the household to overcome this hardship? (Indicate 1=Yes, if applicable; 2=No if not applicable)

A	Financial assistance from government agencies	
B	Financial assistance from NGOs/ religious organizations/local community organizations	
C	Financial assistance from relatives / friends	
D	Took children out of school as could not afford it	
E	Placed children in other household(s)	
F	Additional work hours by household members.	
G	Sold property/used savings	
H	Reduced household expenditures	
I	No serious impact	
J	Other	

K	None	
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