

# FORM GCLS- H

SAMPLE	
2	1
0	<input type="checkbox"/>
1	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>



## REPUBLIC OF GHANA STATISTICAL SERVICE

### GHANA CHILD LABOUR SURVEY

INSTRUCTIONS: Mark with an **X** where indicated and fill out form as shown  
TO BE ASKED OF HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE MEMBER

#### PART G: GENERAL INFORMATION

#### G4. REFERENCE NUMBER

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#### !!! IMPORTANT !!!

Create a unique reference

number by combining :

EACODE (Base) +

STRUCTURE Number +

HOUSEHOLD Number

Write this NOW at the top!

Repeat at ODD numbered pages

REGION: ..... DISTRICT: .....

LOCALITY: ..... ADDRESS OF HOUSEHOLD/LOCATION: .....

G1. EA CODE (Base)				G2. HOUSE /				G3. HOUSEHOLD			
Region	District	Locality Code	EA-Number	STRUCTURE No.				No.			

G5. ELIGIBILITY	Yes	No
Is Household eligible?	<input type="checkbox"/>	<input type="checkbox"/>
No. of Children eligible:	<input type="checkbox"/>	<input type="checkbox"/>

G6a. SUPPLEMENTARY COMPLETED?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
G6b. If "Yes", No. OF SUPPLEMENTARY FORMS USED		
	<input type="checkbox"/>	

#### G7. INTERVIEWER'S VISITS

Date of first Visit: ..... Time Started: ..... Time Ended: .....

Date of second Visit: ..... Time Started: ..... Time Ended: .....

Date of Last Visit ..... Time Started: ..... Time Ended: .....

Total number of Visits: .....

#### G9. RESPONDENT'S LINE NO. :

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G10. INTERVIEWER'S NAME : ..... G11. INTERVIEWER'S ID: .....

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G12. FIELD SUPERVISOR : ..... G13. OFFICE EDITOR : .....

G14. ZONAL OFFICER : ..... G15. SCANNING/ENTRY ASSISTANT : .....

## PART H: HOUSING / HOUSEHOLD CHARACTERISTICS

<b>H1. In what type of dwelling does the household live?</b> Detached/Separate 1 <input type="checkbox"/> Semi-detached 2 <input type="checkbox"/> Flat/Apartment 3 <input type="checkbox"/> Compound house (rooms) 4 <input type="checkbox"/> Huts/Buildings (same compound) 5 <input type="checkbox"/> Hotel/Hostel 6 <input type="checkbox"/> Improved home (kiosk, container)/Tent 7 <input type="checkbox"/> Living quarters attached to office/shop/work place 8 <input type="checkbox"/> Other (specify) 9 <input type="checkbox"/>		<b>H2a. What is the ownership status of this dwelling?</b> Owned 1 <input type="checkbox"/> Provided free by employer 2 <input type="checkbox"/> Provided free by owner 3 <input type="checkbox"/> Rented from Private owner 4 <input type="checkbox"/> Rented from Govt/Public ownership 5 <input type="checkbox"/> Subsidised by employer 6 <input type="checkbox"/> Other (specify) 7 <input type="checkbox"/>		<b>H2b. If rented, i.e., H2a="4" or "5", please indicate the amount paid per month (in thousands)?</b> <table style="width:100%;"> <tr> <td>Less than ₦10 1 <input type="checkbox"/></td> <td>₦201-₦300 5 <input type="checkbox"/></td> </tr> <tr> <td>₦11-₦50 2 <input type="checkbox"/></td> <td>₦301-₦500 6 <input type="checkbox"/></td> </tr> <tr> <td>₦51-₦100 3 <input type="checkbox"/></td> <td>₦501-₦1000 7 <input type="checkbox"/></td> </tr> <tr> <td>₦101-₦200 4 <input type="checkbox"/></td> <td>₦1000+ 8 <input type="checkbox"/></td> </tr> </table>		Less than ₦10 1 <input type="checkbox"/>	₦201-₦300 5 <input type="checkbox"/>	₦11-₦50 2 <input type="checkbox"/>	₦301-₦500 6 <input type="checkbox"/>	₦51-₦100 3 <input type="checkbox"/>	₦501-₦1000 7 <input type="checkbox"/>	₦101-₦200 4 <input type="checkbox"/>	₦1000+ 8 <input type="checkbox"/>																																						
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₦101-₦200 4 <input type="checkbox"/>	₦1000+ 8 <input type="checkbox"/>																																																		
<b>H3. How many sleeping rooms does the household occupy?</b> <table style="width:100%;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9+</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		1	2	3	4	5	6	7	8	9+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H4. Are there any of these facilities available to the household?</b> <table style="width:100%; text-align: center;"> <tr> <th></th> <th>Kitchen</th> <th>Bathroom</th> <th>Toilet</th> </tr> <tr> <td>Inside house, exclusive 1 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inside house, shared 2 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outside house, exclusive 3 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Outside house, shared 4 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not available 5 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Kitchen	Bathroom	Toilet	Inside house, exclusive 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside house, shared 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside house, exclusive 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outside house, shared 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not available 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H5. What is the main source of cooking fuel?</b> Wood 1 <input type="checkbox"/> Charcoal 2 <input type="checkbox"/> Coconut husk 3 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Millet straw 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>		<b>H6. What is the main source of drinking water?</b> Pipe-borne inside house 1 <input type="checkbox"/> Pipe-borne outside house 2 <input type="checkbox"/> Tanker Service 3 <input type="checkbox"/> River/stream 4 <input type="checkbox"/> Bore-hole 5 <input type="checkbox"/> Well 6 <input type="checkbox"/> Dugout/pond/lake/dam 7 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>		<b>H7. What is the main source of lighting?</b> Kerosene 1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Gas Lamp 3 <input type="checkbox"/> Solar Energy 4 <input type="checkbox"/> No light 5 <input type="checkbox"/> Other (specify) 6 <input type="checkbox"/>	
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<b>H8. Does the household own the following? (more than one answer acceptable)</b> <table style="width:100%;"> <tr> <td>Car (s) 1 <input type="checkbox"/></td> <td>Bicycle(s) 2 <input type="checkbox"/></td> </tr> <tr> <td>Motor-bike(s) 3 <input type="checkbox"/></td> <td>Telephne(s) 4 <input type="checkbox"/></td> </tr> <tr> <td>Refrigerator(s) 5 <input type="checkbox"/></td> <td>Radio(s) 6 <input type="checkbox"/></td> </tr> <tr> <td>TV set(s) 7 <input type="checkbox"/></td> <td>None of these 8 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) 9 <input type="checkbox"/></td> <td></td> </tr> </table>		Car (s) 1 <input type="checkbox"/>	Bicycle(s) 2 <input type="checkbox"/>	Motor-bike(s) 3 <input type="checkbox"/>	Telephne(s) 4 <input type="checkbox"/>	Refrigerator(s) 5 <input type="checkbox"/>	Radio(s) 6 <input type="checkbox"/>	TV set(s) 7 <input type="checkbox"/>	None of these 8 <input type="checkbox"/>	Other (specify) 9 <input type="checkbox"/>		<b>H9. Has this household ever changed the usual place of residence?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> IF NO, GO TO H13 <b>H10. If "Yes" in above, in which district was the last place of residence?</b> District Name: ..... District Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>H11. How long has this household been living in the present place of residence?</b> <table style="width:100%;"> <tr> <td>Less than 6 months 1 <input type="checkbox"/></td> <td>6-12 months 2 <input type="checkbox"/></td> </tr> <tr> <td>1-5 years 3 <input type="checkbox"/></td> <td>5-10 years 4 <input type="checkbox"/></td> </tr> <tr> <td>10+ years 5 <input type="checkbox"/></td> <td></td> </tr> </table>		Less than 6 months 1 <input type="checkbox"/>	6-12 months 2 <input type="checkbox"/>	1-5 years 3 <input type="checkbox"/>	5-10 years 4 <input type="checkbox"/>	10+ years 5 <input type="checkbox"/>																															
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<b>H12. What was the main reason for coming or changing to the present place of residence?</b> <table style="width:100%;"> <tr> <td>Job transfer 1 <input type="checkbox"/></td> <td>Found job 2 <input type="checkbox"/></td> </tr> <tr> <td>Looking for job 3 <input type="checkbox"/></td> <td>School/training 4 <input type="checkbox"/></td> </tr> <tr> <td>Other (specify) 5 <input type="checkbox"/></td> <td></td> </tr> </table>		Job transfer 1 <input type="checkbox"/>	Found job 2 <input type="checkbox"/>	Looking for job 3 <input type="checkbox"/>	School/training 4 <input type="checkbox"/>	Other (specify) 5 <input type="checkbox"/>		<b>H13. What is the main source from which the household derived its major income during the last 12 months?</b> Self-employment(Agricultural activity) 1 <input type="checkbox"/> Self-employment(Non-agricultural activity) 2 <input type="checkbox"/> Agricultural labour 3 <input type="checkbox"/> Other casual labour 4 <input type="checkbox"/> Regular wage employment 5 <input type="checkbox"/> Pensions, dividends, interest, property rent 6 <input type="checkbox"/> Other (specify) 7 <input type="checkbox"/>		<b>H14. What is the average monthly household expenditure?</b> <table style="width:100%;"> <tr> <td>Less than ₦50,000 1 <input type="checkbox"/></td> </tr> <tr> <td>₦51,000 - ₦100,000 2 <input type="checkbox"/></td> </tr> <tr> <td>₦101,000 - ₦200,000 3 <input type="checkbox"/></td> </tr> <tr> <td>₦201,000 - ₦500,000 4 <input type="checkbox"/></td> </tr> <tr> <td>₦501,000 - ₦750,000 5 <input type="checkbox"/></td> </tr> <tr> <td>₦751,000 - ₦1,000,000 7 <input type="checkbox"/></td> </tr> <tr> <td>Over ₦1,000,000 8 <input type="checkbox"/></td> </tr> </table>		Less than ₦50,000 1 <input type="checkbox"/>	₦51,000 - ₦100,000 2 <input type="checkbox"/>	₦101,000 - ₦200,000 3 <input type="checkbox"/>	₦201,000 - ₦500,000 4 <input type="checkbox"/>	₦501,000 - ₦750,000 5 <input type="checkbox"/>	₦751,000 - ₦1,000,000 7 <input type="checkbox"/>	Over ₦1,000,000 8 <input type="checkbox"/>																																	
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Over ₦1,000,000 8 <input type="checkbox"/>																																																			

[illegible]

**P1. What is (NAME's) relationship to head of household?**

[illegible]

Country	Male (%)	Female (%)
Argentina	~55	~45
Brazil	~55	~45
Canada	~55	~45
China	~55	~45
France	~55	~45
Germany	~55	~45
India	~55	~45
Italy	~55	~45
Japan	~55	~45
Korea	~55	~45
Mexico	~55	~45
Russia	~55	~45
South Africa	~55	~45
United States	~55	~45

Years 

[illegible][illegible]



P10. Why did (NAME) stop schooling?

[illegible]

P11. What is (NAME's) highest level of schooling?

[illegible]

P12. What is the highest grade (NAME) completed at that level?

[illegible]

[illegible][illegible]

Age Group	Percentage
18-24	12%
25-34	28%
35-44	22%
45-54	18%
55-64	15%
65-74	10%
75-84	8%
85+	5%

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Age Group	Male (%)	Female (%)
18-24	50	50
25-34	50	50
35-44	50	50
45-54	50	50
55-64	50	50
65-74	50	50
75-84	50	50
85+	50	50

[illegible][illegible][illegible]

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[illegible][illegible]

Category	Count
1	50
2	50
3	50
4	50
5	50
6	50
7	50
8	50
9	50
10	50
11	50
12	50
13	50
14	50
15	50
16	50
17	50
18	50
19	50
20	50

Specify										
P19. If P14='No', how was (NAME) occupied?										
Cross check header code										
Had job but did not work	1									
Unemployed	2									
Homemaker	3									
Student	4									
Old age	5									
Pensioner	6									
Person with disability	7									
Other (specify)	8									
Specify										

IF NO ELIGIBLE MEMBER IN HOUSEHOLD END INTERVIEW \_\_\_\_\_







#### SECTION A4: COMPLETE IDLENESS OF CHILDREN 5-17 YEARS OF AGE

**A4.1 Was (NAME) idle last week (i.e., he/she did not do any economic nor non-economic activity and did not go to school during the last week?)**

[If "No" Go to SECTION A5]	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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**A4.2 If "Yes" in above, give the main reason**

[illegible]

**A4.3** What does (NAME) do for fun, when not working? (*more than one answer acceptable*)

[illegible]


## SECTION A5: WORK-RELATED HEALTH AND SAFETY OF CHILDREN 5-17 YEARS OF AGE

A5.1 Has (NAME) ever been hurt at work/work place or suffered from illnesses/injuries due to his/her work at any time?

If "No" Go to SECTION A6]	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 ☐ ☐ ☒ ☒ ☐ ☐ ☒ ☒ ☐ ☐ ☒ ☒

A5.2 If A5.1="Yes", how many times was (NAME) hurt or suffered from illnesses in the last six months?

Cross check header code 							
None	1						
Once	2						
Twice	3						
Thrice	4						
More than 3 times	5						

**SECTION A6: PERCEPTION OF PARENTS/GUARDIANS OR OTHER RELATIVES WITH WHOM THE WORKING CHILD (ECONOMIC ACTIVITY) USUALLY RESIDES:**

**A6.1 If (NAME) is working (in economic activity), what is the main reason for letting him/her work?**

<b>Cross check header code</b>						
To supplement household income	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To pay outstanding household debt under contractual arrangement	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To help in household enterprise	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education or training programme is not useful	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education or training institutions are too far	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford school or training fees	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child not interested in schooling or training	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6.2 If (NAME) stops working, what will happen?**

<b>Cross check header code</b>					
Household living standard will fall	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household cannot afford to live	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household enterprise cannot operate fully/labour not affordable	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing will happen	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Specify</i>					

**A6.3 If given a choice, what would you prefer (NAME) to do in the future?**

<b>Cross check header code</b>					
Go to school full-time	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work for income full-time	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help full-time in household enterprise or business	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work full-time in household chores or housekeeping	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to school part-time and work part-time for income	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work part-time in household enterprise or business	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work part-time in household chores or housekeeping	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete education/training and start to work	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find a better job/work than the present one	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn a trade	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel abroad	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SECTION A7: MIGRATION STATUS OF CHILDREN 5-17 YEARS OF AGE:

**A7.1** Has (NAME) been living with the present household since birth?

[If "Yes" Go to PART B]

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7.2** If "No" in A7.1 above, what was (NAME'S) last place of usual residence?

District Name												
[ Code 9999 for outside the country ]												
Refer to District Codes List												
District Code												

**A7.3** What was (NAME) doing at the last place of usual residence?

Cross check header code						
Working/had a job	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school/training institution	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working/had a job and attending school	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not working nor schooling	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify						

**A7.4** What was the main reason for (NAME) coming to live/reside with the present household?

Cross check header code						
Job transfer	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Found a job	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking for a job	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school/training institution	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Came with parent	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent here by parent	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lost parents	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify						

**A7.5** How long has (NAME) been living in the present place of residence/present household?

Cross check header code						
Less than 6 months	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-12 months	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 years	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10+ years	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION A8: PARENTAL BACKGROUND

### A8.1 Are any of (NAME'S) parents alive?

	Cross check header code								
Yes, both alive	1								
Yes, father alive	2								
Yes, mother alive	3								
No [Go to PART B]	4								
Don't Know [Go to PART B]	5								

### A8.2 If both parents are alive (i.e., P3 = 1) are they still married?

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

### A8.3 Are any of (NAME'S) parents working?

	Cross check header code								
Yes, both	1								
Yes, father alone	2								
Yes, mother alone	3								
No [Go to PART B]	4								
Don't Know [Go to PART B]	5								

### A8.4 What is the employment status of (NAME'S) parent?

		Father	Mother	Father	Mother	Father	Mother	Father	Mother	Father	Mother	Father	Mother
Cross check header code													
Employer	1												
Employee full-time	2												
Employee part-time	3												
Casual employee	4												
Own account worker	5												
Unpaid family worker	6												
Paid apprentice	7												
Unpaid apprentice	8												
Don't know	9												

**END OF QUESTIONS TO BE ADDRESSED TO PARENTS OR GUARDIANS !!!**



## SECTION B3: CURRENT ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS OF AGE

**B3.1 Did you do any work for pay, profit, family gain or did you produce anything for barter or home use during last 7 days? (incl. temporary absence from work)**

[illegible]

**B3.2 What kind of work (occupation) did you do?**

Description	Unit	Value
...	...	...

Occupation code (refer to code list)

**B3.3** What was the nature of the work in which you were mainly engaged in during the last 7 days?

[illegible][illegible][illegible]

**R2.4. What principal activity (industry) were you engaged in during the last 7 days?**

B5.4 What principal activity (industry) were you engaged in during the last 7 days?

Description	Unit	Value

Industry code (refer to code list)

**B3.5 What was your status of employment?**

Cross check header code

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

**B3.6 Did you engage in any secondary activity during the past week?**

**B3.7 What was the reason for not working during last 7 days? [FOR ANY RESPONSE OTHER THAN 7, GO TO B7.1]**

<b>Cross check header code</b>						
Thought no work available	1					
Awaiting reply to earlier enquiries	2					
Waiting to start arranged job, business or agriculture	3					
Off season in agriculture	4					
Occupied with home duties	5					
Illness or injury	6					
Full time student [GO TO B7.4]	7					
Trying to set up new business	8					
On vacation/leave	9					
Other (specify)	10					
<b>Specify</b>						

**SECTION B4: EARNINGS AND HOURS OF WORK OF CHILDREN 5-17 YEARS DURING LAST WEEK:****B4.1 What was the amount paid to you for the last pay period?**

In cash per week (in thousands)

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

**B4.2 Who receives payment on your behalf?**

<b>Cross check header code</b>						
Parent	1					
Relative	3					
Guardian	4					
Self	5					
Other (specify)	6					
<b>Specify</b>						

**B4.3 If currently in paid employment, how are you paid?**

<b>Cross check header code</b>						
Piece rate	1					
Daily	2					
Weekly	3					
Monthly	4					
Yearly	5					



**B4.4 What did you receive as payment in kind? (More than 1 answer acceptable)**

[illegible]

**B4.5 During which time and how many hours do you usually work?**

[illegible]

**SECTION B5: CHILDREN WORKING FOR SOMEONE ELSE OTHER THAN OWN PARENTS OR GUARDIANS:**

**B5.1** If you are working for someone else other than your own parents or guardians, do you usually work overtime and get paid for it?

[illegible]

**B5.2 How is your relationship with your employer?**

[illegible]

**B5.3** If B5.2="2", give the main reason:

[illegible]

**B5.4 Referring to the latest/most recent payment, what is the approximate amount you were paid by your employer per week?**

[illegible]

**SECTION B6: CHILDREN WORKING FOR SOMEONE ELSE, OR INDEPENDENTLY (SELF-EMPLOYED) FOR EARNING (MONEY) IN-CASH OR IN-KIND (FOR UNPAID APPRENTICES, DO NOT ASK B6.1 - B6.3)**

**B6.1 Do you give part or all your earnings to your parents/guardians or other relatives?**

[illegible]

**B6.2 Do you save any part of your earnings?**

[illegible]

**B6.3** If B6.2="1" or "2", what is the main reason for saving?

Cross check header code							
Start own business	1						
Go to school	2						
Learn a trade	3						
Travel abroad	4						
Other (specify)	5						
Specify							

**B6.4 Are you satisfied with your present job?**

[ If "Yes" Go to SECTION B7 ]

**B6.5** If B6.4="No", why not?

Cross check header code								
Wages too low	1							
Work too tiring/too difficult	2							
Employer too difficult/too demanding	3							
Earning from self-employment very low	4							
Other	5							
Specify								

## SECTION B7: TRAINING OF CHILDREN 5-17 YEARS OF AGE

**B7.1 Are you currently receiving/have received training in the past?**

<b>Cross check header code</b>									
Yes, full-time	1								
Yes, part-time	2								
No (Go to B7.3)	3								



**B8.1 Have you ever been injured before?**

**B8.2** If B8.1="Yes", what was or were the nature of your illness/injuries?

[illegible]

**B8.3** For those who were injured at the work place (i.e. B8.1 = 4) what were the two major activities or

Description	Date	Time	Location	Weather	Wind	Temp	Humidity	Pressure	Visibility	Clouds	Sea	Current	Tide	Notes
Description	Date	Time	Location	Weather	Wind	Temp	Humidity	Pressure	Visibility	Clouds	Sea	Current	Tide	Notes

**B8.4 Referring to the most serious accident/illness/injury, how serious was it?**

Over the last few years, the following table shows the number of people who have been convicted of a crime in the United States.

---

[illegible][illegible][illegible][illegible][illegible]

[illegible]

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
☞	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specify Age in completed years**

[illegible]