



**THE UNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS AND DEPARTMENT OF EMPLOYMENT  
INTEGRATED LABOUR FORCE SURVEY 2005/2006**

**CONFIDENTIAL**

REGION \_\_\_\_\_

DISTRICT \_\_\_\_\_

WARD \_\_\_\_\_

VILL./E.A NO \_\_\_\_\_

H'OLD SAMPLE NO. \_\_\_\_\_

VILLAGE/STREET \_\_\_\_\_ LOCAL (TEN CELL) LEADER \_\_\_\_\_

**INTERVIEW CONTROL SECTION**

PERSON NUMBER TO BE INTERVIEWED					
VISIT/APPOINTMENT	1	2	3	4	5
	DATE.../.../..... TIME.....	DATE.../.../..... TIME.....	DATE.../.../..... TIME.....	DATE.../.../..... TIME.....	DATE.../.../..... TIME.....
PERSON INTERVIEWED					

**TOTAL COMPLETED QUESTIONNAIRES: LFS 2'S:....., CLS1:.....,CLS2:..... AND TUS.....**

**INTERVIEW RESULT**

- Fully Responding .....1
- Vacant/not livable .....2
- Diplomat/listing error.....3
- Refusal.....4
- Non-contact .....5
- Family problems.....6
- Incomplete .....7

☐

**IF CODE "2 – 7" Give details below**

**INTERVIEWER:**

**Describe all problems**.....

**Supervisor's Comments:**.....

INTERVIEWER'S NAME:.....

SIGNATURE OF INTERVIEWER & DATE:.....

SUPERVISOR'S NAME:.....

SIGNATURE OF SUPERVISOR & DATE:.....

EDITOR'S NAME:.....

SIGNATURE OF EDITOR & DATE:.....

DATA ENTRANT'S NAME:.....

SIGNATURE OF DATA ENTRANT'S & DATE:.....

**LIST OF ALL USUAL RESIDENTS (AND VISITORS):**

						PERSONS 5 YRS AND ABOVE AND 'IN' ONLY	
P E R S O N A L  N O	LIST ALL USUAL RESIDENTS (& VISITORS OF THE HOUSEHOLD WHO HAVE STAYED FOR 3 OR MORE MONTHS AWAY FROM THEIR OWN RESIDENCE)  <b>NAME</b>	R'SHIP TO HEAD	SEX	AGE	PERSON 'IN' ONLY	MARITAL STATUS	CITIZENSHIP
		HEAD - 1 SPOUSE - 2 SON - 3 DAUGHTER - 4 PARENTS - 5 OTHER RELATIVE - 6 DOMESTIC EMPLOYEE - 7 UN RELATED - 8	M=1  OR  F=2	00=<1YR WRITE COMPLETE YEARS  WRITE "97" IF AGE IS > 97	CHECK PERSONS 5 YRS AND OVER 'IN'  (✓)	SINGLE - 1 MARRIED - 2 WIDOWED - 3 DIVORCED/ SEPARATED - 4	Tanzania.....01 Kenya.....02 Uganda.....03 Rwanda.....04 Burundi.....05 Congo DR.....06 Zambia.....07 Malawi.....08 Mozambique.....09 Other SADC.....10 Other African.....11 Non African C'ries.12
1.	2	3	4	5	6	7	8
01.							
02.							
03.							
04.							
05.							
06.							
07.							
08.							
09.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
Child LFS 2: 5 ≤ 17							
Adults LFS 2: ≥ 18							
TOTAL LFS 2							

**COLUMN 9**  
**\* Choose the correct:**  
 If you are in village  
 ask.....this District  
 and if you are in Urban area  
 ask.....this Town

PERSONAL	PERSONS FIVE YEARS AND ABOVE AND 'IN' ONLY ASK EACH PERSON THESE QUESTIONS									
	MIGRATION			EDUCATION AND TRAINING						
				EDUCATION			TRAINING			
	HOW LONG HAVE YOU LIVED IN THIS * TOWN/ DISTRICT	WHERE WERE YOU LIVING BEFORE	REASONS FOR COMING HERE	LITERACY	ATTENDENCY	LEVEL REACHED	TYPE OF TRAINING OF ATLEAST ONE MONTH DURATION	SUBJECT OF TRAINING		
CAN....(NAME) READ & WRITE KISWAHILI =1 ENGLISH =2 BOTH ENG/KISW. =3 ANY OTHER LANGUAGE =4 NONE =5				IS/HAS...(NAME) COMPLETED.1 ATTENDING...2 NEVER ATTENDED SCHOOL .....3	IN WHICH LEVEL (NAME) ATTENDING/ COMPLETED  CODES BELOW	DESCRIBE e.g. CARPENTRY, ACCOUNTANCY, MECHANICAL ENGINEERING, NURSING, SECONDARY TEACHING.		YEAR COMPLETED TRAINING	FOR OFFICIAL USE ONLY	
	SINCE BIRTH -1 <i>Go to Col. 12</i> LESS THAN 1YR -2 1 & < 3 YRS -3 3 & < 5 YRS -4 5 YRS OR MORE -5	A: TANZANIA VILLAGE -1 CITY/ TOWN -2 B: OUTSIDE TANZANIA KENYA -3 UGANDA -4 OTHER -5	CODES BELOW				CODES BELOW IF CODE 1 DONT ASK Q.16 & Q.17			
	9	10	11	12	13	14	15	16	17	18
01.										
02.										
03.										
04.										
05.										
06.										
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08.										
09.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										

## REASONS FOR MIGRATIONS (Col. 11)

JOB TRANSFER ----- 1  
 ARRANGED JOB ----- 2  
 LOOKING FOR BETTER AGR. LAND----- 3  
 BUSINESS OPPORTUNITIES----- 4  
 LOOK FOR PAID WORK ----- 5  
 JOIN SPOUSE/FAMILY ----- 6  
 ATTENDED SCHOOL/ TRAINING ----- 7  
 OTHER DESCRIBE----- 8

LEVEL OF EDUCATION  
(COLUMN 14)

Pre-school.....00.  
 Std 1 .....01.  
 Std 2 .....02.  
 Std 3 .....03.  
 Std 4 .....04.  
 Std 5 .....05.  
 Std 6 .....06.  
 Std 7 .....07.  
 Std 8 .....08.  
 Form 1 .....09.  
 Form 2 .....10.  
 Form 3 .....11.  
 Form 4 .....12.  
 Form 5 .....13.  
 Form 6 .....14.  
 TERTIARY NON UNIVERSITY.....15.  
 TERTIARY UNIVERSITY .....16.

TYPE OF TRAINING (Col. 15)  
(MOST IMPORTANT IF MORE THAN ONE)

NONE-----1  
 ON THE JOB-----2  
 INFORMAL APPRENTICESHIP-----3  
 VOCATIONAL CERTIFICATE G3-----4  
 VOCATIONAL CERTIFICATE G2-----5  
 VOCATIONAL CERTIFICATE G1-----6  
 COLLEGE/CERTIFICATE-----7  
 DIPLOMA-----8  
 ADVANCED DIPLOMA-----9  
 UNIVERSITY DEGREE-----10  
 OTHER DESCRIBE-----11

CHILDREN < 5  
(USUAL RESIDENTS)

M		
F		
T		

HOUSE HOLD ECONOMIC QUESTIONS  
ASK HEAD OF HOUSEHOLD

*INT: This section is to be used as an introduction to the economic questions for each individual and to gain general picture of how the household survives. You should check later that the activities described here occur on the questionnaire (LFS2).*

1. Does this household or anyone in this household engage in any of the following activities?

- (a) Wage Employment YES.....1. ☐  
NO.....2. ☐
- (b) Working on own or family business YES.....1. ☐  
(excl. Agriculture) NO.....2. ☐

IF YES to (b)

Describe all business activities

OFFICIAL USE

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.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (c) Working on own shamba, YES.....1 ☐  
fishing or animal keeping NO.....2 GO TO Q.2
- (d) Do you have any paid Employees? YES.....1 ☐  
NO.....2 ☐

2. Besides the above activities, does the household have any other sources of income of any type ? Please describe?

Remittances.....	1	<input type="text"/>
Pension.....	2	<input type="text"/>
Rent.....	3	<input type="text"/>
Interest.....	4	<input type="text"/>
Dividend.....	5	<input type="text"/>
Other, explain.....	6	<input type="text"/>
None.....	7	<input type="text"/>

Q.2

[MORE THAN ONE ANSWER IS ACCEPTABLE]

(FOR OFFICIAL USE ONLY)

Q.3

3. Which one of those above sources (Q.1 and Q.2) is the main source of income for household?

Describe.....

4. What is the average household monthly cash income from all sources?

HOUSEHOLD'S INCOME	
Under 50,000/=.....	1
50,000/= to 99,000/=.....	2
100,000/= to 199,000/=.....	3
200,000/= to 499,000/=.....	4
500,000/= to 999,000/=.....	5
1,000,000/= +.....	6

Q.4

Identification:          **SECTION 1: HOUSEHOLD AMENITIES AND COMMUNITY SERVICES****5. What type of the main house does the household occupy?** (Do not read out options, Circle one option for each of three columns.)

Roof	Walls	Floor
Grass, leaves, bamboo .... 1	Stones ..... 1	Earth ..... 1
Mud and grass ..... 2	Cement bricks ..... 2	Concrete/cement, ..... 2
Concrete, cement ..... 3	Sun dried bricks ..... 3	Tiles ..... 3
Metal sheets (GCI) ..... 4	Baked bricks ..... 4	Other, (Specify) ..... 4
Asbestos ..... 5	Poles and mud ..... 5	
Tiles ..... 6	Timber ..... 6	
Other (Specify) ..... 7	Grass ..... 7	
	Other (Specify) ..... 8	

**6. Does this household own the following assets?** (Read out options, Circle one option for each of two columns.)

	Yes	No
A car	1	2
A refrigerator	1	2
An electric or gas cooker	1	2
A television	1	2
Charcoal/electric iron	1	2
A cellular phone	1	2
A land line telephone	1	2
A radio	1	2
A table/wall clock	1	2
A bicycle	1	2
A Plough	1	2
A Cart	1	2
A Charcoal stove/Kerosene	1	2

**7. What is the main source of energy/fuel for this household for cooking, lighting and heating/cooling?**  
(Do not read out options, Circle one option for each of three columns.)

	Cooking	Lighting	Heating/Cooling
Electricity	1	1	1
Gas (Industrial)	2	2	2
Gas (Biogas)	3	3	3
Firewood	4	4	4
Coal	5	5	5
Candles	6	6	6
Animal Dung	7	7	7
Solar Energy	8	8	8
Kerosene	9	9	9
Charcoal	10	10	10
Other, Specify	11	11	11
None	12	12	12

**INTERVIEWER:** If any of the answers to above are code 4 or 7, continue. Otherwise go to Q.7**8(a) How far is the firewood/dung from the household?**

- Home delivery service ..... 1  
 Less than ½ Km ..... 2  
 ½ Km – Less than 1 Km ..... 3  
 1 Km – Less than 2 Km ..... 4  
 2 Km or more ..... 5

Q. 8(a)

**(b) How long does it take you in picking/collecting firewood/dung after reaching the place of finding firewood?**

- Home delivery service ..... 1  
 Less than ½ hour ..... 2  
 ½ hour – Less than 1 hour ..... 3  
 1 hour – Less than 2 hours ..... 4  
 2 hours or more ..... 5

Q. 8(b)

**9. Who are the persons who usually collect firewood/dung?**

- Mostly boys ..... 1  
 Mostly girls ..... 2  
 Equally (boys and girls) ..... 3  
 Mostly men ..... 4  
 Mostly women ..... 5  
 Equally (men and women) ..... 6  
 Home delivery services ..... 7

Q. 9

Identification:        **10. How often per week do you collect firewood/dung?**

- Once a week ..... 1
- Twice a week ..... 2
- More than twice a week ..... 3

Q. 10

**11. How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?**

Q. 11

 **12. What is the household's main source of drinking and other uses of water?**

- Rain catchments tank ..... 01
- Private piped (Tap) water in housing unit ..... 02
- Private piped (Tap) water outside housing unit ..... 03
- Private well (protected) ..... 04
- Private well (unprotected) ..... 05
- Vendor (Person selling water) ..... 06
- Piped (Tap) water on private supply ..... 07
- Piped (Tap) water on community supply ..... 08
- Public well (protected) ..... 09
- Public well (unprotected) ..... 10
- Private Public well (protected) ..... 11
- Private Public well (unprotected) ..... 12
- Spring (protected) ..... 13
- Spring (not protected) ..... 14
- River, Dam, Lake etc ..... 15
- Bottled water ..... 16
- Other, Specify: ..... 17

Q. 12 (i)  
Drinking water Q. 12 (ii)  
Other uses of water **13(a) How far is the water source from the household?**

- Less than ½ Km ..... 1
- ½ Km – Less than 1 Km ..... 2
- 1 Km – Less than 2 Km ..... 3
- 2 Km or more ..... 4

Q. 13a (i)  
Drinking waterQ. 13a (ii)  
Other uses of water**(b) How long does it take you in fetching water? (excluding time for walking)**

- Less than ½ hour ..... 1
- ½ hour – Less than 1 hour ..... 2
- 1 hour – Less than 2 hours ..... 3
- 2 hours or more ..... 4

Q. 13b (i)  
Drinking waterQ. 13b (ii)  
Other uses of water**14. Who are the persons usually collect water?**

- Mostly boys ..... 1
- Mostly girls ..... 2
- Equally (boys and girls) ..... 3
- Mostly men ..... 4
- Mostly women ..... 5
- Equally (men and women) ..... 6

Q. 14 (i)  
Drinking waterQ. 14 (ii)  
Other uses of water**15. Are any of the following public transport services within a 30-minute (equivalent to 2 Km) walk from this household? (Circle)**

	Yes	No	Don't know	Not available
Bus	1	2	3	4
Taxi	1	2	3	4
Train	1	2	3	4
Motorcycle	1	2	3	4
Bicycle	1	2	3	4
Truck	1	2	3	4
Other (Specify).....	1	2	3	4

**16. Are any among the following facilities within a 30-minute (equivalent to 2 Km) walk from this household?**

(Include mobile services)

	Yes	No	Don't know	Not available
Primary school	1	2	3	4
Secondary school	1	2	3	4
Clinic/hospital	1	2	3	4
Shop where basic food can be bought	1	2	3	4
Market	1	2	3	4

Identification: 

--	--	--	--	--	--	--	--	--	--

**17. What type of toilet does your household have?**

- No toilet/bush ..... 1  
 Flush toilet..... 2  
 Pit latrine (traditional) ..... 3  
 Improved pit latrine ..... 4  
 Other type (specify)..... 5

**Q. 17**



**Q. 18****18. How many meals does your household usually have per day?**



**Q. 19****19. In the past week, on how many days did the household consume meat/fish?**



**20. How often in the last year did you have problems in satisfying the food needs of the household?**

- Never..... 1  
 Seldom..... 2  
 Sometimes ..... 3  
 Often ..... 4  
 Always..... 5

**Q. 20**



**21. How many acres of land used for farming/grazing are owned by the household?****Q. 21(i)**

Arable land..... Acres

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 , 

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**Q. 21(ii)**

Land for grazing.....Acres

--	--	--	--

 , 

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Don't know.....9998.98

Put '0000.00' if none **THIS IS THE END OF THE INTERVIEW FORLSF 1****22. How many acres of land used for farming/grazing by the household?****Q. 22(i)**

Arable land..... Acres

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 , 

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**Q.22(ii)**

Land for grazing.....Acres

--	--	--	--

 , 

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Don't know.....9998.98

Put '0000.00' if none

**THIS IS THE END OF INTERVIEW FOR LSF1**

Identification:

**ASK ALL PERSONS 5 YEARS AND OVER FROM LFS 1**

*INT: Explain to respondent the importance of recording all work activities. We are starting with usual Activities during the last 12 months i.e. up to end of last month.*

**A: USUAL ACTIVITY:**

**1. During the last 12 months, did you do any of the following work activities for pay, profit, barter or home use?**

<p><b>Wage Jobs:</b> (All types) payment in cash or kind e.g. food</p> <p>Permanent.....01</p> <p>Temporary/Casual.....02</p> <p>Part time.....03</p> <p><b>Agriculture:</b></p> <p>Ploughing, Planting/Weeding/Harvesting</p> <p>Cash crops: e.g. Coffee.....04</p> <p>Cotton.....05</p> <p>Sisal.....06</p> <p>Tobacco.....07</p> <p>Tea.....08</p> <p>Other Cash Crops.....09</p> <p>Food Crops e.g. Maize.....10</p> <p>Sorghum.....11</p> <p>Cassava.....12</p> <p>Fruits, Vegetables.....13</p> <p>Beans and Pees.....14</p> <p>Other food Crops.....15</p> <p>Keeping birds/other pests away from crops.....16</p> <p>Activities related to the storage of crops.....17</p> <p>Herding.....18</p> <p>Milk, making butter, etc.....19</p> <p>Shearing/Slaughtering.....20</p> <p>Activities related to poultry products.....21</p> <p>Other agricultural activities including hunting/forestry/fishing.....22</p> <p><b>Manufacturing/processing:</b></p> <p>Making charcoal.....23</p> <p>Milling (incl. Hand milling).....24</p>	<p>Other food processing e.g. canning, beer brewing (not cooking home food).....25</p> <p>Making baskets/hats/clay pots/ other handicraft.....26</p> <p>Spinning/Weaving/dressmaking tailoring.....27</p> <p>Other manufacturing/repair/ maintenance (not for home use).....28</p> <p>Other manufacturing/repair/ maintenance ( for home use).....29</p> <p><b>Construction /major repair or maintenance:</b></p> <p>Farm buildings or fences.....30</p> <p>Own dwellings.....31</p> <p>Access roads.....32</p> <p>Other construction activities/mining.....33</p> <p><b>Trading /Sales:</b></p> <p>Retail shop.....34</p> <p>Engaged in tea shops/street vending etc.....35</p> <p>Assisting in sales of agriculture products and other retail trades.....36</p> <p><b>Transport:</b></p> <p>Carrying loads to market for sale.....37</p> <p>Carrying grain to /from mil/shamba.....38</p> <p>Other transport activities.....39</p> <p><b>Services:</b></p> <p>Giving tuition to students for payment.....40</p> <p>Repair services: tool, shoes, etc. (not for own household).....41</p> <p>Collection of firewood, fetching water.....42</p> <p>Any other business or income generation activity.....43</p>										
<p><b>ENTER PERSON NUMBER FROM LFS 1 PAGE 2</b></p>											
<p><b>INT:</b> If <b>YES</b> to any activity.....1 Continue</p> <p>If <b>NO</b> to all activities.....2 Check through <u>complete</u> list of activities listed below if the respondent does not understand the concept of work or has answered <b>No</b>, <b>OTHERWISE</b> Go to Q.3 (iii) and ask that question for each month, starting with last month and work backwards for 12 months.</p>											
<p><b>2. Did you work all weeks every month in the last 12 months? (include all types of work, paid leave and temporary absences)</b></p> <p>YES.....1 GO TO Q.5</p> <p>NO.....2</p>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> </table>		1	1	1	1	1	2	2	2	2	2
1	1	1	1	1							
2	2	2	2	2							



Identification:

**A. USUAL ACTIVITIES (CONTINUED)**

*INT: This is a major question and must be done slowly and thoroughly. Ask the questions below for each month, starting with last month and work backwards for 12 months*

**3. (i) In.....(month) did you work**

- The whole month GO TO BOX "A" and print (✓) for that month
- Part of the month GO TO (ii)
- Not at all GO TO (iii)

*INTI: INCLUDE TEMPORARY ABSENCES (E.G. LEAVE) AS WORK.*

**(ii) Were you available for work in most days which you didn't work (in reference month)**

- YES - GO TO BOX "B" and print (✓) for that month
- NO - GO TO BOX "C" and print (✓) for that month

**(iii) Were you available for work most of.....(month)**

- YES - GO TO BOX "D" and print (✓) for that month
- NO - GO TO BOX "E" and print (✓) for that month

		Q.3 MONTHLY ACTIVITIES													
ACTIVITY	PERSON NUMBER	J	F	M	A	M	J	J	A	S	O	N	D		TOTAL
Worked Whole month <b>A</b>	<input type="text"/>													<b>A</b>	
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Worked part of month and Available for work <b>B</b>	<input type="text"/>													<b>B</b>	
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Worked part of Month and Not Available for work <b>C</b>	<input type="text"/>													<b>C</b>	
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
No work at all And available For work <b>D</b>	<input type="text"/>													<b>D</b>	
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
No work at all And not Available for work <b>E</b>	<input type="text"/>													<b>E</b>	
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	<input type="text"/>	GRAND TOTAL=12													
	<input type="text"/>	GRAND TOTAL=12													
	<input type="text"/>	GRAND TOTAL=12													
	<input type="text"/>	GRAND TOTAL=12													
	<input type="text"/>	GRAND TOTAL=12													

*INT: ASK FOR EACH MONTH AND THERE MUST BE ONE TICK AND ONE TICK ONLY IN ONE BOX FOR EACH MONTH  
IF ANY TICK IN C AND E ASK Q.4(a) OTHERWISE GO TO Q.4(b)*

Identification:

	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4(a) What was your main activity when you were not doing economic activity and not available for work during that period?</b>					
Attending school.....1	1	1	1	1	1
Household Duties (owing to):					
- lack of capital .....2	2	2	2	2	2
- bereaved/attending funeral.....3	3	3	3	3	3
- unable to hire paid helper .....4	4	4	4	4	4
- to take care those who need assistance/Household chores except fetching water and collecting firewood.....5	5	5	5	5	5
- relieved from work by spouse.....6	6	6	6	6	6
Unable to work - too old.....7	7	7	7	7	7
- too young .....8	8	8	8	8	8
- sick .....9	9	9	9	9	9
- disabled.....10	10	10	10	10	10
Other (specify).....11	11.....	11.....	11.....	11.....	11.....
<b>(b) INT: DID THE PERSON DO NO WORK AT ALL IN ALL MONTHS (Q3 BOXES D &amp; E).</b>					
YES ....1 GO TO Q.6	1	1	1	1	1
NO ....2	2	2	2	2	2
<b>5(a) When working what was the economic activity in which you spent most of your time?</b>					
Employee in a wage job (paid in cash or kind) with:					
Central Government .....01	01	01	01	01	01
Local Government .....02	02	02	02	02	02
Parastatal organisation.....03	03	03	03	03	03
Political Party.....04	04	04	04	04	04
Co-operatives .....05	05	05	05	05	05
NGO.....06	06	06	06	06	06
International organisation.....07	07	07	07	07	07
Religious organisation .....08	08	08	08	08	08
Private Sector (include private apprentices) .....09	09	09	09	09	09
Self Employed (other than agriculture):					
Self employed in a business with employees .....10	10	10	10	10	10
Self employed in a business without employees .....11	11	11	11	11	11
Working on your own or family farm or shamba.....12	12	12	12	12	12
Unpaid work in family business.....13	13	13	13	13	13
Other, describe.....96	96.....	96.....	96.....	96.....	96.....
<b>(b) In which year did you start working in economic activities for the first time?</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
<i>Write year '9998' for Don't know</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification:

<b>INT:</b> WE ARE NOW CHANGING TO CURRENT ACTIVITY. YOU ARE ASKING ABOUT ACTIVITIES IN THE LAST CALENDAR WEEK – MONDAY TO SUNDAY LAST WEEK EXPLAIN THIS TO THE RESPONDENT.	<b>ENTER PERSON NUMBER FROM LFS 1 PAGE 2</b>				
<b>B: CURRENT ACTIVITY</b> <b>INT:</b> REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLETE LIST ON PAGE 1 AGAIN WITH RESPONDENT.	<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"/>
<b>6. Did you do any work of any type for pay, profit, barter or home use during last week?</b> YES.....1. GO TO Q.7(b) NO.....2.	1 2	1 2	1 2	1 2	1 2
<b>INT: EXAMPLES OF TEMPORARY ABSENCE</b> <ul style="list-style-type: none"> <li>• WAGE JOBS – LEAVE, STOOD DOWN UP TO FOUR MONTHS AND DEFINITE RETURN.</li> <li>• BUSINESS/AGRIC. – TEMPORARY ABSENCES UP TO ONE MONTH AND BUSINESS/ AGRIC. CONTINUING DURING ABSENCE.</li> <li>• UNPAID HELPERS AND CASUAL WORKERS CANNOT BE CALLED TEMPORARY ABSENT.</li> </ul>					
<b>7(a) Although you did not do any work last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work ?</b> YES.....1. GO TO Q.17(a) NO.....2. GO TO Q.8	1 2	1 2	1 2	1 2	1 2
<b>(b) Is this your usual main work/activity?</b> YES.....1. GO TO Q.17(a) RECORD CURRENT ACTIVITIES AS APPROPRIATE NO.....2. GO TO Q.17(a) RECORD USUAL MAIN ACTIVITY AND CURRENT ACTIVITY IN Q.34(a)	1 2	1 2	1 2	1 2	1 2
<b>8. Were you available for work last week?</b> YES.....1. GO TO Q.10 NO.....2.	1 2	1 2	1 2	1 2	1 2
<b>9. Why were you not available for work last week?</b> Attending school .....1 Engaged in household duties (owing to): - lack of capital.....2 Check Q.8 - bereaved/attending funeral.....3 - unable to hire paid helper .....4 - to take care those who need assistance/household chores except fetching water and collecting firewood.....5 - relieved from work by spouse .....6 Unable to work - too old.....7 - too young .....8 - sick.....9 - disabled.....10 Other (specify) .....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	1 2 3 4 5 6 7 8 9 10 11
<b>END OF INTERVIEW</b>					

Identification:

C: UNEMPLOYMENT	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<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"/>
<b>10. For what sort of work were you available last week?</b> Full time work.....1 Part time work.....2	1 2	1 2	1 2	1 2	1 2
<b>11. Have you taken any steps within the past 4 weeks to look for work?</b> YES.....1 NO.....2 GO TO Q.13	1 2	1 2	1 2	1 2	1 2
<b>12. What did you do in the past 4 weeks to look for work?</b> (CIRCLE MOST IMPORTANT ONLY IF NO STEPS, CHANGE Q.11) Applied to prospective employers.....1 Checked at farms, factories or work sites.....2 Asked friends and relatives .....3 Took action to start business (usual small scale).....4 Took action to start agriculture .....5 Other (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	1 2 3 4 5 6
<b>13. Why didn't you look for work within the past 4 weeks?</b> (CIRCLE MOST IMPORTANT ONLY. FOR STUDENTCODE 7, CHECK Q.8 AND Q10 CHANGE ANSWER) Thought no work available.....1 Awaiting reply for earlier enquires .....2 Waiting to start arranged job, business or agriculture .....3 Off season in agriculture.....4 Occupied with home duties .....5 Temporary illness .....6 Full time student .....7 Other (specify).....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	1 2 3 4 5 6 7 8
<b>14. What sort of work did you do in your last job? What were your main tasks or duties ?</b> INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS [TASCO]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>15. What sort of work do you think you could do now?</b> Paid Employment – Wage job.....1 Self Employment – Business (all types) .....2 Self employment – Agriculture incl. Livestock and fishing .....3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
<b>16 (a) For how long have you been available for work?</b> Less than 1 month .....1 1 month but less than 3 months.....2 3 months but less than 6 months .....3 6 months but less than 1 year.....4 1 year but less than 2 years.....5 2 years or more.....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 2 3 4 5 6
<b>16 (b) What was the main reason for failing to secure work during this period?</b> Stiff competition.....1 Not having enough experience for available jobs.....2 Not having enough skills for available jobs .....3 Not having enough education for available jobs.....4 Favoritism/corruption.....5 Lack of information about available jobs .....6 No jobs were available .....7 Failed to secure start up capital or working tools .....8 Failed to secure work place.....9 Other (specify).....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	1 2 3 4 5 6 7 8 9 10
<b>END OF INTERVIEW FOR THIS PERSON</b>					

Identification:

D. MAIN (ONLY) ECONOMIC ACTIVITY

THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17(a) What type of work/activity?  <i>INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS</i> [TASCO]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) What is your work contract? Permanent ..... 1 Casual ..... 2 Oral ..... 2 Written ..... 3 On contract ..... 4 Not applicable ..... 5	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
(c) Are you covered with any social security scheme e.g. (NSSF, PPF, LPF, ZSSF, FETC)? Yes ..... 1 No ..... 2	1 2	1 2	1 2	1 2	1 2
18(a) Are you working as :- A paid employee ..... 1 A self employed (non-agric.) ..... 2 with employees ..... 2 without employees ..... 3 Unpaid family helper (non-agric.) ..... 4 Unpaid family helper (agric.) ..... 5 On your own farm or shamba ..... 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 2 3 4 5 6
(b) Is your main activity:- Fishing ..... 1 Crop growing ..... 2 Livestock/animal ..... 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
19(a) Is your work reliable with regard to its availability? YES ..... 1 NO ..... 2	1 2	1 2	1 2	1 2	1 2
(b) How often in a week do you work in your current job? Every day ..... 1 Often ..... 2 Sometimes ..... 3 Very seldom ..... 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
20. What is the name and location of the place (establishment) where you work?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. What type of main production/service produced/rendered by your company /business?  [ISIC]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification:

D. CONTINUED	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>22. Is this enterprise:-</b> Central Government.....01 Local Government.....02 Parastatal .....03 Political party.....04 Partnership Registered .....05 Non Governmental Organization .....06 Religion Organization .....07 Co – operative - Registered.....08 International/Regional organization .....09 Household -Fetching water/ collecting firewood .....10 Other household economic activities .....11 Co – operative - Unregistered .....12 Private own account.....13 Private Sector employed .....14 Partnership Un-Registered .....15 Other private, specify .....96	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96
<b>23. How many people are paid by working in your/this enterprise on continuous basis?</b> I don't know .....1 Less than 10 (employees).....2 10 and above (employees) .....3 Don't know .....4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
<b>24. In order to be able to monitor the activities of the Enterprise, do you/does your employer keep any written records or accounts?.</b> I Don't know .....1 NO.....2 YES, Order Book/record .....3 Sales book/records .....4 Accountancy book .....5 Final accounts for Business year.....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 2 3 4 5 6
<b>25. Do the accounts show all of the following Balance sheets of assets and liabilities, Investment/ withdraw of capital by the Business Owner(s), withdrawals of income by the Business Owner(s), earnings Retained within the Business as saving ?.</b> YES.....1 NO.....2 Don't know.....3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

Identification:

E: INFORMAL SECTOR – MAIN		ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
INTERVIEWER: QUESTION 26 – 32 ASK BUSINESS OWNERS ONLY, OTHERWISE GO TO SECTION F (Q.33).		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. When was the business started?	Write Month & Year ( 98 99 98 for don't know)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Why do you conduct this kind of business?						
Can't find other work .....	01	01	01	01	01	01
Released from other employment or reduction of working time.....	02	02	02	02	02	02
Retirement from other employment .....	03	03	03	03	03	03
Family needs additional income.....	04	04	04	04	04	04
Business provides good income opportunities.....	05	05	05	05	05	05
Business does not require much capital .....	06	06	06	06	06	06
Can keep production costs low .....	07	07	07	07	07	07
Wants to be independent or his/her own master .....	08	08	08	08	08	08
Can choose his/her own hours and place of work .....	09	09	09	09	09	09
Can combine businesses with household or family responsibilities.....	10	10	10	10	10	10
Traditional line of business of respondent or family/tribe.....	11	11	11	11	11	11
Other reasons specify .....	96	96	96	96	96	96
28. Where do you conduct your present business?						
Within own or business partner's home – with special business space .....	01	01	01	01	01	01
Within own or business partner's home – without special business space .....	02	02	02	02	02	02
Structure attached to/outside own or business partner's house .....	03	03	03	03	03	03
Permanent building other than home .....	04	04	04	04	04	04
Fixed stall/kiosk – market .....	05	05	05	05	05	05
Vehicle, cart, temporary stall – market .....	06	06	06	06	06	06
Fixed stall /kiosk – street.....	07	07	07	07	07	07
Vehicle, cart, temporary stall – street.....	08	08	08	08	08	08
Other temporary structure .....	09	09	09	09	09	09
Construction site.....	10	10	10	10	10	10
Customer's/employer's house .....	11	11	11	11	11	11
No fixed location/mobile .....	12	12	12	12	12	12
29. Did this enterprise operate all year around?						
YES.....1 Go To Q.31	1	1	1	1	1	1
NO.....2	2	2	2	2	2	2
30. Why did the business not operate all the year around?						
Business created during the last 12 months .....	01	01	01	01	01	01
Too much competition .....	02	02	02	02	02	02
Lack of customers or order.....	03	03	03	03	03	03
Lack of raw materials or supplies .....	04	04	04	04	04	04
Lack of workers .....	05	05	05	05	05	05
Break down of vehicles, machinery or equipment.....	06	06	06	06	06	06
No power .....	07	07	07	07	07	07
Seasonal nature of activity .....	08	08	08	08	08	08
Temporary operation to meet special objectives/expenses/Casual activity (e.g. building fundis).....	09	09	09	09	09	09
Respondent was engaged in other work (e.g. agriculture).....	10	10	10	10	10	10
Respondent was busy with household or family duties.....	11	11	11	11	11	11
Personal reasons (e.g. sickness) .....	12	12	12	12	12	12
Others.....	96	96	96	96	96	96
31. During the last 12 months, have you received any loan or obtained any credit for business purposes from any source?						
YES.....1.	1	1	1	1	1	1
NO.....2. GO TO Q.33	2	2	2	2	2	2
32. Who gave you the loan/credit?						
Relative or friend .....	01	01	01	01	01	01
Rotating savings & credit group (UPATU).....	02	02	02	02	02	02
Saving & credit co – operative (SACCO) .....	03	03	03	03	03	03
Co – operative .....	04	04	04	04	04	04
Business association, NGO, donor project etc.....	05	05	05	05	05	05
Private money lender .....	06	06	06	06	06	06
Customer, contractor ?, middle person/agent, supplier .....	07	07	07	07	07	07
Government institution .....	08	08	08	08	08	08
Bank or financial institution.....	09	09	09	09	09	09
Social security scheme.....	10	10	10	10	10	10
Other source, specify .....	96	96	96	96	96	96

Identification:

F: OTHER ECONOMIC ACTIVITIES	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
THE FOLLOWING SET OF QUESTIONS REFER TO THE OTHER ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>33(a) Did you do any other type of work for pay / profit during last week?</b> Yes.....1 GO TO Q. 34(a) No.....2	1 2	1 2	1 2	1 2	1 2
<b>(b) Although you did not do any other type of work last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work ?</b> Yes.....1 No.....2 GO TO Q.50	1 2	1 2	1 2	1 2	1 2
<b>34(a) What type of work/activity?</b>  <i>INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS</i> [TASCO]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>(b) What is your work contract?</b> Permanent .....1 Casual .....2 Oral .....2 Written .....3 On contract .....4 Not applicable .....5	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
<b>(c) Are you covered with any social security scheme e.g. (NSSF, PPF, LPF, ZSSF, FETC)?</b> Yes.....1 No .....2	1 2	1 2	1 2	1 2	1 2
<b>35(a) Are you working as:-</b> A paid employee.....1 A self employed (non-agric. with employees).....2 A self employed (non-agric. without employees).....3 Unpaid family helper (non-agric.) .....4 Unpaid family helper (agric.) .....5 On your own farm or shamba.....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 2 3 4 5 6
<b>(b) Is your main activity:-</b> Fishing .....1 Crop growing .....2 Livestock/animal .....3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
<b>36(a) Is your work reliable with regard to its availability?</b> YES.....1 NO.....2	1 2	1 2	1 2	1 2	1 2
<b>(b) How often in a week do you work in your current job?</b> Every day .....1 Often .....2 Sometimes .....3 Very seldom .....4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
<b>37. What is the name and location of the place (establishment) where you work?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>38. What type of main production/service produced/rendered by your company /business?</b>  [ISIC]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Identification:

F. CONTINUED	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>39. Is this enterprise:-</b> Central Government.....01 Local Government.....02 Parastatal .....03 Political party.....04 Partnership Registered .....05 Non Governmental Organization .....06 Religion Organization .....07 Co – operative - Registered.....08 International/Regional organization .....09 Household -Fetching water/ collecting firewood .....10 Other household economic activities .....11 Co – operative - Unregistered .....12 Private own account.....13 Private Sector employed .....14 Partnership Un-Registered .....15 Other private, specify .....96 <div style="position: absolute; left: 300px; top: 270px;">             } Go To Q.50           </div>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96.....	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96.....	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96.....	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96.....	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 96.....
<b>40. How many people are paid by working in your/this enterprise on continuous basis?</b> I don't know.....1 Less than 10 (employees).....2 10 and above (employees) .....3 Don't know.....4 <div style="position: absolute; left: 300px; top: 550px;">             GO TO Q.50           </div>	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
<b>41. In order to be able to monitor the activities of the Enterprise, do you/does your employer keep any written records or accounts?.</b> I Don't know .....1 NO.....2 YES, Order Book/record .....3 Sales book/records .....4 Accountancy book .....5 Final accounts for Business year.....6 <div style="position: absolute; left: 300px; top: 630px;">             GO TO Q.50 GO TO Q.43           </div>	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
<b>42. Do the accounts show all of the following Balance sheets of assets and liabilities, Investment/ withdraw of capital by the Business Owner(s), withdrawals of income by the Business Owner(s), earnings Retained within the Business as saving ?.</b> YES.....1 NO.....2 Don't know.....3 <div style="position: absolute; left: 100px; top: 760px;">             GO TO Q.50           </div>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

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Identification:

G: INFORMAL SECTOR – SECONDARY		ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
INTERVIEWER: QUESTION 43 – 49 ASK BUSINESS OWNERS ONLY, OTHERWISE GO TO SECTION H (Q.50)						
43. When was the business started?	Write Month & Year (98 99 98 for don't know)					
44. Why do you conduct this kind of business?						
Can't find other work.....01	01	01	01	01	01	01
Released from other employment or reduction of working time.....02	02	02	02	02	02	02
Retirement from other employment.....03	03	03	03	03	03	03
Family needs additional income.....04	04	04	04	04	04	04
Business provides good income opportunities.....05	05	05	05	05	05	05
Business does not require much capital.....06	06	06	06	06	06	06
Can keep production costs low.....07	07	07	07	07	07	07
Wants to be independent or his/her own master.....08	08	08	08	08	08	08
Can choose his/her own hours and place of work.....09	09	09	09	09	09	09
Can combine businesses with household or family responsibilities.....10	10	10	10	10	10	10
Traditional line of business of respondent or family/tribe.....11	11	11	11	11	11	11
Other reasons specify.....96	96	96	96	96	96	96
45. Where do you conduct your present business?						
Within own or business partner's home – with special business space.....01	01	01	01	01	01	01
Within own or business partner's home – without special business space.....02	02	02	02	02	02	02
Structure attached to/outside own or business partner's house.....03	03	03	03	03	03	03
Permanent building other than home.....04	04	04	04	04	04	04
Fixed stall/kiosk – market.....05	05	05	05	05	05	05
Vehicle, cart, temporary stall – market.....06	06	06	06	06	06	06
Fixed stall /kiosk – street.....07	07	07	07	07	07	07
Vehicle, cart, temporary stall – street.....08	08	08	08	08	08	08
Other temporary structure.....09	09	09	09	09	09	09
Construction site.....10	10	10	10	10	10	10
Customer's/employer's house.....11	11	11	11	11	11	11
No fixed location/mobile.....12	12	12	12	12	12	12
46. Did this enterprise operate all year around?						
YES.....1 GO TO Q.48	1	1	1	1	1	1
NO.....2	2	2	2	2	2	2
47. Why did the business not operate all the year around?						
Business created during the last 12 months.....01	01	01	01	01	01	01
Too much competition.....02	02	02	02	02	02	02
Lack of customers or order.....03	03	03	03	03	03	03
Lack of raw materials or supplies.....04	04	04	04	04	04	04
Lack of workers.....05	05	05	05	05	05	05
Break down of vehicles, machinery or equipment.....06	06	06	06	06	06	06
No power.....07	07	07	07	07	07	07
Seasonal nature of activity.....08	08	08	08	08	08	08
Temporary operation to meet special objectives/expenses.....09	09	09	09	09	09	09
Casual activity (e.g. building fundis).....10	10	10	10	10	10	10
Respondent was engaged in other work (e.g. agriculture).....11	11	11	11	11	11	11
Respondent was busy with household or family duties.....12	12	12	12	12	12	12
Personal reasons (e.g. sickness).....96	96	96	96	96	96	96
48. During the last 12 months, have you received any loan or obtained any credit for business purposes from any source?						
YES.....1.	1	1	1	1	1	1
NO.....2. GO TO Q.50	2	2	2	2	2	2
49. Who gave you the loan/credit?						
Relative or friend.....01	01	01	01	01	01	01
Rotating savings & credit group (UPATU).....02	02	02	02	02	02	02
Saving & credit co – operative (SACCO).....03	03	03	03	03	03	03
Co – operative.....04	04	04	04	04	04	04
Business association, NGO, donor project etc. ....05	05	05	05	05	05	05
Private money lender.....06	06	06	06	06	06	06
Customer, contractor ?, middle person/agent, supplier.....07	07	07	07	07	07	07
Government institution.....08	08	08	08	08	08	08
Bank or financial institution.....09	09	09	09	09	09	09
Social security scheme.....10	10	10	10	10	10	10
Other source, specify.....96	96	96	96	96	96	96

Identification:

H: HOURS WORKED	PERSON NUMBER/ DAY	MAIN ACTIVITY Q.17 (a)	ANY OTHER ECONOMIC ACTIVITY Q.34 (a)	TOTAL	
<b>50. How many hours did you work each day last week, in your main economic activity and in any other economic activity ?</b>  <i>INT: * PROBE HOURS WORKED FOR EACH DAY OF LAST WEEK I.E. MONDAY TO SUNDAY.</i>  <i>* ZERO HOURS IS ACCEPTABLE FOR PERSONS WITH A JOB/BUSINESS BUT NOT AT WORK.</i>	<input type="text"/> <input type="text"/>	1. Monday			M O T <div> <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/> </div>
		2. Tuesday			
		3. Wednesday			
		4. Thursday			
		5. Friday			
		6. Saturday			
		7. Sunday			
		TOTAL			
	<input type="text"/> <input type="text"/>	1. Monday			M O T <div> <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/> </div>
		2. Tuesday			
		3. Wednesday			
		4. Thursday			
		5. Friday			
		6. Saturday			
		7. Sunday			
		TOTAL			
	<input type="text"/> <input type="text"/>	1. Monday			M O T <div> <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/> </div>
		2. Tuesday			
		3. Wednesday			
		4. Thursday			
		5. Friday			
		6. Saturday			
		7. Sunday			
		TOTAL			
	<input type="text"/> <input type="text"/>	1. Monday			M O T <div> <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/> </div>
		2. Tuesday			
		3. Wednesday			
		4. Thursday			
5. Friday					
6. Saturday					
7. Sunday					
TOTAL					
<input type="text"/> <input type="text"/>	1. Monday			M O T <div> <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/>  <input type="text"/><input type="text"/> </div>	
	2. Tuesday				
	3. Wednesday				
	4. Thursday				
	5. Friday				
	6. Saturday				
	7. Sunday				
	TOTAL				

Identification:

H: HOURS WORKED CONTINUED	ENTER PERSON NUMBER FROM LFS 1 PAGE 2				
	<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"/>
<b>51(a) INT: IS Q.50 GRAND TOTAL &lt; 40 HOURS</b> YES ..... 1. NO ..... 2. GO TO Q.55	1 2	1 2	1 2	1 2	1 2
<b>(b) What was the reasons you worked less than 40 hours last week?</b> Illness, disability or aged ..... 01 In school or training ..... 02 Leave, holiday incl. family obligations (funerals, sick child etc.) ..... 03 Did not want to work more hours ..... 04 Housework duties ..... 05 Cannot find more work in a Job, agriculture or for a business ..... 06 No suitable agric. land or slack period in agriculture ..... 07 Lack of raw materials, equipment and finance ..... 08 Machinery or electrical breakdown ..... 09 Stood down by employer ..... 10 Off season ..... 11 Other, describe ..... 96	GO TO Q.55 01 02 03 04 05 06 07 08 09 10 11 96	01 02 03 04 05 06 07 08 09 10 11 96	01 02 03 04 05 06 07 08 09 10 11 96	01 02 03 04 05 06 07 08 09 10 11 96	01 02 03 04 05 06 07 08 09 10 11 96
<b>52. Were you available for more hours of work last week?</b> YES ..... 1 NO ..... 2 GO TO Q.55	1 2	1 2	1 2	1 2	1 2
<b>53. In which type of job were you available for more hours of work?</b> Current job ..... 1 Paid employment – Wage Job ..... 2 Self employment – Small scale business (all types) ..... 3 Self employment – Agriculture incl. livestock and fishing ..... 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
<b>54. Are the benefits/earnings from this work appropriate in terms of hours worked under normal circumstances?</b> YES ..... 1 NO ..... 2	1 2	1 2	1 2	1 2	1 2
<b>USUAL WORKING HOURS</b> <b>55. How many hours a week do you usually work in</b> - your main activity ..... - any other economic activity ..... - total .....	M <input type="text"/> <input type="text"/> O <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> O <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> O <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> O <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> O <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>
<b>56(a) INT: IS Q55 TOTAL &lt;40 HOURS?</b> YES ..... 1 NO ..... 2 GO TO Q.58(a)	1 2	1 2	1 2	1 2	1 2
<b>(b) What was the main reason you usually work less than 40 hours?</b> Illness, disability or aged ..... 1 In school or training ..... 2 Do not want to work more hours ..... 3 Housework duties ..... 4 Cannot find more work in a job, agriculture or for a business ..... 5 No suitable agric. land available ..... 6 Lack of raw materials or equipment and finance ..... 7 Other (describe) ..... 8	GO TO Q.58 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
<b>57. Are you usually available to work more hours?</b> YES ..... 1 NO ..... 2	1 2	1 2	1 2	1 2	1 2

Identification:

I: INCOME	ENTER PERSON NUMBER FROM LFS 1 PG. 2				
<b>INT: YOU MUST REFER BACK TO Q17 AND 34 FOR THESE QUESTIONS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>58(a) INT: WAS THIS PERSON A PAID EMPLOYEE IN MAIN OR SECONDARY ACTIVITY LAST WEEK?</b> YES .....1 NO .....2 GO TO Q.59(a)	1 2	1 2	1 2	1 2	1 2
<b>(b) What was your gross cash income from your paid employment last month (all paid)</b> T.SHS.....	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>
<b>59(a) INT: WAS THIS PERSON SELF EMPLOYED (NOT IN AGRICULTURE) LAST WEEK?</b> YES.....1 NO .....2 GO TO Q.60(a)	1 2	1 2	1 2	1 2	1 2
<b>(b) What gross income/takings did you get from your business or businesses last week/month?</b> T.SHS PERIOD (P) Week 1 Month 2	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>
<b>(c) What were your expenses to earn this money?</b> T. SHS. PERIOD (P) Week 1 Month 2	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>
<b>(d) Your net income from your business or businesses is thus:-</b> (b) – (c) in the last week/month T.SHS. PERIOD (P) Week 1 Month 2	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>
<b>(e) How many months did this enterprise operate in the last 12 months?</b> (months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>INT: CHECK Q.26 AND Q.46 TO COMPARE THE BUSSINESS PERIOD.</b> <b>INT: GIVE YOUR OPINION ON THE CORRECTNESS OF INCOME FIGURES</b>	VIEWS ..... ..... ..... .....	VIEWS ..... ..... ..... .....	VIEWS ..... ..... ..... .....	VIEWS ..... ..... ..... .....	VIEWS ..... ..... ..... .....
<b>60(a) INT: IS THIS AN URBAN AREA AND WAS THE PERSON ENGAGED IN AGRICULTURE LAST WEEK?</b> YES.....1 NO.....2 END OF QUESTIONS FOR THIS PERSON.	1 2	1 2	1 2	1 2	1 2
<b>(b) What was your net income from your agricultural work in the last week/month ?</b> PERIOD (P) Week 1 Month 2	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>	TSHS <input type="text"/>
or NIL (home use only)	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>	P <input type="text"/>
<b>END OF INTERVIEW FOR THIS PERSON</b>	Tick <input type="text"/>	Tick <input type="text"/>	Tick <input type="text"/>	Tick <input type="text"/>	Tick <input type="text"/>

Identification:

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FORM 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 (a) CODE 1 OR Q. 35(a) CODE 1 FROM LFS 2)

ASK RESPONSIBLE PARENT/GUARDIAN	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
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
Daily..... 3	3	3	3	3	3
Weekly ..... 4	4	4	4	4	4
Monthly ..... 5	5	5	5	5	5
Don't know..... 6 GO TO Q.4	6	6	6	6	6
Other (specify) ..... 7	7	7	7	7	7
2. What was the amount paid to (name of child) for the latest pay period? (FILL APPROPRIATE ANSWER)					
Cash payment (without cents) ..... 1	1	1	1	1	1
Indicate the pay period (total days) ..... 2	2	2	2	2	2
Payment in-kind (estimates of all payments) ..... 3	3	3	3	3	3
Indicate the Pay period (total days) ..... 4	4	4	4	4	4
<b>Total earnings: in-cash and in-kind (1 and 3) FOR OFFICIAL USE ONLY</b>					
3. During which time and how many hours does (name of child) usually work? (FILL APPROPRIATE ANSWER)					
Day time (6:00 am – 3:00 pm) ..... 1	D	D	D	D	D
Evening time (4:00 pm – 7:00 pm) ..... 2	E	E	E	E	E
Night time (8:00 pm – 5:00 pm) ..... 3	N	N	N	N	N

**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(a))

4. 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)**

5. 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
No ..... 2 GO TO SECT. IV	2	2	2	2	2
6. How many hours per day? Total days per Week →	Days	Days	Days	Days	Days
Less than 1 hour each day..... 1	1	1	1	1	1
1 – 2 hours each day..... 2	2	2	2	2	2
3 – 4 hours each day..... 3	3	3	3	3	3
5 – 6 hours each day..... 4	4	4	4	4	4
7 – 8 hours each day..... 5	5	5	5	5	5
9 hours or more each day..... 6	6	6	6	6	6

Identification:

SECTION IV: HEALTH AND SAFETY ASPECTS OF CHILDREN 5-17 YEARS OLD (APPLICABLE FOR ALL CHILDREN WHO WORKED FOR NON-ECONOMIC AND ECONOMIC ACTIVITIES IN THE LAST 12 MONTHS/ LAST WEEK AND THEY HAVE ANSWERED CODE 1 IN LFS 2 Q.1, Q. 6 AND CLS 1 Q.5)		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
7. Has (name of child) ever been hurt at work/work place or suffered from illnesses/injuries due to his/her work at any time?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes .....1		1	1	1	1	1
No .....2 GO TO Q.12		2	2	2	2	2
8. How often was (name) hurt or suffered from illnesses/injuries?						
Often/frequently .....1		1	1	1	1	1
Occasionally .....2		2	2	2	2	2
Seldom/rarely .....3		3	3	3	3	3
9. What were the activities (industries in which (name) was injured/hurt or from which he/she suffered illness? (List at most 3 activities/industries):						
[ISIC]		1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
[ISIC]		2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
[ISIC]		3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
10. What were the occupations or jobs held by (name) when the accident happened or from which he/she suffered illness? (List at most 3 occupations or jobs):						
[TASCO]		1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
[TASCO]		2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
[TASCO]		3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
11. Who paid for medical treatment? (more than one answer acceptable)						
No treatment .....1		1	1	1	1	1
Employer .....2		2	2	2	2	2
Parents/guardians .....3		3	3	3	3	3
Self .....4		4	4	4	4	4
Free .....5		5	5	5	5	5
Other, please specify .....6		6	6	6	6	6
12. Does (name) use any of the following protective wear while working? (more than one answer acceptable).						
Glasses .....1		1	1	1	1	1
Helmet .....2		2	2	2	2	2
Earplugs .....3		3	3	3	3	3
Special shoes .....4		4	4	4	4	4
Gloves .....5		5	5	5	5	5
None .....6		6	6	6	6	6
Other, please specify .....7		7				
13. Do other people doing the same work use protective wear while working?						
Yes .....1		1	1	1	1	1
No .....2		2	2	2	2	2
Don't know .....3 GO TO SECT. V		3	3	3	3	3
14. Which of the following do they usually use? (more than one answer acceptable)						
Glasses .....1		1	1	1	1	1
Helmet .....2		2	2	2	2	2
Earplugs .....3		3	3	3	3	3
Special shoes .....4		4	4	4	4	4
Gloves .....5		5	5	5	5	5
Other, please specify .....6		6	6	6	6	6

Identification:

FORM CLS 1  
PG. 3

SECTION V: PLACE OF WORK/EMPLOYERS OF CHILDREN 5-17 YEARS OF AGE INT: ASK QUESTIONS 15 AND 16 FOR CHILDREN WORKING FOR OTHERS AND 17 FOR SELF EMPLOYED		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
15. If working for someone other than own parents or guardians, do you know where (name) works?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yes, this locality (village/town).....	1	1	1	1	1	
Yes, another village .....	2	2	2	2	2	
Yes, another town .....	3	3	3	3	3	
No .....	4	4	4	4	4	
16. Does the employer of (name) reside in:						
This locality (village/town) .....	1	1	1	1	1	
Another village .....	2	2	2	2	2	
Another town .....	3	3	3	3	3	
I don't know .....	4	4	4	4	4	
17. If (name) is working independently somewhere, please give the location where he/she usually works:						
This locality .....	1	1	1	1	1	
Another village .....	2	2	2	2	2	
Another town .....	3	3	3	3	3	
I don't know .....	4	4	4	4	4	

**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(a) CODES 1,4 OR 5 IN LFS 2)

18. What was the relationship of (name) with the employer?					
Good .....	1	1	1	1	1
Moderate .....	2	2	2	2	2
Does not know .....	3	3	3	3	3
Bad .....	4	4	4	4	4
19. Give main reasons (more than one answer acceptable)					
Wants too much work done.....	1	1	1	1	1
Wants work done for long hours .....	2	2	2	2	2
Pays poorly .....	3	3	3	3	3
Does not pay in time .....	4	4	4	4	4
Abuses physically.....	5	5	5	5	5
Abuses verbally .....	6	6	6	6	6
Abuses sexually .....	7	7	7	7	7
Other, specify .....	8	8	8	8	8
20. Which of the following benefits were provided by the employer? (more than one answer acceptable)					
Paid holidays.....	01	01	01	01	01
Paid sick leave .....	02	02	02	02	02
Social security insurance (health, pension etc.).....	03	03	03	03	03
Bonus (regularly).....	04	04	04	04	04
Free uniform.....	05	05	05	05	05
Subsidised uniform.....	06	06	06	06	06
Free meals .....	07	07	07	07	07
Subsidised meals .....	08	08	08	08	08
Free transport.....	09	09	09	09	09
Subsidised transport.....	10	10	10	10	10
Free lodging.....	11	11	11	11	11
Subsidised lodging.....	12	12	12	12	12
Other, please specify .....	13	13	13	13	13
No benefit at all .....	14	14	14	14	14
Do not know.....	15	15	15	15	15



Identification:

SECTION VII: 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(a) AND Q.35(a) IN LFS 2)					
21. What is the main reason for letting (name) work?	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"/>
To supplement household income..... 1	1	1	1	1	1
To pay outstanding debt under contractual arrangement..... 2	2	2	2	2	2
To assist/help in household enterprise..... 3	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
Good upbringing and imparting of skills..... 6	6	6	6	6	6
Cannot afford education/training expenses..... 7	7	7	7	7	7
Peer pressure..... 8	8	8	8	8	8
Other, please specify..... 9	9.....	9.....	9.....	9.....	9.....
22. If (name) stops working, what will happen?					
Household living standard will decline..... 1	1	1	1	1	1
Household cannot afford to live..... 2	2	2	2	2	2
Household enterprise cannot operate fully or other labour not affordable..... 3	3	3	3	3	3
Other, please specify..... 4	4.....	4.....	4.....	4.....	4.....
23. 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 business..... 06	06	06	06	06	06
Part-time in household chores or housekeeping..... 07	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
Continue with current work..... 10	10	10	10	10	10
Other, please specify..... 11	11.....	11.....	11.....	11.....	11.....
24. 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"/>
25. What problems do you perceive to affect (name) as a result of working?					
Injuries, illness or poor health..... 1	1	1	1	1	1
Poor grades in school..... 2	2	2	2	2	2
Physical abuse..... 3	3	3	3	3	3
Emotional abuse..... 4	4	4	4	4	4
Sexual abuse..... 5	5	5	5	5	5
None..... 6	6	6	6	6	6
26. What does (name) do for fun, when not working? (more than one answer acceptable)					
Playing /watching TV..... 1	1	1	1	1	1
Studying..... 2	2	2	2	2	2
Other, please specify..... 3	3.....	3.....	3.....	3.....	3.....
27. In your opinion, what kind of support would be required to address the problems faced by these working children?					
Job creation for parents/gurdian..... 1	1	1	1	1	1
Improved livelihood..... 2	2	2	2	2	2
Other forms of assistance, please specify..... 3	3.....	3.....	3.....	3.....	3.....

Identification:

FORM CLS 1  
PG. 5

SECTION VIII: CHILDREN 5-17 YEARS OLD WHO ARE MEMBERS OF THIS HOUSEHOLD BUT THEY LIVING AWAY FROM THIS HOUSEHOLD (PARENTS' OR GUARDIANS' HOUSEHOLD):	ENTER SERIAL NUMBER OF CHILDREN WHO LIVING AWAY FROM THIS HOUSEHOLD				
	<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"/>
28. (a) 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) Yes .....1 No .....2 <b>END OF INTERVIEW FOR THIS CHILD</b>					
(b) Gender and Age for the child/children  Sex Male .....1 Female .....2  Age	<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"/>
	1 2	1 2	1 2	1 2	1 2
(c) Give location of the child/children This locality (Village /Town) .....1 Another village .....2 Another town .....3 I don't know .....4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
29. With whom and where does (name) live or reside now? School/Institution .....1 Employer .....2 Relative .....3 Friends .....4 Alone .....5 Spouse .....6 Don't know .....7 Other (specify) .....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.....	1 2 3 4 5 6 7 8.....
30. What does (name) do where he/she is now? Working for someone .....1 Working independently/as self-employed .....2 Attending school/training institution .....3 Married .....4 Unknown .....5 Other (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.....	1 2 3 4 5 6.....
31. Does (name) get in touch with this household? Yes .....1 No .....2 <b>END OF INTERVIEW FOR THIS CHILD</b>	1 2	1 2	1 2	1 2	1 2
32. Does (name) sometimes send money/goods, etc., to this household? Yes .....1 No .....2 <b>THIS INTERVIEW IS TERMINATED FOR THIS CHILD</b>	1 2	1 2	1 2	1 2	1 2

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)

Identification:

FORM CLS 2  
PG. 1

QUESTIONS TO BE ADDRESS TO CHILDREN 5 – 17 YEARS OLD

SECTION I: SCHOOL ATTENDANCE	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
	<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"/>
<b>1 (a)INT: Did this child worked for household duties or economic activities? (If he/she answered Yes LFS2 Q.1 or Q.6 and CLS1 Q.5)</b> YES.....1 NO.....2 <b>END OF INTERVIEW FOR THIS CHILD</b>	1 2	1 2	1 2	1 2	1 2
<b>(b)Are you currently attending school or training institution?</b> Yes, full-time .....1 Yes, part-time.....2 No.....3 <div style="margin-left: 150px;">} GO TO Q.3</div>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
<b>2. What is the main reason for not going to school or training institution?</b> No school or training institutions available .....01 To support self/family.....02 Cannot afford schooling or training .....03 Poor in studies/not interested in schooling or training.....04 Failed at school.....05 Afraid of teachers.....06 Illness/disabled.....07 To help in household chores/housekeeping.....08 To assist in household enterprise/business.....09 To work for wages/salaries.....10 To work in own business for income.....11 Family does not permit schooling or training.....12 Too young (pre-school) .....13 Other, please specify.....14 <div style="margin-left: 150px;">} GO Q.4</div>	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.....
<b>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?</b> Yes.....1 No.....2	1 2	1 2	1 2	1 2	1 2

SECTION II: HEALTH AND SAFETY ASPECTS OF CHILDREN 5-17 YRS OLD WHO HAVE WORKED NON-ECONOMIC ACTIVITIES AND ECONOMIC ACTIVITIES IN THE LAST 12 MONTHS/LAST WEEK

<b>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?</b> Yes.....1 No.....2 <b>GO TO Q.8</b>	1 2	1 2	1 2	1 2	1 2
<b>5. How often were you injured or ill in the last 12 months?</b> Often/frequently .....1 Occasionally.....2 Seldomly/rarely .....3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

Identification:

SECTION II: CONTINUED	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
	<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"/>
<b>6. What was/were the nature of your illnesses/injuries? (MULTIPLE ANSWER IS ACCEPTED)</b>					
-Injuries					
Back/muscle pain ..... 1	1	1	1	1	1
Wounds/deep cuts ..... 2	2	2	2	2	2
Broken bones ..... 3	3	3	3	3	3
Burns ..... 4	4	4	4	4	4
Stiff neck ..... 5	5	5	5	5	5
Other, please specify: ..... 6	6.....	6.....	6.....	6.....	6.....
-Illness					
General, such as fever, cold, etc. .... 7	7	7	7	7	7
Eye infection ..... 8	8	8	8	8	8
Ear infection ..... 9	9	9	9	9	9
Skin problem ..... 10	10	10	10	10	10
Breathing problem ..... 11	11	11	11	11	11
Anaemia ..... 12	12	12	12	12	12
Other, please specify: ..... 13	13.....	13.....	13.....	13.....	13.....
<b>7. Referring to the most serious injury/illness, how serious was the injury/illness?</b>					
<b>Consequences on work;</b>					
Permanently disabled ..... 1	1	1	1	1	1
Prevented from work permanently ..... 2	2	2	2	2	2
Stopped work temporarily ..... 3	3	3	3	3	3
Changed jobs ..... 4	4	4	4	4	4
Continue to work ..... 5	5	5	5	5	5
<b>Consequences on schooling</b>					
Stopped schooling temporary ..... 6	6	6	6	6	6
Prevented from schooling permanently ..... 7	7	7	7	7	7
Not affected ..... 8	8	8	8	8	8
<b>8. How often you carry heavy load in your daily activities?</b>					
Always/often ..... 1	1	1	1	1	1
Sometimes ..... 2	2	2	2	2	2
Seldomly/rarely ..... 3	3	3	3	3	3
Never ..... 4	4	4	4	4	4
<b>9. Are you required to operate any tools, equipment, machines, etc. at your workplace or on your job/occupation?</b>					
Yes ..... 1	1	1	1	1	1
No ..... 2	2	2	2	2	2
<b>10. Are you often exposed to any of the following (MULTIPLE ANSWER IS ACCEPTED)</b>					
Dusts, fumes, gases ..... 1	1	1	1	1	1
Noise ..... 2	2	2	2	2	2
Extreme temperature or humidity ..... 3	3	3	3	3	3
Dangerous tools/animals ..... 4	4	4	4	4	4
Work underground ..... 5	5	5	5	5	5
Work at heights ..... 6	6	6	6	6	6
Insufficient lighting ..... 7	7	7	7	7	7
Chemicals ..... 8	8	8	8	8	8
Other, specify ..... 9	9.....	9.....	9.....	9.....	9.....
None ..... 10	10	10	10	10	10

Identification:

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FORM CLS 2  
PG. 3

SECTION III: PERCEPTION OF A CHILD ON WORK	ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
11. At what age did you start to work for the first time? (in economic/non economic activities for the first time) Age (in completed years): .....years of age	AGE				
12. 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
13. If given a choice, what would you like to do?					
Continue with current work.....1	1	1	1	1	1
Going to school full-time.....2	2	2	2	2	2
Working for income full-time.....3	3	3	3	3	3
Helping full-time in household enterprise or business.....4	4	4	4	4	4
Working full-time in household chores or housekeeping.....5	5	5	5	5	5
Going to school part-time and working part-time for income.....6	6	6	6	6	6
Part-time in household enterprise or business.....7	7	7	7	7	7
Part-time in household enterprise or business.....8	8	8	8	8	8
Complete education/training and start to work.....9	9	9	9	9	9
Find a better job/work than the present one.....10	10	10	10	10	10
Other, please specify.....11	11.....	11.....	11.....	11.....	11.....
14 If you stop working, what will happen?					
I will loose income.....1	1	1	1	1	1
I will not be able to support family/parents.....2	2	2	2	2	2
My parents will loose someone to assist.....3	3	3	3	3	3
I will fail to meet school expenses.....4	4	4	4	4	4
Nothing will happen.....5	5	5	5	5	5
Other, please specify .....6	6.....	6.....	6.....	6.....	6.....

SECTION IV: WORKING RELATION AND CONDITION

15. 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
16. Do you receive wage payment prevalent in your locality?					
Yes .....1	1	1	1	1	1
No .....2	2	2	2	2	2
I don't know .....3	3	3	3	3	3
17. How is your working relationship with your employer?					
Good.....1	1	1	1	1	1
Indifferent/normal .....2	2	2	2	2	2
Bad .....3	3	3	3	3	3

GO TO Q.19

Identification:

SECTION IV: CONTINUED		ENTER SERIAL NUMBER OF A CHILD FROM LFS1 PAGE 2				
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Give the main reason: (MULTIPLE ANSWER IS ACCEPTED)						
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
Abuses sexually.....	7	7	7	7	7	7
Other, please specify.....	8	8	8	8	8	8
19. 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)						
Cash payment .....	1 Shs.	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Indicate the pay period (total days) .....	2 Day	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Payment in-kind (estimate of all payments) .....	3 Shs.	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Indicate the pay period (total days) .....	4 Day	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
FOR OFFICIAL USE TOTAL		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. 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 } GO TO Q.23	1	1	1	1	1
Yes, all by self.....	2	2	2	2	2	2
Yes, part through the employer.....	3	3	3	3	3	3
Yes, part by self.....	4	4	4	4	4	4
No.....	5	5	5	5	5	5
Other, please specify.....	6	6	6	6	6	6
21. Do you save any part of your earnings?						
Yes, regularly .....	1	1	1	1	1	1
Yes, occasionally.....	2	2	2	2	2	2
No.....	3 GO TO Q.23	3	3	3	3	3
22. What is the main reason for saving:						
To start own business .....	1	1	1	1	1	1
To meet school/training expenses.....	2	2	2	2	2	2
To assist family expenses .....	3	3	3	3	3	3
Other, please specify.....	4	4	4	4	4	4
23. Are you satisfied with your present job?						
Yes.....	1 END OF INTERVIEW FOR THIS CHILD	1	1	1	1	1
No.....	2	2	2	2	2	2
24. Why not? (MULTIPLE ANSWER IS ACCEPTED)						
Wages too low.....	1	1	1	1	1	1
Work too tiring/too hard.....	2	2	2	2	2	2
Employer too hard/too demanding .....	3	3	3	3	3	3
Earning from self-employment very low .....	4	4	4	4	4	4
Other, please specify.....	5	5	5	5	5	5
INTERVIEW FOR THIS CHILD IS TERMINATED						
INTERVIEWER: Please provide below any general or specific comments/remarks concerning this interview:						

CONFIDENTIAL

IDENTIFICATION

PERSONAL DIARY					Date		Day		

Number of Respondent

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**TUS DIARY**  
 Quest. No..... Of .....  
 PG 1

1. What were you doing yesterday between .....and.....

INT: Fill in activity in first line for time period

2. What else were you doing during that period?

INT: Fill in activities on the next four lines for the time period

3. If more than one activity mentioned: Did you do the activities at the same time, or one after the other?

INT: Circle code 1 if the answer is 'Yes' and code 2 if the answer is 'No'

4. Did you get any payment? (e.g. Monthly salary; Food and allowance)

INT: Fill in column 5 using system code A

5. (a) Where were you when you did the activity? (Fill in column 6 using location code B)

(b) Which means of transport, did you use to reach the place of this activity?

INT: Fill in column 8 using system code C

**INTERVIEWER: REPEAT QUESTIONS 1 TO 5 FOR EACH CATEGORY OF TIME IN AN HOUR PERIOD FROM 6:00 AM YESTERDAY TO 6:00AM TODAY**

6. Did you spend any time during the day looking after the children?

Yes: Not mentioned all the time..... 1

Yes: Already mentioned all the time..... 2

No:..... 3

7. Did you spend any time during the day looking after the sick person?

Yes, not mentioned all the times..... 1

Yes: Already mentioned all the time..... 2

No:..... 3

8. Did you spend any time during the day looking after the elderly person?

Yes, not mentioned all the times..... 1

Yes: Already mentioned all the time..... 2

No:..... 3

9. Did you spend any time during the day looking after the disabled person?

Yes, not mentioned all the times..... 1

Yes: Already mentioned all the time..... 2

No:..... 3

10. Was yesterday a typical day for you? e.g. Prayer day

• Yes..... 1

• No, Because I was sick..... 2

• No, Because it was School/ /Holiday..... 3

• No, Because I was on leave from work/day off..... 4

• No, Because there was a funeral, wedding, etc..... 5

• No, Because there was a problem with the weather..... 6

• No, Because I was looking after another family member..... 7

• No, Because there was a public holiday..... 8

• No, Because it was a weekend day..... 9

• No, Other reason (Describe)..... 10

11. Overall, how did you feel about the day you just described?

I was too busy/ I had too many things to do..... 1

I had a comfortable amount of things to do in the day..... 2

I was not busy enough/ I did not have enough to do..... 3

I was sick..... 4

INT: IF THE  
ANSWER IS  
CODE 1 IN Q.6  
- Q.9, FILL THE  
ACTIVITY ON A  
PARTICULAR  
PERIOD OF  
TIME

(1) Period/ Time	(2) Description of activity	(3) Code	(4) Same time?	(5) Payment (Use System Code 'A')	(6) Location 1 (Use Location code "B")	(7) Place	(8) Location 2 (Use System Code "C")
	1 to 5 Activities per time period		Yes 1 No 2			Inside 1 Outside 2	
06:00 Morn	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
07:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
08:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
09:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
10:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
11:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	

IDENTIFICATION:

Number of Respondent

(1) Period/ Time	(2) Description of activity	(3) Code	(4) Same time?	(5) Payment (Use System Code 'A')	(6) Location 1 (Use Location code "B")	(7) Place	(8) Location 2 (Use System Code "C")
	1 to 5 Activities per time period		Yes 1 No 2			Inside 1 Outside 2	
12:00 Noon	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
13:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
14:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
15:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
16:00 EVENING	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
17:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	

(1) Period/ Time	(2) Description of activity	(3) Code	(4) Same time?	(5) Payment (Use System Code 'A')	(6) Location 1 (Use Location code "B")	(7) Place	(8) Location 2 (Use System Code "C")
	1 to 5 Activities per time period		Yes 1 No 2			Inside 1 Outside 2	
18:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
19:00 Night	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
20:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
21:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
22:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
23:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	



IDENTIFICATION:

Number of Respondent

Period/ Time	(2) Description of activity	(3) Code	(4) Same time?	(5) Payment (Use System Code 'A')	(6) Location 1 (Use Location code "B")	(7) Place	(8) Location 2 (Use System Code "C")
	1 to 5 Activities per time period		Yes 1 No 2			Inside 1 Outside 2	
24 - 04	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
04:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
05:00	(i)		1 2			1 2	
	(ii)		1 2			1 2	
	(iii)		1 2			1 2	
	(iv)		1 2			1 2	
	(v)		1 2			1 2	
06:00 Morn						1 2	

**INT: PLEASE ASK Q. 6 TO Q. 11**

PAYMENT (SYSTEM CODE "A")		LOCATION 1 (LOCATION CODE "B")		PLACE		MEANS OF TRANSPORT (SYSTEM CODE "C")	
No Payment	1	Own household	1	Inside	1	Traveling on foot	1
Monthly salary only	2	Someone else household	2	Outside	2	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)	2
Salary and transport allowance.	3	Field farm or other agricultural workplace within private H/Hold.	3			Hiring Transport (e.g. taxi, Pick-up, e.t.c)	3
Food and allowance (Cash payment)	4	Field farm or other agricultural workplace outside private H/Hold	4			Traveling by train	4
Cash payment for Services / Sales.	5	Other workplace within private household	5			Traveling by bus	5
Food, accomodation and other needs.	6	Other workplace outside private household	6			Traveling by bicycle	6
Allowance and all needs (Cash payment)	7	Educational establishment	7			Water transport (Boat, Ship e.t.c)	7
Other (specify)	8	Public area i.e. not in a private household workplace or hospital	8			Traveling by animal (e.g. Horse, Cow e.t.c)	8
Not applicable	9	The place for fetching water	9			Traveling by other means (specify)	9
		The area for collecting firewood.	10			Not applicable	10
		Traveling or waiting to travel	11				
		Other (specify)	12				