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CLS 1
PG. 1

SECTION I: EARNINGS AND HOURS OF WORK OF CHILDREN 5 – 17 YEARS DURING LAST WEEK

(INT: ASK THESE QUESTIONS FOR CHILDREN WHO ARE INDICATED TO BE IN PAID EMPLOYMENT LAST WEEK I.E. Q. 18 CODE 1 OR Q. 36 CODE 1 FROM LFS 2)

ASK RESPONSIBLE PARENT/GUARDIAN	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
1.1 If currently in paid employment, how is (name of child) paid					
Piece rate.....1	1	1	1	1	1
Hourly.....2	2	2	2	2	2
Daily3	3	3	3	3	3
Weekly4	4	4	4	4	4
Monthly5	5	5	5	5	5
Other (specify)6	6.....	6.....	6.....	6.....	6.....
1.2 What was the amount paid to (name of child) for the latest pay period ?					
Shs.....in-cash (without cents)1	1	1	1	1	1
Indicate the pay period (day)2	2	2	2	2	2
Shs.....in-kind (estimates of all payments)3	3	3	3	3	3
Pay period (day)4	4	4	4	4	4
Total earnings: in-cash and in-kind (1a and 2b).....5	5	5	5	5	5
1.3 During which time and how many hours does (name of child) usually work?					
Day time for hours per day.....1.	1	1	1	1	1
Evening time for hours per evening.....2.	2	2	2	2	2
Night time for hours per night.....3.	3	3	3	3	3

SECTION II: USUAL ECONOMIC ACTIVITY OF CHILDREN 5 – 17 YEARS DURING LAST 12 MONTHS.

(INT: ASK THIS QUESTION FOR CHILDREN WHO ARE INDICATED TO HAVE WORKED EITHER IN PAID, UNPAID OR IN SELF EMPLOYMENT (LFS 2 Q.5)

2.1 Was (name of child) also attending school while he/she was engaged in economic activities during the last 12 months ?					
Yes.....1.	1	1	1	1	1
No.....2.	2	2	2	2	2

SECTION III: NON - ECONOMIC ACTIVITY OF CHILDREN 5 – 17 YEARS DURING LAST WEEK. (ASK FOR ALL CHILDREN)

3.1 Has (name of child) been engaged in housekeeping activities or household chores in own parents'/guardians' home on a regular basis during last week?					
Yes 1	1	1	1	1	1
Less than 1 hour each day.....3	3	3	3	3	3
1 - 2 hours each day.....4	4	4	4	4	4
3 - 4 hours each day.....5	5	5	5	5	5
5 - 6 hours each day.....6	6	6	6	6	6
7 - 8 hours each day.....7	7	7	7	7	7
9 hours or more8	8	8	8	8	8
No.....2	2	2	2	2	2

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SECTION IV: HEALTH AND SAFETY ASPECTS OF CHILDREN 5-17 YEARS OLD WHO HAVE WORKED AT ANY TIME IN THE PAST 12 MONTHS (APPLICABLE FOR ALL CHILDREN WHO WORKED IN THE LAST 12 MONTHS Q. 1 LFS 2)		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
4.1 Has (name of child) ever been hurt at work/work place or suffered from illnesses/injuries due to his/her work at any time? Yes 1 No 2 (Go to Q4.6)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	1	1	1	1
		2	2	2	2	2
4.2 How often was (name) hurt or suffered from illnesses/injuries? Often/frequently 1 Occasionally 2 Seldom/rarely 3		1	1	1	1	1
		2	2	2	2	2
		3	3	3	3	3
4.3 What were the activities(industries in which (name) was injured/hurt or from which he/she suffered illness? (List up to 3 activities/industries): <div style="text-align: right;">[ISIC]</div> <div style="text-align: right;">[ISIC]</div> <div style="text-align: right;">[ISIC]</div>		1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.4 What were the occupations or jobs held by (name) when the accident happened or from which he/she suffered illness? (List up to 3 occupations or jobs): <div style="text-align: right;">[TASCO]</div> <div style="text-align: right;">[TASCO]</div> <div style="text-align: right;">[TASCO]</div>		1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.5 Who paid for medical treatment? (more than one answer acceptable) No treatment 1 Employer 2 Parents/guardians 3 Self 4 Free 5 Other, please specify 6		1	1	1	1	1
		2	2	2	2	2
		3	3	3	3	3
		4	4	4	4	4
		5	5	5	5	5
		6	6	6	6	6
4.6 Does (name) use any of the following protective wear while working? (more than one answer acceptable). Glasses 1 Helmet 2 Earplugs 3 Special shoes 4 Gloves 5 None 6 Other, please specify 7		1	1	1	1	1
		2	2	2	2	2
		3	3	3	3	3
		4	4	4	4	4
		5	5	5	5	5
		6	6	6	6	6
		7	7	7	7	7
4.7 Do other people doing the same work use protective wear while working? Yes 1 No 2 (Go to Section V)		1	1	1	1	1
		2	2	2	2	2
4.8 Which of the following do they usually use? (more than one answer acceptable) Glasses 1 Helmet 2 Earplugs 3 Special shoes 4 Gloves 5 Other, please specify 6		1	1	1	1	1
		2	2	2	2	2
		3	3	3	3	3
		4	4	4	4	4
		5	5	5	5	5
		6	6	6	6	6

SECTION V: PLACE OF WORK/EMPLOYERS OF CHILDREN 5-17 YEARS OF AGE (INT: ASK QUESTIONS 5.1 AND 5.2 FOR CHILDREN WORKING FOR OTHERS AND 5.3 FOR SELF EMPLOYED)		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
5.1 If working for someone other than own parents or guardians, do you know where and for whom (name) works? Yes..... 1 No 2 (Go to Section VI)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		1	1	1	1	1
		2	2	2	2	2
5.2 Please give the name and address of his/her employer: Name:..... Address: (as precise as possible)..... INTERVIEWER: (GO TO SECTION VI)		NAME
5.3 If (name) is working independently somewhere, please give the location where he/she usually works Location: Please explain INTERVIEWER: AFTER FILLING IN ANSWERS (GO TO SECTION VII)	

SECTION VI: CHILDREN 5-17 YEARS OLD WORKING AS EMPLOYEES FOR SOMEONE ELSE FOR PAYMENTS IN-CASH OR IN-KIND, OR WITHOUT ANY PAYMENT
(INT: ASK THESE QUESTIONS FOR CHILDREN WHO WERE IN PAID OR UNPAID EMPLOYMENT SITUATION Q.18 CODES 1,4 OR 5 IN LFS 2)

6.1 If (name) is <u>working for someone</u> , how was his/her relationship with the employer? Good 1 Moderate..... 2 Does not know..... 3 Bad 4		Go To Q6.3		1	1	1	1	1
				2	2	2	2	2
				3	3	3	3	3
				4	4	4	4	4
6.2 Give main reasons (more than one answer acceptable) Wants too much work done 1 Wants work done for long hours..... 2 Pays poorly..... 3 Does not pay in time..... 4 Abuses physically..... 5 Abuses verbally..... 6 Other, specify..... 7		1	1	1	1	1	1	1
		2	2	2	2	2	2	2
		3	3	3	3	3	3	3
		4	4	4	4	4	4	4
		5	5	5	5	5	5	5
		6	6	6	6	6	6	6
		7	7	7	7	7	7	7
6.3 Which of the following benefits were provided by the employer? (more than one answer acceptable) Paid holidays 01 Paid sick leave..... 02 Social security insurance (health, pension etc.)..... 03 Bonus (regularly) 04 Free uniform 05 Subsidised uniform..... 06 Free meals..... 07 Subsidised meals 08 Free transport..... 09 Subsidised transport..... 10 Free lodging 11 Subsidised lodging 12 Other, please specify 13 No benefit at all 14 Do not know 15		01	01	01	01	01	01	01
		02	02	02	02	02	02	02
		03	03	03	03	03	03	03
		04	04	04	04	04	04	04
		05	05	05	05	05	05	05
		06	06	06	06	06	06	06
		07	07	07	07	07	07	07
		08	08	08	08	08	08	08
		09	09	09	09	09	09	09
		10	10	10	10	10	10	10
		11	11	11	11	11	11	11
		12	12	12	12	12	12	12
		13	13	13	13	13	13	13
		14	14	14	14	14	14	14
		15	15	15	15	15	15	15

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SECTION VIII: PERCEPTIONS OF PARENTS/GUARDIANS OR OTHER RELATIVES WITH WHOM THE WORKING CHILD USUALLY RESIDES:

(INT: ASK THESE QUESTIONS FOR CHILDREN WHO WORKED I.E. Q.18 AND Q.36 IN LFS 2)

7.1 What does (name) do for fun, when not working? (more than one answer acceptable)	ENTER SERIAL NUMBER OF CHILD FROM LFS 1 PAGE 2				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Playing with friends/sisters/brothers/watching TV.....1	1	1	1	1	1
Studying2	2	2	2	2	2
Other, please specify3	3	3	3	3	3
7.2 If (name) is working, what is the main reason for letting him/her work?					
To supplement household income1	1	1	1	1	1
To pay outstanding debt under contractual arrangement2	2	2	2	2	2
To assist/help in household enterprise3	3	3	3	3	3
Education/training programme is not suitable.....4	4	4	4	4	4
Education/training institutions are too far.....5	5	5	5	5	5
Other, please specify6	6	6	6	6	6
7.3 If (name) stops working, what will happen?					
Household living standard will decline1	1	1	1	1	1
Household cannot afford to live.....2	2	2	2	2	2
Household enterprise cannot operate fully & other labour not affordable3	3	3	3	3	3
Other, please specify4	4	4	4	4	4
7.4 If given a choice, what would you prefer (name) to do in the future?					
Going to school full-time.....01	01	01	01	01	01
Working for income full-time.....02	02	02	02	02	02
Helping full-time in household enterprise or business.....03	03	03	03	03	03
Working full-time in household chores or housekeeping.....04	04	04	04	04	04
Going to school part-time and working part-time for income.....05	05	05	05	05	05
Part-time in household enterprise or business06	06	06	06	06	06
Part-time in household chores or housekeeping07	07	07	07	07	07
Complete education/training and start to work.....08	08	08	08	08	08
Find a better job/work than the present one.....09	09	09	09	09	09
Other, please specify10	10	10	10	10	10
7.5 At what age did (name of child) start to work for the first time (i.e., in economic or non-economic activity for the first time)? Age.....(in completed years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION IX: MIGRATION STATUS OF CHILDREN 5-17 YEARS OF AGE:

8.1 Has (name) always been living with the present household/family?					
Yes.....1	1	1	1	1	1
No.....2	2	2	2	2	2
8.2 Where was the last place of usual residence of (Name) prior to coming to this household's/family's residence ?					
Village.....1	1	1	1	1	
Town.....2	2	2	2	2	
8.3 What was (name) doing in the last place of usual residence prior to coming to this household ?					
Working/had a job.....1	1	1	1	1	1
Attending school/training institution.....2	2	2	2	2	2
Working/had a job & attending school3	3	3	3	3	3
Other (please specify).....4	4	4	4	4	4
8.4 How long has (name) been living/residing in the present place of residence/ present household?					
Months (if less than 12 months/1 year).....1	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Years (If 12 months or longer).....2	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>

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	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
8.5 What was the main reason that (Name) came to live/reside with the present household/family ?					
Job transfer.....1	1	1	1	1	1
Found a job2	2	2	2	2	2
Looking for a job3	3	3	3	3	3
Attending school/training institution4	4	4	4	4	4
Family problem/No parents.....5	5	5	5	5	5
Other (specify)6	6	6	6	6	6

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

9.1 Is there any child (or children) of this household who does (do) not usually live or reside here (i.e., not listed in the LFS1 Questionnaire)																
1. Yes, please give the number of children and their names, sex, age and where they live or reside now:	1		1	1												
NAME																
SEX																
AGE																
ADDRESS																
2. No END OF INTERVIEW FOR THIS CHILD	2		2	2												
9.2 Do you know where this child lives or resides at the present time?																
Yes.....1	1		1	1												
No.....2 (Go to Q9.4)	2		2	2												
9.3 With whom and where does (name) live or reside now? Please specify as much as possible:																
With (name of person/institution) JINA	1.....		1.....	1.....												
Where (Address): ADDRESS	2.....		2.....	2.....												
9.4 What does (name) do where he/she is now?																
Working for someone.....1	1		1	1												
Working independently/as self-employed.....2	2		2	2												
Attending school/training institution.....3	3		3	3												
Other (specify)4	4.....		4.....	4.....												
Unknown.....5	5		5	5												
9.5 Does (name) get in touch with this household ?																
Yes.....1	1		1	1												
No.....2 END OF INTERVIEW	2		2	2												
9.6 When was the last time he/she contacted this household (i.e., most recent contact)?	Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				
9.7 Does (name) sometimes send money/goods, etc., to this household?																
Yes.....1	1		1	1												
No.....2 (THIS INTERVIEW IS TERMINATED FOR THIS CHILD)	2		2	2												
9.8 When was the last time he/she sent money/goods, etc.?	Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					Month/Year <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>				

END OF QUESTIONS TO BE ADDRESSED TO PARENTS OR GUARDIANS

GO TO QUESTIONS TO BE ADDRESSED TO CHILDREN 5 – 17 YEARS OF AGE (CLS 2)

CHILDREN 5 – 17 YEARS OLD

QUESTIONS TO BE ANSWERED TO CHILDREN 5 – 17 YEARS OLD		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2									
INTERVIEWER: INTERVIEW IS TERMINATED FOR A CHILD WHO DID NOT PERFORM ANY ECONOMIC ACTIVITY.											
1. Are you currently attending school or training institution?											
Yes, full-time 1		1		1		1		1		1	
Yes, part-time..... 2		2		2		2		2		2	
No..... 3		3		3		3		3		3	
2. what is the main reason for not going to school or training institution?											
No suitable school or training institutions available..... 01		01		01		01		01		01	
To support self..... 02		02		02		02		02		02	
Cannot afford schooling or training 03		03		03		03		03		03	
Poor in studies/not interested in schooling or training..... 04		04		04		04		04		04	
Failed at school..... 05		05		05		05		05		05	
Afraid of teachers..... 06		06		06		06		06		06	
Illness/disabled..... 07		07		07		07		07		07	
To help in household chores/housekeeping..... 08		08		08		08		08		08	
To assist in household enterprise/business..... 09		09		09		09		09		09	
To work for wages/salaries..... 10		10		10		10		10		10	
To work in own business for income..... 11		11		11		11		11		11	
Family does not permit schooling or training..... 12		12		12		12		12		12	
Too young (pre-school) 13		13		13		13		13		13	
Other, please specify..... 14		14.....		14.....		14.....		14.....		14.....	
3. If attending school or training institution on a full-time or part-time, but also working, does your work affect your regular attendance or studies?											
Yes..... 1		1		1		1		1		1	
No..... 2		2		2		2		2		2	
4. Have you ever been injured at your workplace or suffered illness due to the work conditions or occupation/job at any time in the past, including previous work or occupation/job?											
Yes..... 1		1		1		1		1		1	
No..... 2		2		2		2		2		2	
5. What was/were the nature of your illnesses/injuries?											
General, such as fever, cold, etc..... 1		1		1		1		1		1	
Eye infection..... 2		2		2		2		2		2	
Ear infection..... 3		3		3		3		3		3	
Skin problem..... 4		4		4		4		4		4	
Breathing problem..... 5		5		5		5		5		5	
Stiff neck..... 6		6		6		6		6		6	
Back problem..... 7		7		7		7		7		7	
Anaemia..... 8		8		8		8		8		8	
Other, please specify: 9		9.....		9.....		9.....		9.....		9.....	
6. Referring to the most serious injury/illness, how serious was the injury/illness?											
Did not need any medical treatment 1		1		1		1		1		1	
Medically treated and released immediately..... 2		2		2		2		2		2	
Stopped work temporarily..... 3		3		3		3		3		3	
Hospitalised..... 4		4		4		4		4		4	
Prevented work permanently..... 5		5		5		5		5		5	
Other, please specify..... 6		6.....		6.....		6.....		6.....		6.....	

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		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2														
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7. Please give the number of days	DAYS	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
8. Where did (you) consult a doctor? (more than one answer acceptable)																
At home.....1		1	1	1	1	1										
At work place.....2		2	2	2	2	2										
At hospital.....3		3	3	3	3	3										
At dispensary.....4		4	4	4	4	4										
At clinic.....5		5	5	5	5	5										
Other, please specify6		6.....	6.....	6.....	6.....	6.....										
9. Are you required to operate any tools, equipment, machines, etc. at your workplace or on your job/occupation?																
Yes.....1		1	1	1	1	1										
No.....2		2	2	2	2	2										
10. Were you/are you aware of any likely health problems or possible hazards, injuries or illnesses in connection with your work?																
Yes.....1		1	1	1	1	1										
No.....2		2	2	2	2	2										
11. Do you face any problems or difficulties with the present job?																
Yes.....1		1	1	1	1	1										
No.....2		2	2	2	2	2										
12. At what age did you start to work for the first time?	AGE	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
13. If given a choice, what would you like to do now and in the future?																
Now.....1		1.....	1.....	1.....	1.....	1.....										
In the future2		2.....	2.....	2.....	2.....	2.....										
INT: IF SELF EMPLOYED GO TO Q19 IF WORKING FOR PARENTS/GUARDIANS INTERVIEW TERMINATED FOR THIS CHILD																
14. If you are working for someone else other than your own parents or guardians, do you usually work overtime and get paid for it?																
Yes, with pay.....1		1	1	1	1	1										
Yes, without pay.....2		2	2	2	2	2										
No overtime work.....3		3	3	3	3	3										
15. Do you receive wage payment prevalent in your locality?																
Yes.....1		1	1	1	1	1										
No2		2	2	2	2	2										
I don't know3		3	3	3	3	3										
16. How is your relationship with your employer?																
Good.....1		1	1	1	1	1										
Indifferent.....2		2	2	2	2	2										
Bad3		3	3	3	3	3										
17. Give the main reason:																
Wants too much work done.....1		1	1	1	1	1										
Wants work done for long hours.....2		2	2	2	2	2										
Pays poorly.....3		3	3	3	3	3										
Does not pay on time.....4		4	4	4	4	4										
Abuses physically.....5		5	5	5	5	5										
Abuses verbally.....6		6	6	6	6	6										
Other, please specify.....7		7.....	7.....	7.....	7.....	7.....										

Identification:

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CLS 2
PG. 3

		ENTER SERIAL NUMBER OF A CHILD FROM LFS 1 PAGE 2																																														
18. Referring to the latest/most recent payment, what is the approximate amount you were paid by your employer? Give amount and indicate the period for which this amount was paid: Shs. 1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Amount received 1 Period paid for 2 Days 2 <table border="1"><tr><td></td><td></td></tr></table>									1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td></tr></table>								1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td></tr></table>								1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td></tr></table>								1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td></tr></table>								1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 2 <table border="1"><tr><td></td><td></td></tr></table>							
19. Do you give a part or all of your earnings to your parents/guardians or other relatives you usually reside with? Yes, all directly through the employer 1 Yes, all by self 2 } Go to Q22 Yes, part through the employer 3 Yes, part by self 4 No 5 Other, please specify 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																																											
20. Do you save any part of your earnings? Yes, regularly 1 Yes, occasionally 2 } Go to Q22 No 3		1 2 3	1 2 3	1 2 3	1 2 3																																											
21. What is the main reason for saving: To start own business 1 To go to school/training institution 2 Other, please specify 3		1 2 3	1 2 3	1 2 3	1 2 3																																											
22. Are you satisfied with your present job? Yes 1 Go to Q24 No 2		1 2	1 2	1 2	1 2																																											
23. Why not? Wages too low 1 Work too tiring/too hard 2 Employer too hard/too demanding 3 Earning from self-employment very low 4 Other, please specify: 5 INT: IF (NAME) IS SELF EMPLOYED GO TO Q25		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5																																											
24. If working for someone else other than your parents or guardians, where and for whom do you usually work? Address or locality of workplace - (please be as precise as possible): ADDRESS Name of employer/establishment/enterprise: NAME OF EMPLOYER INTERVIEW TERMINATED FOR THIS CHILD																																																
25. If working independently, please specify address or locality: ADDRESS LOCALITY																																																
INTERVIEW FOR THIS CHILD IS TERMINATED INTERVIEWER: Please provide below any general or specific comments/remarks concerning this interview:																																																

