

HOUSEHOLD- LABOUR MARKET SURVEY OCTOBER 2000



**DIRECCION DE
ESTADISTICA Y CENSO**

**Form ECH-1
Questionnaire N° _____**

ALL INFORMATION REQUESTED IS CONFIDENTIAL

Decree - Law N° 7, February 25, 1960

I. LOCATION OF THE DWELLING

- | | |
|-------------------------------------|--|
| 1. Province or <i>Comarca</i> _____ | 7. <i>Barriada</i> o Neighbourhood _____ |
| 2. District _____ | 8. Street or Avenue _____ |
| 3. <i>Corregimiento</i> _____ | 9. Building or House _____ |
| 4. Segment _____ | 10. Room or Apartment N° _____ |
| 5. Block N° _____ | |
| 6. Settled Place _____ | |

For Office Use Only

II. INFORMATION ON THE DWELLING

- | | | | | | |
|----------------------|--------------------------|------------------------------------|--------------------------|-----------------|--------------------------|
| Occupied Dwelling | <input type="radio"/> 01 | Dwelling under construction | <input type="radio"/> 05 | Incomplete | <input type="radio"/> 09 |
| Occupants Absent | <input type="radio"/> 02 | Dwelling destroyed | <input type="radio"/> 06 | Refusal | <input type="radio"/> 10 |
| Un-Occupied Dwelling | <input type="radio"/> 03 | No longer dwelling | <input type="radio"/> 07 | Other _____ | <input type="radio"/> 11 |
| Temporary Dwelling | <input type="radio"/> 04 | Not applicable for survey purposes | <input type="radio"/> 08 | Informant _____ | |

1. TYPE OF DWELLING

- | | | |
|--|-------------------------|---------------------|
| Permanent Private..... | <input type="radio"/> 1 | |
| Semi - Permanent Private..... | <input type="radio"/> 2 | |
| Improvised..... | <input type="radio"/> 3 | |
| Apartment..... | <input type="radio"/> 4 | |
| Room in tenement..... | <input type="radio"/> 5 | |
| Premises not destined for habitation,
but used as dwelling..... | <input type="radio"/> 6 | } (Go to Chap. III) |

6. WHAT MATERIAL WAS USED IN MOST OF THE FLOORING OF THIS DWELLING?

- | | |
|--|-------------------------|
| Paved (cement, mosaic tiles or cement tiles, brick)..... | <input type="radio"/> 1 |
| Wood..... | <input type="radio"/> 2 |
| Earth..... | <input type="radio"/> 3 |
| Other (cane, sticks, waste)..... | <input type="radio"/> 4 |

2. IS YOUR HOME...

Read: ▼

- | | | |
|-------------------------------|--------------------------|----------------------------------|
| Mortgaged?..... | <input type="radio"/> 1 | } B/. _____
(Monthly payment) |
| To a public creditor?..... | <input type="radio"/> 2 | |
| To a private creditor?..... | <input type="radio"/> 3 | |
| Rented?..... | <input type="radio"/> 4 | |
| From a public creditor?..... | <input type="radio"/> 5 | |
| From a private creditor?..... | <input type="radio"/> 6 | |
| Owned?..... | <input type="radio"/> 7 | |
| On loan?..... | <input type="radio"/> 8 | |
| Condemned?..... | <input type="radio"/> 9 | |
| Other?..... | <input type="radio"/> 10 | |

7. WHAT IS THE MAIN SOURCE FOR DRINKING WATER ...

Read: ▼

- | | | |
|-----------------------------------|--------------------------|------------------------------|
| Public (IDAAN) aqueduct?..... | <input type="radio"/> 01 | } (Continue with Question 8) |
| Public (community) aqueduct?..... | <input type="radio"/> 02 | |
| Private aqueduct?..... | <input type="radio"/> 03 | |
| Sanitary well?..... | <input type="radio"/> 04 | } (Go to Question 9) |
| Un-protected walled well?..... | <input type="radio"/> 05 | |
| Rain water?..... | <input type="radio"/> 06 | |
| Surface well?..... | <input type="radio"/> 07 | |
| River or stream?..... | <input type="radio"/> 08 | |
| Tank truck?..... | <input type="radio"/> 09 | |
| Other?..... | <input type="radio"/> 10 | |

3. HOW MANY ROOMS ARE THERE IN THE DWELLING? (Do not include kitchen, toilet, or bath)

Number of rooms.....

3a. OF THESE, HOW MANY ARE ONLY FOR SLEEPING?.....

8. ARE THE DRINKING WATER INSTALLATIONS WITHIN THE DWELLING?

Yes 1 No 2

4. WHAT MATERIAL WAS USED IN MOST OF THE EXTERIOR WALLS OF THE BUILDING OR HOUSE?

- | | |
|------------------------------------|-------------------------|
| Block, brick, stone, cement..... | <input type="radio"/> 1 |
| Wood (planks, pieces)..... | <input type="radio"/> 2 |
| Wattle, adobe..... | <input type="radio"/> 3 |
| Metal (zinc, aluminium, etc.)..... | <input type="radio"/> 4 |
| Straw, leaves, cane, sticks..... | <input type="radio"/> 5 |
| Other materials..... | <input type="radio"/> 6 |
| Without walls..... | <input type="radio"/> 7 |

9. WHAT TYPE OF LIGHTING DOES THE DWELLING HAVE?

- | | |
|---|-------------------------|
| Private electricity (Distribution Co.)..... | <input type="radio"/> 1 |
| Community electricity..... | <input type="radio"/> 2 |
| Own electricity (generator)..... | <input type="radio"/> 3 |
| Kerosene or Diesel | <input type="radio"/> 4 |
| Gas..... | <input type="radio"/> 5 |
| Other..... | <input type="radio"/> 6 |

5. WHAT MATERIAL WAS USED IN MOST OF THE ROOF OF THE BUILDING OR HOUSE?

- | | |
|---|-------------------------|
| Cement..... | <input type="radio"/> 1 |
| Tile..... | <input type="radio"/> 2 |
| <i>Tejalit, Panalit, Techolit</i> (Fibre cement)..... | <input type="radio"/> 3 |
| Metal (zinc, aluminium, etc.)..... | <input type="radio"/> 4 |
| Treated wood..... | <input type="radio"/> 5 |
| Straw or leaves..... | <input type="radio"/> 6 |
| Other materials..... | <input type="radio"/> 7 |

10. WHAT TYPE OF TOILET FACILITIES DOES THIS DWELLING HAVE...

Read: ▼

- | | | |
|----------------------------------|-------------------------|-----------------------|
| Privy or latrine?..... | <input type="radio"/> 1 | } (Go to Question 12) |
| Connected to a sewer line?..... | <input type="radio"/> 2 | |
| Connected to a septic tank?..... | <input type="radio"/> 3 | |
| It does not have any..... | <input type="radio"/> 4 | |

11. TOILET USAGE IS ...

Read:

- Exclusively for this dwelling?..... 1
- Shared with other dwellings?..... 2

12. THE BATHING FACILITIES ARE..

Read:

- Within the dwelling?..... 1
- Outside the dwelling?..... 2
- Outside the dwelling, shared with other dwellings?..... 3
- It does not have any..... 4
- Other _____ specify 5

13. WHAT FUEL IS USED MOST OFTEN FOR COOKING?

- Gas..... 1
- Firewood..... 2
- Charcoal..... 3
- Kerosene..... 4
- Electricity..... 5
- Does not cook..... 6

14. DOES THIS DWELLING HAVE...

Read:

- a. Television?..... Yes 1 No 2
- b. Radio?..... Yes 1 No 2
- c. Residential telephone?..... Yes 1 No 2
- d. Stove?..... Yes 1 No 2
- e. Refrigerator?..... Yes 1 No 2
- f. Clothes washer?..... Yes 1 No 2
- g. Electric fan?..... Yes 1 No 2
- h. Air conditioner?..... Yes 1 No 2
- i. Sewing machine?..... Yes 1 No 2
- j. Computer?..... Yes 1 No 2
- k. Bicycle?..... Yes 1 No 2
- l. Motorcycle?..... Yes 1 No 2
- m. Automobile?..... Yes 1 No 2

III. HOUSEHOLD INCOME AND EXPENSES

15. WHAT ARE THE CURRENT ESTIMATED MONTHLY EXPENSES OF THE HOUSEHOLD?

16. WHAT IS THE CURRENT ESTIMATED MONTHLY INCOME OF THE HOUSEHOLD?

IV. LIST OF OCCUPANTS

Indicate the names of all persons who live in this dwelling, beginning with the head of household, spouse, and children oldest first, etc.

	Name	Does he/she habitually reside in this dwelling?	
		Yes <input type="radio"/> 1	No <input type="radio"/> 2
1		Yes <input type="radio"/> 1	No <input type="radio"/> 2
2		Yes <input type="radio"/> 1	No <input type="radio"/> 2
3		Yes <input type="radio"/> 1	No <input type="radio"/> 2
4		Yes <input type="radio"/> 1	No <input type="radio"/> 2
5		Yes <input type="radio"/> 1	No <input type="radio"/> 2
6		Yes <input type="radio"/> 1	No <input type="radio"/> 2
7		Yes <input type="radio"/> 1	No <input type="radio"/> 2
8		Yes <input type="radio"/> 1	No <input type="radio"/> 2

Total of persons who customarily reside in the dwelling.....

Total of personas from 5 to 17 years of age.....

How many minors aged 5 to 17 years that usually resided in this dwelling as of October of last year, no longer reside here?

50 None (Proceed to fill out Chap. V. General Characteristics)

Note their names, sex, age, whether they live or reside currently, and with whom (Father, mother, other relative, or institution). Note what they do in this place (work for someone, self-employed, attend school, don't know, etc.):

Name of child			
1. Sex	M <input type="radio"/> 1 F <input type="radio"/> 2	M <input type="radio"/> 1 F <input type="radio"/> 2	M <input type="radio"/> 1 F <input type="radio"/> 2
2. Age	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. Relationship to head of household	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4. With whom does he/she live	Father <input type="radio"/> 1 Mother <input type="radio"/> 2 Other relative <input type="radio"/> 3 Non-relation <input type="radio"/> 4 Institution <input type="radio"/> 5 Alone <input type="radio"/> 6	Father <input type="radio"/> 1 Mother <input type="radio"/> 2 Other relative <input type="radio"/> 3 Non-relation <input type="radio"/> 4 Institution <input type="radio"/> 5 Alone <input type="radio"/> 6	Father <input type="radio"/> 1 Mother <input type="radio"/> 2 Other relative <input type="radio"/> 3 Non-relation <input type="radio"/> 4 Institution <input type="radio"/> 5 Alone <input type="radio"/> 6
5. What does this person do?	Work for someone..... <input type="radio"/> 1 Self-employed..... <input type="radio"/> 2 Attend school..... <input type="radio"/> 3 Work and attend school..... <input type="radio"/> 4 Other _____ <input type="radio"/> 5 Don't know..... <input type="radio"/> 6	Work for someone..... <input type="radio"/> 1 Self-employed..... <input type="radio"/> 2 Attend school..... <input type="radio"/> 3 Work and attend school..... <input type="radio"/> 4 Other _____ <input type="radio"/> 5 Don't know..... <input type="radio"/> 6	Work for someone..... <input type="radio"/> 1 Self-employed..... <input type="radio"/> 2 Attend school..... <input type="radio"/> 3 Work and attend school..... <input type="radio"/> 4 Other _____ <input type="radio"/> 5 Don't know..... <input type="radio"/> 6
6. Does this person contact home?	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End
7. When was the last time he/she contacted home?	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____
8. Does he/she send money/goods home?	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End	Yes <input type="radio"/> 1 No <input type="radio"/> 2 End
9. When was the last time he/she sent money/goods home?	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____

V. GENERAL CHARACTERISTICS:
For all persons

1. HEAD OF HOUSEHOLD.... 1

2. SEX..... Male 1
Female 2

3. WHAT WAS YOUR AGE AT YOUR LAST BIRTHDAY?
Years.....

VI. SOCIO-DEMOGRAPHIC CHARACTERISTICS:
For all persons

4. WHERE DID YOUR MOTHER LIVE WHEN YOU WERE BORN...
Read: 00001
In this same place?.....
In another settled place?
_____ (specify) (Go to 5)
District: _____
Province: _____
In another country? _____ (specify) (Continue with 4a)

4a. WHEN DID YOU COME TO PANAMA...
Before 1990?..... 1
From 1990 to 1995?..... 2
From 1996 to the present?..... 3

5. WHERE DO YOU LIVE PERMANENTLY...
Read: 00001
In this same place?.....
In another settled place?
_____ (specify) (Continue with Number 6)
District: _____
Province: _____
In another country? 99998 } (Conclude interview)

6. WHERE DID YOU LIVE BEFORE COMING TO THE PLACE WHERE YOU NOW LIVE PERMANENTLY?
In this same place..... 00001 } (Go to 9)
In another settled place:
_____ (specify)
District: _____
Province: _____ (Continue with number 6a)
In another country _____ (specify)

6a. WHEN DID YOU COME TO THE PLACE WHERE YOU LIVE PERMANENTLY...
Read: 1
Before 1990?..... 1
From 1990 to 1995?..... 2
From 1996 to the present?..... 3

7. WHAT WAS THE MAIN REASON THAT YOU CAME TO RESIDE WHERE YOU CURRENTLY RESIDE...
Job transfer?..... 1
Found work?..... 2
Looking for work?..... 3
Education?..... 4
Transfer of parents?..... 5
Other _____ 6
specify

8. WHAT DID YOU DO IN THE PLACE WHERE YOU LIVED BEFORE YOU CAME TO LIVE WHERE YOU LIVE PERMANENTLY?
Worked..... 1
Attended school..... 2
Worked and attended school..... 3
Nothing (idle)..... 4
Less than 5 years old..... 5
Other _____ 6
specify

VII. EDUCATIONAL CHARACTERISTICS
For persons aged 5 years or more

9. ARE YOU CURRENTLY ATTENDING SCHOOL?
Yes 1 (Go to 9C) No 2 Apply Questions 9a and 9b to those persons aged 5 to 17 years. Over 17 years of age, go to Number 10.

9a. WHAT IS THE MAIN REASON YOU ARE NOT ATTENDING SCHOOL?
No convenient primary or secondary school is available..... 01
Self-supporting..... 02
Cannot pay for studies..... 03
Low academic performance/not interested in studying..... 04
Failed at school..... 05
The family does not allow him/her to study.. 06
Disease/disability..... 07
Have to assist in the household chores..... 08
To work in a business firm or farm belonging to the household..... 09
Work for income / wages..... 10
Work in own business for income..... 11
Afraid of the teachers..... 12
Other _____ 13
specify

9b. HOW LONG AGO DID YOU STOP ATTENDING SCHOOL?
Less than a month 100
Months 1 } (Go to 10)
Years 2

9c. HOW REGULARLY DO YOU ATTEND SCHOOL?
Every day 1
Three days a week 2
Less than three days a week 3

10. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOLING YOU HAVE COMPLETED?
No schooling 01
Pre-School 02
Special education 03
Primary School 1
Vocational School 2
Secondary School 3
Superior not University 4
Superior University 5
Graduate 6
Masters 7
Doctorate 8

V. GENERAL CHARACTERISTICS:
For all persons

1. WHAT RELATION OR RELATIONSHIP DO YOU HAVE WITH THE HEAD OF HOUSEHOLD?

- Spouse of head of household 2
- Son/daughter..... 3
- Other relative 4
- Domestic help..... 5
- Not related 6

- 2. SEX.....**
- Male 1
 - Female 2

3. WHAT WAS YOUR AGE AT YOUR LAST BIRTHDAY?

Years.....

VI. SOCIO-DEMOGRAPHIC CHARACTERISTICS:
For all persons

4. WHERE DID YOUR MOTHER LIVE WHEN YOU WERE BORN?

Read: 00001
In this same place?.....
In another settled place?
 _____ (Go to 5)
 (specify)
 District: _____
 Province: _____
In another country?..... (Continue with 4a)
 (specify)

4a. WHEN DID YOU COME TO PANAMA?

- Before 1990?..... 1
- From 1990 to 1995?..... 2
- From 1996 to the present?..... 3

5. WHERE DO YOU LIVE PERMANENTLY?

Read: 00001
In this same place?.....
In another settled place?
 _____ (Continue with Number 6)
 (specify)
 District: _____
 Province: _____
In another country?..... 99998 } (Conclude interview)

6. WHERE DID YOU LIVE BEFORE COMING TO THE PLACE WHERE YOU NOW LIVE PERMANENTLY?

In this same place?..... 00001 } (Go to 9)
In another settled place:

 (specify)
 District: _____ (Continue with number 6a)
 Province: _____
In another country _____ (specify)

6a. WHEN DID YOU COME TO THE PLACE WHERE YOU LIVE PERMANENTLY...

- Read: 1
 2
 3
- Before 1990?..... 1
 - From 1990 to 1995?..... 2
 - From 1996 to the present?..... 3

7. WHAT WAS THE MAIN REASON THAT YOU CAME TO RESIDE WHERE YOU CURRENTLY RESIDE?

- Job transfer?..... 1
- Found work?..... 2
- Looking for work?..... 3
- Education?..... 4
- Transfer of parents?..... 5
- Other _____ 6
specify

8. WHAT DID YOU DO IN THE PLACE WHERE YOU LIVED BEFORE YOU CAME TO LIVE WHERE YOU LIVE PERMANENTLY?

- Worked..... 1
- Attended school..... 2
- Worked and attended school..... 3
- Nothing (idle)..... 4
- Less than 5 years old..... 5
- Other _____ 6
specify

VII. EDUCATIONAL CHARACTERISTICS
For persons aged 5 years or more

9. ARE YOU CURRENTLY ATTENDING SCHOOL?

- Yes 1 (Go to 9C) No 2 Apply Questions 9A and 9B to those persons aged 5 to 17 years. Over 17 years of age, go to number 10.

9a. WHAT IS THE MAIN REASON YOU ARE NOT ATTENDING SCHOOL?

- No convenient primary or secondary school is available..... 01
- Self-supporting..... 02
- Cannot pay for studies..... 03
- Low academic performance/not interested in studying..... 04
- Failed at school..... 05
- The family does not allow him/her to study.. 06
- Disease/disability..... 07
- Have to assist in the household chores..... 08
- To work in a business firm or farm belonging to the household..... 09
- Work for income / wages..... 10
- Work in own business for income..... 11
- Afraid of the teachers..... 12
- Other _____ 13
specify

9b. HOW LONG AGO DID YOU STOP ATTENDING SCHOOL?

- Less than a month 100 } (Go to 10)
 Months 1
 Years 2

9c. HOW REGULARLY DO YOU ATTEND SCHOOL?

- Every day 1
- Three days a week 2
- Less than three days a week 3

10. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOLING YOU HAVE COMPLETED?

- No schooling 01
- Pre-School 02
- Special Education 03
- Primary 1
- Vocational 2
- Secondary School 3
- Superior not University 4
- Superior University 5
- Graduate 6
- Masters 7
- Doctorate 8

31. WHERE DID YOU WORK? (Write the name of the business, establishment, firm, Government, or Municipal Department. For those employed in the Canal Area, enter the name of the firm, office, section, division, or department where you worked)

- Name of the firm or institution..... 1
- At home..... 2
- On the street..... 3
- On an agricultural farm..... 4
- Other..... 5

32. WHAT IS THE BUSINESS OF THIS FIRM, ESTABLISHMENT, OR COMPANY? Write grocery sales, pasteurising milk, liquor sales, selling food, etc., as may be the case.

Main activity of the business or establishment

33. HOW MANY PERSONS WORK IN THE ESTABLISHMENT OR INSTITUTION WHERE YOU WORK OR WORKED?

Read:

- Less than 5..... 1
- 5 – 10..... 2
- 11 – 19..... 3
- 20 – 49..... 4
- 50 or more 5

34. THE ESTABLISHMENT WHERE YOU WORK OR WORKED IS ...

Read:

- Your own?..... 1
- Your mother's or your father's?..... 2
- Another relative's?..... 3
- Not a relative?..... 4

35. WHERE YOU WORK, OR WORKED THE LAST TIME, WHAT DID YOU WORK AS?

Read:

- Government Employee..... 1
 - Private Business Employee..... 2
 - Employee of the Canal
 - Commission or Defence Sites... 3
 - Household Service..... 4
- (Continue with 36)
- Self-Employed..... 5
 - Employer (Owner)..... 6
 - Family Worker..... 7
- (Go to 39)

36. HOW IS OR WAS YOUR RELATIONSHIP WITH YOUR EMPLOYER?

- Good 1
 - Regular 2
 - Bad 3
- (Go to 38)
- (Continue with 37)

37. WHAT WERE THE MAIN REASONS FOR THIS? (More than one response is allowed)

- a. Wants you to do too much work..... 1
 - b. Wants you to do the work in a shorter time..... 2
 - c. Bad pay..... 3
 - d. Doesn't pay on time..... 4
 - e. Physical / verbal abuse..... 5
 - f. Other _____ 6
- specify

38. WHICH OF THE FOLLOWING BENEFITS WERE OFFERED BY YOUR EMPLOYER? (More than one response is allowed)

Read:

- a. Social Security (health, pension, etc.)..... 01
 - b. Paid vacations..... 02
 - c. Paid disability..... 03
 - d. Benefit or bonuses (frequently)..... 04
 - e. Uniforms at no cost..... 05
 - f. Subsidised uniforms..... 06
 - g. Meals at no cost..... 07
 - h. Subsidised meals..... 08
 - i. Transportation at no cost..... 09
 - j. Subsidised transportation..... 10
 - k. Housing at no cost 11
 - l. Subsidised housing..... 12
 - m. None..... 13
 - n. Other _____ 14
- specify

ASK THE FOLLOWING QUESTIONS OF THOSE WHO ARE EMPLOYED
(Those with any of the red shaded circles checked)

39. HOW LONG HAVE YOU BEEN WORKING IN THIS BUSINESS, FIRM, OR INSTITUTION?

- Less than a month..... 100
- Months..... 1
- Years..... 2

40. DO YOU WORK FOR A FIXED WAGE? (ONLY FOR THOSE EMPLOYED, CIRCLES 1, 2, AND 4 IN QUESTION 35)

- Yes 1
- No 2
- How many per month?
- (Continue with 41)
- By day?..... 1 days
 - By piecework? 2 pieces
 - By hour?..... 3

41. IS YOUR WORK SHIFT:

- Daytime 1
- Evening 2
- Night 3
- Rotating 4

42. HOW MANY HOURS DID YOU WORK LAST WEEK ON YOUR JOB?

43. WHAT WAS YOUR WAGE OR MONTHLY INCOME FROM YOUR JOB?

a) If he/she is employed, probe gross wages and salaries (without tax or Social Security deductions).

- 1. Cash wages..... B/.
 - 2. In kind..... B/.
- (Continue with number 44)

b) If he/she is "employer" or "self-employed" probe net income (revenue less business expenses).

- 3. Cash income for independent work.... B/.
- Go to 46

44. BESIDES YOUR HOURS WORKED, DID YOU WORK OVERTIME? (Only for persons who are employed, circles 1, 2, and 4 in Question 35)

- Yes 1
- No 2 (Go to 46)

How many? (Continue with 45)

45. HOW MUCH WERE YOU PAID FOR OVERTIME?

- a. In cash..... B/.
- b. Other benefits (bonuses)..... B/.
- c. Compensated in regular hours.....
- d. Haven't been paid for it yet 1

46. IF YOU ARE ATTENDING SCHOOL BUT ARE ALSO WORKING, DOES YOUR WORK AFFECT YOUR STUDIES? (Ask this question of those attending school, Circle 1 in Question 9, who are also employed)

Yes 1 No 2

IX. JOB RELATED INJURIES OR DISEASES
(For all employed persons)

47. HAVE YOU EVER BEEN INJURED ON THE JOB, OR HAVE YOU SUFFERED ANY DISEASE BECAUSE OF IT?

Yes 1 (Continue) No 2 (Go to 59)

48. HOW OFTEN HAVE YOU BEEN INJURED OR SUFFERED DISEASES ON THE JOB?

Often / frequently..... 1
Occasionally..... 2
Infrequently / Rarely..... 3

49. WHAT WAS YOUR OCCUPATION WHEN THE ACCIDENT HAPPENED OR WHEN YOU SUFFERED THE DISEASE OR INJURY? (Indicate occupation when the most serious injury occurred)

_____ | | | |

50. WHAT DOES THE BUSINESS, ESTABLISHMENT, OR FIRM DO, WHERE YOU WERE EMPLOYED AND AS A RESULT OF WHICH YOU WERE INJURED OR SUFFERED THE DISEASE?

_____ | | | |

51. DID YOU KNOW THAT YOU COULD HAVE HEALTH PROBLEMS, RISK OF INJURY OR DISEASE DUE TO THE JOB YOU HAVE OR HAD?

Yes 1 No 2

52. WHAT TYPE OF INJURY OR DISEASE DID YOU HAVE?

General, such as fever, cold..... 01
Eye infection..... 02
Ear infection..... 03
Skin problems..... 04
Respiratory problems..... 05
Neck pain..... 06
Back problems..... 07
Anaemia..... 08
Fracture..... 09
Blows / bruises..... 10
Burns..... 11
Wound (Cut)..... 12
Other _____ 13

specify

53. DID YOU RECEIVE HEALTH CARE?

Yes 1 (Continue) No 2 ... (Go to 58)

54. WHO PROVIDED THE CARE?

Doctor 1 Nurse 2 Paramedic 3
Curandero 5 Nurse's Aide 4 Other 6

55. WHERE DID YOU RECEIVE CARE? (More than one response is allowed)

a. At home..... 01
b. In the workplace..... 02
c. In a public hospital..... 03
d. In a private hospital..... 04
e. In a clinic..... 05
f. In a Health Centre..... 06
g. Social Security Polyclinic..... 07
h. Did not receive 08
i. Other _____ 09

specify

56. HOW SERIOUS WAS THE INJURY OR THE DISEASE?

Read:

Required medical treatment and was

Released immediately..... 1
Hospitalised..... 2 | | | | days
Stopped working temporarily..... 3
Permanently prevented from working..... 4
Did not require any medical treatment 5
Other _____ 6

specify

57. WHO PAID FOR THE TREATMENT? (More than one response is allowed)

a. Social. Security..... 1
b. Employer..... 2
c. Parents/Guardian..... 3
d. Respondent..... 4
e. No charge..... 5
f. Other _____ 6

(Go to Question 59)

specify

58. WHY DIDN'T YOU RECEIVE HEALTH CARE?

Read:

Did not seek for lack of funds..... 1
Was not concerned about it at the time..... 2
Had no way to get to the doctor..... 3
He/she used self-medication..... 4

59. ARE YOU AWARE OF ANY HEALTH PROBLEM RELATED TO YOUR CURRENT JOB?

Yes 1 No 2

60. DO YOU FACE PROBLEMS OR DIFFICULTIES IN THE JOB YOU CURRENTLY HOLD?

Yes 1 No 2

61. DO YOU AND YOUR COMPANIONS USE ANY OF THE FOLLOWING EQUIPMENT AT WORK? (More than one response is allowed)

Read:

Works alone 1

Has companions... 2

You	Read:
a. Safety glasses..... <input type="radio"/> 01	g. Safety glasses..... <input type="radio"/> 07
b. Hard hats..... <input type="radio"/> 02	h. Hard hats..... <input type="radio"/> 08
c. Earplugs..... <input type="radio"/> 03	i. Earplugs..... <input type="radio"/> 09
d. Special shoes..... <input type="radio"/> 04	j. Special shoes..... <input type="radio"/> 10
e. None..... <input type="radio"/> 05	k. None..... <input type="radio"/> 11
f. Other _____ <input type="radio"/> 06	l. Other _____ <input type="radio"/> 12

specify

specify

ASK THIS QUESTION OF ALL HOUSEHOLD MEMBERS AGED 5 OR MORE YEARS WHO HABITUALLY RESIDE IN THE DWELLING.

62. DID YOU RECEIVE INCOME LAST MONTH FOR: (Do not include incomes declared in Questions 43 and 45)

Read:

a. Pension or retirement?..... | | | | |
b. Family assistance?..... | | | | |
c. Leases, annuities, interest, or benefits?..... | | | | |
d. Lottery prizes or other games of chance..... | | | | |
e. Scholarships or subsidies?..... | | | | |
f. Agricultural income?..... | | | | |
g. Other income? (odd jobs)..... | | | | |
h. Did not perceive any of these incomes?..... 1

X. PERCEPTIONS OF THE PARENTS OF PERSONS AGED 5 TO 17 YEARS WHO ARE EMPLOYED

COPY THE NAMES OF ALL THE MINORS FROM 5 TO 17 YEARS OF AGE WHO DECLARED THEY WERE OCCUPIED, PROCEED TO ENTER THE NUMBER OF THE CORRESPONDING PERSON FROM THE MAIN QUESTIONNAIRE WITH THEIR NAME, AND ASK THEIR PARENT OR GUARDIAN THE FOLLOWING QUESTIONS ABOUT EACH CHILD.

Name of the employed minor	PERSON N° _____	PERSON N° _____	PERSON N° _____	PERSON N° _____
1. What does (name) do for entertainment when he/she isn't working? (Accept more than one response)	Plays with friends.....O 01			
	Plays with siblings.....O 02			
	Watches television.....O 03	Watches television.....O 03	Watches television.....O 03	Watches television.....O 03
	Goes to video gaming establishments.....O 04			
	Plays alone at home.....O 05			
	Reads.....O 06	Reads.....O 06	Reads.....O 06	Reads.....O 06
	Listens to music.....O 07			
	Studies.....O 08	Studies.....O 08	Studies.....O 08	Studies.....O 08
	Other _____ O 09 specify			
	2. Why is he / she allowed to work?	To complement the family's income.....O 1	To complement the family's income.....O 1	To complement the family's income.....O 1
To pay pending debts.....O 2		To pay pending debts.....O 2	To pay pending debts.....O 2	To pay pending debts.....O 2
To help out in the household industry, business, or farmO 3		To help out in the household industry, business, or farmO 3	To help out in the household industry, business, or farmO 3	To help out in the household industry, business, or farmO 3
The school programme is inadequate.....O 4		The school programme is inadequate.....O 4	The school programme is inadequate.....O 4	The school programme is inadequate.....O 4
School is far away.....O 5		School is far away.....O 5	School is far away.....O 5	School is far away.....O 5
Other _____ O 6 specify		Other _____ O 6 specify	Other _____ O 6 specify	Other _____ O 6 specify
3. If he / she were to cease working, what would happen?	The household standard of living would fall.....O 1	The household standard of living would fall.....O 1	The household standard of living would fall.....O 1	The household standard of living would fall.....O 1
	The household could not survive.....O 2			
	The household business could not operate completely and it is not possible to pay other manpower.....O 3	The household business could not operate completely and it is not possible to pay other manpower.....O 3	The household business could not operate completely and it is not possible to pay other manpower.....O 3	The household business could not operate completely and it is not possible to pay other manpower.....O 3
	Other _____ O 4 specify			
4. If he / she were allowed to select, what would he / she prefer to do in the future?	Attend school on a full-time basis.....O 01			
	Work full-time to earn income.....O 02			
	Help full-time in the household business, firm, or farm.....O 03	Help full-time in the household business, firm, or farm.....O 03	Help full-time in the household business, firm, or farm.....O 03	Help full-time in the household business, firm, or farm.....O 03
	Work full-time on household chores or on domestic activities.. ..O 04	Work full-time on household chores or on domestic activities.. ..O 04	Work full-time on household chores or on domestic activities.. ..O 04	Work full-time on household chores or on domestic activities.. ..O 04
	Attend school half-time and the other half-time work to earn income.....O 05	Attend school half-time and the other half-time work to earn income.....O 05	Attend school half-time and the other half-time work to earn income.....O 05	Attend school half-time and the other half-time work to earn income.....O 05
	Part-time in the household business, firm, or farm.....O 06	Part-time in the household business, firm, or farm.....O 06	Part-time in the household business, firm, or farm.....O 06	Part-time in the household business, firm, or farm.....O 06
	Part-time on household chores.....O 07			
	Complete his / her education and begin to work.....O 08	Complete his / her education and begin to work.....O 08	Complete his / her education and begin to work.....O 08	Complete his / her education and begin to work.....O 08
	Find a better job than the current oneO 09	Find a better job than the current oneO 09	Find a better job than the current oneO 09	Find a better job than the current oneO 09
	Other _____ O 10 specify			

XI. PERCEPTIONS OF THE PERSONS AGED 5 TO 17 YEARS WHO ARE EMPLOYED

COPY THE NAMES OF ALL THE MINORS FROM 5 TO 17 YEARS OF AGE WHO DECLARED THEY WERE OCCUPIED, PROCEED TO ENTER THE NUMBER OF THE CORRESPONDING PERSON FROM THE MAIN QUESTIONNAIRE WITH THEIR NAME, AND ASK EACH ONE OF THEM THE FOLLOWING QUESTIONS ON AN INDEPENDENT BASIS.

Name of the employed minor	PERSON N° _____	PERSON N° _____	PERSON N° _____	PERSON N° _____
1. Do you give part or all of your income to your parents / guardian with whom you usually live?	Yes, my employer turns everything over to them directly.....O 1	Yes, my employer turns everything over to them directly.....O 1	Yes, my employer turns everything over to them directly.....O 1	Yes, my employer turns everything over to them directly.....O 1
	Yes, I turn everything over to them.....O 2	Yes, I turn everything over to them.....O 2	Yes, I turn everything over to them.....O 2	Yes, I turn everything over to them.....O 2
	Yes, part is turned over by the employer.....O 3	Yes, part is turned over by the employer.....O 3	Yes, part is turned over by the employer.....O 3	Yes, part is turned over by the employer.....O 3
	Yes, I give part to them.....O 4			
	No.....O 5	No.....O 5	No.....O 5	No.....O 5
	Other _____ O 6 specify ↓ Family worker..... O 7 (Go to 4)	Other _____ O 6 specify ↓ Family worker..... O 7 (Go to 4)	Other _____ O 6 specify ↓ Family worker..... O 7 (Go to 4)	Other _____ O 6 specify ↓ Family worker..... O 7 (Go to 4)
2. Do you save any part of your earnings?	Yes, regularly.....O 1	Yes, regularly.....O 1	Yes, regularly.....O 1	Yes, regularly.....O 1
	Yes, occasionally.....O 2	Yes, occasionally.....O 2	Yes, occasionally.....O 2	Yes, occasionally.....O 2
	No O 3→ (Go to 4)			
3. What is your main reason for saving?	To start-up my own business.....O 1			
	To attend school.....O 2			
	Other _____ O 3 specify			
4. Are you satisfied with your current job?	Yes O 1→ (Go to 6)			
	No O 2→ (Continue)			
5. Why not?	Wages are too low.....O 1			
	Work very hard and tiring....O 2			
	Employer very hard / demanding.....O 3			
	Income as self-employed is very low.....O 4			
	Other _____ O 5 specify			
6. If you were given the opportunity, what would you like to do now and in the future?	Now _____ _____	Now _____ _____	Now _____ _____	Now _____ _____
	a. [] [] []			
	In the future _____ _____			
	b. [] [] []			

CANVASSER'S OBSERVATIONS:

(Please make any comment / observation about the interviews, the interviewees, etc., which might facilitate later processing.)