



REPUBLIC OF HONDURAS
OFFICE OF THE PRESIDENCY

NATIONAL STATISTICS INSTITUTE



Continuous Multiple Purpose Household Survey
May / 2002

<p>CONFIDENTIAL NATURE</p> <p>The individual data will be guarded in strictest confidence.</p> <p>Decree 86 - 2000, Art. 31 — July, 2000</p>	<p>FORM _____ OF _____</p>
--	----------------------------

I. GEOGRAPHIC AND SAMPLE IDENTIFICATION	II. INTERVIEW RESULTS
<p>DEPARTMENT: <input type="text"/><input type="text"/></p> <p>MUNICIPALITY: <input type="text"/><input type="text"/> DOMINION: <input type="text"/></p> <p>VILLAGE: <input type="text"/><input type="text"/> STRATUM: <input type="text"/></p> <p>NEIGHBOURHOOD: <input type="text"/><input type="text"/> SEGMENT: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>BLOCK: <input type="text"/><input type="text"/></p> <p>DWELLING: <input type="text"/><input type="text"/><input type="text"/></p> <p>ROUTE: <input type="text"/><input type="text"/></p> <p>HOUSEHOLD: <input type="text"/></p> <p>ADDRESS: _____</p>	<p>1. <input type="checkbox"/> CARRIED OUT</p> <p>2. <input type="checkbox"/> REJECTED</p> <p>3. <input type="checkbox"/> PERSONS ABSENT</p> <p>4. <input type="checkbox"/> COLLECTIVE DWELLING</p>

III. DATA ON THE DWELLING

How many persons or groups of persons that purchase and cook their meals separately live in this dwelling?

<p>1. TYPE OF DWELLING</p> <p>1- <input type="radio"/> Independent house or apartment</p> <p>2- <input type="radio"/> Shack</p> <p>3- <input type="radio"/> Room in tenement or block of flats</p> <p>4- <input type="radio"/> Barracks-style hut</p> <p>5- <input type="radio"/> Improvised house but used as a dwelling</p> <p>6- <input type="radio"/> Premises not built for habitation</p> <p>7- <input type="radio"/> Other _____</p>	<p>1. <input type="radio"/> Public service</p> <p>2. <input type="radio"/> Private collective service</p> <p>3. <input type="radio"/> Well with pulley</p> <p>4. <input type="radio"/> Well with pump</p> <p>5. <input type="radio"/> River, stream, spring, natural pool</p> <p>6. <input type="radio"/> Cistern</p> <p>7. <input type="radio"/> Other _____</p>	<p>7. <input type="radio"/> Other: _____</p>
<p>2- PREDOMINANT BUILDING MATERIAL USED IN THE WALLS</p> <p>1- <input type="radio"/> Brick, stone or cement blocks</p> <p>2- <input type="radio"/> Adobe</p> <p>3- <input type="radio"/> Wood</p> <p>4- <input type="radio"/> Wattle, reeds or cane</p> <p>5- <input type="radio"/> Waste materials</p> <p>6- <input type="radio"/> Other _____</p>	<p>c- Where do you get it?</p> <p>1. <input type="radio"/> Inside the dwelling</p> <p>2. <input type="radio"/> Outside the dwelling, on the property</p> <p>3. <input type="radio"/> Off the property, less than 100 mts.</p> <p>4. <input type="radio"/> Off the property, more than 100 mts.</p>	<p>7- HOW DO YOU ELIMINATE TRASH IN THIS DWELLING?</p> <p>1. <input type="radio"/> Public household collection</p> <p>2. <input type="radio"/> By placing it in containers</p> <p>3. <input type="radio"/> By burying</p> <p>4. <input type="radio"/> By burning</p> <p>5. <input type="radio"/> By leaving it anywhere</p> <p>6. <input type="radio"/> Other: _____ (Specify)</p>
<p>3- PREDOMINANT BUILDING MATERIAL USED IN THE FLOORING</p> <p>1- <input type="radio"/> Ceramic tile</p> <p>2- <input type="radio"/> Cement brick</p> <p>3- <input type="radio"/> Clay brick</p> <p>4- <input type="radio"/> Poured cement</p> <p>5- <input type="radio"/> Wood</p> <p>6- <input type="radio"/> Earth</p> <p>7- <input type="radio"/> Other _____</p>	<p>5- TOILET</p> <p>a- What type of toilet do you have?</p> <p>1. <input type="radio"/> Flush toilet connected to sewer network</p> <p>2. <input type="radio"/> Flush toilet connected to septic tank</p> <p>3. <input type="radio"/> Latrine with hydraulic closure</p> <p>4. <input type="radio"/> Latrine with septic tank</p> <p>5. <input type="radio"/> Pit latrine</p> <p>6. <input type="radio"/> Doesn't have</p> <p>b- Is toilet usage:</p> <p>1. <input type="radio"/> exclusive for this dwelling?</p> <p>2. <input type="radio"/> shared with other dwellings?</p>	<p>8- IN WHAT YEAR WAS THIS DWELLING BUILT?</p> <p>1. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>2. <input type="radio"/> Don't know</p>
<p>4- WATER SERVICE</p> <p>a- Do you have water pipes installed?</p> <p>1. <input type="radio"/> Yes 2. <input type="radio"/> No</p> <p>b- Where does the water you use come from?</p>	<p>6- WHAT TYPE OF LIGHTING DO YOU HAVE</p> <p>1- <input type="radio"/> Public service</p> <p>2- <input type="radio"/> Private collective plant</p> <p>3- <input type="radio"/> Private individual plant</p> <p>4- <input type="radio"/> Solar energy</p> <p>5. <input type="radio"/> Candles</p> <p>6. <input type="radio"/> Oil or gas lamp</p>	<p>9- DWELLING OWNERSHIP</p> <p>Under what condition do you occupy this dwelling?</p> <p>1. <input type="radio"/> Owner and it is fully paid-up</p> <p>2. <input type="radio"/> Owner, currently paying } Lempiras <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> (Monthly payment)</p> <p>3. <input type="radio"/> Rented</p> <p>4. <input type="radio"/> On loan without charge</p> <p>5. <input type="radio"/> Recovered and legalized</p> <p>6. <input type="radio"/> Recovered without legalization</p>
	<p>10- DOES THIS DWELLING HAVE</p> <p>a. Refrigerator 1. <input type="radio"/> 2. <input type="radio"/></p> <p>b. Television 1. <input type="radio"/> 2. <input type="radio"/></p> <p>c. Radio 1. <input type="radio"/> 2. <input type="radio"/></p> <p>d. Telephone 1. <input type="radio"/> 2. <input type="radio"/></p>	
	<p>11- NUMBER OF ROOMS IN THE DWELLING</p> <p>1. How many rooms does this dwelling have? (Include the kitchen but not the bathroom) <input type="text"/><input type="text"/></p> <p>2. How many rooms are used for sleeping? <input type="text"/><input type="text"/></p>	

IV. HOUSEHOLD COMPOSITION

What is the total number of persons that eat and sleep in this household?

1	2	3		4	5	6		7
N° OF THE PERSON	ENTER THE NAMES AND SURNAMES OF THE PERSONS USUALLY RESIDING IN THIS HOUSEHOLD IN THE FOLLOWING ORDER: 1. Head of Household, 2. Spouse or Companion, 3. Children or stepchildren, oldest to youngest, 4. Parents, 5. Son/daughter in law, 6. Other relatives (grandchildren, grandparents, uncles/aunts, nephews/nieces, cousins), 7 Other non-relatives (parent/brother/sister in laws, guests, friends, etc.), 8. Domestic help, 10. Outside contributor (FILL IN SECTION IV ONLY)	RELATIONSHIP TO THE HEAD		SEX	AGE	CURRENT MARITAL STATUS		MOTHER
		Relation-ship to the head of HH of each member of the HH	C O D E	1. Male 2. Female	Age at last birthday. For children under 1 year enter 00.	1. Married 2. Widowed 3. Divorced 4. Separated 5. Single 6. Consensual Union	C O D E	Number in order of the mother, 00 if she does not live in this HH
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Under 5 years of age

5 - 17 years of age

18 or more years

Total

8- ¿ How many persons between 5 and 17 years of age that usually lived in this HH in May of last year no longer live here?

1-

2- ☐ None

Go to Section V

N° OF THE P E R S O N	9	10		11	12	13	14	15	16			17	18		
	Child's name	Relation- ship with the head of HH	C o d e	Sex 1. Male 2. Female	Age	With whom does he/ she live?	What does he/she do?	Does he/she communi- cate with the HH? 1 Yes 2 No 1/	When was the last time that he/she was in contact?			Does he/ she send money or goods to the HH? 1 Yes 2 No 2/	When was the last time that he/she sent money or goods?		
									D	M	Y		D	M	Y
1															
2															
3															
4															
5															
6															

1/ Go to No.17

2/ End for this child

Codes for Question No. 13	Codes for Question No. 14
1 Father	1 Only works
2 Mother	2 Only studies
3 Both parents	3 Works and studies
4 Other relative	4 Don't know
5 Other non-relative	5 Other (specify)
6 Institution	

V. PERSONAL CHARACTERISTICS (FOR THOSE 4 OR MORE YEARS OF AGE)

Name: _____ Age:

No. of person: No. of Person reporting:

EDUCATIONAL CHARACTERISTICS

1. DO YOU KNOW HOW TO READ AND WRITE?

1. ☐ YES 2. ☐ NO

2. DO YOU CURRENTLY ATTEND AN EDUCATIONAL ESTABLISHMENT?

1. ☐ YES 2. ☐ NO

Name: _____

3. WHAT IS THE HIGHEST LEVEL OF STUDIES YOU ARE ATTENDING OR HAVE TAKEN, AND WHAT IS THE HIGHEST GRADE PASSED AT THAT LEVEL?

1. ☐ None

2. ☐ Nursery School

3. ☐ Literacy Centre

4. ☐ Teacher at home

5. ☐ Primary 1-9

6. ☐ Secondary, common cycle1-3

7. ☐ Secondary, diversified 1-4

8. ☐ Higher, non-university 1-4

9. ☐ Higher, university 1-8

10. ☐ Post-graduate 1-4

11. ☐ Don't know, no response

last year

approved

CONTINUE ONLY FOR THOSE OVER AGE 5 YEARS

DEMOGRAPHIC CHARACTERISTICS

4. WHERE WERE YOU BORN?

Dept. :

Munic. :

Country:

5. FOR HOW LONG HAVE YOU LIVED IN THIS PLACE?

1. ☐ Has always lived here Go to No. 9

2. ☐ Less than one year

3. ☐ One year or more → number of years

6. IN WHICH DEPARTMENT AND MUNICIPALITY DID YOU LIVE BEFORE LIVING IN THIS PLACE?
(If he/she lived abroad, enter the name of the country)

Dept:

Munic:

Country:

7. WHAT WERE YOU DOING IN THE LAST PLACE OF RESIDENCE BEFORE COMING TO LIVE IN THIS PLACE?

1. ☐ Working

2. ☐ Studying

3. ☐ Working and studying at the same time

4. ☐ Was under 5 years of age

5. ☐ Nothing

6. ☐ Other: _____
(Specify)

8. WHAT WERE YOUR REASONS FOR MIGRATING TO THIS PLACE?

1. ☐ To look for work

2. ☐ Job transfer

3. ☐ To study

4. ☐ His/her parents brought the family

5. ☐ Got married

6. ☐ Other: _____
(Specify)

ETHNIC CHARACTERISTICS

9. OF WHICH ETHNIC GROUP OR RACE DO YOU CONSIDER YOURSELF A MEMBER

1. ☐ Garífuna

2. ☐ Black English

3. ☐ Tolupán

4. ☐ Pech (Paya)

5. ☐ Miskito

6. ☐ Lenca

7. ☐ Tawahka (Sumo)

8. ☐ Chortí

9. ☐ Mestizo or Ladino

10. ☐ Other: _____
(Specify)

10.WHICH LANGUAGE OR DIALECT IS SPOKEN IN THE HOUSEHOLD?

1. ☐ Spanish

2. ☐ English Creole

3. ☐ Garífuna

4. ☐ Miskito

5. ☐ Tawahka

6. ☐ Pech

7. ☐ Tool

8. ☐ Other: _____
(Specify)

11. WITH WHOM OR WHERE DID YOU LEARN IT?

- 1. ☐ With the mother
- 2. ☐ With the father
- 3. ☐ With both parents
- 4. ☐ With the grandparents
- 5. ☐ With the community elders
- 6. ☐ At school
- 7. ☐ At work
- 8. ☐ Doesn't remember
- 9. ☐ Other: _____
(Specify)

12. WHAT LANGUAGE DID / DO YOUR PARENTS SPEAK?

- 1. Mother ☐ { Enter the corresponding language
- 2. Father ☐ { code according to Q. 10
- 3. Don't know ☐

ECONOMIC CHARACTERISTICS

13. DURING THE LAST WEEK, DID YOU DEDICATE AN HOUR OR MORE TO SOME JOB OR ACTIVITY WITH PAY IN CASH OR IN ANOTHER FORM OR DID YOU HAVE ANY EARNINGS? (Except household chores)

- 1. ☐ Yes
- 2. ☐ No

14. DURING THE LAST WEEK, DID YOU CARRY OUT OR HELP CARRY OUT ANY JOB WITHOUT PAY? (Except household chores)

- 1. ☐ Yes
- 2. ☐ No

15. ALTHOUGH YOU DID NOT WORK LAST WEEK, DO YOU HAVE A JOB THAT YOU WILL RETURN TO SOON?

- 1. ☐ Yes
- 2. ☐ No

16. WHY DIDN'T YOU WORK THIS PAST WEEK?

- 1. ☐ Bad weather
- 2. ☐ Lack of raw materials, money, etc.
- 3. ☐ Strike or work stoppage
- 4. ☐ Family or health problems
- 5. ☐ Vacations, study, etc.
- 6. ☐ Due to the season
- 7. ☐ Other: _____
(Specify)

17. DO YOU HAVE ANOTHER JOB BESIDES YOUR MAIN EMPLOYMENT?

- 1. ☐ Yes _____
Secondary Employment
- 2. ☐ No

18. HOW MANY HOURS DID YOU WORK LAST WEEK?

Main Employment

Secondary Employment

Total (for office use)

19. HOW MANY TOTAL HOURS DO YOU NORMALLY WORK PER WEEK?

Main Employment

Secondary Employment

Total (for office use)

20. AFTER MEETING JOB, STUDY AND HOUSEHOLD DUTY OBLIGATIONS, DO YOU WANT TO WORK MORE HOURS PER WEEK, AND ARE YOU AVAILABLE TO DO SO FOR MORE PAY OR INCOME?

- 1. ☐ Yes
- 2. ☐ No
- 3. ☐ Don't know

21. HOW MANY ADDITIONAL HOURS PER WEEK ARE YOU WILLING TO WORK?

Number of hours per week:

22. WHY DON'T YOU USUALLY WORK MORE HOURS PER WEEK?

- 1. ☐ For health reasons
 - 2. ☐ Due to studies
 - 3. ☐ For family or personal reasons
 - 4. ☐ Because he/she couldn't get more work
 - 5. ☐ For other reasons: _____
(Specify)
- Go to Q. 30A

23. DID YOU LOOK FOR WORK OR TRY TO ESTABLISH YOUR OWN BUSINESS OR FARM:

- 1. ☐ Yes, during the last week
- 2. ☐ Yes, during the last four weeks
- 3. ☐ No.

24. WHAT WAS THE MAIN THING YOU DID TO SEEK WORK OR ESTABLISH YOUR OWN BUSINESS OR FARM?

- 1. ☐ Visited firms, offices, cooperatives.
- 2. ☐ Made efforts through friends or relatives
- 3. ☐ Sought land to work or premises for firm
- 4. ☐ Filled out applications, sought loans
- 5. ☐ Other: _____
(Specify)

25. HOW LONG HAVE YOU BEEN LOOKING FOR WORK OR TRYING TO ESTABLISH OWN BUSINESS OR FARM?

- 1. ☐ Less than one month
 - 2. ☐ One month to a year
 - 3. ☐ More than a year
- Number of months
- Go to Q. 29

26. WHY DIDN'T YOU LOOK FOR WORK OR TRY TO ESTABLISH YOUR OWN BUSINESS OR FARM?

1. ☐ Will start working within a month
2. ☐ Has a sure job after a month
3. ☐ Has heard from some of the applications
4. ☐ Is waiting for the next working season
5. ☐ Thinks that he/she won't find work
6. ☐ Stopped looking for work momentarily
7. ☐ Has no land or capital
8. ☐ Doesn't have time to look for work
9. ☐ Doesn't need to work
10. ☐ Can't work because of age
11. ☐ Other: _____
(Specify)

27. WHAT IS YOUR CURRENT CONDITION?

1. ☐ Retired, pensioner
2. ☐ Annuitant
3. ☐ Student
4. ☐ Does the household chores
5. ☐ Temporarily disabled
6. ☐ Permanently disabled
7. ☐ Other: _____
(Specify)

28. DO YOU DESIRE TO WORK AND ARE YOU ABLE TO DO SO?

1. ☐ Yes, right now
2. ☐ Yes, at another time of year
3. ☐ No.
- End for this person

29. HAVE YOU WORKED BEFORE?

1. ☐ Yes
2. ☐ No
- End for this person

30A. WHAT IS OR WAS YOUR MAIN EMPLOYMENT?

30B. WHAT ARE OR WERE THE TASKS OR FUNCTIONS THAT YOU CARRIED OUT?

31A. WHAT IS THE MAIN PRODUCT OF THE ESTABLISHMENT OR FARM WHERE YOU WORK, OR WHAT DOES (OR DID) IT DO?
(If self-employed, enter the goods produced, sold or service provided)

31B. WHAT IS THE NAME OF THE ESTABLISHMENT OR FARM WHERE YOU WORK OR WORKED?

32. HOW LONG HAVE YOU BEEN WORKING (OR WORKED) IN THAT ESTABLISHMENT OR FARM?

1. ☐ Less than a year
2. ☐ A year or more
- Number of years

33. HOW MANY PERSONS WORK (OR WORKED) FULL-TIME IN THAT ESTABLISHMENT OR FARM?

1. ☐ Less than ten
2. ☐ Ten or more
- Number of employees

34. WHAT IS OR WAS YOUR MAIN OCCUPATIONAL CATEGORY?

1. ☐ Public employee or worker
2. ☐ Private employee or worker
3. ☐ Domestic help
4. ☐ Member of a cooperative, settlement, group
5. ☐ Self-employed worker that does not contract temporary labour
6. ☐ Self-employed worker that does contract temporary labour
7. ☐ Employer or active partner
8. ☐ Unpaid family worker
9. ☐ Unpaid labourer
- Go to Q. 38
- End

35. IS OR WAS YOUR EMPLOYMENT IN YOUR MAIN ACTIVITY OF A TEMPORARY NATURE?

1. ☐ Temporary?
2. ☐ Permanent?

INCOME

INCOME FOR MAIN EMPLOYMENT FOR SALARIED WORKERS

36. HOW MUCH WERE YOU PAID FOR THE TIME YOU WORKED LAST MONTH IN YOUR MAIN EMPLOYMENT?

Lempiras

37. DURING THE LAST MONTH DID YOU RECEIVE PAYMENTS IN KIND FOR YOUR WORK, IN ANY OF THE FOLLOWING CATEGORIES:

- Food, meals
1. ☐ Yes
2. ☐ No
- Clothing, footwear
1. ☐ Yes
2. ☐ No
- Housing
1. ☐ Yes
2. ☐ No
- Transportation
1. ☐ Yes
2. ☐ No
- Other _____
1. ☐ Yes
2. ☐ No
- (Specify)

INCOME IN MAIN EMPLOYMENT FOR SELF-EMPLOYED

38. DURING THE LAST SIX MONTHS, WHAT WAS YOUR AVERAGE MONTHLY INCOME AS EARNINGS OR BENEFITS FROM SELF-EMPLOYMENT OR AS EMPLOYER IN YOUR OWN ESTABLISHMENT OR FARM?

Lempiras

--	--	--	--	--

39. DURING THE LAST 6 MONTHS, DID YOU REMOVE PRODUCTS FOR YOUR OWN OR FAMILY'S USE FROM YOUR ESTABLISHMENT OR FARM? (Agricultural products, food, supplies, clothing, etc.)

Average value

1. <input type="radio"/> Yes	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	2. <input type="radio"/> No
------------------------------	--	--	--	--	-----------------------------

**INCOME IN SECONDARY EMPLOYMENT FOR
SALARIED WORKERS**

42. HOW MUCH WERE YOU PAID FOR THE TIME WORKED
LAST MONTH IN YOUR SECONDARY EMPLOYMENT?

Lempiras

INCOME IN SECONDARY EMPLOYMENT FOR SELF-EMPLOYED

44. DURING THE LAST 6 MONTHS, WHAT WAS YOUR AVERAGE MONTHLY INCOME FOR EARNINGS OR BENEFITS AS SELF-EMPLOYED, OR AS EMPLOYER IN YOUR ESTABLISHMENT OR FARM?

Lempiras

[illegible]

VII FLOW CONTROL

A. PERSONNEL PARTICIPATING

Interviewer: _____

--	--

Signature: _____

Supervisor: _____

--	--

Signature: _____

Coder: _____

--	--

Signature: _____

--	--

--	--

--	--

--	--

--	--

N°	DATE	TIME	RESULT
1			
2			
3			

RESULT

OBSERVATIONS ON THE MODULE

[illegible]

VI-a MODULE ON CHARACTERISTICS OF THE PERSONS BETWEEN 5 AND 17 YEARS OF AGES - QUESTIONNAIRE FOR THE PARENTS								
	1 (Single Resp.)	2 (S. R.)	3	4		5 (Mult. Resp.)	6 (M. R.)	7
N° o f t h e c h i l d	What would you prefer that (...) would be doing currently? 1. Only studying 2. Only working 3. Only doing household chores 4. Studying and working at the same time 5. Studying and doing the household chores at the same time 6. Working and doing the household chores 7. Other: (Specify)	What would you prefer that (...) does when he/she turns 18 years old? 1. Only study 2. Only work 3. Only do household chores 4. Study and work at the same time 5. Study and do the household chores at the same time 6. Work and do the household chores 7. Other: (Specify)	Did (...) help out with the household activities last week? 1. Yes 2. No <div>Go to Q. 7</div>	How much time did he/she help out last week with the household chores?		What activities did he/she carry out? 1. Wash clothes 2. Iron 3. Cook 4. Care for smaller children 5. Care for sick or disabled persons in the household 6. Tend the family garden, feed and care for animals 7. Run errands and/or go to the market 8. Clean and maintain the household 9. Other: (Specify)	Why does he/she have to do these chores? 1. His/her parents have to work 2. There is no one else to do them 3. Needs to learn, for when he/she grows up 4. He/she needs to participate in the household chores 5. Everyone in the HH has helped out since they were little 6. Other: (Specify)	Did (...) work an hour or more last week? 1. Yes 2. No <div>End for this child</div>
				Days	Hours per day			

	8	9 (S. R.)	10 (S. R.)	11 (M. R.)	12 (M. R.)	13 (M. R.)
N° o f t h e c h i l d	Does (...) have permission from the Labour Department to work? 1. Yes 2. No	Where does (...) work? 1. Outside the home: (Specify) 2. Family business 3. At home 4. Don't know <div>Go to Q. 13</div>	What kind of relations does (...) have with his boss? 1. Bad 2. Good 3. Indifferent <div>Go to Q. 12</div>	Why are they bad? 1. He/she wants (...) to do too much work 2. He/she wants (...) to work very long hours 3. The pay is bad or not on time 4. There is physical abuse 5. There is verbal abuse 6. Other: (Specify)	Which of the following coverages or benefits does the employer offer? 1. Paid vacations 2. Paid sick leave 3. Social Security 4. Uniforms 5. Meals 6. Transportation 7. Housing 8. None 9. Don't know 10. Other: (Specify)	What are the reasons for allowing him/her to continue working? 1. Has to help pay for his/her studies 2. Has to help out with household expenses 3. To help pay for some loan or debt 4. Has to participate in family activities 5. Working is a formative experience and makes him/her honest 6. Work gets him/her away from the street and vices 7. There is no nearby school for him/her to study 8. Everyone in the household has worked since they were little 9. Other: (Specify)

N° of the child	14 (S. R.)	15 (M. R.)	16 (S. R.)	17	18 (S. R.)	19	20 (M. R.)
	What would happen to the household and its economy if (...) stopped working? 1. Household income and standard of living would both fall 2. The household would not be able to continue 3. The father or mother would have to work 4. They would not be able to continue with their studies 5. The family business would go bankrupt 6. Nothing 7. Other:_____	Do you know if (...) has ever had an accident of the following nature while working or in the work place? 1. Superficial blows or wounds 2. Fractures 3. Twisted or sprained muscles 4. Burns 5. Poisoning or intoxications 6. Amputations or loss of any extremity 7. None → Go to Q. 22 8. Other: (Specify)	How frequently? 1. More than 5 times 2. 3 to 5 times 3. 1 to 3 times	Which was the most serious? (from the codes listed in Q. 15, enter the one the parent considers the most serious)	How serious was it? 1. He/she had to be hospitalized 2. He/she had to stop work temporarily 3. He/she stopped working permanently 4. Received medical treatment without the need for internment 5. He/she took care of themselves and applied household remedies 6. Did not require medical treatment → Go to Q. 22	If 1 or 2 entered in Q. 18, for how many days?	Where was (...) attended? 1. Public Hospital 2. Health centre 3. Clinic / private hospital 4. Private physician medical office 5. Pharmacy 6. At home 7. Elsewhere: (Specify)

N° of the child	21 (M. R.)	22 (M. R.)	23 (S. R.)	24	25 (S. R.)	26	27 (M. R.)	28 (M. R.)
	Who paid for the care of (...)? 1. Social Security 2. The employer 3. The parents 4. Him/herself 5. It was free 6. Other: (Specify)	Other than accidents, has (...) suffered any of these diseases as a consequence of his/her job? 1. Respiratory infections and allergies 2. Diarrhoea, indigestion or intoxication 3. Anaemia 4. Rashes, eruptions, allergies o blotches on the skin 5. Convulsions, paralysis or tremors of the hands or body 6. Eye and/or ear infections 7. None End for this child 8. Other: (Specify)	How frequently? 1. More than 5 times 2. 3 to 5 times 3. 1 to 3 times	Which was the most serious? (from the codes listed in Q. 22, enter the one the parent considers the most serious)	How serious was it? 1. He/she had to be hospitalized 2. He/she had to stop work temporarily 3. He/she stopped working permanently 4. Received medical treatment without the need for internment 5. He/she took care of themselves and applied household remedies 6. Did not require medical treatment End for this child	If 1 or 2 entered in Q. 25, for how many days?	Where did (...) receive care? 1. Public Hospital 2. Health centre 3. Clinic / private hospital 4. Private physician medical office 5. Pharmacy 6. At home 7. Elsewhere: (Specify)	Who paid for the care of (...)? 1. Social Security 2. The employer 3. The parents 4. Him/herself 5. It was free 6. Other: (Specify)

VI-b MODULE ON CHARACTERISTICS OF THE PERSONS BETWEEN 5 AND 17 YEARS OF AGE - QUESTIONNAIRE FOR THE CHILD								
	1	2 (M. R.)	3 (S. R.)	4 (S. R.)	5	6 (S. R.)	7	8 (M. R.)
N° of the child	Last week, did you do or help out with the household chores? 1. Yes 2. No	Why do you do or collaborate with the household chores? 1. Parents have to work 2. There's no one else to do them 3. Has to learn for when he/she grows up 4. Has to participate in the household chores 5. Everyone in the household has helped out since they were young 6. His/her parents make them do it 7. Other: (Specify)	What would you prefer to be doing now? 1. Only study 2. Only work 3. Only do household chores 4. Study and work at the same time 5. Study and do household chores 6. Work and do household chores 7. Other: (Specify)	What would you prefer to do when you turn eighteen? 1. Only study 2. Only work 3. Only do household chores 4. Study and work at the same time 5. Study and do household chores 6. Work and do household chores 7. Other: (Specify)	During the last week, did you work or help out in any family or private business for an hour or more? 1. Yes 2. No	Where did you work? 1. On the street 2. In the market 3. In a store or supermarket 4. In a factory or firm 5. In a shop or kiosk 6. Other: (Specify)	What shift did you work? 1. Morning 2. Afternoon 3. Night 4. All day 5. Mixed	For what reasons do you work? 1. Has to help pay for studies 2. Has to help out with household expenses 3. To help pay off some loan or debt 4. Has to participate in the family's activities 5. Work is good training and makes one honest 6. Work keeps one off the street and away from vices 7. There is no school nearby where he/she can study 8. Everyone in the household has helped out since their youth 9. Other: (Specify)
	<div>Go to Q. 3</div>				<div>Go to Q. 30</div>			

	9	10 (S. R.)	11 (S. R.)	12	13 (M. R.)	14 (S. R.)	15 (S. R.)	16	17 (M. R.)
N° of the child	Do they pay you for this work? 1. Yes 2. No	If you work overtime, do they pay you for it? 1. Doesn't work overtime 2. Yes paid 3. Not paid	Do you give a part or all of what you earn to your parents or guardian? 1. Give them part 2. Yes, all that is paid is given to them 3. The employer pays them directly 4. No, he/she keeps all		What do you usually invest in or spend the money earned at work on? 1. On games, diversion, etc. 2. On food 3. On studies 4. On household expenses 5. Sends money or goods to other household 6. Other: (Specify)	Do you save or put away for the future from what you are paid? 1. Yes, all of it 2. Yes, part of it 3. No	What are you saving for? 1. To start up own business 2. To be able to study in a better place 3. To get out of this town / city / country 4. For a better life 5. Other: (Specify)	Are you content with your job? 1. Yes 2. No	Why not? 1. Wages are very low or bad earnings 2. Employer never pays on time 3. The work is hard and tiring 4. The work is pitiful or shameful 5. The working shifts are very long 6. The work is boring and routine 7. There is no time to rest 8. The job site is far from home 9. The companions at work treat him/her poorly or make fun of him/her 10. The employer physically or verbally abuses him/her
	<div>Go to Q. 16</div>		<div>Go to Q. 13</div>	If entered 1 in Q. 11, specify how much		<div>Go to Q. 16</div>		<div>Go to Q. 18</div>	

N° of the child	18 (M. R.)	19 (M. R.)	20	21 (S. R.)	22	23 (M. R.)	24	25 (S. R.)
	Do you have any of these situations at work? 1. There is noise, bad lighting or bad odours 2. A lot of sun or heat 3. A lot of cold or humidity 4. There is dust and dirt 5. Works with machinery and heavy tools 6. Works with toxic substances 7. Works with inflammable materials 8. There is a risk of electrical discharges 9. There is a risk of animal bites or attacks 10. None	Have you ever had any of these accidents while working or in the work place? 1. Superficial blows or wounds 2. Fractures 3. Twisted or sprained muscles 4. Burns 5. Poisoning or intoxications 6. Amputations or loss of any extremity 7. None → Go to Q. 23 8. Other: (Specify)	Which was the most serious? (from the codes listed in Q. 19, enter the one the child considers the most serious)	How serious was it? 1. Had to be hospitalized 2. Stopped working temporarily 3. Stopped working permanently 4. Received medical treatment without the need for internment 5. Used self-medication and/or applied household remedies 6. Didn't require medical treatment → Go to Q. 23	If 1 or 2 entered in Q. 21, for how many days?	Other than accidents, have you suffered any of these diseases as a consequence of your job? 1. Respiratory infections and allergies 2. Diarrhoea, indigestion or intoxication 3. Anaemia 4. Rashes, eruptions, allergies o blotches on the skin 5. Convulsions, paralysis or tremors of the hands or body 6. Eye and/or ear infections 7. None → Go to Q. 27 8. Other: (Specify)	Which was the most serious? (from the codes listed in Q. 23, enter the one the child considers the most serious)	How serious was it? 1. Had to be hospitalized 2. Had to stop work temporarily 3. Stopped working permanently 4. Received medical treatment without needing internment 5. Took care of self and applied household remedies 6. Did not require medical treatment → Go to Q. 27

N° of the child	26	27 (M. R.)	28 (M. R.)	29	30	31 (S. R.)	32 (S. R.)
	If 1 or 2 entered in Q. 25, for how many days?	Do you use any of the following personal protection equipment at work? 1. Gloves 2. Helmet 3. Cap or hat 4. Safety glasses 5. Ear plugs 6. Boots or special shoes 7. None 8. Other: (Specify)	Do your companions at work use any of this equipment? 1. Gloves 2. Helmet 3. Cap or hat 4. Safety glasses 5. Ear plugs 6. Boots or special shoes 7. None 8. Other: (Specify)	At what age did you begin to work (with or without pay) (In years at last birthday)	Do you attend school, high school or the university? 1. Yes 2. No → Go to Q. 32	Is your work or the household chores the cause for you to: 1. To miss school ? 2. To get to classes late? 3. Fail your courses? 4. Not do your homework? 5. Does not work or do household chores 6. Doesn't interfere with studies 7. Other: (Specify)	Why don't you attend or did you stop attending? 1. Does not want to continue studying 2. Finished high school studies 3. Works or had to begin working 4. Got married and doesn't have the time 5. Does all the household chores 6. Had an accident / disease 7. Educational centre too far away 8. There is no place to study here 9. Other reason: (Specify)