

MINISTRY OF PLANNING AND INVESTMENT
GENERAL STATISTICS OFFICE

ALL INFORMATION
HEREIN WILL BE KEPT
STRICTLY CONFIDENTIAL

QUESTIONNAIRE OF NATIONAL CHILD LABOUR SURVEY

(Applied for March, April and May)

SAMPLE DIGITS TO FILL INTO BOX 0 1 2 3 4 5 6 7 8 9						IDENTIFICATION					
PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER X						PROVINCE/CITY: _____ 					
INTERVIEWED RESULTS						DISTRICT/QUATER: _____					
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COME BACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HEAD	COMMUNE/WARD: _____					
THE 1 ST		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				ENUMERATION AREA NUMBER: 					
THE 2 ND		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				ENUMERATION AREA NAME: _____					
THE 3 RD		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				HOUSEHOLD NUMBER: _____ 					
(*) CODE OF RESULT: 1 = COMPLETED 2 = PARTLY COMPLETED 3 = REFUSED/ABSENT/NOT TO BE RESPONDENT/NOBODY TO ANSWER 4 = DWELLING DESTROYED/DWELLING NOT FOUND 5 = OTHER _____ <div style="text-align: right;">(SPECIFY)</div>						FULLNAME OF THE HOUSEHOLD HEAD: _____					
						NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:..... 					
						OF WHICH, NUMBER OF FEMALES:..... 					
						NUMBER OF USUAL RESIDENTS AGED 5 - 17:..... 					
STARTING TIME (TIME / DATE): _____; _____											
ENDING TIME (TIME / DATE): _____; _____											
THIS IS THE SET OF TOTAL SET(S)											

PART 3: SOME BASIC CHARACTERISTICS OF THE HOUSEHOLD MEMBERS AGED 5-17 7

NAME AND ORDER NO. QUESTIONS				
82a. Does the natural mother of [NAME] live in the same household? IF YES: WRITE NAME AND RESPECTIVE ORDER NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO 2 <input type="checkbox"/>	YES1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO..... 2 <input type="checkbox"/>
82b. Does the natural father of [NAME] live in the same household? IF YES: WRITE NAME AND RESPECTIVE ORDER NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO 2 <input type="checkbox"/>	YES1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NAME AND ORDER NUMBER <input type="text"/> NO..... 2 <input type="checkbox"/>
83 [8]. How long has [NAME] moved from other commune/ward/town to the household? 7	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/> Q86 ←	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/> Q86 ←	UNDER 6 MONTHS1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS2 <input type="checkbox"/> 12 MONTHS AND OVER3 <input type="checkbox"/> NO MOVEMENT4 <input type="checkbox"/> Q86 ←	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/> Q86 ←
84 [9]. Is [NAME]'s previous place of usual residence the ward/town or commune?	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN..... 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>
85 [10]. What was the main reason that [NAME] moved to the household?	TO FIND WORK..... 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED 4 <input type="checkbox"/> SCHOOLING..... 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK..... 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED 4 <input type="checkbox"/> SCHOOLING..... 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOMELAND DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED 4 <input type="checkbox"/> SCHOOLING 5 <input type="checkbox"/> OTHERS 6 <input type="checkbox"/> (SPECIFY)
86. CHECK MONTH AND YEAR OF BIRTH (Q4) OR AGE (Q5) IN THE HOUSEHOLD QUESTIONNAIRE: IF AGE IS 12 TO 17 → Q87; OTHERWISE → Q88 7				
87 [14]. What is [NAME]'s current marital status? 7	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED..... 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>

HOUSEHOLD NO.:

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PART 4: EDUCATION LEVEL OF THE HOUSEHOLD MEMBERS AGED 5-17

NAME AND ORDER NO. QUESTIONS				
88 [11]. At present, is [NAME] currently attending any schools/classes from 3 months and over?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q97	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q97	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q97	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q97
89 [12]. What is the grade of education/training (from 3 months and over) that [NAME] is currently attending? ABBREVIATION: VOC. - VOCATIONAL L	PRE-SCHOOL.....01 <input type="checkbox"/> Q103 ← PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL06 <input type="checkbox"/> VOC. SCHOOL07 <input type="checkbox"/> TRADE COLLEGE08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> UNIVERSITY AND OVER10 <input type="checkbox"/>	PRE-SCHOOL01 <input type="checkbox"/> Q103 ← PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL06 <input type="checkbox"/> VOC. SCHOOL07 <input type="checkbox"/> TRADE COLLEGE08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> UNIVERSITY AND OVER10 <input type="checkbox"/>	PRE-SCHOOL01 <input type="checkbox"/> Q103 ← PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> SHORT-TERM TRAINING04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL06 <input type="checkbox"/> VOC. SCHOOL07 <input type="checkbox"/> TRADE COLLEGE08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	PRE-SCHOOL.....01 <input type="checkbox"/> Q103 ← PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>
90. What is the grade/year of education/training that [NAME] is currently attending at the above-mentioned grade (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GENERAL GRADE / YEAR <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/>
91. Did [NAME] miss any school days during the past week?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q94	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q94	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q94	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q94
92. How many school days did [NAME] miss during the past week?	NUMBER OF DAYS MISSING ... <input type="text"/>	NUMBER OF DAYS MISSING <input type="text"/>	NUMBER OF DAYS MISSING <input type="text"/>	NUMBER OF DAYS MISSING ... <input type="text"/>

NAME AND ORDER NO. QUESTIONS				
93. Why did [NAME] miss school days?	TEACHERS WERE ABSENT 1 <input type="checkbox"/> BAD WEATHER 2 <input type="checkbox"/> HELP FAMILY BUSINESS 3 <input type="checkbox"/> HELP AT HOME WITH HOUSEHOLD TASK 4 <input type="checkbox"/> WORKING OUTSIDE FAMILY BUSINESS 5 <input type="checkbox"/> ILLNESS 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> (SPECIFY)	TEACHERS WERE ABSENT 1 <input type="checkbox"/> BAD WEATHER 2 <input type="checkbox"/> HELP FAMILY BUSINESS 3 <input type="checkbox"/> HELP AT HOME WITH HOUSEHOLD TASK 4 <input type="checkbox"/> WORKING OUTSIDE FAMILY BUSINESS 5 <input type="checkbox"/> ILLNESS 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> (SPECIFY)	TEACHERS WERE ABSENT 1 <input type="checkbox"/> BAD WEATHER 2 <input type="checkbox"/> HELP FAMILY BUSINESS 3 <input type="checkbox"/> HELP AT HOME WITH HOUSEHOLD TASK 4 <input type="checkbox"/> WORKING OUTSIDE FAMILY BUSINESS 5 <input type="checkbox"/> ILLNESS 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> (SPECIFY)	TEACHERS WERE ABSENT 1 <input type="checkbox"/> BAD WEATHER 2 <input type="checkbox"/> HELP FAMILY BUSINESS 3 <input type="checkbox"/> HELP AT HOME WITH HOUSEHOLD TASK 4 <input type="checkbox"/> WORKING OUTSIDE FAMILY BUSINESS 5 <input type="checkbox"/> ILLNESS 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> (SPECIFY)
94. During the previous school year of 2010-2011, did [NAME] attend school?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q102	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q102	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q102	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q102
95. What is the education level (from 3 months and over) that [NAME] attended during the previous school year? ABBREVIATION: VOC. - VOCATIONAL	PRE-SCHOOL 01 <input type="checkbox"/> Q102 ← <input type="checkbox"/> PRIMARY 02 <input type="checkbox"/> LOWER SECONDARY 03 <input type="checkbox"/> SHORT-TERM TRAINING 04 <input type="checkbox"/> HIGHER SECONDARY 05 <input type="checkbox"/> TRADE VOC. SCHOOL 06 <input type="checkbox"/> VOC. SCHOOL 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND OVER 10 <input type="checkbox"/>	PRE-SCHOOL 01 <input type="checkbox"/> Q102 ← <input type="checkbox"/> PRIMARY 02 <input type="checkbox"/> LOWER SECONDARY 03 <input type="checkbox"/> SHORT-TERM TRAINING 04 <input type="checkbox"/> HIGHER SECONDARY 05 <input type="checkbox"/> TRADE VOC. SCHOOL 06 <input type="checkbox"/> VOC. SCHOOL 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND OVER 10 <input type="checkbox"/>	PRE-SCHOOL 01 <input type="checkbox"/> Q102 ← <input type="checkbox"/> PRIMARY 02 <input type="checkbox"/> LOWER SECONDARY 03 <input type="checkbox"/> SHORT-TERM TRAINING 04 <input type="checkbox"/> HIGHER SECONDARY 05 <input type="checkbox"/> TRADE VOC. SCHOOL 06 <input type="checkbox"/> VOC. SCHOOL 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND OVER 10 <input type="checkbox"/>	PRE-SCHOOL 01 <input type="checkbox"/> Q102 ← <input type="checkbox"/> PRIMARY 02 <input type="checkbox"/> LOWER SECONDARY 03 <input type="checkbox"/> SHORT-TERM TRAINING 04 <input type="checkbox"/> HIGHER SECONDARY 05 <input type="checkbox"/> TRADE VOC. SCHOOL 06 <input type="checkbox"/> VOC. SCHOOL 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND OVER 10 <input type="checkbox"/>
96. What is the grade/year of education/training that [NAME] attended in previous school year? (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/> Q102 ← <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/> Q102 ← <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/> Q102 ← <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/> Q102 ← <input type="text"/>

HOUSEHOLD NO:...

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NAME AND ORDER NO. QUESTIONS				
97. Why was [NAME] not attending to the school?	<p>COMPLETED 01 <input type="checkbox"/></p> <p>TOO OLD FOR SCHOOL 02 <input type="checkbox"/></p> <p>DISABLED/ILLNESS 03 <input type="checkbox"/></p> <p>NO SCHOOL/SCHOOL TOO FAR .. 04 <input type="checkbox"/></p> <p>CANNOT AFFORD SCHOOL... 05 <input type="checkbox"/></p> <p>FAMILY DID NOT ALLOW SCHOOLING. 06 <input type="checkbox"/></p> <p>NOT INTERESTED IN SCHOOL 07 <input type="checkbox"/></p> <p>EDUCATION NOT CONSIDERED VALUABLE..... 08 <input type="checkbox"/></p> <p>SCHOOL NOT SAFE..... 09 <input type="checkbox"/></p> <p>LEARN A JOB 10 <input type="checkbox"/></p> <p>WORK FOR PAY AS EMPLOYEE/ (PAID/UNPAID) FAMILY WORKER. 11 <input type="checkbox"/></p> <p>HELP AT HOME WITH HOUSEHOLD TASK..... 12 <input type="checkbox"/></p> <p>OTHER _____ 13 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>COMPLETED 01 <input type="checkbox"/></p> <p>TOO OLD FOR SCHOOL 02 <input type="checkbox"/></p> <p>DISABLED/ILLNESS 03 <input type="checkbox"/></p> <p>NO SCHOOL/SCHOOL TOO FAR .. 04 <input type="checkbox"/></p> <p>CANNOT AFFORD SCHOOL... 05 <input type="checkbox"/></p> <p>FAMILY DID NOT ALLOW SCHOOLING. 06 <input type="checkbox"/></p> <p>NOT INTERESTED IN SCHOOL 07 <input type="checkbox"/></p> <p>EDUCATION NOT CONSIDERED VALUABLE..... 08 <input type="checkbox"/></p> <p>SCHOOL NOT SAFE..... 09 <input type="checkbox"/></p> <p>LEARN A JOB 10 <input type="checkbox"/></p> <p>WORK FOR PAY AS EMPLOYEE/ (PAID/UNPAID) FAMILY WORKER. 11 <input type="checkbox"/></p> <p>HELP AT HOME WITH HOUSEHOLD TASK..... 12 <input type="checkbox"/></p> <p>OTHER _____ 13 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>COMPLETED 01 <input type="checkbox"/></p> <p>TOO OLD FOR SCHOOL 02 <input type="checkbox"/></p> <p>DISABLED/ILLNESS 03 <input type="checkbox"/></p> <p>NO SCHOOL/SCHOOL TOO FAR .. 04 <input type="checkbox"/></p> <p>CANNOT AFFORD SCHOOL... 05 <input type="checkbox"/></p> <p>FAMILY DID NOT ALLOW SCHOOLING. 06 <input type="checkbox"/></p> <p>NOT INTERESTED IN SCHOOL 07 <input type="checkbox"/></p> <p>EDUCATION NOT CONSIDERED VALUABLE..... 08 <input type="checkbox"/></p> <p>SCHOOL NOT SAFE..... 09 <input type="checkbox"/></p> <p>LEARN A JOB 10 <input type="checkbox"/></p> <p>WORK FOR PAY AS EMPLOYEE/ (PAID/UNPAID) FAMILY WORKER. 11 <input type="checkbox"/></p> <p>HELP AT HOME WITH HOUSEHOLD TASK..... 12 <input type="checkbox"/></p> <p>OTHER _____ 13 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>COMPLETED 01 <input type="checkbox"/></p> <p>TOO OLD FOR SCHOOL 02 <input type="checkbox"/></p> <p>DISABLED/ILLNESS 03 <input type="checkbox"/></p> <p>NO SCHOOL/SCHOOL TOO FAR .. 04 <input type="checkbox"/></p> <p>CANNOT AFFORD SCHOOL... 05 <input type="checkbox"/></p> <p>FAMILY DID NOT ALLOW SCHOOLING. 06 <input type="checkbox"/></p> <p>NOT INTERESTED IN SCHOOL 07 <input type="checkbox"/></p> <p>EDUCATION NOT CONSIDERED VALUABLE..... 08 <input type="checkbox"/></p> <p>SCHOOL NOT SAFE..... 09 <input type="checkbox"/></p> <p>LEARN A JOB 10 <input type="checkbox"/></p> <p>WORK FOR PAY AS EMPLOYEE/ (PAID/UNPAID) FAMILY WORKER. 11 <input type="checkbox"/></p> <p>HELP AT HOME WITH HOUSEHOLD TASK..... 12 <input type="checkbox"/></p> <p>OTHER _____ 13 <input type="checkbox"/></p> <p>(SPECIFY)</p>
98. How does [NAME] usually spend most of his/her time?	<p>WORK 1 <input type="checkbox"/></p> <p>HELP WITH HOUSEHOLD CHORES 2 <input type="checkbox"/></p> <p>PLAY 3 <input type="checkbox"/></p> <p>OTHER _____ 4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>WORK 1 <input type="checkbox"/></p> <p>HELP WITH HOUSEHOLD CHORES 2 <input type="checkbox"/></p> <p>PLAY 3 <input type="checkbox"/></p> <p>OTHER _____ 4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>WORK 1 <input type="checkbox"/></p> <p>HELP WITH HOUSEHOLD CHORES 2 <input type="checkbox"/></p> <p>PLAY 3 <input type="checkbox"/></p> <p>OTHER _____ 4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>WORK 1 <input type="checkbox"/></p> <p>HELP WITH HOUSEHOLD CHORES 2 <input type="checkbox"/></p> <p>PLAY 3 <input type="checkbox"/></p> <p>OTHER _____ 4 <input type="checkbox"/></p> <p>(SPECIFY)</p>

NAME AND ORDER NO. QUESTIONS				
99. What was the highest grade of education/training (from 3 months and over) that [NAME] attended? ABBREVIATION: VOC. - VOCATIONAL	NEVER ATTENDED..... 00 <input type="checkbox"/> PRE-SCHOOL..... 01 <input type="checkbox"/> Q103 ← <input type="checkbox"/> PRIMARY..... 02 <input type="checkbox"/> LOWER SECONDARY..... 03 <input type="checkbox"/> SHORT-TERM TRAINING..... 04 <input type="checkbox"/> HIGHER SECONDARY..... 05 <input type="checkbox"/> TRADE VOC.SCHOOL..... 06 <input type="checkbox"/> VOC. SCHOOL..... 07 <input type="checkbox"/> TRADE COLLEGE..... 08 <input type="checkbox"/> COLLEGE..... 09 <input type="checkbox"/> UNIVERSITY AND OVER..... 10 <input type="checkbox"/>	NEVER ATTENDED..... 00 <input type="checkbox"/> PRE-SCHOOL..... 01 <input type="checkbox"/> Q103 ← <input type="checkbox"/> PRIMARY..... 02 <input type="checkbox"/> LOWER SECONDARY..... 03 <input type="checkbox"/> SHORT-TERM TRAINING..... 04 <input type="checkbox"/> HIGHER SECONDARY..... 05 <input type="checkbox"/> TRADE VOC.SCHOOL..... 06 <input type="checkbox"/> VOC. SCHOOL..... 07 <input type="checkbox"/> TRADE COLLEGE..... 08 <input type="checkbox"/> COLLEGE..... 09 <input type="checkbox"/> UNIVERSITY AND OVER..... 10 <input type="checkbox"/>	NEVER ATTENDED..... 00 <input type="checkbox"/> PRE-SCHOOL..... 01 <input type="checkbox"/> Q103 ← <input type="checkbox"/> PRIMARY..... 02 <input type="checkbox"/> LOWER SECONDARY..... 03 <input type="checkbox"/> SHORT-TERM TRAINING..... 04 <input type="checkbox"/> HIGHER SECONDARY..... 05 <input type="checkbox"/> TRADE VOC.SCHOOL..... 06 <input type="checkbox"/> VOC. SCHOOL..... 07 <input type="checkbox"/> TRADE COLLEGE..... 08 <input type="checkbox"/> COLLEGE..... 09 <input type="checkbox"/> UNIVERSITY AND OVER..... 10 <input type="checkbox"/>	NEVER ATTENDED..... 00 <input type="checkbox"/> PRE-SCHOOL..... 01 <input type="checkbox"/> Q103 ← <input type="checkbox"/> PRIMARY..... 02 <input type="checkbox"/> LOWER SECONDARY..... 03 <input type="checkbox"/> SHORT-TERM TRAINING..... 04 <input type="checkbox"/> HIGHER SECONDARY..... 05 <input type="checkbox"/> TRADE VOC.SCHOOL..... 06 <input type="checkbox"/> VOC. SCHOOL..... 07 <input type="checkbox"/> TRADE COLLEGE..... 08 <input type="checkbox"/> COLLEGE..... 09 <input type="checkbox"/> UNIVERSITY AND OVER..... 10 <input type="checkbox"/>
100. What is the highest grade/year of education/training that [NAME] attended at the above level? (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/>	GENERAL GRADE / YEAR <input type="text"/> <input type="text"/>
101. At what age in completed years as the solar calendar did [NAME] finish the above level of education?	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>
102. At what age in completed years as the solar calendar did [NAME] begin the primary school?	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/>	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/>
103. At present, can [NAME] read and write?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>

PART 5: CURRENTLY ECONOMIC ACTIVITY OF THE HOUSEHOLD MEMBERS AGED 5-17

NAME AND ORDER NO. QUESTIONS				
104 [15]. During the last 7 days, did [NAME] do any work to make profit?	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>
105 [16]. During the last 7 days, did [NAME] do any work for family or others without requirement of wages/ salaries?	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110a NO2 <input type="checkbox"/>
106 [17]. Although [NAME] did not work during the last 7 days, but did [NAME] still receive salaries/wages from the previous work or profits from the previous business production activity?	YES.....1 <input type="checkbox"/> → Q110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q110b NO2 <input type="checkbox"/>
107 [18]. Did [NAME] have a job or the business production activity to return to work after temporary absence from work?	YES.....1 <input type="checkbox"/> → C110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → C110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → C110b NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → C110b NO2 <input type="checkbox"/>
108 [21]. During the last 30 days, did [NAME] actively look for any work?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/>
109 [29]. Has [NAME] ever worked yet?	WORKED.....1 <input type="checkbox"/> → Q128 NEVER2 <input type="checkbox"/> → Q139	WORKED.....1 <input type="checkbox"/> → Q128 NEVER2 <input type="checkbox"/> → Q139	WORKED.....1 <input type="checkbox"/> → Q128 NEVER2 <input type="checkbox"/> → Q139	WORKED.....1 <input type="checkbox"/> → Q128 NEVER2 <input type="checkbox"/> → Q139
110a [37a]. What was the main type of work that [NAME] did during the last 7 days?	_____	_____	_____	_____
110b [37b]. What was the main type of work that [NAME] did before breaking temporarily from work?	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)
111. Why did [NAME] have to work?	HAVE TO WORK1 <input type="checkbox"/> WANT TO GO TO SCHOOL/ VOCATIONAL TRAINING.....2 <input type="checkbox"/> UNABLE AFFORD SCHOOLING 3 <input type="checkbox"/> NOT INTERESTED IN SCHOOL/ POOR IN STUDIES.....4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/> (SPECIFY)	HAVE TO WORK1 <input type="checkbox"/> WANT TO GO TO SCHOOL/ VOCATIONAL TRAINING.....2 <input type="checkbox"/> UNABLE AFFORD SCHOOLING 3 <input type="checkbox"/> NOT INTERESTED IN SCHOOL/ POOR IN STUDIES.....4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/> (SPECIFY)	HAVE TO WORK1 <input type="checkbox"/> WANT TO GO TO SCHOOL/ VOCATIONAL TRAINING2 <input type="checkbox"/> UNABLE AFFORD SCHOOLING.3 <input type="checkbox"/> NOT INTERESTED IN SCHOOL/ POOR IN STUDIES4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/> (SPECIFY)	HAVE TO WORK1 <input type="checkbox"/> WANT TO GO TO SCHOOL/ VOCATIONAL TRAINING.....2 <input type="checkbox"/> UNABLE AFFORD SCHOOLING 3 <input type="checkbox"/> NOT INTERESTED IN SCHOOL/ POOR IN STUDIES.....4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/> (SPECIFY)

NAME AND ORDER NO. QUESTIONS				
111a [39]. What is the name of the establishment where [NAME] did the above-mentioned work?	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)
111b. How many months did [NAME] work in this establishment?	NO OF MONTHS..... [] [] []	NO OF MONTHS..... [] [] []	NO OF MONTHS..... [] [] []	NO OF MONTHS..... [] [] []
112 [40]. What was the main activity or major type of product/service of the establishment where [NAME] did the above-mentioned work?	_____ (SPECIFY) [] [] [] []	_____ (SPECIFY) [] [] [] []	_____ (SPECIFY) [] [] [] []	_____ (SPECIFY) [] [] [] []
113 [43]. With above-mentioned work, was [NAME]: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker? - Wage worker or - Member of cooperative?	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER..... 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER..... 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>	EMPLOYER.....1 <input type="checkbox"/> OWN-ACCOUNT WORKER2 <input type="checkbox"/> UNPAID FAMILY WORKER.....3 <input type="checkbox"/> WAGE WORKER.....4 <input type="checkbox"/> MEMBER OF COOPERATIVE.....5 <input type="checkbox"/>	EMPLOYER 1 OWN-ACCOUNT WORKER..... 2 UNPAID FAMILY WORKER..... 3 WAGE WORKER 4 MEMBER OF COOPERATIVE 5
114. Is the venue where [NAME] worked at home; client's place; formal office; factory/atelier; plantations/farm/garden; construction sites; mines/quarry; shop/kiosk/coffee house/restaurant/ hotel; different places (mobile); fixed, street or market stall; pond/lake/river or other?	HOME.....01 <input type="checkbox"/> CLIENT'S PLACE02 <input type="checkbox"/> FORMAL OFFICE03 <input type="checkbox"/> FACTORY/ATELIER04 <input type="checkbox"/> PLANATIONS/FARM/GARDEN 05 <input type="checkbox"/> CONSTRCUCTION SITES.....06 <input type="checkbox"/> MINES/QUARRY07 <input type="checkbox"/> SHOP/KIOSK/COFFE HOUSE/ RESTAURANT/HOTEL08 <input type="checkbox"/> DIFFER. PALCE (MOBILE).....09 <input type="checkbox"/> FIXED/STREET/MARKET STALL 10 <input type="checkbox"/> POND/LAKE/RIVER.....11 <input type="checkbox"/> OTHER12 <input type="checkbox"/> (SPECIFY)	HOME.....01 <input type="checkbox"/> CLIENT'S PLACE02 <input type="checkbox"/> FORMAL OFFICE03 <input type="checkbox"/> FACTORY/ATELIER04 <input type="checkbox"/> PLANATIONS/FARM/GARDEN 05 <input type="checkbox"/> CONSTRCUCTION SITES.....06 <input type="checkbox"/> MINES/QUARRY07 <input type="checkbox"/> SHOP/KIOSK/COFFE HOUSE/ RESTAURANT/HOTEL08 <input type="checkbox"/> DIFFER. PALCE (MOBILE).....09 <input type="checkbox"/> FIXED/STREET/MARKET STALL 10 <input type="checkbox"/> POND/LAKE/RIVER.....11 <input type="checkbox"/> OTHER12 <input type="checkbox"/> (SPECIFY)	HOME.....01 <input type="checkbox"/> CLIENT'S PLACE02 <input type="checkbox"/> FORMAL OFFICE03 <input type="checkbox"/> FACTORY/ATELIER.....04 <input type="checkbox"/> PLANATIONS/FARM/GARDEN 05 <input type="checkbox"/> CONSTRCUCTION SITES06 <input type="checkbox"/> MINES/QUARRY07 <input type="checkbox"/> SHOP/KIOSK/COFFE HOUSE/ RESTAURANT/HOTEL08 <input type="checkbox"/> DIFFER. PALCE (MOBILE).....09 <input type="checkbox"/> FIXED/STREET/MARKET STALL 10 <input type="checkbox"/> POND/LAKE/RIVER.....11 <input type="checkbox"/> OTHER12 <input type="checkbox"/> (SPECIFY)	HOME01 CLIENT'S PLACE.....02 FORMAL OFFICE03 FACTORY/ATELIER04 PLANATIONS/FARM/GARDEN.05 CONSTRCUCTION SITES.....06 MINES/QUARRY.....07 SHOP/KIOSK/COFFE HOUSE/ RESTAURANT/HOTEL08 DIFFER. PALCE (MOBILE)09 FIXED/STREET/MARKET STALL.10 POND/LAKE/RIVER.....11 OTHER12 (SPECIFY)

NAME AND ORDER NO.				
QUESTIONS				
115. CHECK Q113: IF Q113 = 4 → Q116; OTHERWISE → Q119				
116 [50]. In the above-mentioned job, how much salary/wage did [NAME] receive during the last month?	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)
117 [51]. Apart from salary/wage, during the last month, did [NAME] receive the followings: a. Overtime payment? b. Premium? c. Other welfare payment (occupation allowance, travel, clothes, lunch, ...)?	<div>YES NO</div> <div>OVER TIME1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>PREMIUM1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>OTHER WELFARE1. <input type="checkbox"/> 2 <input type="checkbox"/></div>	<div>YES NO</div> <div>OVER TIME1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>PREMIUM1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>OTHER WELFARE1. <input type="checkbox"/> 2 <input type="checkbox"/></div>	<div>YES NO</div> <div>OVER TIME1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>PREMIUM1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>OTHER WELFARE1. <input type="checkbox"/> 2 <input type="checkbox"/></div>	<div>YES NO</div> <div>OVER TIME1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>PREMIUM1. <input type="checkbox"/> 2 <input type="checkbox"/></div> <div>OTHER WELFARE1. <input type="checkbox"/> 2 <input type="checkbox"/></div>
118 [52]. How much did [NAME] receive payment of overtime, premium, occupation allowance and other welfare during the last month?	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> (THOUSAND VND)
119 [53]. Not including leave time but including overtime, how many hours did [NAME] actually work for the main above job?	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK... <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK... <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK... <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK... <div><div></div><div></div></div>
120 [57]. Apart from the above-mentioned main job, did [NAME] have any secondary jobs to make income?	<div>YES, ONE ANOTHER JOB1 <input type="checkbox"/></div> <div>YES, MORE THAN ONE2 <input type="checkbox"/></div> <div>NO3 <input type="checkbox"/></div> <div>Q124 ←</div>	<div>YES, ONE ANOTHER JOB1 <input type="checkbox"/></div> <div>YES, MORE THAN ONE2 <input type="checkbox"/></div> <div>NO3 <input type="checkbox"/></div> <div>Q124 ←</div>	<div>YES, ONE ANOTHER JOB1 <input type="checkbox"/></div> <div>YES, MORE THAN ONE2 <input type="checkbox"/></div> <div>NO3 <input type="checkbox"/></div> <div>Q124 ←</div>	<div>YES, ONE ANOTHER JOB1 <input type="checkbox"/></div> <div>YES, MORE THAN ONE2 <input type="checkbox"/></div> <div>NO3 <input type="checkbox"/></div> <div>Q124 ←</div>
121 [72]. How many hours did [NAME] actually work for the secondary job that spent the most time?	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK <div><div></div><div></div></div>
122. CHECK Q120: IF Q120 = 2 → Q123; OTHERWISE → Q124				
123 [74]. How many hours did [NAME] actually do all of other secondary jobs (not including the main job and the main secondary job)?	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK <div><div></div><div></div></div>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK <div><div></div><div></div></div>

NAME AND ORDER NO. QUESTIONS				
124 [75]. TOTAL OF ACTUAL WORKED HOURS FOR ALL OF THE JOBS? REMARK: SUM RESULTS IN Q119, Q121 AND Q123	TOTAL ACTUAL WORKED HOURS PER WEEK.....	TOTAL ACTUAL WORKED HOURS PER WEEK.....	TOTAL ACTUAL WORKED HOURS PER WEEK.....	TOTAL ACTUAL WORKED HOURS PER WEEK.....
125. When did [NAME] carry out these activities?	DURING THE DAY..... 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> SOMETIMES DURING THE DAYS, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY..... 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> SOMETIMES DURING THE DAYS, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> SOMETIMES DURING THE DAYS, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY..... 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> SOMETIMES DURING THE DAYS, SOMETIMES AT NIGHT 5 <input type="checkbox"/>
125a. Did [NAME] use wage/salary from work to the followings? a) Giving to parent by his/her self? b) Employer gives to parent? c) School fees? d) Buying clothes? e) Food/meal? f) Private saving? g) Family spending? h) Other?	YES NO A) GIVE TO PARENT.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) EMP. GIVE PARENT ...1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SCHOOL FEES.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) BUYING CLOTHES.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> E) FOOD/MEAL1. <input type="checkbox"/> .. 2 <input type="checkbox"/> F) PRIVATE SAVING.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> G) FAMILY SPENDING....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> H) OTHER.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> (SPECIFY)	YES NO A) GIVE TO PARENT.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) EMP. GIVE PARENT ...1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SCHOOL FEES.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) BUYING CLOTHES.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> E) FOOD/MEAL1. <input type="checkbox"/> .. 2 <input type="checkbox"/> F) PRIVATE SAVING.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> G) FAMILY SPENDING....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> H) OTHER.....1. <input type="checkbox"/> .. 2 <input type="checkbox"/> (SPECIFY)	YES NO A) GIVE TO PARENT 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) EMP. GIVE PARENT .. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SCHOOL FEES..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) BUYING CLOTHES 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> E) FOOD/MEAL..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> F) PRIVATE SAVING 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> G) FAMILY SPENDING... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> H) OTHER 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> (SPECIFY)	YES NO A) GIVE TO PARENT 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) EMP. GIVE PARENT .. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SCHOOL FEES..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) BUYING CLOTHES 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> E) FOOD/MEAL..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> F) PRIVATE SAVING 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> G) FAMILY SPENDING... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> H) OTHER 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> (SPECIFY)
126. CHECK Q88: IF Q88 = 1 → Q127; OTHERWISE → Q128				
127. When did [NAME] carry out these activities?	AFTER SCHOOL TIME..... 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME..... 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME, 5 <input type="checkbox"/>	AFTER SCHOOL TIME..... 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME..... 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME, 5 <input type="checkbox"/>	AFTER SCHOOL TIME..... 1 <input type="checkbox"/> BEFORE SCHOOL TIME..... 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME 3 <input type="checkbox"/> WEEKEND..... 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME, 5 <input type="checkbox"/>	AFTER SCHOOL TIME 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME..... 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME, 5 <input type="checkbox"/>
128. What is the age in completed years as solar calendar that [NAME] started to work the first time?	AGE IN COMPLETED YEARS.....	AGE IN COMPLETED YEARS.....	AGE IN COMPLETED YEARS.....	AGE IN COMPLETED YEARS.....

HOUSEHOLD NO:...

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PART 6: HEALTH AND SAFETY ISSUES ABOUT WORKING CHILDREN AGED 5-17

NAME AND ORDER NO.	_____	_____	_____	_____																																																																																																																																																																																				
QUESTIONS	_____	_____	_____	_____																																																																																																																																																																																				
129. CHECK Q110: IF Q110 HAS INFORMATION → Q130; OTHERWISE → Q139																																																																																																																																																																																								
130. Did [NAME] have any health problems at work in the last week as follows? a) Superficial injuries or open wounds b) Fractures? c) Dislocations, sprains or stains? d) Burns, corrosions, scalds or frostbite? e) Breathing problems? f) Eye problems? g) Skin problems? h) Stomach problems or diarrhea? i) Cough? j) Extreme fatigue? k) Snake bite? l) Insect bite? m) Other?	<table style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="width: 5%; text-align: center;">YES</th> <th style="width: 5%; text-align: center;">NO</th> </tr> <tr> <td>A)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>B)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>C)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>D)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>E)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>F)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>G)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>H)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>I)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>J)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>K)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>L)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td>M)</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	A)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	E)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	F)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	G)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	H)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	I)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	J)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	K)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	L)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	M)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	(SPECIFY)			<table style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="width: 5%; 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131. CHECK Q130: IF Q130 HAS NO CODE "1" (YES) → Q134; OTHERWISE → Q132																																																																																																																																																																																								

NAME AND ORDER NO.				
QUESTIONS				
132. How did the above-mentioned health problems affect [NAME]'s schooling?	NOT SERIOUS, DID NOT STOP WORK, SCHOOLING..... 1 <input type="checkbox"/> STOPPED WORK OR SCHOOL FOR A SHORT TIME..... 2 <input type="checkbox"/> STOPPED WORK OR SCHOOL COMPLETELY 3 <input type="checkbox"/>	NOT SERIOUS, DID NOT STOP WORK, SCHOOLING..... 1 <input type="checkbox"/> STOPPED WORK OR SCHOOL FOR A SHORT TIME..... 2 <input type="checkbox"/> STOPPED WORK OR SCHOOL COMPLETELY 3 <input type="checkbox"/>	NOT SERIOUS, DID NOT STOP WORK, SCHOOLING..... 1 <input type="checkbox"/> STOPPED WORK OR SCHOOL FOR A SHORT TIME 2 <input type="checkbox"/> STOPPED WORK OR SCHOOL COMPLETELY 3 <input type="checkbox"/>	NOT SERIOUS, DID NOT STOP WORK, SCHOOLING 1 <input type="checkbox"/> STOPPED WORK OR SCHOOL FOR A SHORT TIME..... 2 <input type="checkbox"/> STOPPED WORK OR SCHOOL COMPLETELY 3 <input type="checkbox"/>
133. What was [NAME] doing when the above most serious illness/injuries happened?	_____ _____ _____ (SPECIFY) <input type="text"/>	_____ _____ _____ (SPECIFY) <input type="text"/>	_____ _____ _____ (SPECIFY) <input type="text"/>	_____ _____ _____ (SPECIFY) <input type="text"/>
134. Does [NAME] carry heavy loads at work?	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>
135. Does [NAME] operate any heavy machines/equipment at work?	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q137	YES..... 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q137	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> → Q137	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q137
136. What is the type of machine or equipment?	1) _____ _____ _____ 2) _____ _____ _____ (SPECIFY)	1) _____ _____ _____ 2) _____ _____ _____ (SPECIFY)	1) _____ _____ _____ 2) _____ _____ _____ (SPECIFY)	1) _____ _____ _____ 2) _____ _____ _____ (SPECIFY)

HOUSEHOLD NO:...

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NAME AND ORDER NO. QUESTIONS				
137. Does [NAME] exposed to any of the following at work?				
a) Dust, garbage, fumes?	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
b) Fire, gas, flames?	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
c) Loud noise, vibration?	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
d) Extreme cold or heat?	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
e) Dangerous tools (knives, scissors)?	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
f) Work underground?	F) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	F) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	F) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	F) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
g) Work at height?	G) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	G) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	G) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	G) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
h) Work in water, pond, lake, river?	H) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	H) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	H) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	H) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
i) Work place too dark, confined?	I) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	I) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	I) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	I) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
j) Insufficient ventilation?	J) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	J) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	J) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	J) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
k) Chemicals (pesticides, glue, etc.)?	K) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	K) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	K) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	K) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
l) Explosives?	L) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	L) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	L) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	L) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
m) Narcotic drugs?	M) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	M) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	M) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	M) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
n) Arms (guns, etc)?	N) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	N) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	N) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	N) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
o) Others?	O) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	O) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	O) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	O) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)
138. Has [NAME] ever been subject to the following at work:				
a) Constantly shouted at?	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
b) Repeatedly insulted?	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	B) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
c) Beaten, physically hurt?	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	C) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
d) Sexually abused?	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>	D) 1. <input type="checkbox"/> 2. <input type="checkbox"/>
e) Other?	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)

PART 7: HOUSEHOLD TASK OF CHILDREN AGED 5-17

NAME AND ORDER NO.	1	2	3	4
QUESTIONS				
139. During the past 7 days, did [NAME] do any of the tasks indicated below for this household? a) Shopping for household? b) Repair any household equipment? c) Cooking? d) Cleaning utensils, house? e) Washing clothes? f) Caring for children, the sick/old? g) Other?	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/> B) 1. <input type="checkbox"/> 2. <input type="checkbox"/> C) 1. <input type="checkbox"/> 2. <input type="checkbox"/> D) 1. <input type="checkbox"/> 2. <input type="checkbox"/> E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> F) 1. <input type="checkbox"/> 2. <input type="checkbox"/> G) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/> B) 1. <input type="checkbox"/> 2. <input type="checkbox"/> C) 1. <input type="checkbox"/> 2. <input type="checkbox"/> D) 1. <input type="checkbox"/> 2. <input type="checkbox"/> E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> F) 1. <input type="checkbox"/> 2. <input type="checkbox"/> G) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/> B) 1. <input type="checkbox"/> 2. <input type="checkbox"/> C) 1. <input type="checkbox"/> 2. <input type="checkbox"/> D) 1. <input type="checkbox"/> 2. <input type="checkbox"/> E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> F) 1. <input type="checkbox"/> 2. <input type="checkbox"/> G) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)	YES NO A) 1. <input type="checkbox"/> 2. <input type="checkbox"/> B) 1. <input type="checkbox"/> 2. <input type="checkbox"/> C) 1. <input type="checkbox"/> 2. <input type="checkbox"/> D) 1. <input type="checkbox"/> 2. <input type="checkbox"/> E) 1. <input type="checkbox"/> 2. <input type="checkbox"/> F) 1. <input type="checkbox"/> 2. <input type="checkbox"/> G) 1. <input type="checkbox"/> 2. <input type="checkbox"/> (SPECIFY)
140. CHECK Q139: IF Q139 HAS NO CODE "1" (YES) → Q145; OTHERWISE → Q141				
141. During the past 7 days, how many hours did [NAME] do such household task?	HOUSEWORK HOURS PER WEEK <input type="checkbox"/> <input type="checkbox"/>	HOUSEWORK HOURS PER WEEK <input type="checkbox"/> <input type="checkbox"/>	HOUSEWORK HOURS PER WEEK <input type="checkbox"/> <input type="checkbox"/>	HOUSEWORK HOURS PER WEEK <input type="checkbox"/> <input type="checkbox"/>
142. During the past 7 days, when did [NAME] carry out these activities?	DURING THE DAY 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> IN THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> SOMETIMES DURING THE DAY, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> IN THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> SOMETIMES DURING THE DAY, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> IN THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> SOMETIMES DURING THE DAY, SOMETIMES AT NIGHT 5 <input type="checkbox"/>	DURING THE DAY 1 <input type="checkbox"/> IN THE EVENING OR AT NIGHT 2 <input type="checkbox"/> IN THE DAY AND EVENING 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> SOMETIMES DURING THE DAY, SOMETIMES AT NIGHT 5 <input type="checkbox"/>
143. CHECK Q88: IF Q88 = 1 → Q144; OTHERWISE → Q145				
144. During the last 7 days, when did [NAME] carry out these activities?	AFTER SCHOOL TIME 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME... 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME 5 <input type="checkbox"/>	AFTER SCHOOL TIME 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME... 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME 5 <input type="checkbox"/>	AFTER SCHOOL TIME 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME .. 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME 5 <input type="checkbox"/>	AFTER SCHOOL TIME 1 <input type="checkbox"/> BEFORE SCHOOL TIME 2 <input type="checkbox"/> BEFORE AND AFTER SCHOOL TIME ... 3 <input type="checkbox"/> WEEKEND 4 <input type="checkbox"/> IN NO-SCHOOL DAY, TIME 5 <input type="checkbox"/>
145. CHECK Q7a: IF THERE ARE ANY RESPONDENTS FOR INTERVIEW OF "THE CHILD LABOUR SURVEY QUESTIONNAIRE", ASK THE NEXT; OTHERWISE, MOVE TO "PART 8: HOUSEHOLD".				