

APPENDIX 4: The Gambia LFS 2012 Questionnaire

PART A. Identification particulars and eligibility

HA1	Stratum				
HA1G	LGA				
HA2	District				
HA2G	Settlement				
HA3	Residence (Urban=1; Rural=2)				
HA4	EA number				
HA5	Household number				
HA6G	Number of Households in EA				
HA7	Household head				
		(Name)			
HA7G	2013 CENSUS: COMPOUND FID No.	[]	[]	[]	

Interview Control Section

Visits	Date (DD/MM/YYYY)	Start time (HH:MM)	End time (HH:MM)	5. Interview results for Household:	
1	___/___/___	___:___ Hours	___:___ hours	1=Completed (fully responding household)	<input type="text"/>
2	___/___/___	___:___ Hours	___:___ hours	2=Partly completed	
				3=Non-contact	
3	___/___/___	___:___ Hours	___:___ Hours	4=Refused	
				7=Vacant	
				8=Other (specify) _____	

Household Summary:	
10. Total number of household members:	[][][]
11. Number of persons 5 years and over eligible for Labour Force Modules:	[][][]

Field staff

Interviewer's Comments (*if any problems encountered*):

Supervisor's Comments:

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

PART B: HOUSEHOLD ROOSTER:

Complete list of household members (Usual Members)

Line No.	Names	Line No. of person reporting	Sex	Relationship	Age	Marital status (For those aged 10 years and above)	FOR HOUSEHOLD MEMBERS 0-17years					
							Living parents Are the parents of [NAME] still alive? 1=Yes 2=No 3=Don't know IF HB8=2 AND HB9=2 >> NEXT PERSON	If (NAME'S) parents are alive Indicate parent's line number. (Write 99 if absent or not applicable).	Has (NAME'S) parents been very sick for at least 3 months during the past 12 months, that he/she was too sick to work or do normal activities 1=Yes 2=No 3=Don't know	Mother	Father	Mother
HB0	HB1	HB2	HB3	HB4	HB5	HB7	HB8	HB9	HB10	HB11	HB12	HB13
001		<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"/>
002		<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"/>
003		<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"/>

004		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
005		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Names	Line No. of person reporting	Sex	Relationship	Age	Marital status (For those aged 10 years and above)	FOR HOUSEHOLD MEMBERS 0-17years					
							Living parents IF HB8=2 AND HB9=2 >> NEXT PERSON		If (NAME'S) parents are alive		Mother HB12	Father HB13
							Mother HB8	Father HB9	Mother HB10	Father HB11		
HB0	HB1	HB2	HB3	HB4	HB5	HB7	HB8	HB9	HB10	HB11	HB12	HB13
006		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
007		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
008		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
009		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
010		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
011		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

014		□□□	□	□□	□□	□	□	□	□□□	□□□	□	□
015		□□□	□	□□	□□	□	□	□	□□□	□□□	□	□

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PART C: EDUCATION AND TRAINING FOR PERSONS AGED 5 YEARS AND ABOVE)

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
	Telephone number of eligible respondent						
HB18	[ASK IF AGED 10 YEARS AND OVER]Can (NAME) read and write a short, simple statement with understanding in any language? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	
HB19A	Is (NAME) attending school or pre-school during the <u>CURRENT SCHOOL YEAR</u> (2011-2012)? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	>>HB21
HB19AG	What type of education is (NAME) attending during the <u>CURRENT SCHOOL YEAR</u> (2011-2012)? 1=Western 2=Madrassa	1 2	1 2	1 2	1 2	1 2	
HB19B	At what age did (NAME) begin primary school?	□□	□□	□□	□□	□□	
HB20A	What was/is the highest level of education that [You have/[NAME has] successfully completed. (SEE CODES BELOW) - IF OTHER (SPECIFY)	□□□	□□□	□□□	□□□	□□□	
HB20B	[ASK IF HB20A >= 41 OR 141] In what area did (you/Name) specialize (your/his/her) studies? (SEE CODES HB20A and HB22 BELOW) - IF OTHER (SPECIFY)	□□□	□□□	□□□	□□□	□□□	>>HB26 IF HB20A<41 OR 141>>HB26
HB21	Has (NAME) ever attended school in the <u>PAST</u> ? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>HB25
HB21G	What type of education has (NAME) attended in the <u>PAST</u> ? 1=Western 2=Madrassa 3= Both Western and Madrassa	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
HB22	What was/is the highest level of education that [You/[NAME] completed? (SEE CODES BELOW)	□□□	□□□	□□□	□□□	□□□	IF HB22 <41 OR 141 GO TO HB24

CODES FOR HB20A and HB22 (For Western Education)

00=No formal schooling

12=P2

17=G7/F1

33=G10/F4

41= Post primary specialized training or certificate

64=Doctoral Degree

08= Incomplete Pre-primary	13= P3	21= Secondary Four	34=G11	51=Post-secondary specialized training or certificate	
09=Completed Pre-primary	14=P4	31=G8/F2	35=G12/F5	62=Bachelor's degree	
10=Not completed P1	15=P5	32=G9/F3	36=F6	63=Master's degree	
11= P1	16=P6			99 Not Applicable	
CODES FOR HB20A and HB22 (For Madrassa Education)					
00=No formal schooling	112=P2	117=G7/F1	133= G10/F4	141= Post primary specialized training or certificate	164=Doctoral Degree
108= Incomplete Pre-primary	113= P3	121= Secondary Four	134=G11	151=Post-secondary specialized training or certificate	
109=Completed Pre-primary	114=P4	131=G8/F2	135=G12/F5	162=Bachelor's degree	
110=Not completed P1	115=P5	132= G9/F3	136=F6	163=Master's degree	
111= P1	116=P6			99 Not Applicable	

	Line number of person in Household Roster	[] []	[] []	[] []	[] []	[] []	Skip Pattern
	Name of household member						
	Age of household member	[] []	[] []	[] []	[] []	[] []	
HB23	[ASK IF HB22 >= 41 OR 141] In what area did (you/Name) specialize (your/his/her) studies? (SEE CODES HB20A and HB22 BELOW)- IF OTHER (SPECIFY)	[] []	[] []	[] []	[] []	[] []	IF AGE 31 AND OVER >> HB26
HB24	[ASK IF AGED 5-30 YEARS] Why did [You/NAME] leave school? (main reason) 01=Completed schooling 02=To old for school 03= Sickness / illness / Injury 04=School too far 05=Cannot afford school 06=Family did not allow school 07=Poor in studies/not interested in studies 08=Education not considered valuable 09=To work/do a job (economic activity) 10=To help in household chores (non-economic activity) 11=Pregnancy 12=Others (specify) 13= Disabled 14=Marriage	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	
HB24A	[ASK IF AGED 5-30 YEARS] At what age did (NAME) begin primary school? (Age in completed years)	[] []	[] []	[] []	[] []	[] []	
HB24B	[ASK IF AGED 5-30 YEARS] At what age did (NAME) leave school? (Age in completed years)	[] []	[] []	[] []	[] []	[] []	>>HB26

CODES FOR HB20B AND HB23

- | | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|---------------------|
| 00=General programmes | 46=Mathematics and statistics | 58=Architecture and building | 08=Services |
| 01=Education | 48=Computing | 62=Agriculture forestry, and fishery | 98=Don't know |
| 02=Humanities and sciences | 52=Engineering and engineering trades | 64=Veterinary | 99=Others (specify) |
| 03=Social science, business and law | 42=life sciences | 72=Health | |
| 43=Physical sciences | 54=Manufacturing and processing | 76=Social services | |

CODES FOR HB28

- | | | | |
|----------------|-------------------------------|-------------------------------------|----------------------------|
| 1=Welding | 6=Plumbing | 11=Crafts/Basket Weaving | 16=Massage/Reflexology |
| 2=Carpentry | 7=Automobile/Transport Repair | 12=Catering/Food Service | 17=Agriculture |
| 3=Construction | 8=Computer Repair | 13=Laundry/Dry Cleaning | 18=Land Management |
| 4=Masonry | 9=Phone Repair | 14=Beautician/Hair/Nails | 19=Livestock |
| 5=Electrician | 10=Sewing/Tailoring/Textiles | 15=Health care/Traditional Medicine | 20=Fishery |
| | | | 21=Accounting/Book Keeping |
| | | | 22=Other, specify _____ |

	Line number of person in Household Roster	<input type="text"/>	SKIP PATTERN				
	Name of household member						
	Age of household member	<input type="text"/>					
HB25	[ASK IF AGED 5-30 YEARS] What is the main reason why (NAME) has never attended school? <i>(Read each of the following options and circle the most appropriate option)</i> 1=Too young 2= illness 3=No school/school too far 4=Cannot afford schooling 5=Family did not allow schooling 6=Not interested in schooling 7=Education not considered valuable 8=school not safe 9=To learn a job 10=To work for pay 11=To work as unpaid worker in family business/farm 12=Help at home with household chores 13=Other (specify) 14= Disabled	1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8 9 10 11 12 13 14	
HB26	Did (you/Name) participate in any business, entrepreneurship, or microenterprise development training? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
HB27	Did (you/Name) learn a trade or technical skill? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>HB30AG
HB28	What type of trade or technical skill did (you/Name) learn? (SEE CODES IN CODE LIST IN PREVIOUS PAGE) - IF OTHER (SPECIFY)	<input type="text"/>					
HB29	How did (you/Name) acquire this trade or skill? 1=Vocational school/Course 2=Apprenticeship or on the job training 3=Learned from a friend or family member 4=From an NGO or community organization 5=Other, specify	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

PART 4: MIGRATION FOR ALL HOUSEHOLD FOR PERSON AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SKIP PATTERN
	Name of household member						
	Age of household member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HB30AG	What is <NAME>'s Nationality? IF GAMBIAN WRITE GAMBIAN and GO TO NEXT QUESTION IF NOT GAMBIAN, SPECIFY Country/ Nationality AND SKIP TO QUESTION HB30.	Specify Country / Nationality					
HB30BG	What is <NAME>'s Ethnicity? 1: Mandinka / Jahanka 2: Fula / Tukolor / Lorobo 3: Wollof 4: Jola / Karoninka 5: Sarahule 6: Serere 7: Creole / Aku Marabou 8: Manjango 9: Bambara 10: Other		1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
HB30	In which district/ country was [NAME] born? (Write)						
HB31	In which district/ country did [NAME] live 5 years ago?						
HB32	How many years has [NAME] lived in this place/village? RECORD 100 IF SINCE BIRTH (>> NEXT QUESTION) IF <1 YEAR, RECORD 000		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IF HB32=100 >> A1a
HB33	In which district/ country did [NAME] live before moving to current place of residence?						>> HB35

	Line number of person in Household Roster	<input type="text"/>	SKIP PATTERN				
	Name of household member						
	Age of household member	<input type="text"/>					
HB35	What was the main reason for moving to the current place of residence?						
	1= To look for work	1	1	1	1	1	
	2= Other income reasons	2	2	2	2	2	
	3= Drought, flood or other weather related condition	3	3	3	3	3	
	4= Eviction	4	4	4	4	4	
	5= Other land related problems (eg. Land disputes)	5	5	5	5	5	
	6= Illness, injury	6	6	6	6	6	
	7= Disability	7	7	7	7	7	
	8=Education	8	8	8	8	8	
	9= Marriage	9	9	9	9	9	
	10= Divorce	10	10	10	10	10	
	11= To escape insecurity	11	11	11	11	11	
	12= To return home from displacement	12	12	12	12	12	
	13= Abduction	13	13	13	13	13	
	14= Follow/join family	14	14	14	14	14	
	96= Other (specify)	96	96	96	96	96	

SECTION A: IDENTIFICATION OF PERSONS CURRENTLY EMPLOYED

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
A0	Which Household member is providing data on CHILDREN 0-17years (Write Line number from Roster) (ASK ALL QUESTIONS FROM A1A TO A4)	□□□	□□□	□□□	□□□	□□□	
A1a	<p>FOR EMPLOYEES: In the last week, did you work for a wage, salary, commission or any payment in kind, including doing paid domestic work, even if it was for only for one hour? 1=Yes 2=No <i>Example: a regular job (waiter, Driver, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> List Activities:</p> <p>a.....</p> <p>b.....</p> <p>c.....</p>	1 2	1 2	1 2	1 2	1 2	
A1b	<p>FOR EMPLOYERS AND OWN ACCOUNT WORKERS: In the last week, did you run a business of any size, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, making juice 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 List Activities:</p> <p>a.....</p> <p>b.....</p> <p>c.....</p>	1 2	1 2	1 2	1 2	1 2	

A1c	<p>UNPAID FAMILY WORKER In the last week, did you help without being paid in any kind of business run by your household, even if it was only for one hour? <i>Examples: help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1=Yes 2=No List Activities:</p> <p>a.....</p> <p>b.....</p> <p>c.....</p>	<p>1</p> <p>2</p> <p>.....</p> <p>.....</p> <p>.....</p>					
A1d	<p>In the last week, were you an apprentice? (INCLUDE APPRENTICESHIPS THAT ARE PAID, OR FOR WHICH THE APPRENTICE PAYS TO PARTICIPATE.) 1=Yes 2=No List Activities, if engaged in more than one apprenticeship:</p> <p>a.....</p> <p>b.....</p> <p>c.....</p>	<p>1</p> <p>2</p> <p>.....</p> <p>.....</p> <p>.....</p>					
A2	<p>In the last week, did you work on your household's farm? (Examples: tending crops, feeding animals, collecting eggs, milking cows, repairing tools, weeding) 1=Yes 2=No</p>	<p>1</p> <p>2</p>	>>CHKA1				
A3	<p>Was this work done on your own land or that of another household member? <i>Examples: Livestock farming, land cultivation and other agricultural</i> 1=Yes 2=No</p>	<p>1</p> <p>2</p>					

	Line number of person in Household Roster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="checkbox"/> <input type="checkbox"/>					
A4	In general, are the products obtained from this land for sale/barter or mainly for your own family use? 1=Only for sale/barter 2=Mainly for sale/barter but partly for own or family use 3=Mainly for own or family use but partly for sale/barter 4=Only for own or family use	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	>>CHKA1 >> CHKA1 >> CHKA1 >> CHKA1
CHKA1	ENQUIRE ABOUT THE MAIN JOB/ACTIVITY FROM A1a TO A2. IF MORE THAN ONE QUESTION HAS BEEN ANSWERED YES AND SKIP ACCORDINGLY: IF A1a is Yes GO TO B1 IF A1b is Yes GO TO B1 IF A1c is Yes GO TO B1 IF A1d is Yes GO TO B1 IF A2 is Yes AND A4= 1,2 AND 3 GO TO B1 IF A2 is Yes AND A4= 4 (Only for own or family use)GO TO 1-G1a ELSE A1a to A2 are all 2 (that is no job or activity) GO TO A5	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a	>>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1a
A5	In the last week, did you have work, from which you were temporarily absent and to which you will definitely return to? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work, make things for sale or exchange, doing the accounts, cleaning up for the business, tending crops, feeding animals, collecting eggs, milking cows, repairing tools, etc.</i> 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>1-G1a
A6	Why were you absent from work last week? 1=Vacation, holidays 2=Illness, injury, temporary disability 3=Maternity, paternity leave 4=Temporary slack work for technical or economic reasons 5=Bad weather 6=Strike or labour dispute 7=Off season (self-employment) 8=Off season (wage employment) 9=Education or training 10=Family/community responsibilities 11=Other (specify): _____	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	>>B1 >>B1 >>B1 >>B1 >>B1 >>B1 >>1-G1A >>1-G1A >>B1 >>B1 >>1-G1A

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

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

	Line number of person in Household Roster	[][]	[][]	[][]	[][]	[][]	Skip Pattern
	Name of household member						
	Age of household member	[][]	[][]	[][]	[][]	[][]	
B1	<p>What kind of work do you usually do in the MAIN job/activity that you had last week or from which you were absent? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. <i>Examples: street seller, subsistence farmer, primary school teacher, registered nurse, domestic worker, truck driver</i></p> <p style="text-align: center;">Occupational title</p>						
B2	<p>What are your main tasks or duties? Short description of the main tasks or duties:</p>						
B3	<p>What kind of industry, business, service or activity is carried out at your place of work? <i>Examples: Write the main industry, economic activity, product or service of the person's employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i></p>						
B4A	<p>What are the main goods or services produced at your place of work or its main functions? <i>Examples: selling fish, raising cattle, teaching children, caring for the sick</i></p>						
B5	<p>In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ⁷ 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers) / Apprentice</p>	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	>>B17 >>B17 >>B17 >>B17 >>B17

⁷ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation. This category includes all employees: part-time, casual worker and piecework.

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

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
	FOR EMPLOYEES ONLY (IF CODE B5=1)						
B6	Was your employment agreement... ? 1=A verbal agreement 2=A written agreement	1 2	1 2	1 2	1 2	1 2	
B7	Was the duration of your contract or agreement of limited or unlimited duration? 1=Limited time duration 2=Unlimited time duration	1 2	1 2	1 2	1 2	1 2	>>B10
B8	Was your position.....? 1=Permanent and pensionable 2=An open ended appointment 3=A fixed term	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	>>B10 >>B10
B9	What is the duration of your contract or agreement? <i>Please specify the exact number of .. Months / Years.</i> (IF B8=3 AND DURATION OF CONTRACT IS LESS THAN ONE MONTH WRITE 00 AGAINST MONTH)	Month					
		Year					
B10	Does your employer pay contributions to social security for you? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B11	Do you get paid annual leave or payment for leave not taken? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B12A	Would you get paid sick leave in case of illness or injury? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B12B	Would you get maternity/paternity leave? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B13	Do you get medical benefits from your employer? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
B14	Does your employer deduct income tax from your salary/wage? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	

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

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
B16	Do you work in a ...? 1=Government institution 2=State-owned enterprise / Parastatal 3=Non-governmental/non-profit organization 4=Private business or farm 5=Private household 6=Embassy, international organization 7=Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
CHKB1	CHECK IF B5=1 CIRCLE 1 ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	>>B19b GO TO B17
FOR EMPLOYERS, OWN ACCOUNT WORKERS AND CONTRIBUTING FAMILY HELPERS(CODES 2-6 IN B5)							
B17	What is the type of ownership of your business/farm (or the business/farm where you worked)? 1=Individual owner (or with other household members) 2=Partnership with members of other households 3=Incorporated enterprise (Private Limited Co., Public Limited Co. Inc.) 4=Other (specify):	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
B18a	Is your business (or household business where you work) registered for VAT? 1=Yes 2=No 8=Don't know 9=refused	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	1 2 8 9	
B18b	Is your business/farm (or the business/farm where you work) registered for income tax? 1=Yes 2=No 8=Don't know 9=refused	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	1 2 3 8 9	
B19	Does your business/farm keep a complete record of accounts (assets and expenditures)? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	

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

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
B19b	On this job, are you a member of a trade union / employer association? (Specify name of trade union / employer association) 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
B20	How many persons, including yourself, work at your place of work?						
B22	Where is your usual place of work located? 1=In your home 2=Structure attached to your home 3=At the client's or employer's home 4=Enterprise, plant, factory, office, shop, workshop etc. (separate from house) 5=On a farm or agricultural plot 6=Construction site 7=Fixed stall in the market/street 8=Without fixed location/mobile/open space 9=Other (specify):	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
B23	In which district is your place of work located? 1=In this district 2=Another district 3=Another country 4=Mobile (If respondent can't tell the District in The Gambia, write name of settlement and LGA where the settlement is) IF B23=2 Specify name of District:	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	1 2 3 4 _____	>>B25
B24	Name of District/Country (If respondent can't tell the District in The Gambia, write name of settlement and LGA where the settlement is)						
B25	How long have you worked for this employer (or in this business/activity)? Please specify the exact number of .. Months or Years.	Month					
		Year					

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

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

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
C1	Last week, did you have any secondary job/activity/business from which you or your households obtain any income in cash or in kind? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>CHKC1
C4	What kind of work do you usually do in this secondary job/activity/business? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. <i>Examples: street seller, subsistence farmer, primary school teacher, registered nurse, domestic worker, truck driver</i> Occupational title						
C5	What are your main tasks or duties? Short description of the main tasks or duties:						
C6	What kind of industry, business, service or activity is carried out at your place of work where you had your secondary job/activity/business? <i>Examples: Write the main industry, economic activity, product or service of the person's employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i>						
C7	What are the main goods or services produced at your place of work or its main functions? <i>Examples: selling fish, raising cattle, teaching children</i>						
C8	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ⁸ 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6=Volunteer (Unpaid workers)/ 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	

⁸ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

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

	Line number of person in Household Roster	□□□		□□□		□□□		□□□		□□□		Skip Pattern
	Name of household member											
	Age of household member	□□		□□		□□		□□		□□		
CHKC 1	IF RESPONDENT IS >= 18 YEARS, SKIP TO QUESTION D1 CIRCLE 1 ELSE CIRCLE 2	1		1		1		1		1		>>D1
		2		2		2		2		2		>>C9
		MAIN JOB	OTHER /SECONDA RY JOB (S)	MAIN JOB	OTHER /SECONDA RY JOB (S)	MAIN JOB	OTHER /SECONDA RY JOB (S)	MAIN JOB	OTHER /SECONDA RY JOB (S)	MAIN JOB	OTHER /SECONDA RY JOB (S)	
	DESCRIBE MAIN AND OR SECONDARY JOB/BUSINESS											
C9	<p>During the past week when did you usually carry out these activities? <u>For ALL children (including children attending school):</u> A. During the day (between 6 a.m. and 6 p.m.) B. In the evening or at night (after 6 p.m.) C. During both the day and the evening (for the entire day). D. On the week-end E. Sometimes during the day, sometimes in the evening</p>	A	A	A	A	A	A	A	A	A	A	
C10G	<p><u>ADDITIONAL: For children attending school ONLY</u> <u>(If HB19A=YES):</u> F. After school G. Before school H. Both before or after school I. On the week-end J. During missed school hours/days</p>	B	B	B	B	B	B	B	B	B	B	
		C	C	C	C	C	C	C	C	C	C	
		D	D	D	D	D	D	D	D	D	D	
		E	E	E	E	E	E	E	E	E	E	
		F	F	F	F	F	F	F	F	F	F	
		G	G	G	G	G	G	G	G	G	G	
	H	H	H	H	H	H	H	H	H	H		
	I	I	I	I	I	I	I	I	I	I		
	J	J	J	J	J	J	J	J	J	J		

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

	Line number of person in Household Roster	□□□		□□□		□□□		□□□		□□□	
	Name of household member										
	Age of household member	□□		□□		□□		□□		□□	
	Check in B1 for MAIN JOB Check in C4 for OTHER /SECONDARY JOB / ACTIVITIES (IES)	MAIN JOB	OTHER /SECONDARY JOB (S)								
D1	How many hours do you usually work per week...? D1a: In your MAIN JOB/ACTIVITY (M) D1b: In any OTHER /SECONDARY JOB / ACTIVITY (IES) (O)										
USUAL HOURS: Interviewer: Add the hours usually worked per week in the MAIN JOB/ACTIVITY (D1a) and in any OTHER /SECONDARY JOB / ACTIVITY (IES) (D1b). Record the total in D1c. Read the total to the respondent and ask to confirm if correct.											
	Monday?										
	Tuesday?										
	Wednesday?										
	Thursday?										
	Friday?										
	Saturday?										
	Sunday?										
	DO NOT READ D1c. Total for all Usual jobs/activities										
D2	ACTUAL HOURS: Thinking of each day last week, how many hours did you actually work on... D2a: In your MAIN JOB /activity (M); D2b: In any OTHER /SECONDARY JOB / ACTIVITY (IES) (O) (Actual hours are how many hours: Including paid or unpaid overtime but excluding meal breaks; hours paid for but not worked and time spent on travel from home to work and vice versa; did you work on each day in your other jobs in the last seven days)										
	Monday?										
	Tuesday?										
	Wednesday?										
	Thursday?										
	Friday?										
	Saturday?										
	Sunday?										

DO NOT READ					
D2c. Total for all jobs/activities					

SECTION E: TIME RELATED UNDEREMPLOYMENT AND INADEQUATE EMPLOYMENT SITUATIONS FOR PERSONS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
E1	Last week, would you have liked to work more hours than you actually worked? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>E4
E2	How many additional hours could you have worked last week? Number of additional hours						If zero (0) hours>>E4
E3	How would you have liked to increase your working hours last week? 1=Increase number of hours in current job(s)/activity(ies) 2=Take an additional job/activity 3=Replace current job(s)/activity(ies) with another job/activity with more hours	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
E4	Would you like to change your current employment situation last week? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>CHKF3
E5	What is the MAIN reason why you want to change your current employment situation last week? 1=Present job(s) is(are) temporary 2=Fear of loosing the present job(s) 3=To work more hours paid at your current rate 4=To have a higher pay 5=To work less hours with a reduction in pay 6=To use better your qualifications/skills.. 7=To have more convenient working time, shorter commuting time 8=To improve working conditions 9=Other reason (specify): _____	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	
E6	During the last four weeks, did you look for another job/activity to replace your current one(s)? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
E7	During the last four weeks, did you look for extra work in addition to your current job(s)/activity(ies)? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	

SECTION F: INCOME FROM EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
CHKF3	CHECK IF B5=1 (EMPLOYEE ON MAIN JOB) THEN CIRCLE 1; IF B5= 2 to 6 CIRCLE 2	1 2	1 2	1 2	1 2	1 2	(>>F1) (>>F10)
	MAIN JOB(EMPLOYEE only) (CHECK IF B1=1)						
F1	On your (main) job, were you paid... 1 =a set rate 2 = both a set rate and on the commission basis of sales/services 3 = commission on the basis of sales/services 4 = in kind only 5 =some other way, specify _____ 6 = Bargain rate / Mutual rate agreement 7=Both a set rate and in kind	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	(>>F4) (>>F8) (>>F6) (>>F6)
F2	What is the set rate you are paid? <i>This should be the pay rate before taxes or other deductions are taken out.</i> (ENTER AMOUNT IN DALASIS)						
F3	What is the periodicity of this? 1=Hourly 2=Daily 3=Weekly 4=Every two weeks 5=Twice Monthly 6= Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>F7 >>F7 >>F7 >>F7 >>F7 >>F7 >>F7 >>F7
F4	In the last month, how much were you paid on earnings from sales? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						(>>F7)
F6	In the last month, how much did you earn? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						
F7	Did you receive any payments in kind such as food or housing from your <u>main</u> job? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>CHKF 4)

	Line number of person in Household Roster	□□□□	□□□□	□□□□	□□□□	□□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
F13	In the last month, how much were you paid on earnings from sales? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						(>>F15)
F14	In the last month, how much did you earn? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						
F15	Did you receive any payments in kind such as food or housing from your <u>main</u> job/business? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>CHKF 4)
F16	What is the estimated value of these payments in kind? ENTER AMOUNT IN DALASIS						
F17	What is the periodicity of this? (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Monthly 6=Annually 7=Other, specify	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
CHKF 4	CHECK IF C8=1 (Employee) CIRCLE 1 ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	(>>CHKF5)
	SECOND JOB (EMPLOYEE only)						
F18	On your (Second) job, were you paid... 1 =a set rate 2 = both a set rate and on the basis of sales/services 3 = Commission on the basis of sales/services 4 = in kind only 5 =some other way, specify _____ 6= Bargain rate / Mutual rate agreement 7=Both a set rate and in kind	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	(>>F21) (>>F24) (>>F22) (>>F22)
F19	What is the set rate you are paid? This should be the pay rate before taxes or other deductions are taken out. ENTER AMOUNT IN DALASIS						

	Line number of person in Household Roster	□□□□	□□□□	□□□□	□□□□	□□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
F20	What is the periodicity of this? 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>F23 >>F23 >>F23 >>F23 >>F23 >>F23 >>F23 >>F23
F21	In the last month, how much were you paid on earnings from sales? This should be earnings before taxes or other deductions are taken out.						>>F23
F22	In the last month, how much did you earn? This should be earnings before taxes or other deductions are taken out. ENTER AMOUNT IN DALASIS						
F23	Did you receive any payments in kind such as food or housing from your (SECOND) job? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	(>>CHKF5)
F24	What is the estimated value of these payments in kind? ENTER AMOUNT IN DALASIS						
F25	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
CHKF5	CHECK IF C8= 2 TO 6, CIRCLE 1 ; ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	(>>SECTION - 1)
FOR EMPLOYERS, OWN ACCOUNT WORKERS AND CONTRIBUTING FAMILY HELPERS(CODES 2-6 IN B5)							
F26	On your (Second) job/business, do you earn... 1 =a set rate 2 = both a set rate and on the commission basis of sales/services 3 = commission on the basis of sales/services 4 = in kind only 5 =some other way, specify _____ 6 = Bargain rate / Mutual rate agreement 7=Both a set rate and in kind	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	>>F29 >>F32 >>F30 >>F30

SECTION F: INCOME FROM EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
F27	What is the set rate you are paid? <i>This should be the pay rate before taxes or other deductions are taken out.</i> (ENTER AMOUNT IN DALASIS)						
F28	What is the periodicity of this? 1=Hourly 2=Daily 3=Weekly 4=Every two weeks 5=Twice Monthly 6= Monthly 7=Annually 8=Other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>F31 >>F31 >>F31 >>F31 >>F31 >>F31 >>F31 >>F31
F29	In the last month, how much were you paid on earnings from sales? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						(>>F31)
F30	In the last month, how much did you earn? <i>This should be earnings before taxes or other deductions are taken out.</i> ENTER AMOUNT IN DALASIS						
F31	Did you receive any payments in kind such as food or housing from your <u>main</u> job/business? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	(>>SECTION - I)
F32	What is the estimated value of these payments in kind? ENTER AMOUNT IN DALASIS						
F33	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Monthly 6=Annually 7=Other, specify	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	(>>SECTION - I) (>>SECTION - I)

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

	Line number of person in Household Roster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skip Pattern
	Name of household member						
	Age of household member	<input type="checkbox"/> <input type="checkbox"/>					
1-G1a	In the last four weeks, were you looking for a job? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	(>>4-G3a)
2-G1aG	What kind of job were you looking for in the last 4 weeks? <i>(Describe the kind of job you were looking for. Please describe activity in two words if not sure of which occupation is being reported)</i>						
3-G2a	In the last four weeks, what have you <u>done to look for work</u> ? (CIRCLE ALL THAT APPLY) A=Registered at an employment centre (YMCA and AMRA Employment Centres) B=Placed /answered job advertisement(s) C=Inquired directly at factories, farms, markets, shops, or other workplaces D=Took a test or interview E=Asked friends, relatives, acquaintances F=Waited on the street to be recruited for casual work G=Sought financial assistance to look for work or start a business H=Looked for land, building, equipment, machinery to start own business or farming I=Applied for permit or license to start a business J=Other (specify): _____ K=No method / Nothing	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	A B C D E F G H I J K	>>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a >>6-G4a
4-G3a	Was this because you have already found a job to start at a later date? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	
CHKG1	CHECK IF 1-G1a =1 AND ONLY K IS CIRCLED IN 3-G2a THEN SKIP TO 6-G4a						

5-G5a	What was the MAIN reason why you did not look for work in the last four weeks?					
	01=Was waiting for the results of a vacancy competition or an interview	01	01	01	01	01
	02=Awaiting the season for work	02	02	02	02	02
	03=Attended school or training courses (Student attending in school/Training)	03	03	03	03	03
	04=Family responsibilities or housework	04	04	04	04	04
	05=Pregnancy	05	05	05	05	05
	06=Illness, injury	06	06	06	06	06
	07=Does not know how and where to look for work	07	07	07	07	07
	08=Unable to find work for his/her skills	08	08	08	08	08
	09=Had looked for job(s) before but had not found any	09	09	09	09	09
	10=Too young to find a job	10	10	10	10	10
	11=No jobs available in the area/district	11	11	11	11	11
	12=Other reason (specify): _____	12	12	12	12	12
	13=Too old to find a job	13	13	13	13	13
	14=Disability	14	14	14	14	14
15=Already found a job to start at a later date	15	15	15	15	15	

	Line number of person in Household Roster	□□□□	□□□□	□□□□	□□□□	□□□□	Skip Pattern
	Name of household member						
	Age of household member	□□□	□□□	□□□	□□□	□□□	
6-G4a	Last week, would you want to work if there had been an opportunity to work? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>8-G6a
7-G9a	What was the main reason why you did not want to work last week? 1=In school or training (Student attending school/Training) 2=Family responsibilities or housework 3=Pregnancy 4=Illness, injury 5=Retired or too old for work 6=Too young to work. 7=No desire to work 8=Off-season 9=Other reason (specify): _____ 10=Disability	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
8-G6a	During the last 12 months, did you do anything to look for work? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
9-G7a	For how long have you been without work and trying to find a job or start a business? <i>Please specify the exact number of.. Months or Years.</i>	Month					
		Year					

10-G8a	Last week, could you have started to work (i.e. been available to work) if a job had been offered to you? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>12-G1b
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	Line number of person in Household Roster	□□□□	□□□□	□□□□	□□□□	□□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
11-G10a	What was the <u>MAIN</u> reason why you did not try to start work in the last week?						
	01=Was waiting for the results of a vacancy competition or an interview	01	01	01	01	01	
	02=Awaiting the season for work	02	02	02	02	02	
	03=Attended school or training courses (Student attending in school/Training)	03	03	03	03	03	
	04=Family responsibilities or housework	04	04	04	04	04	
	05=Pregnancy	05	05	05	05	05	
	06=Illness, injury	06	06	06	06	06	
	07=Does not know procedures to start a business	07	07	07	07	07	
	08=Unable to start business because of lack of skills	08	08	08	08	08	
	09=Lack of resources to start business	09	09	09	09	09	
	10=Too young to start a b	10	10	10	10	10	
	11=No jobs available in the area/district	11	11	11	11	11	
	12=Other reason (specify): _____	12	12	12	12	12	
	13=Too old to find a job	13	13	13	13	13	
14= Disability	14	14	14	14	14		
12-G1b	In the last four weeks, were you trying to start a business?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>15-G3b
13-G1bG	What kind of business were you looking for in the last 4 weeks? <i>(Describe the kind of business you were looking for. Please describe business activity in two words if not sure of which occupation is being reported)</i>						
14-G2b	In the last four weeks, what have you done to start a business? (CIRCLE ALL THAT APPLY)						
	A=Registered at an employment centre (YMCA and AMRA Employment centres)	A	A	A	A	A	>>17-G4b
	B=Placed /answered job advertisement(s)	B	B	B	B	B	>>17-G4b
	C=Inquired directly at factories, farms, markets, shops, or other workplaces	C	C	C	C	C	>>17-G4b
	D=Took a test or interview	D	D	D	D	D	>>17-G4b
	E=Asked friends, relatives, acquaintances	E	E	E	E	E	>>17-G4b
	F=Waited on the street to be recruited for casual work	F	F	F	F	F	>>17-G4b
	G=Sought financial assistance to look for work or start a business	G	G	G	G	G	>>17-G4b
	H=Looked for land, building, equipment, machinery to start own business or farming	H	H	H	H	H	>>17-G4b
	I=Applied for permit or license to start a business	I	I	I	I	I	>>17-G4b
	J=Other (specify): _____	J	J	J	J	J	>>17-G4b
K=No method / Nothing	K	K	K	K	K		

	Line number of person in Household Roster	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skip Pattern
	Name of household member						
	Age of household member	<input type="checkbox"/> <input type="checkbox"/>					
15-G3b	Was this because you have undertaken all necessary steps to start a business at a later date? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
CHKG2	CHECK IF 12-G1b =1 AND OR ONLY K IS CIRCLED IN 14-G2b THEN SKIP TO 17-G4b						
16-G5b	What was the MAIN reason why you did not look for business in the last four weeks? 01=Was waiting for the results of a vacancy competition or an interview 02=Awaiting the season for work 03=Attended school or training courses (Student attending in school/Training) 04=Family responsibilities or housework 05=Pregnancy 06=Illness, injury 07=Does not know how and where to look for work 08=Unable to find work for his/her skills 09=Had looked for job(s) before but had not found any 10=Too young to find a job 11=No jobs available in the area/district 12=Other reason (specify): _____ 13=Too old to find a job 14=Disability 15=Already found a job to start at a later date	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	
17-G4b	Last week, would you want to do business if there had been an opportunity to start a business? 1=Yes; 2=No	1 2	1 2	1 2	1 2	1 2	>>19-G6b
18-G9b	What was the main reason why you did not want to start a business last week? 1=In school or training (Student attending school/Training) 2=Family responsibilities or housework 3=Pregnancy 4=Illness, injury 5=Retired or too old for work 6=Too young to work. 7=No desire to work 8=Off-season 9=Other reason (specify): _____ 10=Disability	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	

	Line number of person in Household Roster						Skip Pattern
	Name of household member						
	Age of household member						
19-G6b	During the last 12 months, did you do anything to start a business? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
20-G7b	For how long have you been without business and trying to start a business? <i>Please specify the exact number of.. Months or Years.</i>	Month					
		Year					
21-G8b	Last week, could you have started a business (i.e. been available to do business) if an opportunity to open a business had been offered to you? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>H1
22-G10b	What was the MAIN reason why you did not try to start a business in the last week?						
	01=Was waiting for the results of a vacancy competition or an interview	01	01	01	01	01	>>H1
	02=Awaiting the season for work	02	02	02	02	02	>>H1
	03=Attended school or training courses (Student attending in school/Training)	03	03	03	03	03	>>H1
	04=Family responsibilities or housework	04	04	04	04	04	>>H1
	05=Pregnancy	05	05	05	05	05	>>H1
	06=Illness, injury	06	06	06	06	06	>>H1
	07=Does not know procedures to start a business	07	07	07	07	07	>>H1
	08=Unable to start business because of lack of skills	08	08	08	08	08	>>H1
	09=Lack of resources to start business	09	09	09	09	09	>>H1
	10=Too young to start a b	10	10	10	10	10	>>H1
	11=No jobs available in the area/district	11	11	11	11	11	>>H1
	12=Other reason (specify): _____	12	12	12	12	12	>>H1
	13=Too old to find a job	13	13	13	13	13	>>H1
14= Disability	14	14	14	14	14	>>H1	

SECTION H: PREVIOUS WORK EXPERIENCED ON MAIN JOB/BUSINESS FOR PERSONS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
H1	<p>Have you ever worked for a wage or salary, or for other income in cash or in kind (including income obtained from your own or a family business or farm)? <i>Interviewer: Work includes unpaid work in a family business or subsistence farming</i> 1=Yes 2=No</p>	1 2	1 2	1 2	1 2	1 2	>>H13G
H2	<p>What was the main reason why you stopped working in your last job/activity / business? 01=Temporary job ended 02=End of season 03=Dismissal or staff reduction 04=Business/farm/institution closed down 05=Changed residence/displaced 06=Started school, studies, or training 07=Family/community responsibilities 08=Pregnancy 09=Illness, Injury 10=Resignation for other reasons such not been paid 11=Retirement 12=Other reason (specify): _____ 13=Disability</p>	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 04 05 06 07 08 09 10 11 12 13	
H3	<p>How long ago did you stop working in your last job/activity/Business? <i>Please specify the exact number of .. Months or Years.</i></p>	<p>Month</p>					IF >=5years >>J9G
		<p>Year</p>					
H4	<p>What kind of industry, business, service or activity was carried out at the place where you last worked? <i>Interviewer: Write the main industry, economic activity, product or service of (the person's) employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service</i></p>						
H5	<p>What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick</p>						

SECTION H: : PREVIOUS WORK EXPERIENCED ON MAIN JOB/BUSINESS FOR PERSONS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
H6	What kind of work did you do in your last job/activity? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ... Occupational title:						
H7	What were your main tasks or duties in this work? Short description of the main tasks or duties:						
H8	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ⁹ 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers) / 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	
H9	In your last job/activity, did you work in a ...? 1=Government institution 2=State-owned enterprise 3=Private business or farm 4=Non-governmental/non-profit organization 5=Private household 6=Embassy, international organization 7=Other (specify): _____	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
H12	How long did you work for your last employer (or your last Job / business/activity) <i>Please specify the exact number of .. Months or Years.</i>	Month					>>SECTION 1 -(12)
		Year					
H13G	What was the main reason why you never work before? 1=In school or training (Student attending school/Training) 2=Family responsibilities or housework 3=Pregnancy 4=Illness, injury 5=Too young to work. 6=No desire to work 7= Disability 8=Other reason (specify): _____	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	>>J9G >>J9G >>J9G >>J9G >>J9G >>J9G >>J9G >>J9G >>J9G >>J9G

⁹ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation. This category includes all employees: part-time, casual worker and piecework.

SECTION I: USUAL ACTIVITY STATUS IN THE LAST 12 MONTHS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	□□□□	□□□□	□□□□	□□□□	□□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
PRE I	Now I'd like to ask about the income generating activity you spent the most time doing in the past 12 months. This could be work at a job, your own business, a household enterprise, or a farm. It could be work that you still do or work that you have stopped doing.						
I1	<p>You have told me that last week you were doing, Is it the same task that you spent most time in the past 12 months? (READ) 1= Main job last week 2=Second job last week 3= Other economic activity/work</p>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	>>I9 >>I9
I2	<p>What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick</p>						
I3	<p>What kind of work did you do in your last job/activity/business? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ... Occupational title:</p>						
I4	<p>What were your main tasks or duties in this work? Short description of the main tasks or duties:</p>						
I5	<p>In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) ¹⁰ 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers) / Apprentice</p>	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	

¹⁰ Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation. This category includes all employees: part-time, casual worker and piecework.

SECTION I: USUAL ACTIVITY STATUS IN THE LAST 12 MONTHS AGED 5 YEARS AND ABOVE

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
16	In your last job/activity, did you work in a ...? 1=Government institution 2=State-owned enterprise 3=Private business or farm 4=Non-governmental/non-profit organization 5=Private household 6=Embassy, international organization 96=Other (specify):	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	01 02 03 04 05 06 96	
CHK 41	CHECK IF 15=1, (IS WORKING FOR SOMEONE) CIRCLE 1 ELSE CIRCLE 2	1 2	1 2	1 2	1 2	1 2	>>19
17	Was your employment agreement... 1=a verbal agreement 2=a written agreement	1 2	1 2	1 2	1 2	1 2	
18	Was your position... 1=permanent and pensionable 2=an open ended appointment 3=a fixed term	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
19	During which of the past 12 months did you work at this job/business? (CIRCLE ALL THAT APPLY) A=January B=February C= March D=April E=May F=June G=July H=August I=September J=October K=November L=December	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	A B C D E F G H I J K L	

SECTION J: HEALTH, SAFETY AND DISABILITY ISSUES (FOR PERSONS AGED 5 YEARS AND ABOVE)

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern				
	Name of household member						
	Age of household member	<input type="text"/>					
J1	<p>Did you have any of the following in the past 12 months because of your work? (Read each of the following options and mark “Yes=1” or “No=2” for all options)</p> <p>01. Superficial injuries or open wounds 02. Fractures 03. Dislocations, sprains or stains 04. Burns, corrosions, scalds or frostbite 05. Breathing problems. 06. Eye problems. 07. Skin problems 08. Stomach problems / diarrhea 09. Fever. 10. Extreme fatigue 96. Other (specify) _____</p>	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	1=Yes 2=No 01 02 03 04 05 06 07 08 09 10 96	If “No to all GO TO →J4
J2	<p>Think about your most serious illness/injury that was reported in Question J1, how did this/these affect your work/schooling?</p> <p>1=Not serious- did not stop work/schooling. 2=Stopped work or school for a short time 3=Stopped work or school completely.</p>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
J3	<p>Think about your (most)serious illness/injury that was reported in Question J1, what were you doing when this happened?</p> <p style="text-align: center;">Job/Task description (OCCUPATION)</p>						
J4	<p>Do you carry heavy loads at work?</p> <p>1=Yes 2=No</p>	1 2	1 2	1 2	1 2	1 2	
J5	<p>Do you operate any machinery/heavy equipment at work?</p> <p>1=Yes 2=No</p>	1 2	1 2	1 2	1 2	1 2	→J7

SECTION J: HEALTH, SAFETY AND DISABILITY ISSUES (FOR PERSONS AGED 5 YEARS AND ABOVE)

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

SECTION J: HEALTH, SAFETY AND DISABILITY ISSUES (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Line number of person in Household Roster	□□□	□□□	□□□	□□□	□□□	Skip Pattern
	Name of household member						
	Age of household member	□□	□□	□□	□□	□□	
J9G	What is (NAME'S) disability (ies)? <i>Answer all those that apply</i> 1 -Blind 2-Partially sighted 3-Deaf and Dumb 4-Deaf 5-Hard of hearing 6-Dumb 7-Mental illness 8-Intellectual 9-Mute 10-Speech impairment 11-Physically disabled 12-Mentally retarded 13-Autism 14-Other	1=Yes 2=No 01 ... 02 ... 03 ... 04 ... 05 ... 06 ... 07 ... 08 ... 09 ... 10 ... 11 ... 12 ... 13 ... 14 ...	1=Yes 2=No 01 ... 02 ... 03 ... 04 ... 05 ... 06 ... 07 ... 08 ... 09 ... 10 ... 11 ... 12 ... 13 ... 14 ...	1=Yes 2=No 01 ... 02 ... 03 ... 04 ... 05 ... 06 ... 07 ... 08 ... 09 ... 10 ... 11 ... 12 ... 13 ... 14 ...	1=Yes 2=No 01 ... 02 ... 03 ... 04 ... 05 ... 06 ... 07 ... 08 ... 09 ... 10 ... 11 ... 12 ... 13 ... 14 ...	1=Yes 2=No 01 ... 02 ... 03 ... 04 ... 05 ... 06 ... 07 ... 08 ... 09 ... 10 ... 11 ... 12 ... 13 ... 14 ...	If "No to all GO TO → SECTION K
J10G	What is the cause of (NAME'S) Disability (if more than one disability)? <i>Circle all those that apply</i> 1-Congenital/At Birth 2-Disease/Illness 3-Injury/Accident on the job 4- Injury/Accident on elsewhere 5-Spousal violence 6-Other violence 7-Unknown 8-Other	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	

SECTION K: HOUSEHOLD ACTIVITIES (FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND ABOVE)

	Line number of person in Household Roster	<input type="text"/>	Skip Pattern																												
	Name of household member																														
	Age of household member	<input type="text"/>																													
K1	<p>During the past week did you do any of the tasks indicated below for this household? (Read each of the following options and mark "YES" or "NO" for all options) <i>If any "Yes" >>K2; If no "Yes" >>Next question</i></p> <p>1. Fetching water 2. Fetching firewood 3. Cooking 4. Cleaning utensils/house 5. Washing clothes 6. Caring for children/old/sick 7. Other household tasks.</p>	1=Yes 2=No 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ...	1=Yes 2=No 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ...	1=Yes 2=No 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ...	1=Yes 2=No 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ...	1=Yes 2=No 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ...	If any "Yes" >>K2 If no "Yes" →Next question																								
K2	<p>During each day of the past week how many hours did you do such household tasks? (Record for each day separately)</p>	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
	1. Monday																														
	2. Tuesday																														
	3. Wednesday																														
	4. Thursday																														
	5. Friday																														
	6. Saturday																														
	7. Sunday																														
K2 OTHER	<p>During each day of the past week how many hours did you do such household tasks? (Record for each day separately)</p>	7						7						7						7						7					
	1. Monday																														
	2. Tuesday																														
	3. Wednesday																														
	4. Thursday																														
	5. Friday																														
	6. Saturday																														
	7. Sunday																														
K4	<p>Do you use any of the following Financial Services? (CIRCLE ALL APPLICABLE)</p> A=Commercial Bank B= Micro Finance Institutions C= Savings and Credit Cooperative D= Village Savings and Loans Association E= Agricultural Association F= NGO lending Associations G= Borrowing from Friends or Family H= Private Money Lender I= Others, Specify	A B C D E F G H I	A B C D E F G H I	A B C D E F G H I	A B C D E F G H I	A B C D E F G H I																									

	Z= No		Z		Z		Z		Z		Z		
--	-------	--	---	--	---	--	---	--	---	--	---	--	--

	Line number of person in Household Roster	[][]	[][]	[][]	[][]	[][]	Skip Pattern
	Name of household member						
	Age of household member	[][]	[][]	[][]	[][]	[][]	
K5G	What is your MAIN source of income or support to meet your daily needs? A=Parents B= Spouse/Partner C= Children D= Other relatives E= Non-relatives F= Maintenance alimony (ex-spouse) G= Savings/property income H= Government pension I=Other pension/Work compensation J=Other (specify) K= Work L= Business M= Bursary, study loan / Stipend N= Charity / gift	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	
K5	INDIVIDUAL INTERVIEW RESULT 1=Completed (fully responding household) 2=Partly completed 3=Non-contact 4=Refused 6=Temporarily absent, inadequate informant	1 2 3 4 6	1 2 3 4 6	1 2 3 4 6	1 2 3 4 6	1 2 3 4 6	
K6	Time Interview ends	[][][]]	[][][]	[][][]]	[][][]]	[][][]]	

SECTION L: AGRICULTURE (livestock)

PRE8.2 PLEASE FILL IN THE LAST 12 MONTHS

8.11 Does the household raise any livestock? 1=YES 2=NO (IF =2 >> 8.26)

	Please list all types of livestock And poultry raised since this time last year.	ENTER CODE FOR ANIMAL TYPE (see codes below)	Total number of (TYPE OF ANIMAL OR POULTRY) did you have one year ago?	How many new born during the year?	How many did you kill to eat during the year? (ASK IF APPROPRIATE.)	How many (TYPE OF ANIMAL OR POULTRY) did you sell during the year?	How much money did you usually receive for one?		Did you plan to sell... 1=More 2=Less 3=About this amount	FOR POULTRY, ALSO ASK: What share of the eggs did you sell... 1= all 2= More than Half 3=Half 4=Less than half 5=Very little 6=None	Did you plan to sell... 1=More 2=Less 3=About this amount	FOR DAIRY, ALSO ASK: What share of the milk did you sell: 1= all 2= More than Half 3=Half 4=Less than half 5=Very little 6=None	Did you plan to sell... 1=More 2=Less 3=About this amount	Please tell me all of the household members who were involved in raising or selling these (animal/poultry/eggs/milk). (Enter each person line number)
	8.12	8.13	8.14	8.15	8.16	8.17	8.18	8.19	8.20	8.21	8.22	8.23	8.24	8.25
A														
B														
C														
D														
E														
F														
G														
H														

Codes for 8.12

- 1=Cattle 4=Donkeys 7=Chicken
- 2=Goats 5=Horses 8=Ducks
- 3=Sheep 6=Pigs 9=Other (Specify).....

SECTION L: AGRICULTURE (Fisheries)

PRE8.3 PLEASE FILL IN THE LAST MONTHS

8.26 Does the household (i.e. any household member) engaged in fishing and fish related activities? 1=YES 2=NO IF 2 >> (SECTION M)

	Please list all types of fisheries activities last Month. (describe activity)	8.28	Number of people working (including family helpers) for the most intensive work		How much money did you usually receive for one?			What share of the Fish did you sell... 1= all 2= More than Half 3=Half 4=Less than half 5=Very little 6=None	Please tell me all of the household members who were involved in fisheries activities. (Enter each person ID number)
			8.29A	8.29B	8.30	8.31	8.32		
			Male	Female	Quantity	Unit of sale	Price per unit		
	8.27	8.28			8.30	8.31		8.32	8.34
A									
B									
C									
D									
E									
F									
G									
H									

SECTION M: HOUSEHOLD CHARACTERISTICS (To be asked of each household)		
M2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms	— —
M3. MAIN MATERIAL OF THE DWELLING FLOOR. <i>Record observation.</i>	Natural floor Earth / Sand11 Dung12 Rudimentary floor Wood planks21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles33 Cement.....34 Carpet35 Other (<i>specify</i>) 96	
M4. MAIN MATERIAL OF THE ROOF. <i>Record observation.</i>	Natural roofing No Roof11 Thatch / Palm leaf12 Sod13 Rudimentary Roofing Rustic mat21 Palm / Bamboo22 Wood planks23 Cardboard24 Finished roofing Metal.....31 Wood32 Calamine / Cement fibre33 Ceramic tiles34 Cement/Concrete35 Roofing shingles36 Corrugated Iron/Asbestos,,,,,..... 37 Other (<i>specify</i>) 96	
M5. MAIN MATERIAL OF THE EXTERIOR WALLS. <i>Record observation.</i>	Natural walls No walls.....11 Cane / Palm / Trunks12 Dirt13 Rudimentary walls	

	Bamboo with mud.....21 Stone with mud.....22 Uncovered adobe.....23 Plywood.....24 Cardboard.....25 Reused wood.....26 Mud/Krinting..... 27 Finished walls Cement.....31 Stone with lime / cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks / shingles.....36 Other (<i>specify</i>)..... 96	
M6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity.....01 Liquefied Petroleum Gas (LPG).....02 Natural gas.....03 Biogas.....04 Kerosene.....05 Coal / Lignite.....06 Charcoal.....07 Wood/Fuelwood.....08 Straw / Shrubs / Grass.....09 Animal dung.....10 Agricultural crop residue.....11 No food cooked in household.....95 Other (<i>specify</i>)..... 96	01⇒M8 02⇒M8 03⇒M8 04⇒M8 05⇒M8 95⇒M8
M7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>IF 'IN THE HOUSE', PROBE: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen.....1 Elsewhere in the house.....2 In a separate building.....3 Outdoors.....4 Other (<i>specify</i>)..... 6	

<p>M8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] VIDEO CASSETTE OR PLAYER?</p> <p>[G] FAN?</p> <p>[H] CUPBOARD ?</p> <p>[I] SOFA?</p> <p>[J] AIR CONDITIONER?</p> <p>[K] ELECTRIC GENERATOR?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Video cassette or player.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cupboard.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electrical generator.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Video cassette or player.....	1	2	Fan.....	1	2	Cupboard.....	1	2	Sofa.....	1	2	Air conditioner.....	1	2	Electrical generator.....	1	2	
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<p>M9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor/engine.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor/engine.....	1	2													
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<p>M10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", THEN ASK: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "RENTED FROM SOMEONE ELSE", CIRCLE "2". FOR OTHER RESPONSES, CIRCLE "6".</i></p>	<p>Own1 Rent.....2 Other (Not owned or rented)6</p>	
<p>M11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes1 No 2</p>	2⇒M13
<p>M12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares ____</p>	
<p>M13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1 No 2</p>	2⇒M15
<p>M14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls..... ____ Horses, donkeys, or mules..... ____ Goats ____ Sheep ____ Chickens ____ Pigs ____</p>	
<p>M15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1 No 2 DK8</p>	