

BEL I ZE

CH I LD ACT I V I TY SURVEY

FEBRUARY 2001



<p>INSTRUCTIONS</p> <p>Use No. 2 pencils only. Do not use pen.</p> <p>Check "✓" in the box with the appropriate response.</p> <p>Mark only one response for each question. (Except where stated)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Incorrect Marks</td> <td style="width: 50%; text-align: center;">Correct Mark</td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> </tr> </table>	Incorrect Marks	Correct Mark	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">DISTRICT NUMBER</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>URBAN/ RURAL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ED NUMBER</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>HOUSEHOLD NUMBER</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>WEEK NUMBER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	DISTRICT NUMBER	<input type="checkbox"/>	URBAN/ RURAL	<input type="checkbox"/>	ED NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HOUSEHOLD NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WEEK NUMBER	<input type="checkbox"/>
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HOUSEHOLD NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>														
WEEK NUMBER	<input type="checkbox"/>														

ADDRESS AND TELEPHONE # OF HOUSEHOLD:

CITY/TOWN/VILLAGE:

DISTRICT:

INTERVIEWER'S SIGNATURE:

RECORD OF VISITS				
INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
RESULT				

Number of persons living in this household _____. DK/NS --- (99)

RESULT CODES

- | | |
|--|---|
| 1 = Complete | 07 = No contact |
| 2 = Partially complete | 08 = Vacant Lot |
| 3 = No suitable respondent/No child between 5-17 years | 09 = Under Construction/Not Livable (uninhabitable) |
| 4 = Vacant | 10 = Other (Specify _____) |
| 5 = Refusal | |
| 6 = Address not found | |

FIELD SUPERVISOR / DISTRICT SUPERVISOR	
SIGNATURE	DATE

EDITOR	
SIGNATURE	DATE

EDITOR/CODER	
SIGNATURE	DATE

DATA ENTRY OPERATORS	
SIGNATURE	DATE

FOR ALL MEMBERS OF THE HOUSEHOLD

Please give me the name, age and date of birth of all the persons who usually sleep and share at least one daily meal with your household.

INTERVIEWER: Start with the head, then list all other members (including small children and babies) by order of age (age in the reference week), from the oldest to the youngest.

1.

SURNAME	FIRST NAME	AGE	SEX
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2.

SURNAME	FIRST NAME	AGE
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3.

SURNAME	FIRST NAME	AGE
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4.

SURNAME	FIRST NAME	AGE
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5.

SURNAME	FIRST NAME	AGE
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6.

SURNAME	FIRST NAME	AGE
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7.

SURNAME	FIRST NAME	AGE
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8.

SURNAME	FIRST NAME	AGE
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9.

SURNAME	FIRST NAME	AGE
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10.

SURNAME	FIRST NAME	AGE
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11.

SURNAME	FIRST NAME	AGE
---------	------------	-----

12.

SURNAME	FIRST NAME	AGE
---------	------------	-----

13.

SURNAME	FIRST NAME	AGE
---------	------------	-----

14.

SURNAME	FIRST NAME	AGE
---------	------------	-----

15.

SURNAME	FIRST NAME	AGE
---------	------------	-----

INTERVIEWER'S COMMENTS

(INTERVIEWER: THE RESPONDENT FOR SECTIONS I – X SHOULD BE THE PARENT/GUARDIAN OF ANY OF THE CHILDREN. UNLESS THE PARENT/GUARDIAN IS NOT PRESENT, SELECT A RESPONSIBLE ADULT WHO IS OLDER THAN 17 YEARS.)

SECTION I: HOUSING

1.1 Does this household own, rent or lease this dwelling?

- 01 Own (SKIP TO Q1.3)
- 02 Hire-purchase
- 03 Squat (SKIP TO Q1.3)
- 04 Rent – private
- 05 Rent – Government
- 06 Lease
- 07 Rent –free (SKIP TO Q1.3)
- 08 Provided free by employer (SKIP TO Q1.3)
- 09 Other (Specify _____)
- 99 Don't know/Not stated (SKIP TO Q1.3)

1.2 Please give amount paid per month by the household.

\$ _____ per month.

(INTERVIEWER: IF DK/NS WRITE '9999' FOR THE ANSWER IN THE ABOVE LINE)

1.3. What type of dwelling does this household occupy?

- 01 Undivided private house
- 02 Part of a private house
- 03 Flat/apartment/condominium
- 04 Double house/duplex
- 05 Combined business & dwelling
- 06 Barracks
- 07 Other (Specify _____)
- 09 Don't know/Not stated

1.4 How many rooms does this house have including drawing and dining rooms (excluding bathrooms)?

- 01 1-2 rooms
- 02 3-4 rooms
- 03 More than 4 rooms
- 04 Other (Specify _____)

1.5 What type of toilet facility does this household have?

- 01 Sewerage linked to WASA sewer system
- 02 Sewerage linked to septic tank
- 03 Pit latrine, ventilated and elevated
- 04 Pit latrine, ventilated and not elevated
- 05 Pit latrine, ventilated compost
- 06 Pit latrine, not ventilated
- 07 Other (Specify _____)
- 08 None **(SKIP TO Q1.7)**
- 09 Don't know/Not stated **(SKIP TO Q1.7)**

1.6 Are these toilet facilities shared with another person not of this household or with another household?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

1.7 Where is the main kitchen?

- 01 Inside house
- 02 Outside house
- 03 Outside house, shared with another household(s)
- 04 Other (Specify _____)
- 05 Not available
- 09 Don't know/Not stated

1.8 What type of lighting does this household use most?

- 01 Gas lamp
- 02 Kerosene lamp
- 03 Electricity from BEL
- 04 Electricity from a private generator
- 05 Other (Specify _____)
- 09 Don't know/Not stated

1.9 What type of fuel does this household use most for cooking?

- 01 Wood
- 02 Gas (Butane)
- 03 Kerosene
- 04 Electricity
- 05 Does not cook
- 06 Other (Specify _____)
- 09 Don't know/Not stated

1.10 What is the main source of your drinking water supply?

- 01 Private, piped into dwelling
- 02 Private vat/drum/well, not piped
- 03 Public, piped into dwelling
- 04 Public, piped into yard
- 05 Public standpipe or hand pump
- 06 Public well
- 07 River/Stream/Creek/Pond/Spring
- 08 Purified water
- 09 Other (Specify _____)
- 99 Don't know/Not stated

1.11 Which of the following does this household own? (MORE THAN ONE ANSWER ACCEPTABLE; READ OPTIONS)

- 01 Television (s)
- 02 VCR (s)
- 03 Radio(s)
- 04 Refrigerator (s)
- 05 Stove(s)
- 06 Washing machine(s)
- 07 Telephone (s)
- 08 Private vehicle (s)
- 09 Cycle (s) (Bicycle/Tricycle)
- 10 Motor cycle(s)
- 11 Personal Computer (s)
- 12 Microwave(s)
- 13 None of the above
- 14 Other(s) (Specify _____)
- 99 Don't know/Not stated

1.12 What is the estimated average monthly expense of this household?

\$ _____ (Income flash card) **DK/NS --- 99**

1.13 What is the estimated average monthly income of this household?

\$ _____ (Income flash card) **DK/NS---- 99**

1.14 What is the main activity from which this household received its income during the last 12 months?

- 01 Self employed in agricultural activities
- 02 Self employed in non-agricultural activities
- 03 Agricultural labour
- 04 Other casual labour
- 05 Government employee
- 06 Private sector employee
- 07 Pension, dividends, interest, property rent, investments, etc.
- 08 Remittance from abroad, public or private support
- 09 Other source (Specify _____)
- 99 Don't know/Not stated

SECTION II: MIGRATION STATUS OF HOUSEHOLDS

2.1 Has this household ever changed place of residence (within Town/Village, City, Country)?

- 01 Yes
- 02 No **(SKIP TO Q3.1)**
- 09 Don't know/Not stated **(SKIP TO Q3.1)**

2.2 What is the name of the last place of residence?

- 01 _____ Country? **DK/NS ---- 999**
- 02 _____ District (In Belize)? **DK/NS ---- 9**
- 03 _____ City/Town/Village (In Belize)? **DK/NS ---- 99**

2.3 What was the main reason for coming or changing to the present place of residence?

- 01 Job transfer
- 02 Found a job
- 03 Looking for a job
- 04 Education
- 05 Agricultural purpose
- 06 Natural disaster
- 07 Better living environment (but not due to natural disaster)
- 08 Move into own house
- 09 Evicted (Forced to move out, Thrown out, Put out)
- 10 Other (Specify _____)
- 99 Don't know/Not stated

2.4 How long has this household been living in the present place of residence?

- 01 Months **(IF LESS THAN 12 MONTHS)**
- 02 Years **(IF 12 MONTHS OR LONGER)**
- 09 Don't know/Not stated

SECTION III: ALL CHILDREN 5-17 YEARS OLD LIVING AWAY FROM THIS HOUSEHOLD (PARENTS' OR GUARDIANS' HOUSEHOLD)

(INTERVIEWER: PLEASE BE CONSISTENT WITH THE ORDER OF CHILDREN FOR EACH QUESTION)

3.1 Is there any parent in this household who has a child 5 to 17 years old who is living elsewhere, i.e. not listed as a household member?

- 01 Yes (Please write down the names, sex and age starting from the oldest to the youngest)
- 02 No (SKIP TO Q4.1)
- 09 Don't know/Not stated (SKIP TO Q4.1)

PERSON

Name	Sex Male = 1 Female = 2	Age (in years)
01 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06 _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

3.2 (INTERVIEWER: NEED ONLY NAME OF PERSON/INSTITUTION AND ADDRESS)

With whom and where does (n) live or reside now? (REFER TO ORDER ON Q3.1)

Person 01

Name of Person/Institution:

_____ DK/NS ---- 9

01 _____ Country DK/NS ---- 999

02 _____ District (In Belize) DK/NS ---- 9

03 _____ City/Town/Village (In Belize) DK/NS ---- 99

Person 02

Name of Person/Institution:

DK/NS --- 9

01 _____ Country

DK/NS --- 999

02 _____ District (In Belize)

DK/NS --- 9

03 _____ City/Town/Village (In Belize)

DK/NS --- 99

Person 03

Name of Person/Institution:

DK/NS --- 9

01 _____ Country

DK/NS --- 999

02 _____ District (In Belize)

DK/NS --- 9

03 _____ City/Town/Village (In Belize)

DK/NS --- 99

Person 04

Name of Person/Institution:

DK/NS --- 9

01 _____ Country

DK/NS --- 999

02 _____ District (In Belize)

DK/NS --- 9

03 _____ City/Town/Village (In Belize)

DK/NS --- 99

Person 05

Name of Person/Institution:

DK/NS --- 9

01 _____ Country

DK/NS --- 999

02 _____ District (In Belize)

DK/NS --- 9

03 _____ City/Town/Village (In Belize)

DK/NS --- 99

Person 06

Name of Person/Institution:

01 _____ Country DK/NS ---- 9

02 _____ District (In Belize) DK/NS ---- 999

03 _____ City/Town/Village (In Belize) DK/NS ---- 9

3.3 Do you know what (n) is doing presently? (Refer to order of persons in Q3.1)

	Person number (one response per person)					
	1	2	3	4	5	6
01 Self employed but not attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Working for someone but not attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Attending school or a training institution but not working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Working and attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Involved in housekeeping activities in their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Not working and not attending school and not involved in housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Don't know/Not stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Does (n) get in touch with this household? (Refer to order of persons in Q3.1)

	Person number (one response per person)					
	1	2	3	4	5	6
01 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 No (Interview finishes for this person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Don't know/Not stated (Interview finishes for this person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 When was the last time (n) contacted this household?

	Month		Year				DK/NS
Person 01	<input type="checkbox"/>						
Person 02	<input type="checkbox"/>						
Person 03	<input type="checkbox"/>						
Person 04	<input type="checkbox"/>						
Person 05	<input type="checkbox"/>						
Person 06	<input type="checkbox"/>						

3.6 Does (n) sometimes send money or goods, etc to this household?

	Yes	No	DK/NS
Person 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(INTERVIEWER: ONLY FOR PERSONS WHO RESPONDED 'NO' OR 'DK/NS' TO Q3.6, THE INTERVIEW FINISHES AT THIS POINT)

3.7 When was the last time (n) sent money or goods, etc?

	Month		Year				DK/NS
Person 01	<input type="checkbox"/>						
Person 02	<input type="checkbox"/>						
Person 03	<input type="checkbox"/>						
Person 04	<input type="checkbox"/>						
Person 05	<input type="checkbox"/>						
Person 06	<input type="checkbox"/>						

**SECTION IV: RESPONDENT CHARACTERISTICS (RESPONDENT FOR SECTIONS I-X)
(INTERVIEWER: RESPONDENT SHOULD BE OLDER THAN 17 YEARS)**

PERSON

4.1 What is your relationship to the head of the household?

- 01 Head
- 02 Spouse/Partner
- 03 Child
- 04 Son/daughter-in-law
- 05 Parent/parent-in-law
- 06 Other relative
- 07 Non-relative
- 09 Don't know/Not stated

4.2 (INTERVIEWER: PLEASE TICK SEX OF RESPONDENT)

- 01 Male
- 02 Female

4.3 What was your age on the week ending __/__/__?

Years DK/NS ----- 99

4.4 To what ethnic, racial or national group do you belong?

- 01 Creole
- 02 East Indian
- 03 Garifuna
- 04 Maya
- 05 Mennonite
- 06 Mestizo
- 07 Spanish/Latino/Ladino/Hispanic
- 08 Chinese (China/Hong Kong/Taiwan)
- 09 Caucasian/White
- 10 Other (Specify _____)
- 99 Don't know/Not stated

4.5 In what country were you born?

_____ DK/NS ----- 999

4.6 Are you presently attending formal school whether part or full-time?

- 01 YES-Full-time
- 02 YES-Part-time
- 03 NO (SKIP TO Q4.6ii)
- 09 Don't know/Not stated (SKIP TO Q4.6ii)

4.6i In what standard/form/year– school level are you presently?

Standard/form/year school level

(SKIP TO Q4.7)

4.6ii What was the last standard/form/year – school level you have completed?

Standard/form/year school level

4.7 What is the highest academic level you have completed?

- 01 None
- 02 Primary
- 03 High School
- 04 BTTC/BCA/BNS
- 05 Sixth Form or equivalent
- 06 University
- 09 Don't know/Not stated (SKIP TO Q5.1)

INTERVIEWER: SKIP TO Q5.1 AND RECORD Q4.8

4.8 Number of years beyond level completed?

Years DK/NS ----- 99

SECTION V: CHARACTERISTICS OF THE CHILD 5 – 17 YEARS OLD
(INTERVIEWER: PLEASE WRITE THE CHILD 5-17 YEARS OLD
NUMBER BELOW FROM THE LISTING ON PAGE 3)

PERSON

5.1 What is (name of child) relationship to you?

- 01 Spouse/Partner
- 02 Child
- 03 Brother/Sister
- 04 Brother/Sister-in-law
- 05 Grandchild
- 06 Other relative
- 07 Non-relative
- 09 Don't know/Not stated

5.2 What is (name of child)'s sex?

- 01 Male
- 02 Female

5.3 What was the age of (name of child) the week ending __/__/__?

Years DK/NS ----- 99

5.4 In what country was (name of child) born?

_____ DK/NS ----- 999

5.5 To what ethnic, racial or national group does (name of child) belong?

- 01 Creole
- 02 East Indian
- 03 Garifuna
- 04 Maya
- 05 Mennonite
- 06 Mestizo
- 07 Spanish/Latino/Ladino/Hispanic
- 08 Chinese (China/Hong Kong/Taiwan)
- 09 Caucasian/White
- 10 Other (Specify _____)
- 99 Don't know/Not stated

SECTION VI: MIGRATION STATUS OF THE CHILD 5-17 YEARS OLD

6.1 Has (name of child) always been living with the present household?

- 01 Yes (SKIP TO Q7.1)
 02 No

6.2 Where was the last place of usual residence of (name of child) prior to coming to this household's residence?

- 01 _____ Country DK/NS ----- 999
 02 _____ District (In Belize) DK/NS ----- 9
 03 _____ City/Town/Village (In Belize) DK/NS ----- 99

6.3 What was (name of child) doing in the last place of usual residence prior to coming to this household?

- | | |
|--|---|
| 01 <input type="checkbox"/> Self employed but not attending school | 06 <input type="checkbox"/> Involved in housekeeping activities in the past household |
| 02 <input type="checkbox"/> Working for someone but not attending school | 07 <input type="checkbox"/> Not working and not attending school and not involved in housekeeping |
| 03 <input type="checkbox"/> Attending school or a training institution but not working | 08 <input type="checkbox"/> Other (Specify _____) |
| 04 <input type="checkbox"/> Self employed and attending school | 09 <input type="checkbox"/> Don't know/Not stated |
| 05 <input type="checkbox"/> Working for someone and attending school | |

6.4 What was the main reason that (name of child) came to live or reside with the present household?

- | | |
|--|--|
| 01 <input type="checkbox"/> Job transfer | 07 <input type="checkbox"/> Parents migrated and left the child behind |
| 02 <input type="checkbox"/> Found a job | 08 <input type="checkbox"/> Child found a safer environment |
| 03 <input type="checkbox"/> Looking for a job | 09 <input type="checkbox"/> Child abandoned last house |
| 04 <input type="checkbox"/> Education | 10 <input type="checkbox"/> Start a family |
| 05 <input type="checkbox"/> Agricultural purpose | 11 <input type="checkbox"/> Other (Specify _____) |
| 06 <input type="checkbox"/> Natural disaster | 99 <input type="checkbox"/> Don't know/Not stated |

6.5 How long has (name of child) been living/residing in the present place of residence or present household?

- 01 Months (IF LESS THAN 12 MONTHS)
 02 Years (IF 12 MONTHS OR LONGER)
 09 Don't know/Not stated

SECTION VII: ECONOMIC ACTIVITY OF THE CHILD 5-17 YEARS OLD

Current Economic Activity of The Child During the Last Week.

7.1 Did (name of child) do any work for pay, profit or family gain for at least one hour, during the past week?

- 01 Yes
- 02 No (SKIP TO Q7.19)

7.2 What category of worker is or was (name of child) in his or her present or last job?

- 01 Own business/self-employed with paid help
- 02 Own business/self-employed without paid help
- 03 Paid employee – Government
- 04 Paid employee - Quasi Government
- 05 Paid employee – Private
- 06 Unpaid family worker
- 09 Don't know/Not stated

7.3 What is or was (name of child)'s job title? Give a brief description of (name of child)'s main duties. (For Economic Activity)

Title of Occupation _____ Code (ISIC)
Description _____

7.4 What type of business is or was carried on there?

_____ Code (ISIC) Code (BCEA)
Description _____

Place of Work/ Employers of The Child.

(INTERVIEWER: IF Q7.2 RESPONSE IS '06' OR '09' SKIP TO Q7.7. IF QUESTION Q7.2 RESPONSE IS '01' OR '02' SKIP TO Q7. 7B. IF QUESTION Q7.2 IS '03' OR '04' SKIPT TO Q7.6, ELSE CONTINUE)

7.5 Is (name of child) working for parent or guardian?

- 01 Yes (SKIP TO Q7.8)
- 02 No
- 09 Don't know/Not stated

7.6 Do you know where and for whom (name of child) works?

- 01 Yes
- 02 No **(SKIP TO Q7.8)**
- 09 Don't know/Not stated **(SKIP TO Q7.8)**

7.7 What is the name and address of (name of child)'s employer?

Name of employer or establishment/enterprise

Address
(SKIP TO Q7.8)

7.7b For those who have their own business: (Those who answered '01' or '02' to Q7.2)

Address of business _____
(INTERVIEWER: SKIP TO Q7.11)

7.8 How is or was (name of child)'s relationship with his or her employer?

- 01 Good **(SKIP TO Q7.10)**
- 02 Bad
- 03 Indifferent **(SKIP TO Q7.10)**
- 09 Don't know/Not stated **(SKIP TO Q7.10)**

**7.9 Give the main reasons for the bad relationship?
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01 Wants too much work done
- 02 Wants work done for long hours
- 03 Pays poorly
- 04 Does not pay on time
- 05 Abuses physically
- 06 Abuses verbally
- 07 Abuses mentally
- 08 Abuses sexually
- 09 Other (Specify _____)
- 99 Don't know/Not stated

**7.10 Which of the following benefits did/does the employer provide?
(MORE THAN ONE ANSWER IS ACCEPTABLE READ OPTIONS)**

- | | |
|--|---|
| 01 <input type="checkbox"/> Paid holidays | 08 <input type="checkbox"/> Subsidized meals |
| 02 <input type="checkbox"/> Paid sick leave | 09 <input type="checkbox"/> Free transport |
| 03 <input type="checkbox"/> Social security insurance (health, pension etc.) | 10 <input type="checkbox"/> Subsidized transport |
| 04 <input type="checkbox"/> Bonus (regularly) | 11 <input type="checkbox"/> Free lodging |
| 05 <input type="checkbox"/> Free uniform | 12 <input type="checkbox"/> Subsidized lodging |
| 06 <input type="checkbox"/> Subsidized uniform | 13 <input type="checkbox"/> No benefit at all |
| 07 <input type="checkbox"/> Free meals | 14 <input type="checkbox"/> Other (Specify _____) |
| | 99 <input type="checkbox"/> Don't know/Not stated |

Earnings and Hours of Work during the past week.

(INTERVIEWER: IF PERSON ANSWERED '06' OR '09' IN Q7.2 SKIP TO Q7.14 ELSE CONTINUE.)

**7.11 What was the amount (name of child) received for the last pay period?
(PLEASE WRITE THE AMOUNT GIVEN)**

- 01 \$ _____ in-Cash DK/NS ----- 9999
- 02 \$ _____ in -Kind DK/NS ----- 9999

7.12 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q7.11 AND DO NOT ASK THIS QUESTION)

The total earnings (name of child) received was:

\$ _____ in-cash and in-kind. DK/NS ----- 9999

7.13 How is (name of child) being paid?

- 01 Piece rate
- 02 Hourly
- 03 Daily
- 04 Weekly
- 05 Fortnightly
- 06 Monthly
- 07 Per task
- 08 Commission basis
- 09 Other (Specify _____)
- 99 Don't know/Not stated

7.14 During which time of the day does (name of child) work and for how many hours does he or she usually work?

(MORE THAN ONE ANSWER ACCEPTABLE)

- 01 Day time (5am-5pm) Hours DK/NS ----- 99
- 02 Evening time (5pm-8pm) Hours DK/NS ----- 9
- 03 Night time (8pm-5am) Hours DK/NS ----- 9

7.15 Is (name of child) aware of any likely health problem or possible injury or accident in connection with his or her work?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

7.16 Which of the following protective wear does (name of child) usually use while working? (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)

- 01 Glasses
- 02 Helmet
- 03 Earplugs
- 04 Special shoes
- 05 Gloves
- 06 Cap
- 07 None
- 08 Other (Specify _____)
- 09 Don't know/Not stated

7.17 Do other people doing the same work use protective wear while working?

- 01 Yes
- 02 No (**SKIP TO Q7.19**)
- 09 Don't know/Not stated (**SKIP TO Q7.19**)

7.18 Which of the following do they usually use? (MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)

- 01 Glasses
- 02 Helmet
- 03 Earplugs
- 04 Special shoes
- 05 Gloves
- 06 Cap
- 07 None
- 08 Other (Specify _____)
- 09 Don't know/Not stated

Usual Economic Activity of The 5-17 Years old Child During the Last 12 months before the reference week.

7.19 Was (name of child) engaged in any economic activity at any time during the last 12 months?

01 Yes

02 No (**SKIP TO Q8.1**)

09 Don't know/Not stated (**SKIP TO Q8.1**)

7.20 What was the total duration of work in all economic activities in which he or she was engaged?

01 Less than 1 month

02 1-3 months

03 4-6 months

04 7-9 months

05 10-12 months

09 Don't know/Not stated

7.21 Was (name of child) also attending school while he or she was engaged in economic activities?

01 Yes

02 No

09 Don't know/Not stated

SECTION VIII: NON ECONOMIC ACTIVITY AND COMPLETE IDLENESS OF THE CHILD 5-17 YEARS OLD:

Non Economic Activity during the past week

8.1 Has (name of child) been engaged in housekeeping activities or household chores (in own parents' or guardians' home) on a regular basis during the past week?

01 Yes

02 No (SKIP TO Q8.3)

8.2 How many hours a week, on the average, does (name of child) spend on these household chores or activities?

Minutes (IF LESS THAN 1 HOUR)

Hours (IF 1 HOUR OR MORE)

Don't know/Not stated ----- 99

(SKIP TO Q9.1)

Complete Idleness during the past week

8.3 Was (name of child) idle last week (he or she did not do anything last week)? (INTERVIEWER: CHILDREN WHO WERE IDLE DID NOT ATTEND SCHOOL NOR WERE ENGAGED IN ECONOMIC OR NON-ECONOMIC ACTIVITIES)

01 Yes

02 No (SKIP TO Q9.1)

8.4 What was the main reason for (name of child)'s idleness?

01 Too young to go to school

02 School holiday

03 Child is sick

04 Child wants to be idle

05 Other (Specify _____)

09 Don't know/Not stated

SECTION IX: HEALTH AND SAFETY ASPECTS OF THE CHILD 5-17 YEARS OLD WHO HAVE WORKED AT ANY TIME IN THE PAST:

9.1 Has (name of child) ever worked for pay, profit or family gain at anytime in the past?

- 01 Yes
- 02 No (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)
- 09 Don't know/Not stated (IF GIVEN CODE '01' IN Q8.1, SKIP TO 10.1, ELSE SKIP TO Q11.1)

9.2 Has (name of child) ever been hurt at work or suffered from any illness or injury due to his or her work at any time?

- 01 Yes
- 02 No (SKIP TO Q10.1)
- 09 Don't know/Not stated (SKIP TO Q10.1)

9.3 How often was (name of child) hurt or suffered from illnesses or injuries?

- 01 4 or more times a month
- 02 1 –3 times a month
- 03 Less than once per month
- 09 Don't know /Not stated

9.4 What job titles were held by (name of child) when the accident happened or when he/she suffered illness? (List up to 5 occupations or jobs)

	Code (ISCO)
01 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9.5 What types of business (es) was/were carried on there? (Economic activities)
(Please list up to five activities/industries and ensure that the industry listed for this question corresponds with the Occupation in Q9.4)

	Code (ISCO)	Code (BCEA)
01 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9.6 When (name of child) was hurt or suffered from illnesses or injuries, what type were they?
(MORE THAN ONE ANSWER ACCEPTABLE READ OPTIONS)

- 01 General, such as fever, cold, headache, etc.
- 02 Eye infection
- 03 Ear infection
- 04 Skin problem
- 05 Breathing problem
- 06 Stiff neck
- 07 Back problem
- 08 Anaemia
- 09 Injured limb (hand, foot, finger, toe, etc.)
- 10 Allergies
- 11 Malaria
- 12 Loss of limb
- 13 Other (Specify _____)
- 99 Don't know/Not stated

9.7 Referring to the most serious illness or injury, how serious was it?

- 01 Did not need any medical treatment (does not have to be a physician). **(SKIP TO Q10.1)**
- 02 Medically treated and released immediately **(SKIP TO Q9.9)**
- 03 Hospitalized
- 04 Prevented work permanently **(SKIP TO Q9.9)**
- 05 Other (Specify _____) **(SKIP TO Q9.9)**
- 09 Don't know/Not stated **(SKIP TO Q9.9)**

9.8 For how many days was (name of child) hospitalized?

Days in hospital (DK/NS ---- 999)

9.9 Did the illness or injury cause (name of child) to stop work?

- 01 Yes
02 No
09 Don't know/Not stated

**9.10 Where was (name of child) treated?
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01 At home
02 At workplace
03 Government clinic/health center
04 Private doctor/clinic
05 Government hospital
06 Private hospital
07 Pharmacy/Drugstore
08 Other (Specify _____)
09 Don't know/Not stated

**9.11 Who paid for (name of child)'s treatment?
(MORE THAN ONE ANSWER ACCEPTABLE)**

- 01 Self
02 Employer
03 Parents/guardians
04 Social Security
05 Free
06 Other (Specify _____)
09 Don't know/Not stated

SECTION X: PERCEPTION OF PARENT OR GUARDIAN OF THE CHILD 5-17 YEARS OLD

**(INTERVIEWER: IF GIVEN CODE '01' IN Q7.1 OR CODE '01' IN Q8.1,
CONTINUE, ELSE SKIP TO Q11.1)**

**10.1 What does (name of child) do for fun, when not working?
(MORE THAN ONE ANSWER IS ACCEPTABLE)**

- 01 Watch TV
- 02 Play with friends/brothers/sisters
- 03 Plays alone
- 04 Study
- 05 Read
- 06 Sports
- 07 Attend youth groups/organizations (Scouts, girlguide, 4H, etc.) or other social activities
- 08 Spend time on the computer
- 09 Relax/Sleep
- 10 Go to movies/amusement centers
- 11 Extra curricular activities (dancing, music, arts, singing, etc.)
- 12 Window shopping or Shopping
- 13 Other (Specify _____)
- 99 Don't know/Not stated

10.2 What is the main reason for letting (name of child) work?

- 01 To supplement household income
- 02 To pay outstanding debt under contractual arrangement
- 03 To assist/help in household enterprise
- 04 Education/training programme is not suitable
- 05 Education/training institutions are too far
- 06 To teach him/her work ethics/training
- 07 Other (Specify _____)
- 09 Don't know/Not stated

10.3 What will happen if (name of child) stops working? (MORE THAN ONE ANSWER IS ACCEPTABLE)

- 01 Household living standard will decline
- 02 Household cannot afford to live
- 03 Household enterprise cannot operate fully & other labor not affordable
- 04 Would not continue school
- 05 No work ethics
- 06 Will not be able to sustain herself or himself
- 07 Nothing
- 08 Other (Specify _____)
- 09 Don't know/Not stated

10.4 At what age did (name of child) start to work for the first time? (THAT IS ECONOMIC OR NON-ECONOMIC ACTIVITIES)

Years

10.5 If given a choice, what would you prefer (name of child) to do in the future?

- 01 Go to school full-time
- 02 Undergo skills training for a good job
- 03 Work for income full-time
- 04 Help full-time in household enterprise or business
- 05 Work full-time in household chores or housekeeping
- 06 Go to school part-time and working part-time for income
- 07 Part-time in household enterprise or business
- 08 Part-time in household chores or housekeeping
- 09 Complete education/training and start to work
- 10 Look for a good job
- 11 Find a better job/work than the present one
- 12 Other (Specify _____)
- 99 Don't know/Not stated

END OF QUESTIONS ADDRESSED TO PARENTS OR GUARDIANS

GO TO QUESTIONS ADDRESSED TO CHILDREN 5 –17 YEARS OF AGE

SECTION XI: FOR THE CHILD 5-17 YEARS OLD
(INTERVIEWER: QUESTIONS TO BE ADDRESSED TO THE CHILD 5-17 YEARS OLD)

PERSON

Interviewer please note whether the child is:

- 01** ___ alone
- 02** ___ accompanied by a parent/Guardian,
- 03** ___ accompanied by any other member of the household

11.1 Are you presently attending school or training institution?

- 01 Yes full-time (SKIP TO Q11.3i)
- 02 Yes part-time (SKIP TO Q11.3i)
- 03 No (**FOR THOSE WHO ARE 15-17 YEARS OLD SKIP TO Q11.3ii**)

11.2 What is the main reason for not going to school or a training institution?

- 01 Too young
 - 02 No suitable school or training institution available
 - 03 To support self
 - 04 Cannot afford schooling or training
 - 05 Poor in studies
 - 06 Not interested in schooling or training
 - 07 Failed at school
 - 08 Afraid of teachers
 - 09 Illness
 - 10 Disabled
 - 11 Helping in household chores/housekeeping
 - 12 Assisting in household enterprise/business
 - 13 Working for wages/salaries
 - 14 Working in own business for income
 - 15 Family does not permit schooling or training
 - 16 Other (Specify _____)
 - 99 Don't know/Not stated
- (SKIP TO Q11.3ii)**

11.3i In what class/standard/year and school level are you presently in?

 Class/standard/year School level
(SKIP TO Q11.4)

11.3ii What was the last standard/form/year and school level you have completed?

 Class/standard/year School level

11.4 (INTERVIEWER: DO NOT ASK Q11.4 AND Q11.5, JUST RECORD ANSWER FROM Q11.3i and Q11.3ii)

Highest education level completed

- 01 None
- 02 Primary
- 03 High school
- 04 BTTC/BCA/BNS
- 05 Sixth form or equivalent
- 09 Don't know/Not stated

11.5 Number of years beyond level COMPLETED

Years

Current Economic Activity of The Child During the Past Week.

11.6 Did you do any work for pay, profit or family gain for at least one hour, during the past week?

- 01 Yes (**SKIP TO Q11.8**)
- 02 No

11.7 Did you engage in any work activity for pay, profit or family gain in another household on the following list, for at least one hour, during the week ending ___/___/2001? (READ OPTIONS**)**

- a) Babysitting
- b) Sell pastries/food from home**
- c) Sweeping/Mopping
- d) Cleaning yard/Cutting grass
- e) Sewing for pay
- f) Cutting firewood
- g) Farming
- h) Car washing
- i) Sell food or snacks at market/bus stops/school
- j) Doing dishes
- k) Fetching water
- l) Cooking
- m) Ironing, cleaning or other domestic work
- n) Any other activity (Specify _____)**

- 01 Yes
- 02 No (**SKIP TO Q11.32**)
- 09 Don't know/Not stated (**SKIP TO Q11.32**)

11.8 What category of worker are or were you in your present or last job?

- 01 Own business/self-employed with paid help
- 02 Own business/self-employed without paid help
- 03 Paid employee – Government
- 04 Paid employee - Quasi Government
- 05 Paid employee – Private
- 06 Unpaid family worker
- 09 Don't know/Not stated

11.9 What is/was your job title? Give a brief description of your main duties. (FOR ECONOMIC ACTIVITY)

Title of Occupation _____ Code (ISIC)
Description _____

11.10 What type of business is/was carried on there? (FOR ECONOMIC ACTIVITY)

_____ Code (ISCO) Code (BCEA)

Description _____
(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.12)

11.11 What is the name and address of your employer?

Name of employer /establishment/enterprise _____
Address _____
(SKIP TO Q11.13)

11.12 For those who have their own business

Address of business _____

11.13 Are or were you also attending school while working?

- 01 Yes
- 02 No **(SKIP TO Q11.15)**

11.14 Does your work affect your regular attendance or studies?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

11.15 Are you satisfied with your present job?

- 01 Yes (SKIP TO Q 11.17)
- 02 No
- 03 Other (Specify _____) (SKIP TO Q 11.17)
- 09 Don't know/Not stated (SKIP TO Q 11.17)

11.16 Why are you not satisfied with your present job?

- 01 Wages too low
- 02 Work too tiring or too hard
- 03 Employer too hard or too demanding
- 04 Earning from self-employment very low
- 05 Does not have time to play/socialize
- 06 Work is dangerous
- 07 Does not have time to study
- 08 Does not have time for himself or herself
- 09 Other (Specify _____)
- 99 Don't know/Not stated

11.17 Are you required to operate any tool, equipment, machine, etc. at your workplace or on your job/occupation?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

11.18 Are you aware of any likely health problem or possible hazard, injury or illness in connection with your work?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

11.19 Do you face any problem or difficulty with the present job?

- 01 Yes
- 02 No
- 03 Other (Specify _____)
- 09 Don't know/Not stated

(INTERVIEWER: THOSE WHO ANSWERED '01' OR '02' IN Q.11.8, SKIP TO Q.11.23)

11.20 How is your relationship with your employer?

- 01 Good (SKIP TO Q11.22)
- 02 Bad
- 03 Indifferent (SKIP TO Q11.23)
- 09 Don't know/Not stated (SKIP TO Q11.23)

11.21 Give the main reasons for the bad relationship. (MORE THAN ONE ANSWER IS ACCEPTABLE)

- 01 Wants too much work done
- 02 Wants work done for long hours
- 03 Pays poorly
- 04 Does not pay on time
- 05 Abuses physically
- 06 Abuses verbally
- 07 Abuses mentally
- 08 Abuses sexually
- 09 Other (Specify _____)
- 99 Don't know/Not stated

(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 – 09' IN Q11.8, SKIP TO Q11.32, ELSE SKIP TO Q11.23)

11.22 Give the main reasons for the good relationship. (MORE THAN ONE ANSWER IS ACCEPTABLE)

- 01 Pays well
- 02 Work is not hard
- 03 Employer is not demanding
- 04 Work period is convenient
- 05 Benefits (food, lodging, etc.) are provided
- 06 Employer is parent
- 07 Employer is a relative
- 08 Employer protects from being hurt by others
- 09 Employer pays education expenses
- 10 Other (Specify _____)
- 99 Don't know/Not stated

(INTERVIEWER: FOR CHILDREN WHO ANSWERED '06 – 09' IN Q11.8, SKIP TO Q11.32, ELSE CONTINUE)

11.23 Do you usually work overtime and get paid for it?

- 01 Yes, with pay
- 02 Yes, without pay
- 03 No overtime work

11.24 Do you receive wage payment compared to the minimum usual pay in your community?

- 01 Yes
- 02 No
- 09 Don't know/Not stated

11.25 Do you give a part or all of your earnings to your parents or guardians or other relatives you usually reside with?

- 01 Yes, all directly through the employer
- 02 Yes, all by self
- 03 Yes, part through the employer
- 04 Yes, part by self
- 05 No
- 06 Other (Specify _____)
- 09 Don't know/Not stated

11.26 Do you save any part of your earnings?

- 01 Yes, regularly
- 02 Yes, occasionally
- 03 No (**SKIP TO Q11.28**)
- 04 Other (Specify _____)
- 09 Don't know/Not stated (**SKIP TO Q 11.28**)

11.27 What is the main reason for saving?

- 01 To start own business
- 02 To go to school/training institution
- 03 To start own household/get married
- 04 To buy personal items
- 05 Other (Specify _____)
- 09 Don't know/Not stated

Earnings and Hours of Work during the past week.

11.28 What was the amount you received for the last pay period? (PLEASE WRITE THE AMOUNT GIVEN)

- 01 \$ _____ in-Cash DK/NS ----- 9999
- 02 \$ _____ in-Kind DK/NS ----- 9999

11.29 (INTERVIEWER: PLEASE ADD THE AMOUNTS FROM Q11.28 AND DO NOT ASK THIS QUESTION)

The total earnings you received was:

\$ _____ in-cash and in-kind.(DK/NS ----- 9999)

11.30 How were you paid?

- | | |
|---|---|
| 01 <input type="checkbox"/> Piece rate | 06 <input type="checkbox"/> Monthly |
| 02 <input type="checkbox"/> Hourly | 07 <input type="checkbox"/> Per task |
| 03 <input type="checkbox"/> Daily | 08 <input type="checkbox"/> Commission basis |
| 04 <input type="checkbox"/> Weekly | 09 <input type="checkbox"/> Other (Specify _____) |
| 05 <input type="checkbox"/> Fortnightly | 99 <input type="checkbox"/> Don't know/Not stated |

11.31 During which time of the day did you work and for how many hours did you usually work? (MORE THAN ONE ANSWER ACCEPTABLE)

- | | | | |
|--|---|-------|----------------|
| 01 <input type="checkbox"/> Day time (5am-5pm) | <input type="checkbox"/> <input type="checkbox"/> | Hours | DK/NS ----- 99 |
| 02 <input type="checkbox"/> Evening time (5pm-8pm) | <input type="checkbox"/> | Hours | DK/NS ----- 9 |
| 03 <input type="checkbox"/> Night time (8pm-5am) | <input type="checkbox"/> | Hours | DK/NS ----- 9 |

Non Economic Activity during the past week

11.32 Did you work, without getting paid, in housekeeping activities AT HOME during the past week? (e.g. washing clothes, looking after younger brothers and sisters, cooking food, cleaning the inside and outside of the house etc.)

- 01 Yes
- 02 No (SKIP TO Q11.35)

11.33 In which activities did you work during the last week?

	YES	NO
01 Cooking, preparing and serving meals	<input type="checkbox"/>	<input type="checkbox"/>
02 Delivery of food products (Bread, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
03 Collection of firewood	<input type="checkbox"/>	<input type="checkbox"/>
04 Running of errands/Shopping (Going to the shop, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
05 Fetching water (Pump, wells, river, vats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
06 Washing clothes	<input type="checkbox"/>	<input type="checkbox"/>
07 Ironing clothes	<input type="checkbox"/>	<input type="checkbox"/>
08 Caring after brothers or sisters, sick, infirm disabled or old members of own household.	<input type="checkbox"/>	<input type="checkbox"/>
09 Cleaning outside and inside of house	<input type="checkbox"/>	<input type="checkbox"/>
10 Driving/fetching family members to or from work or school	<input type="checkbox"/>	<input type="checkbox"/>
11 Feed or caring for animals/pets	<input type="checkbox"/>	<input type="checkbox"/>
12 Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

11.34 How many hours a week, on the average, do you spend on these household chores or activities?

Minutes (**IF LESS THAN 1 HOUR**)

Hours (**IF 1 HOUR OR MORE**)

Don't know/Not stated ----- 99

CHILDREN WHO WORKED IN THE PAST

11.35 Have you ever worked at any time in the past? (Economic or non-economic)

01 Yes

02 No (**END INTERVIEW**)

09 Don't know/Not stated (**END INTERVIEW**)

11.36 At what age did you start to work for the first time?

Years **DK/NS -----99**

11.37 Have you ever been hurt at work or suffered from any illness or injury due to your work at any time?

01 Yes

02 No (**SKIP TO Q11.42**)

09 Don't know/Not stated (**SKIP TO Q11.42**)

11.38 What is or was the nature of your illnesses or injuries?

01 General, such as fever, cold, headache, etc.

02 Eye infection

03 Ear infection

04 Skin problem

05 Breathing problem

06 Stiff neck

07 Back problem

08 Anaemia

09 Injured limb (hand, foot, finger, toe, etc.)

10 Allergies

11 Malaria

12 Loss of limb

13 Other (Specify _____)

99 Don't know/Not stated

11.39 Referring to the most serious injury/illness, how serious was it?

- 01 Did not need any medical treatment (SKIP TO Q11.42)
- 02 Medically treated and released immediately (SKIP TO Q11.42)
- 03 Stopped work temporarily (SKIP TO Q11.41)
- 04 Hospitalized
- 05 Prevented work permanently (SKIP TO Q11.42)
- 06 Other (Specify _____) (SKIP TO Q11.42)
- 09 Don't know/Not stated (SKIP TO Q11.42)

11.40 For how many days were you hospitalized?

Days hospitalized. (SKIP TO Q11.42) DK/NS-----999

11.41 For how many days did you stop work?

Days stopped working temporarily. DK/NS-----999

11.42 If given a choice, what would you like to do now?

- 01 Go to school full-time
- 02 Undergo skills training for a good job
- 03 Work for income full-time
- 04 Help full-time in household enterprise/ business
- 05 Work full-time in household chores/housekeeping
- 06 Go to school part-time and working part-time for income
- 07 Go to school full-time and working full-time for income
- 08 Part-time work in household enterprise or business
- 09 Part-time work in household chores or housekeeping
- 10 Look for a good job
- 11 Find a better job/work than the present one
- 12 Other (Specify _____)
- 99 Don't know/Not stated

11.43 What would you like to do in the future?

- 01 Go to school full-time
- 02 Undergo skills training for a good job
- 03 Work for income full-time
- 04 Help full-time in household enterprise or business
- 05 Work full-time in household chores or housekeeping
- 06 Go to school part-time and working part-time for income
- 07 Part-time in household enterprise or business
- 08 Part-time in household chores or housekeeping
- 09 Complete education/training and start to work
- 10 Look for a good job
- 11 Find a better job/work than the present one
- 12 Other (Specify _____)
- 99 Don't know/Not stated

END OF INTERVIEW FOR THIS CHILD