

Batch Number

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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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Website: www.ubos.org

SECTION 1B: STAFF DETAILS AND SURVEY TIME

1. NAME OF INTERVIEWER _____

2. DATE OF INTERVIEW

| | | |
|---|---|---|
| DD MM YYYY | DD MM YYYY | DD MM YYYY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First attempt | Second attempt | Third attempt |

3. START TIME

| | | |
|---|---|---|
| H H M M | H H M M | H H M M |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| First attempt | Second attempt | Third attempt |

4. END TIME

| | | |
|---|---|---|
| H H M M | H H M M | H H M M |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| First attempt | Second attempt | Third attempt |

5. RESPONSE CODE

| | |
|-----------------------|------------------------|
| FIRST ATTEMPT | Remarks by interviewer |
| 1 Completed | _____ |
| 2 Partially completed | _____ |
| 3 Not done | _____ |
| | |
| SECOND ATTEMPT | Remarks by interviewer |
| 1 Completed | _____ |
| 2 Partially completed | _____ |
| 3 Not done | _____ |
| | |
| THIRD ATTEMPT | Remarks by interviewer |
| 1 Completed | _____ |
| 2 Partially completed | _____ |
| 3 Not done | _____ |

6. NAME OF SUPERVISOR _____

7. DATE OF INSPECTION BY SUPERVISOR

| | | |
|---|---|---|
| DD | MM | YYYY |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

FOR OFFICE USE ONLY

8. NAME OF OFFICE EDITOR/SCRUTINIZER _____

9. NAME OF DATA ENTRY OPERATOR _____

10. DATE OF DATA ENTRY

| | | |
|---|---|---|
| DD | MM | YYYY |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 2: HOUSEHOLD SCHEDULE

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 | | | | CIRCLE LINE NUMBER OF ALL CHILDREN AGED 5-17 YEARS | |
|-----------|--|---|--|--|---|---|---|--------|---|---|--|----|
| | | | | | | | Living parents | | IF MOTHER ALIVE | IF FATHER ALIVE | | |
| | Please give me the Names of all people who usually live in this household starting with the Household Head | Which Household member is providing data on the Individual (Write Serial number from 2.1) | Is (NAME) male or Female 1=Male 2=Female | 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) | What is (NAME'S) age in completed years? (If less than one write 00) | 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 | | |
| | | | | | | | 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 | |
| 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 | | | CIRCLE LINE NUMBER OF ALL CHILDREN AGED 5-17 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 (Write Serial number from 2.1) | 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? (If less than one write 00) | 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 | |
| 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 | 2.7 | Mother | Father | 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? <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 | 10 | 10 | 10 | 10 | } 3.14 |
| | | 11 | 11 | 11 | 11 | 11 | |
| | | 12 | 12 | 12 | 12 | 12 | |
| | | 13 | 13 | 13 | 13 | 13 | |
| | | 14 | 14 | 14 | 14 | 14 | |
| | | 15 | 15 | 15 | 15 | 15 | |
| | | 16 | 16 | 16 | 16 | 16 | |
| | | 17 | 17 | 17 | 17 | 17 | |
| | | 18 | 18 | 18 | 18 | 18 | |
| | | 19 | 19 | 19 | 19 | 19 | |
| | | 20 | 20 | 20 | 20 | 20 | |
| | 21 | 21 | 21 | 21 | 21 | | |

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=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 | 10 | 10 | 10 | 10 | } 3.14 |
| | | 11 | 11 | 11 | 11 | 11 | |
| | | 12 | 12 | 12 | 12 | 12 | |
| | | 13 | 13 | 13 | 13 | 13 | |
| | | 14 | 14 | 14 | 14 | 14 | |
| | | 15 | 15 | 15 | 15 | 15 | |
| | | 16 | 16 | 16 | 16 | 16 | |
| | | 17 | 17 | 17 | 17 | 17 | |
| | | 18 | 18 | 18 | 18 | 18 | |
| | | 19 | 19 | 19 | 19 | 19 | |
| | | 20 | 20 | 20 | 20 | 20 | |
| | 21 | 21 | 21 | 21 | 21 | | |
| | 22 | 22 | 22 | 22 | 22 | | |

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| 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? <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 | |
| | 1=Yes | 2 | 2 | 2 | 2 | 2 | >>(4.0) |
| | 2=No (>> NEXT SECTION) | | | | | | |

| | | | | | | | |
|------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 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=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 | 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=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 | 10 | 10 | 10 | 10 | 3.14 |
| | | 11 | 11 | 11 | 11 | 11 | |
| | | 12 | 12 | 12 | 12 | 12 | |
| | | 13 | 13 | 13 | 13 | 13 | |
| | | 14 | 14 | 14 | 14 | 14 | |
| | | 15 | 15 | 15 | 15 | 15 | |
| | | 16 | 16 | 16 | 16 | 16 | |
| | | 17 | 17 | 17 | 17 | 17 | |
| | | 18 | 18 | 18 | 18 | 18 | |
| | | 19 | 19 | 19 | 19 | 19 | |
| | | 20 | 20 | 20 | 20 | 20 | |
| 21 | 21 | 21 | 21 | 21 | | | |
| 22 | 22 | 22 | 22 | 22 | | | |
| 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 | 4 | 4 | 4 | 4 | 4 | |
| | 5=Other, specify | 5 | 5 | 5 | 5 | 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 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 | 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) (>>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 (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 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? 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 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 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) (Applicable to all Children) 1=Day 2=Night 3=Both day and Night (6.1b) (Applicable to Only those in School) 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 | 1 | 1 | 1 | 1 | 1 | | |
| | 2=Night | 2 | 2 | 2 | 2 | 2 | | |
| | 3=Both day and Night | 3 | 3 | 3 | 3 | 3 | | |
| | (6.1b) (<i>Applicable to Only those in School</i>) | | | | | | | |
| | 4=Before School | 4 | 4 | 4 | 4 | 4 | | |
| | 5=After School | 5 | 5 | 5 | 5 | 5 | | |
| | 6=Both Before and After School | 6 | 6 | 6 | 6 | 6 | | |
| 7=During weekends | 7 | 7 | 7 | 7 | 7 | | | |
| 8=During time when absent from School | 8 | 8 | 8 | 8 | 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? | | | | | | | } >>SECTION 7 |
| | 1=At family dwelling | 1 | 1 | 1 | 1 | 1 | | |
| | 2=At employer's house | 2 | 2 | 2 | 2 | 2 | | |
| | 3=On the street | 3 | 3 | 3 | 3 | 3 | | |
| | 4=Industry/factory | 4 | 4 | 4 | 4 | 4 | | |
| | 5=Shop/market/kiosk | 5 | 5 | 5 | 5 | 5 | | |
| | 6=Plantation/farm/garden | 6 | 6 | 6 | 6 | 6 | | |
| | 7=Construction site | 7 | 7 | 7 | 7 | 7 | | |
| | 8=Quarrying site | 8 | 8 | 8 | 8 | 8 | | |
| | 9=Other, specify | 9 | 9 | 9 | 9 | 9 | | |

| | | | | | | | |
|-----|--|---|---|---|---|---|--|
| 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? <i>7.5a (Applicable to all Children)</i> | 1 | 1 | 1 | 1 | 1 | |
| | 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 | |
| | 6=Both Before and After School | 8 | 8 | 8 | 8 | 8 | |
| 7=During weekends | | | | | | | |
| 8=During time when absent from School | | | | | | | |
| 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 | 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..... <i>(8.2a) Work</i> | | | | | | | | | | | | |
| | 10=Permanently disabled | 10 | | 10 | | 10 | | 10 | | 10 | | | |
| | 11=Prevented from work permanently | 11 | | 11 | | 11 | | 11 | | 11 | | | |
| | 12=Stopped Work temporarily | 12 | | 12 | | 12 | | 12 | | 12 | | | |
| | 13=Changed job | 13 | | 13 | | 13 | | 13 | | 13 | | | |
| | 14=Not serious to stop work | 14 | | 14 | | 14 | | 14 | | 14 | | | |
| | <i>(8.2b) Schooling</i> | 15 | | 15 | | 15 | | 15 | | 15 | | | |
| | 15=Stopped Schooling temporarily | 16 | | 16 | | 16 | | 16 | | 16 | | | |
| | 16=Prevented from schooling permanently | 17 | | 17 | | 17 | | 17 | | 17 | | | |
| | 17=Not Serious to stop schooling | 18 | | 18 | | 18 | | 18 | | 18 | | | |
| | 18= Mental disturbance | 19 | | 19 | | 19 | | 19 | | 19 | | | |
| | 19=Irregular Attendance | 20 | | 20 | | 20 | | 20 | | 20 | | | |
| | 20=Poor performance | 21 | | 21 | | 21 | | 21 | | 21 | | | |
| | 21=Other, specify | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 8.4 | Describe the actual tasks or occupation (YOU/NAME) was doing when got seriously injured or fell sick seriously OCCUPATION DECRPTION | | | | | | | | | | | | | | |
| | 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 (<i>Write Serial number from Household Roster</i>) | | | | | | |
| 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? (<i>Write all applicable</i>) | | | | | | |
| 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? (<i>Read each of the following options and write 1=Yes 2=No</i>) 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

| | | | | | | | | | | | | Skip Pattern |
|--|--|--|--|--|--|--|--|--|--|--|--|--------------|
| Serial number in HH Roster | | | | | | | | | | | | |
| Name of household member | | | | | | | | | | | | |
| Age of household member | | | | | | | | | | | | |
| 8.0 Serial number of the person providing information about child (Write Serial number from Household Roster) | | | | | | | | | | | | |
| 8.1 Did (NAME/YOU) have any of the following in the past 12 months because of (YOUR/NAME's work? (1=Yes 2=No, If yes indicate frequency of occurrence) | | | | | | | | | | | | |
| 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 | |
| | 1=Always/Often | 2 | 2 | 2 | 2 | 2 | |
| | 2=Sometimes | 3 | 3 | 3 | 3 | 3 | |
| | 3=Seldom/Rare | 4 | 4 | 4 | 4 | 4 | |
| | 4=Never | | | | | | |
| 8.6 | (Does NAME/Do YOU) operate any machinery /heavy equipment at work? | 1 | 1 | 1 | 1 | 1 | |
| | 1=Yes | 2 | 2 | 2 | 2 | 2 | >>8.8 |
| | 2=No (>>8.8) | | | | | | |
| 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 <i>(Write Serial number from Household Roster)</i> | | | | | | |
| 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 |
| | | 2 | 2 | 2 | 2 | 2 | >>SECTION 11 |
| 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? (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 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 |
|--------------------|---------------------|
| | |

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 | |
|---|------|--|