



United Republic of Tanzania  
Ministry of Labour and Employment and National Bureau of Statistics  
**INTEGRATED LABOUR FORCE SURVEY 2014**  
**HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE**

**CONFIDENTIAL**

This information is collected under the Statistics Act  
No. 1 of 2002  
THIS INFORMATION IS STRICTLY CONFIDENTIAL  
AND IS TO BE USED FOR STATISTICAL  
PURPOSES ONLY.

**SECTION A: IDENTIFICATION BLOCK**

	CODE
1. REGION:	<input type="text"/>
2. DISTRICT	<input type="text"/>
3. WARD / SHEHIA	<input type="text"/>
4. VILLAGE/STREET	<input type="text"/>
5. ENUMERATION AREA (EA)	<input type="text"/>
6. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>

7. NAME OF LOCAL LEADER/SHEHA:

8. NAME OF HOUSEHOLD HEAD:

9. PHONE NO. OF HOUSEHOLD HEAD:

10. RESULT OF INTERVIEW:

Fully Responding..... 1  
Vacant..... 2  
Listing Error..... 3  
Refusal..... 4  
No Contact..... 5  
Family Problems..... 6

IF CODE 2-7 GIVE  
COMMENTS:

MARK BOX WITH AN 'X' AND NUMBER OF FORMS  
BELOW IF YOU USE MORE THAN THIS SINGLE FORM  
TO COLLECT INFORMATION FROM THIS HOUSEHOLD.  
IF SO, BE SURE TO MARK IN THE SAME WAY THE  
OTHER FORMS USED FOR THIS HOUSEHOLD

FORM \_\_\_\_ OF \_\_\_\_

QUARTER

TOTAL NUMBER OF USED QUESTIONNAIRES:

LFS  WCS  TUS

TOTAL NUMBER OF HOUSEHOLD MEMBERS

PERSON'S NUMBER TO BE INTERVIEWED LFS2

## **SECTION A-2: SURVEY STAFF DETAILS**

11. NAME OF ENUMERATOR:

12. ENUMERATOR CODE:

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13. NAME OF FIELD SUPERVISOR:

14. FIELD SUPERVISOR CODE:

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15. DATE OF QUESTIONNAIRE INSPECTION:

DD MM YYYY

16. NAME OF DATA EDITOR:

17. CODE OF DATA EDITOR:

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18. DATE OF EDITING:

DD MM YYYY

19. NAME OF DATA ENTRY CLERK:

20. DATA ENTRY CLERK CODE:

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21. DATE OF DATA ENTRY:

DD MM YYYY

## IDENTIFICATION

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## VISIT 1

22. TIME INTERVIEW START

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•

23 TIME INTERVIEW END

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•

24. DATE OF INTERVIEW:

DD MM YYYY

## VISIT 2

25. TIME INTERVIEW START

• •

26. TIME INTERVIEW END

•  
•

27. DATE OF INTERVIEW:

DD MM YYYY

### VISIT 3

28. TIME INTERVIEW START

•  
•

29. TIME INTERVIEW END

•  
•

30. DATE OF INTERVIEW:

DD MM YYYY

## OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

SECTION B: HOUSEHOLD MEMBER ROSTER

IDENTIFICATION

DISABILITY

1.  INDIVIDUAL ID	2.  NAME  Please state the names of all usual residents (and visitors of the household who have stayed here for 3 or more months), starting with Head of Household.  <div>(CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER PAGE.)</div>	3.  What is the relationship of (NAME) to the head of household?  Head..... 1 Spouse..... 2 Child..... 3 Step child... 4 Parents..... 5 Other relative..... 6 Domestic employee..... 7 Unrelated.... 8	4.  Sex Is (NAME) a male or a female?  Male....1 Female...2	5A.  In which month and year was [NAME] born?  IF DON'T KNOW WRITE "98" FOR MONTH & "9998" FOR YEAR  USE MAJOR HISTORICAL EVENT CODES IN MANUAL  MONTH   YEAR	5B.  How old is [NAME]?  WRITE AGE IN COMPLETE YEARS WRITE 00 IF AGE < 1 YR AND WRITE "97" IF AGE ≥ 97  IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE.  YEARS	6.  PENSION: INT: ASK THIS QUESTION TO A PERSON AGED 45 YEARS AND ABOVE  Is [NAME] currently receiving pension?  YES..1 NO...2	7A.  ALBINISM: Is [Name] an albino?  YES..1 NO...2	7B.  SEEING: Does [Name] have difficulty seeing, even if wearing glasses?  <div>No Difficulty ..... 1 Some Difficulty..... 2 A lot of Difficulty ..... 3 Unable to..... 4</div>	7C.  HEARING: Does [Name] have difficulty hearing, even if using a hearing aid?	7D.  WALKING: Does [NAME] have difficulty walking or climbing steps?	INDIVIDUAL ID
	01										
02											02
03											03
04											04
05											05
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07											07
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10											10
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12											12

Children LFS2: 5 ≤ 17

Adult LFS2 ≥ 18

Total LFS2 =

PERSONS 5 YRS OR ABOVE ONLY

IDENTIFICATION

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## DISABILITY

## MIGRATION

I N D I V I D U A L  I D	7E. REMEMBERING: Does [NAME] have difficulty in remembering or concentrating?	7F. SELF-CARE: Does [NAME] have difficulty with self- care, such as washing all over or dressing?	7G. Using the common language, does [NAME] have difficulty communicating; for example understanding or being understood?	8. INT: IS (NAME) 5 YRS OR ABOVE?	9. What is the current marital status of (NAME)? (READ THE OPTION)	10. CITIZENSHIP: [NAME] is a citizen of which country?	11. How many months have you lived in this *Town/District?  INT: IF SINCE BIRTH WRITE "000" AND GO TO Q. 14	12. Where were you living before?  INT: IF WITHIN TANZANIA RECORD AREA, REGION AND DISTRICT CODE, OTHERWISE RECORD COUNTRY CODE ONLY.			13. What is the reason for coming here?	I N D I V I D U A L  I D
	No Difficulty ..... 1  Some Difficulty..... 2  A lot of Difficulty..... 3  Unable to..... 4			YES...1 NO...2 (▶NEXT PERSON)	Single .....1  Married.....2  Cohabit ....3  Widowed ....4  Divorced/ Seperated...5	Tanzania..... 1 Kenya..... 2 Uganda..... 3 Rwanda..... 4 Burundi..... 5 Congo DRC..... 6 Zambia..... 7 Malawi..... 8 Mozambique..... 9 Other SADC..... 10 Other African... 11 Countries..... 12	NUMBER OF MONTHS	AREA/COUNTRY CODE	CODES REGION   DISTRICT	Job transfer.. 1 Arranged job.. 2 Looking for better agri land..... 3 Business opportunity... 4 Looking for paid work..... 5 Join spouse/ family..... 6 Attending school/ training..... 7 War/chaos..... 8 Other (Specify)..... 9		
01								A	B	C		01
02												02
03												03
04												04
05												05
06												06
07												07
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12												12

## TRAINING

LFS 1 PAGE 3

IDENTIFICATION

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## TRAINING

## HOUSEHOLD ECONOMIC QUESTIONS: (ASK HEAD OF HOUSEHOLD)

I N D I V I D U A L  I D	19. Please Specify Subject of training attended e.g. CARPENTRY, ELECTRICAL INSTALLATION, WELDING	SUBJECT OF TRAINING CODES	20. In which year [NAME] complete d training?	21. How many months does the training take?	22A Does this household or anyone in this household engage in any of the following activities?  <b>MULTIPLE ANSWER IS ALLOWED</b>  YES...1 NO...2  Working on own or family business (excludin g agri- culture)	22B. <b>INT: IF ANYONE IN THIS HOUSEHOLD WORKING ON OWN OR FAMILY BUSINESS (EXCLUDING AGRICULTURE)</b>  Please describe at most five main business activities(excluding Agriculture)	FOR OFFICIAL USE ONLY  ISIC CODES	I N D I V I D U A L  I D
		CODE	YEAR	NUMBER OF MONTHS	Wage Employment		CODE	
					i	ii	iii	
01							i)	01
02							ii)	02
03							iii)	03
04							iv)	04
05							v)	05
06								06
07								07
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12								12

IDENTIFICATION

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I N D I V I D U A L  I D	23. Does the household have any other sources of income of any type?  (MULTIPLE ANSWER IS ALLOWED) WRITE CODE "1" FOR EACH ANSWER IN A SPECIFIC AREA  Remittances within the country.. A Remittances from abroad..... B Pension..... C Rent..... D Interest..... E Dividend..... F None..... G Other (Specify)..... H								24. Among the source of income you mentioned which is the main source of income for household?  Wage employment..... 1 Working on own or family business (excl. Agric)..... 2 Working on own farm, fishing or animal keeping..... 3 Remittances..... 4 Pension..... 5 Rent..... 6 Interest..... 7 Dividend..... 8 Other (Specify)..... 9								25. What is the household monthly cash income from all sources? (FOR SELF EMPLOYED WRITE NET INCOME) (IN TSH)  Under 60,000..... 01 60,000 to 119,999..... 02 120,000 to 199,999..... 03 200,000 to 299,999..... 04 300,000 to 499,999..... 05 500,000 to 999,999..... 06 1,000,000 to 1,499,999.. 07 1,500,000 to 1,999,999.. 08 2,000,000 to 2,999,999.. 09 3,000,000 or above..... 10								I N D I V I D U A L  I D
	A	B	C	D	E	F	G	H																	
	01																01								
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I N D I V I D U A L		INDIVIDUAL ID
1.	What is the main material used in building this house? (For roofing, walls and floor)	
	<div style="display: flex; justify-content: space-between;"> <div>Roof</div> <div>Walls</div> <div>Floor</div> </div> <p>Grass, leaves, bamboo..... 1    Stones..... 1    Earth..... 1</p> <p>Mud and grass..... 2    Cement bricks.... 2    Concrete/cement... 2</p> <p>Concrete/Cement.... 3    Sun dried bricks.. 3    Tiles.. .. 3</p> <p>Metal sheets (GCI). 4    Baked bricks..... 4    Other (Specify)... 3</p> <p>Asbestos ..... 5    Poles and mud.... 5</p> <p>Tiles..... 6    Timber..... 5</p> <p>Other (Specify).... 9    Grass..... 6</p> <p>                9    Other (Specify).. 9</p>	
2.	Does this household own the following assets? <b>(MORE THAN ONE ANSWER IS ACCEPTABLE) THE ASSETS SHOULD BE FUNCTIONAL.</b>	
	Yes= 1	
	A car..... A Tricycle..... B Motorcycle..... C A refrigerator..... D An electric or gas cooker..... E A television..... F Charcoal/electric iron..... G A cellular phone..... H A radio..... I A bicycle..... J A Plough..... K A Cart..... L A Charcoal stove/Kerosene..... M Livestock..... N Power tiller..... O Other (Specify)..... P	
3.	What is the main source of energy in your household for cooking, lighting and heating/cooling?	
	Electricity..... 01 Gas (Industrial)... 02 Gas (Biogas)..... 03 Firewood..... 04 Coal..... 05 Candles..... 06 Animal Dung..... 07 Solar Energy..... 08 Kerosene..... 09 Charcoal..... 10 Other, Specify.... 11 None..... 12	
4.	How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?	
	Cooking Lighting Heating/ Cooling Cooling ROOMS	
	A B C D E F G H I J K L M N O P A B C	
01		
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12		



## IDENTIFICATION

[illegible]LFS 1 PAGE 7

## IDENTIFICATION

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INT: EXPLAIN TO RESPONDENT THAT, WE ARE STARTING WITH THE USUAL ACTIVITIES DURING THE LAST 12 MONTHS (EXCLUDING THE SURVEY MONTH)

INDIVIDUAL ID	INT: IS THE RESPONDENT 5 YEARS OR OLDER?	INT: IS THIS PERSON RESPONDING FOR HIM/HER SELF?	INT: RECORD THE ROSTER ID NUMBER OF THE HOUSHOELD MEMBER REPORTING FOR THIS PERSON.  ID	1.	2.	3.	INDIVID ID	Wage Jobs:
				During the last 12 months, did you do any work/activities for pay, profit, barter or home use?  INT: IF THE ANSWER IS NO, READ THE COMPLETE LIST OF ACTIVITIES.	Products / services produced/rendered from the place of work....  (READ THE OPTIONS)  Only for sale/ barter/ paid employment/Paid employment..... 1  Mainly for sale, but partly for own consumption ..... 2  Mainly for own consumption but partly for sale or barter..... 3  Only for own consumption..... 4	Did you work all weeks every month during the last 12 months? (Include all types of work, paid leave and temporary absences)  YES..1 (►6A) NO...2		Permanent ..... 01 Temporary/Casual..... 02 Part tim..... 03 <u>Agriculture:</u> Coffee ..... 04 Cotton ..... 05 Sisal ..... 06 Tobacco ..... 07 Tea..... 08 Other Cash Crop ..... 09 <u>Food Crops</u> Maize ..... 10 Sorghum ..... 11 Cassava ..... 12 Fruits, Vegetables..... 13 Beans and Peas ..... 14 Other Food Crop ..... 15 Keeping birds/other pests away from crops... 16 Activities related to the storage of crops.. 17 Herding..... 18 Milk, making butter, etc..... 19 Sheering / Slaughtering..... 20 Activities related to poultry production... 21 Other agricultural activities including hunting, forestry, fishing ..... 22 <u>Manufacturing/Processing:</u> Making Charcoal ..... 23 Milling (Including hand Milling)..... 24 Other food processing..... 25 Making baskets/hats/clay pots/ other handcraft..... 26 Spinning/Weaving/Tailoring ..... 27 Other manufacturing/ repair/ maintenance (not for home use)..... 28 Other manufacturing/ repair/ maintenance (for home use)..... 29 <u>Construction/major repair or maintenance:</u> Farm building or fences..... 30 Own dwelling..... 31 Access roads..... 32 Other construction activities/mining..... 33 <u>Trading/Sales:</u> Retail shop..... 34 Engaged in tea shops/street vending etc..... 35 Assisting in sales of agriculture products and other retail trade..... 36 <u>Transport:</u> Carrying loads to market for sale..... 37 Carrying grain to/from mil/shamba..... 38 Other transport activities..... 39 <u>Services:</u> Giving tuition to students for payment..... 40 Repair services: tool, shoes, etc. (not for own household)..... 41 Collection of firewood, fetching water..... 42 Any other business or income generating activity..... 43
01							01	
02							02	
03							03	
04							04	
05							05	
06							06	
07							07	
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12							12	

## SECTION A. USUAL ACTIVITY (LAST 12 MONTHS) CONT'D

IDENTIFICATION 

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4A.

**ENUMERATOR: START BY PLACING AN "X" ABOVE THE CURRENT MONTH. FILL IN THE BOXES TO THE RIGHT OF THE "X" STARTING AT "1" AND ENDING AT "12". STARTING WITH THE LAST FULL MONTH, MONTH "1", ASK THE RESPONDENT FOR EACH MONTH IN THE LAST 12 MONTHS.**

4A(i) In.....(month) did you work

- The whole month GO TO that month and put "A" in that box
- Part of the month GO TO 4A(ii)
- Did not work at all GO TO 4A(iii)

INT: INCLUDE TEMPORARY ABSENCES (E.G. LEAVE) AS WORKED

4A(ii). Were you available for work in that month which you didn't work (in reference month)?

- YES - GO to that month and put "B" in that box
- NO - GO to that month and put "C" in that box

4A(iii). Were you available for work most of.....(month)

- YES - GO TO to that month and put "D" in that box
- NO - GO TO to that month and put "E" in that box

## CODES

Worked Whole Month.....A  
 Worked part of the month and Available for work.....B  
 Worked part of the month and Not Available for work....C  
 Did not work and Available for work.....D  
 Did not work and Not Available for work.....E

4B.

INT: IS THERE ANY CODE "C" OR "E" IN THE BOX FOR THE LAST 12 MONTHS ?

YES...1  
 NO...2 (►5B)

																								FILL TOTAL NUMBER OF LETTERS FOR EACH HOUSEHOLD MEMBER					
NOV	OCT	SEP	AUG	JUL	JUN	MAY	APR	MAR	FEB	JAN	DEC	NOV	OCT	SEP	AUG	JUL	JUN	MAY	APR	MAR	FEB	JAN	DEC						
"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"14	"13	"13	"13	"13	"13	"13	"13	"13	"13	"13	"13	"12	A	B	C	D	E	TOTAL

01																														01
02																														02
03																														03
04																														04
05																														05
06																														06
07																														07
08																														08
09																														09
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11																														11
12																														12

**SECTION A. USUAL ACTIVITY (LAST 12 MONTHS)**

## IDENTIFICATION

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INDIVIDUAL ID	5A.	5B.	6A.	6B.	OFFICIAL				INDIVIDUAL ID
	What was the main reason for not doing economic activity and not being available for work during that period?	INT: DID THE PERSON NOT WORK AT ALL IN ALL TWELVE MONTHS (Q4A BOXES A, B, OR D FOR ALL MONTHS)	While working what was the economic activity in which you spent most of your time?	What type of work/activity?	TASCO				
	<p>Attending School ..... 01</p> <p><u>Engaged Household Duties:</u></p> <p>Lack of capital ..... 02</p> <p>Unable to hire paid helper... 03</p> <p>To take care of those who need assistance/Household chores including fetching water and collection firewood for home use..... 04</p> <p>Retired..... 05</p> <p><u>Unable to work:</u></p> <p>Too Old ..... 06</p> <p>Too young ..... 07</p> <p>Sick ..... 08</p> <p>Disabled ..... 09</p> <p>Do not want to work/ resting/income recipient.... 10</p> <p>Other (Specify)..... 96</p>	<p>YES...1 (►7)</p> <p>NO...2</p>	<p><b>Paid Employee</b></p> <p>Central Government..... 01</p> <p>Local Government..... 02</p> <p>Parastatal Organization..... 03</p> <p>Political Party..... 04</p> <p>Cooperative..... 05</p> <p>NGO..... 06</p> <p>International Organization..... 07</p> <p>Religious Organization..... 08</p> <p>Private Sector..... 09</p> <p><b>Private apprentices</b></p> <p>Public Sector..... 10</p> <p>Private Sector..... 11</p> <p><b>Self Employed (other than agriculture):</b></p> <p>Self employed in a business with employees..... 12 (►7)</p> <p>Self employed in a business without employees..... 13 (►7)</p> <p>Working on your own/family farm..... 14 (►7)</p> <p>Unpaid work in family business (Agric)... 15 (►7)</p> <p>Uppaid work in family business (Non Agriculture)..... 16 (►7)</p> <p>Other Private (Specify)..... 96 (►7)</p>	<p>INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS</p>	CODE				
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

IDENTIFICATION

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I N D I V I D U A L  I D	6C What type of product/service which is mainly produced/rendered by your company/business/activities?	OFFICIAL	6D. In which year did you start working in economic activities for wage job or self-employment to support your life for the first time?		6E What type of work/activity were you doing at your first employment?	OFFICIAL	I N D I V I D U A L  I D
		ISIC	INT: WRITE YEAR "9998" FOR DON'T KNOW		INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	TASCO CODE	
		CODE	WAGE JOB	SELF EMPLOYMENT			
			i	ii			
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

## IDENTIFICATION

[illegible]

INDIVIDUAL ID

I N D I V I D U A L  I D	7. Did you do any work of any type for pay, profit, barter or home use during the last week even for one hour?	8A. Although you did not do any work during the last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work?	8B. What was the main reason for being absent from work last week?	8C. Is this your main work/activity?	9. Were you available for work last week?	10. Why were you not available for work last week? (main reason)	I N D I V I D U A L  I D
	YES...1 (►8C) NO...2	INT: EXAMPLES OF TEMPORARY ABSENCE  • WAGE JOBS – LEAVE, STOOD DOWN UP TO THREE MONTHS AND WILL DEFINITELY RETURN, 6 MONTH FOR ILLNESS AND FOR THE WHOLE STUDYING PERIOD • BUSINESS/AGRIC. – TEMPORARY ABSENCES UP TO ONE MONTH WHILE BUSINESS/ AGRIC. CONTINUES DURING ABSENCE. • UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT	Vacation, holidays ..... 01 Illness, injury, temporary disability ..... 02 Maternity, paternity leave.. 03 Temporary slack work for technical or economic reasons ..... 04 Bad Weather ..... 05 Strike or labour dispute ... 06 Off Season (self-employed).. 07 Off Season (wage employment) 08 Education or training ..... 09 Family/community responsibilities ..... 10 Other (Specify) ..... 96	YES...1 (►18A) NO...2 [RECORD MAIN ACTIVITY IN Q18A AND CURRENT ACTIVITY AS SECONDARY ACTIVITY IN Q36A,]	YES...1 (►11) NO...2	Attending School ..... 01 <u>Engaged Household Duties:</u> Lack of capital ..... 02 CHECK Q9 Bereaved/attending funeral.. 03 Unable to hire paid helper... 04 CHECK Q9 To take care of those who need assistance/Household chores including fetching water and collection firewood for home use..... 05 Stopped by spouse..... 06 Retired..... 07 Retrenchment/laid off ..... 08 CHECK Q9 <u>Unable to work:</u> Too Old ..... 09 Too young ..... 10 Sick ..... 11 Disabled ..... 12 Do not want to work/ resting/income recipient..... 13 Other (Specify)..... 96  END OF INTERVIEW FOR THIS PERSON	
01							01
02							02
03							03
04							04
05							05
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10							10
11							11
12							12

## SECTION C. UNEMPLOYMENT

IDENTIFICATION

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I N D I V I D U A L  I D	11. For what type of work were you available during the last week?  <b>INT: READ THE OPTIONS</b>  Full Time .. 1 Part Time .. 2	12. Have you taken any steps during the past four weeks to look for work?  YES...1 NO...2 (►14)	13. What did you do during the past four weeks to look for work?  <b>(MULTIPLE ANSWER IS ALLOWED)</b>  <b>WRITE CODE "1" FOR THE GIVEN ANSWER IN A SPECIFIC AREA</b>  Applied to prospective employers. A Checked at farms, factories or work sites..... B Seeking assistance of friends, relatives, unions, etc..... C Took action to start business (usual small scale)..... D Took action to start agriculture. Registration at Tanzania. E Employment Service Agency (TaESA). F Registration at other employment agencies..... G Other..... H  ►15A								14. Why didn't you look for work during the past four weeks? (WRITE MOST IMPORTANT ONLY)  Thought no work available..... 1 Awaiting reply for earlier enquires..... 2 Waiting to start arranged job, business or agriculture..... 3 Off season in agriculture..... 4 Occupied with home duties..... 5 Temporary illness (Check Q8A)..... 6 Full time student (Check Q9)..... 7 Other (Specify)..... 9	15A. Have you ever worked or having any economic activity?  YES...1 NO...2 (►16)	15B. What type of work did you do in your last job?  <b>INT: WRITE THE OCCUPATION FULLY IN AT LEAST 2 WORDS</b>	OFFICIAL  TASCO CODES					I N D I V I D U A L  I D		
	DESCRIPTION																				
			A	B	C	D	E	F	G	H											
01																					01
02																					02
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12																					12

## SECTION C. UNEMPLOYMENT CONT'D

## IDENTIFICATION

N							

[illegible]



# SECTION D. MAIN ECONOMIC ACTIVITY

IDENTIFICATION

INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

INDIVIDUAL ID	18A. What type of work/activity?	OFFICIAL	18B. Do you have skills that enable you to perform your tasks?	18C. What is the type of your work contract?	18D. What is the form of your work contract?	19A. How would you rate your chance to hold this job next month?	19B. Have you ever been injured at your workplace or suffered from a work-related illness of your current job for the past 12 months?	INDIVIDUAL ID
	INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	TASCO	INT:READ THE OPTIONS	Permanent contract... 1 <u>Temporary Contract:</u> Specific task contract..... 2 Fixed time contract.. 3 Casual..... 4 Not Applicable..... 5 (►19A)	Written.. 1  Oral..... 2	Absolute Certainty... 1  High..... 2  Low..... 3  No Chance... 4	Yes, injured at work place..... 1  Yes, work-related illness..... 2  Yes, both injured and illness..... 3  No..... 4	
		CODE						
01								01
02								02
03								03
04								04
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### **SECTION D. MAIN ECONOMIC ACTIVITY - CON'T**

## IDENTIFICATION

Below the text, there are six empty rectangular boxes, each divided into two equal halves by a vertical line, intended for drawing.

[illegible]

## SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

## IDENTIFICATION

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[illegible]

## SECTION E. INFORMAL SECTOR - MAIN ACTIVITY

IDENTIFICATION

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INDIVIDUAL ID	28A. Are you the primary owner of this business?	28B. When was the business/activity started?  WRITE MONTH & YEAR (98 9998 FOR DON'T KNOW)	29. Why do you conduct this kind of business/activity? (MORE THAN ONE ANSWER IS ACCEPTABLE)  WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA													30. Where do you conduct your present business/activity?													31. Did this business/activity operate all year around?	INDIVIDUAL ID	
	YES...1 NO...2 (►35A)		Can't find other work..... A	Released from other employment or reduction of working time..... B	Retirement from other employment..... C	Family needs additional income..... D	Business/activity provides good income opportunities..... E	Business/activity does not require much capital..... F	Can keep production cost low..... G	Wants to be independent from his/her own master..... H	Can choose his/her own hours and place of work..... I	Can combine business/activities with household or family responsibilities..... J	Bureaucracy in formalizing business/activity..... K	Traditional line of business/activities of respondent or family/tribe..... L	M	Within own or business/activity partner's home - with special business/activity space..... 01	Within own or business/activity partner's home - without special business/activity space..... 02	Structure attached to/outside own or business partner's house..... 03	Permanent building other than house..... 04	Fixed stall/kiosk - market..... 05	Vehicle, cart, temporary stall - market.. 06	Fixed stall/kiosk - street..... 07	Vehicle, cart, temporary - street..... 08	Other temporary structure..... 09	Construction site..... 10	Customer's/employer's house..... 11	No fixed location/mobile..... 12	Farm/fishing area/ grazing area..... 13	YES...1 (►33) NO...2		
		MONTH	YEAR	A	B	C	D	E	F	G	H	I	J	K	L	M															
	01																														01
	02																														02
	03																														03
	04																														04
	05																														05
	06																														06
	07																														07
	08																														08
	09																														09
	10																														10
11																													11		
12																													12		

## E: INFORMAL SECTOR – MAIN ACTIVITY- CONT'D

## IDENTIFICATION

N									
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[illegible]

**SECTION F. OTHER ECONOMIC ACTIVITY**

IDENTIFICATION

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THE FOLLOWING SET OF QUESTIONS REFER TO THE SECONDARY ECONOMIC ACTIVITY IF YOU HAVE MORE THAN ONE ACTIVITY

I N D I V I D U A L  I D	35A. Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour?  YES...1 (►36A) NO...2	35B. Although you did not do any work during the last week, did you have a job or own farm or enterprise at which you did not work last week and to which you will definitely return to work?  YES...1 NO...2 (►Q53A)	36A. What type of work/activity?  <b>INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS</b>	OFFICIAL   <b>TASCO CODES</b>	36B. Do you have skills that enable you to perform your tasks?  <b>INT: READ THE OPTIONS</b>  Yes, can perform independently..... 1  Yes, can perform with assistance and I am on training..... 2  Yes, can perform with assistance but I am not on training..... 3  No, I am on training.... 4  No, I am not on training..... 5	36C. What is the type of your work contract?  Permanent contract.....1  <u>Temporary Contract:</u> Specific task contract.....2 Fixed time contract.....3 Casual.....4 5 (►37A)	36D. What is the form of your work contract?  Written. 1 Oral... 2	37A. How would you rate your chance to hold this job next month?  Absolute Certainty..1 High.....2 Low.....3 No Chance..4	37B. Have you ever been injured at your workplace or suffered from a work-related illness of your current job for the past 12 months?  Yes, injured at work place..... 1 Yes, work-related illness..... 2 Yes, both injured and illness..... 3 No..... 4	I N D I V I D U A L  I D	
	01										01
	02										02
	03										03
	04										04
	05										05
	06										06
	07										07
	08										08
	09										09
	10										10
	11										11
	12										12

## SECTION F. OTHER ECONOMIC ACTIVITY CONT'

IDENTIFICATION

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INDIVIDUAL ID	38. Are you working as	39A. Are you a member of any trade union?	39B. Are you benefiting from maternity/paternity leave?	39C. Does your employer/you deduct income tax from your salary?	39D. Does your employer/ you pay contributions to social security?	40A. What type of product/service which is mainly produced/rendered by your company/business/activities?	OFFICIAL					INDIVIDUAL ID
				INT: EXCLUDE BUSINESS TAX			ISIC					
							CODE					
01	A paid employee..... 01											01
02	A self Employed (non-agric): with employees..... 02 (▶39C) without employees..... 03 (▶39C)											02
03	Unpaid family helper (non-agriculture)..... 04 (▶40A)											03
04	Unpaid family helper (agric): fishing..... 05 (▶40A) crop growing..... 06 (▶40A) livestock/animals..... 07 (▶40A)											04
05	On your own farm or shamba: fishing..... 08 (▶39D) crop growing..... 09 (▶39D) livestock/animals..... 10 (▶39D)	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2 DON'T KNOW...3	YES...1 NO...2 DON'T KNOW...3							05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

LFS 2 PAGE 15



LFS 2 PAGE 16

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LFS 2 PAGE 17

**SECTION H. HOURS WORKED**

IDENTIFICATION

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I N D I V I D U A L  I D	<p>53A. How many hours did you work each day during the last week, in your Main and any other economic activity?</p> <p>INT: * PROBE HOURS WORKED IN EACH DAY FOR LAST WEEK (MONDAY TO SUNDAY) * "00" HOURS IS ACCEPTABLE FOR PERSONS WITH A JOB/BUSINESS BUT NOT AT WORK.</p>																I N D I V I D U A L  I D
	MAIN ACTIVITY								OTHER ACTIVITY								
	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	
01																01	
02																02	
03																03	
04																04	
05																05	
06																06	
07																07	
08																08	
09																09	
10																10	
11																11	
12																12	

## SECTION H: HOURS WORKED CON'T

## IDENTIFICATION

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INDIVIDUAL ID	54A. INT: IS Q53B GRAND TOTAL	54B. What was the main reason you worked more than 40 hours during the last week?	54C. What was the main reason you worked less than 40 hours during the last week?	55. Were you available for more hours of work during the last week?	56. In which type of job were you available for more hours of work?	57. Are your benefits/earnings from this work appropriate in terms of hours worked under normal circumstances?	INDIVIDUAL ID
		Less than 40 hours..... 1(▶54C) 40 hours..... 2(▶57) More than 40 hours..... 3	Schedule set by employer..... 1 Overwork due to the strong economy..... 2 Overwork in order to survive/to gain more money..... 3 Business/ agriculture season..... 4 Other (Specify)..... 5 ▶57	Illness or aged..... 01 (▶57) Disability..... 02 (▶57) In school or training..... 03 (▶57) Leave, holiday incl. family obligations (funerals, sick/child etc.)..... 04 (▶57) Did not want to work more hours... 05 (▶57) Housework duties..... 06 (▶57) Cannot find more work in a job, agriculture or for a business.... 07 No suitable agriculture land or slack period in agriculture..... 08 Lack of raw materials equipment and finance..... 09 Machinery/electrical breakdown/ other technical problems..... 10 Stood down by employer..... 11 Off season..... 12 Other (Specify)..... 96	YES..1 NO...2 (▶57)	Current job..... 1 Paid employment - Wage Job..... 2 Self Employment - Small scale business (any type)..... 3 Self employment - Agriculture including livestock and fishing.... 4	
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12

**SECTION H: HOURS WORKED CON'T**  
**USUAL WORKING HOURS**

IDENTIFICATION

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I N D I V I D U A L  I D	58. How many hours per week do you usually work in;			59A. INT: IS Q58 GRAD TOTAL;	59B. Why do you usually work more than 40 hours per week? (INT: WRITE THE CODE OF MAIN REASON ONLY)	59C. Why do you usually work less than 40 hours per week? (INT: WRITE THE CODE OF MAIN REASON ONLY)	60. Are you usually available to work for more hours?	I N D I V I D U A L  I D
	MAIN ACTIVITY	BOTHER ACTIVITIES	TOTAL	Less than 40 hours..... 1 (►59C)  40 hours..... 2 (►61A)  More than 40 hours..... 3	Schedule set by employer..... 1  Overwork due to the strong economy..... 2  Overwork in order to survive/to gain more money..... 3  Business/ agriculture season..... 4  Other (Specify)..... 5  <b>FOR ANY ANSWER ► 61A</b>	Illness or aged..... 1 (►61A) Disability..... 2 (►61A) In school or training..... 3 (►61A) Did not want to work more hours... 4 (►61A) Housework duties..... 5 Cannot find more work in a job, agriculture or for a business..... 6 No suitable agriculture land or slack period in agriculture..... 7 Lack of raw materials, equipment and finance..... 8 Other (Specify)..... 9	YES...1 NO...2	
	A	B	C					
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

**SECTION I: INCOME**

**INT: YOU MUST REFER BACK TO Q.20 AND Q.38 FOR THESE QUESTIONS**

IDENTIFICATION

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INDIVIDUAL ID	61A. INT: WAS THIS PERSON A PAID EMPLOYEE IN MAIN OR SECONDARY ACTIVITY DURING THE LAST WEEK?	61B. WHAT WAS YOUR GROSS CASH INCOME FROM YOUR PAID EMPLOYMENT DURING THE LAST MONTH?	62A. INT: WAS THIS PERSON SELF EMPLOYED (NOT AGRICULTURE) DURING THE LAST WEEK?	62B. What gross income/earning did you get from your business or businesses during the last week/month?	62C. What were the total expenses associated with the earned income?	62D. INT: THE REMAINING INCOME FORM THE BUSINESS/ACTIVITIES AFTER DEDUCTING ALL EXPENSES DURING THE LAST WEEK/MONTH IS THUS;  i.e. Q.62b – Q.62c	62E. How many months did this business/enterprise operate during the last 12 months?	63A. INT: IS THIS PERSON SELF EMPLOYED IN AGRICULTURE ?	63B. What gross income/earning did you get from your agricultural work during the last week/month?	63C. What were the total expenses associated with the earned income?	63D. What was you net income form your agricultural work during the last week/month?	INDIVIDUAL ID
	YES...1 NO...2 (► 62A)	TSH CASH IN-KIND	YES...1 NO...2 (► 63A)	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	INT: CHECK Q.31 OR Q.49 TO COMPARE THE BUSSINESS/ENTERPRISE PERIOD	YES...1 NO...2 (END)	PERIOD: WEEK...1 MONTH...2	PERIOD: WEEK...1 MONTH...2	I.E.Q. 63B- Q. 63C  PERIOD: WEEK...1 MONTH...2  END OF INTERVIEW FOR THIS PERSON FOR LFS 2	
		i ii		i ii	i ii	i ii			i ii	i ii	i ii	
01												01
02												02
03												03
04												04
05												05
06												06
07												07
08												08
09												09
10												10
11												11
12												12

## CHILDREN AGED 5 TO 17 YEARS

IDENTIFICATION        

## SECTION I: NON-ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS DURING THE LAST WEEK (ASK ALL CHILDREN)

INDIVIDUAL ID	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD?  YES...1 NO...2 (▶END)	1. During the last week did you do any of the tasks indicated below for this household?  YES...1 NO...2  IF "NO" TO ALL TASKS, GO TO Q.3A							2. How many hours have you been working per day?  INT: WRITE TIME IN MINUTES							3A. INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE ANSWERED YES LFS2 Q.1 OR Q.7 OR Q.8(a) OR WCS Q.1)  YES...1 NO...2 (END)	INDIVIDUAL ID	
		Shopping for household	Repairing and household equipment	Cooking	Cleaning utensils/ house	Washing clothes	Caring for children/ old/sick	Other household tasks	MON	TUE	WED	THUR	FRI	SAT	SUN			TOTAL
		a	b	c	d	e	f	g	a	b	c	d	e	f	g			
1																	1	
2																	2	
3																	3	
4																	4	
5																	5	
6																	6	
7																	7	
8																	8	
9																	9	
10																	10	
11																	11	
12																	12	

**SECTION II: SCHOOL ATTENDANCE AND HOURS OF WORK**

CHILDREN WHO DID ECONOMIC ACTIVITIES LAST WEEK (WHO HAVE ANSWERED LFS2 Q. 20 CODE 1 OR Q.38 CODE 1 FROM LFS 2)

CHILDREN WHO ANSWERED Qn6A LFS2

SECTION IV: HEALTH AND SAFETY ASPECTS OF CHILDREN AGED 5-17 YEARS (APPLICABLE TO ALL CHILDREN WHO WORKED IN ECONOMIC AND NON-ECONOMIC ACTIVITIES DURING THE LAST 12 MONTHS/ LAST WEEK/ WHO HAVE ANSWERED CODE 1 IN LFS 2 Q.1 OR Q. 7 or Q. 8 (a) OR WCS Q.1)

I N D I V I D U A L	3B. Are you currently attending school or training institution?  Yes, Full-time..1 Yes, Part-time..2 No.....3 (►Q5)	4. If attending school or training institution on a full-time or part-time, but also working, does your work affect your regular school/training attendance or studies?  YES...1 NO...2	5. During which time and how many hours do you usually work? (FILL APPROPRIATE ANSWER)  (INT: ASK THIS QUESTION TO ALL CHILDREN WHO HAVE INDICATED TO BE ENGAGED IN ECONOMIC ACTIVITY/ACTIVITIES DURING THE LAST WEEK i.e. Q.18a OR Q. 36a FROM LFS 2)			6. Were you attending school while engaged in economic activities during the last 12 months?  YES...1 NO...2	7. Have you ever been hurt at work/work place or suffered from illnesses/injuries due to work at any time?  YES...1 NO...2 (►13)	8. How often were you hurt or suffered from illness/injuries?  Often/ frequently... 1 Occasionally.. 2 Seldom/ Rarely..... 3	9A Referring to the most serious injury/illness, how serious was the injury/illness consequences on your work performance?  Permanently Disabled..... 1 Prevented from Work Permanently.. 2 Stopped Work Temporarily..... 3 Changed Jobs..... 4 Continued to Work..... 5	9B. Referring to the most serious injury/illness, how serious was the injury/illness consequences on sschool attendance?  Stopped Schooling Temporarily..... 1 Prevented from Schooling Permanently..... 2 Not affected..... 3 Not applicable.... 4	I N D I V I D U A L
	NUMBER OF HOURS										
	DAY 06:00am - 03:59pm	EVENING 04:00pm - 07:59pm	NIGHT 08:00pm - 05:59am	a	b	c					
1										1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11										11	
12										12	



IDENTIFICATION

**SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE**

I N D I V I D U A L  I D	10. What was the main activity of the establishment/ industry in which you were injured/hurt or from which you suffered serious illness?	OFFICIAL	11. What was the occupation or job you were performing when the accident happened or from which you suffered serious illness?	OFFICIAL	12. Who paid for medical treatment?  (MORE THAN ONE ANSWER IS ACCEPTABLE)  WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA  No Treatment..... A Employer..... B Parents/ Guardians..... C Myself..... D Free..... E Other ..... F	13. How often do you carry heavy loads in your daily activities?  Always/ Often....1 Sometimes.....2 Seldom / Rarely..3 Never.....4	14. Are you required to operate any tools, equipments, machines, etc. at your workplace or on your job/ occupation?  YES..1 NO...2	I N D I V I D U A L  I D	
	ISIC	TASCO	A	B	C	D	E		F
		CODE		CODE					
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12

IDENTIFICATION

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

I N D I V I D U A L  I D	15. Are you often exposed to any of the following?  (INT: READ THE OPTIONS)  YES=1 NO=2  Water bodies (sea, lakes, rivers, etc).. A Dusts, fumes, smoke, gases..... B Noise..... C Extreme tempatures/humidity..... D Dangerous tools/animals..... E Work underground/Pits..... F Work at heights..... G Insufficient lighting..... H Chemicals..... I Other ..... J  None..... K	16. Do you use any of the following protective wear/gear while working?  (INT: READ THE OPTIONS)  YES=1 NO=2  Glasses..... A Helmet..... B Earplugs..... C Special Shoes..... D Gloves..... E Dust Mask..... F Don't Know..... G Other ..... H  None..... I	17. Do other persons doing the same work use protective wear /gear while working?  YES.... 1 NO..... 2 (►19) DON'T KNOW... 3 (►19)	18. Which of the following protective wear/gear do they usually use?  (INT: READ THE OPTIONS)  YES=1 NO=2  Glasses..... A Helmet..... B Earplugs..... C Special Shoes..... D Gloves..... E Dust Mask..... F Other ..... G	I N D I V I D U A L  I D																								
	A	B	C	D		E	F	G	H	I	J	K	A	B	C	D	E	F	G	H	I	A	B	C	D	E	F	G	
	1																												01
	2																												02
	3																												03
	4																												04
	5																												05
	6																												06
	7																												07
	8																												08
	9																												09
	10																												10
11																											11		
12																											12		

## IDENTIFICATION

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## CHILD PERCEPTION

I N D I V I D U A L  I D	19. What problems do you perceive to affect you as a result of work?  (MORE THAN ONE ANSWER IS ACCEPTABLE)  WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA						20. What is the main reason for you to work?  To supplement household income where you are living.....01 To supplement household income away from where you are living..... 02 To pay outstanding debt under contractual arrangement..... 03 To assist/help in household enterprise..... 04 Education/training programme is not suitable..... 05 Education/training institutions are too far..... 06 Good upbringing and imparting of skills..... 07 Cannot afford education/training expenses..... 08 Peer pressure..... 09 Other, Specify..... 96						21. If you stop working, what will happen?  I will lose income.... 1  I will not be able to support family/parents financially... 2  My parents will lose someone to assist.... 3  I will fail to meet school expenses..... 4  Nothing will happen... 5  Other (specify)..... 6						22. If given a choice, what would you prefer to do?  Going to school full-time... 01 Working for income full-time..... 02 Helping full-time in household enterprise or business..... 03 Working full-time in household chores or housekeeping..... 04 Going to school part-time and working part-time for income..... 05 Part-time in household enterprise or business..... 06 Part-time in household chores or housekeeping..... 07 Complete education/ training and start to work..... 08 Find a better job/work than the presentwork..... 09 Continue with current work.. 10 Other (Specify)..... 96						23. At what age did you start working for the first time (i.e., in economic or non-economic activity)?  (Age in complete years)  YEARS						24. What do you do for fun/hobby, when not working? (MORE THAN ONE ANSWER IS ACCEPTABLE)  WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA  Playing..... A Watching TV..... B Studying..... C Other (Specify)... D  END OF THIS INTERVIEW						I N D I V I D U A L  I D
	A	B	C	D	E	F																			A	B	C	D									
01																															01						
02																															02						
03																															03						
04																															04						
05																															05						
06																															06						
07																															07						
08																															08						
09																															09						
10																															10						
11																															11						
12																															12						

## INTEGRATED LABOUR FORCE SURVEY, 2014

### GUIDELINES OF HOW TO SELECT RESPONDENTS THAT WILL BE ADMINISTERED TIME USE QUESTIONS (TUS)

ONLY ONE RESPONDENT PER HOUSEHOLD REQUIRED TO BE SELECTED FOR TUS QUESTIONS

USE THE TABLE BELOW TO SELECT TUS RESPONDENT FROM THE HOUSEHOLD.

NAME OF RESPONDENT SELECTED \_\_\_\_\_

HOUSEHOLD MEMBER ID. CODE FROM HOUSEHOLD QUESTIONNAIRE

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GO TO THE COLUMN OF LIST OF HOUSEHOLD MEMBERS IN THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE HOUSEHOLD MEMBER ID. CODE SELECTED FOR TUS

### HOW TO USE THE TABLE BELOW TO SELECT RESPONDENTS FOR TUS

CHECK THE LAST DIGIT OF HOUSEHOLD QUESTIONNAIRE ID. NUMBER. THIS IS THE ROWS ID. THAT YOU HAVE TO STICK TO. CHECK THE NUMBER OF INDIVIDUALS QUALIFIED TO BE INTERVIEWED (5 - YEARS OR ABOVE), IN THE HOUSEHOLDS MEMBER ROSTER. THIS IS THE COLUMN YOU SHOULD GO. WHERE ROWS AND COLUMNS INTERSECT, IS THE HOUSEHOLDS MEMBER ID. SELECTED FOR THE COMPLETION OF TUS QUESTIONNAIRE.

FOR EXAMPLE, IF THERE ARE THREE HOUSEHOLD MEMBERS AGED 5 YEARS OR ABOVE QUALIFIED (NUMBER OF LINE , 02 , 04 , 05 ) . IF THE NUMBER OF HOUSEHOLD QUESTIONNAIRE IS '16 ' , THE LAST DIGIT IS SIX '6 ' , THEREFORE GO TO ROW NUMBER SIX '6 ' . THERE ARE THREE QUALIFIED INDIVIDUALS AGED 5 + IN THE HOUSEHOLDS, SO GO TO COLUMN NUMBER THREE '3'. FOLLOW THOSE ROWS AND COLUMNS AND CHECK WHERE ARE INTERSECTING ('2') AND CIRCLE THAT BOX. NOW GO TO THE HOUSEHOLD ROSTER AND FIND THE SECOND HOUSEHOLD MEMBER WHO QUALIFIES TO BE ADMINISTERED TUS QUESTIONNAIRE (LINE NUMBER '4' IN OUR EXAMPLE). RECORD NUMBER OF THE LINE IN THE BOX SHOWN ABOVE .

### THE TABLE USED TO SELECT RESPONDENTS TO BE INTERVIEWED TUS QUESTIONNAIRE

THE LAST DIGIT IN THE HOUSEHOLD QUESTIONNAIRE NUMBER	TOTAL NUMBER OF RESPONDENTS QUALIFIED TO BE INTERVIEWED, AGED 5 YEARS OR ABOVE							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CONFIDENTIAL

IDENTIFICATION

Quest. No..... Of .....

TIME USE

PERSONAL NO.

FOR OFFICIAL USE

Code of day

PERSONAL DIARY

DATE

MONTH

YEAR

DAY

Period/ Time

1

Description of activity

2

List of Activities from 1 to 5 Activities per time period

FOR OFFICIAL USE

3

ICATUS

Same time?

4

Yes.....1  
No.....2

Code 'A' Payment

5

Code "B" Location

6

Place

7

Inside....1  
Outside...2

Code "C" Means of Transport

8

1

What were you doing yesterday between ..... and .....  
INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD

2

What else were you doing during that period?  
INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD

3

If more than one activity mentioned: Did you do the activities at the same time, or one after the other? INT: WRITE CODE 1 IF THE ANSWER IS 'YES' AND CODE 2 IF THE ANSWER IS 'NO'

4

Did you get any payment? (e.g. Monthly salary; Food and allowance)  
INT: FILL IN COLUMN 5 USING CODE A -PAYMENT

5a

Where were you when you did the activities?  
INT: FILL IN COLUMN 6 USING CODE B – LOCATION AND COLUMN 7 USING "1" FOR INSIDE OR "2" FOR OUTSIDE

5b

Which means of transport, did you use to reach the place of this activities?  
INT: FILL IN COLUMN 8 USING CODE C –MEANS OF TRANSPORT

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

06:00 am

i

ii

iii

iv

v

07:00 am

i

ii

iii

iv

v

08:00 am

i

ii

iii

iv

v

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

PERSONAL NO.										FOR OFFICIAL USE		Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code "A" Payment	Code "B" Location	Place	Code "C" Means of Transport
PERSONAL DIARY										Code of day	1	2	3	4	5	6	7	8	
DATE	MONTH	YEAR	DAY								List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside...2			
<b>6</b> Did you spend any time during the day looking after the children?  Yes: Not mentioned all the time.....1 1 Yes: Already mentioned all the time.....2 2 No.....3 3												09:00 am	i ii iii iv v						
<b>7</b> Did you spend any time during the day looking after the sick person?  Yes: Not mentioned all the time.....1 1 Yes: Already mentioned all the time.....2 2 No .....3 3												10:00 am	i ii iii iv v						
<b>8</b> Did you spend any time during the day looking after the elderly person?  Yes: Not mentioned all the time.....1 1 Yes: Already mentioned all the time.....2 2 No .....3 3												11:00 am	i ii iii iv v						
<b>9</b> Did you spend any time during the day looking after the disabled person?  Yes: Not mentioned all the time.....1 1 Yes: Already mentioned all the time.....2 2 No .....3 3												12:00 pm	i ii iii iv v						
<b>10</b> Was yesterday a typical day for you? (CYCLE THE CORRECT ANSWER) Yes.....1 No, because I was sick.....2 No, because it was School/Holiday.....3 No, because I was on leave from work/day off.....4 No, because there was a funeral, wedding, etc.....5 No, because there was a problem with the weath.....6 No, because I was looking after another family member.....7 No, because there was a public holiday.....8 No, because it was a weekend day.....9 No, other, specify.....10												01:00 pm	i ii iii iv v						

[illegible]

PERSONAL NO.													FOR OFFICIAL USE		Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport		
PERSONAL DIARY													Code of day		1	2	3	4	5	6	7	8		
DATE	MONTH	YEAR	DAY										List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside..2						
<b>11</b> Which activity during the day did you enjoy the most?  Activity _____ Code _____															02:00PM	i _____ ii _____ iii _____ iv _____ v _____								
<b>12</b> Which activity during the day did you enjoy the least?  Activity _____ Code _____																i _____ ii _____ iii _____ iv _____ v _____								
<b>13</b> Generally, how did you feel about yesterday's activities you have just described?  I was too busy/ I had too many things to do..... 1 I had a comfortable amount of things to do in the day..... 2 I was not busy enough/ I did not have enough to do..... 3 I was sick..... 4															03:00 PM	i _____ ii _____ iii _____ iv _____ v _____								
															04:00 pm	i _____ ii _____ iii _____ iv _____ v _____								
															05:00 pm	i _____ ii _____ iii _____ iv _____ v _____								

[illegible]

<b>PERSONAL NO.</b>						<b>FOR OFFICIAL USE</b>	<b>Period/ Time</b>	<b>Description of activity</b>	<b>FOR OFFICIAL USE</b>	<b>Same time?</b>	<b>Code "A" Paymen t</b>	<b>Code "B" Location</b>	<b>Place</b>	<b>Code "C" Means of Transport</b>
							<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>PERSONAL DIARY</b>						<b>Date of day</b>		<b>List of Activities from 1 to 5 Activities per time period</b>	<b>ICATUS</b>	<b>Yes.....1 No.....2</b>			<b>Inside....1 Outside..2</b>	
<b>CODES FOR PAYMENT, LOCATION AND MEANS OF TRANSPORT (CODE "A") PAYMENT</b>							<b>06:00 pm</b>							
01	No Payment							i						
02	Monthly salary only							ii						
03	Salary and other allowances or transport allowance.							iii						
04	Salary and other allowances without transport allowance.							iv						
05	Food and allowance (Cash payment)							v						
06	Cash payment for Services / Sales.													
07	Food, accomodation and other needs.													
08	Allowance and all needs (Cash payment)													
09	Other, specify _____													
10	Not applicable													
<b>(CODE "B") LOCATION</b>							<b>07:00 pm</b>							
01	Own household							i						
02	Someone's household							ii						
03	Field farm or other agricultural workplace within private H/Hold.							iii						
04	Field farm or other agricultural workplace outside private H/Hold							iv						
05	Other workplace within private household							v						
06	Other workplace outside private household													
07	Educational establishment													
08	Public area i.e. not in a private household workplace or hospital													
09	The place for fetching water													
10	The area for collecting firewood.													
11	Traveling or waiting to travel													
12	Other, specify _____													
<b>(CODE "C") MEANS OF TRANSPORT</b>							<b>08:00 pm</b>							
1	Traveling on foot							i						
2	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)							ii						
3	Hiring Transport (e.g. taxi, Pick-up,motocyle, e.t.c)							iii						
4	Traveling by train							iv						
5	Traveling by bus							v						
6	Traveling by bicycle													
7	Water transport (Boat, Ship e.t.c)													
8	Traveling by animal (e.g. Horse, Cow e.t.c)													
9	Traveling by other means (specify) _____													
10	Not applicable													
							<b>09:00 pm</b>							
								i						
								ii						
								iii						
								iv						
								v						
							<b>10:00 pm</b>							
								i						
								ii						
								iii						
								iv						
								v						



IDENTIFICATION

<div>PERSONAL NO.<div></div><div></div></div>										Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
										1	2	3	4	5	6	7	8
<div>PERSONAL DIARY</div> <div><div>DATE</div><div>MONTH</div><div>YEAR</div><div>DAY</div><div>Code of day</div></div>											List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside..2	
										11:00 pm	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
										12 - 04am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	
										04:00 am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	
										05:00 am	<div>i</div> <div>ii</div> <div>iii</div> <div>iv</div> <div>v</div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>		

I N D I V I D U A L  I D	N A M E	A G E	I N D I V I D U A L  I D
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1			01
2			02
3			03
4			04
5			05
6			06
7			07
8			08
9			09
10			10
11			11
12			12

## CODES FOR PAYMENTS, LOCATION AND MEANS OF TRANSPORT

### CODE A - PAYMENTS

01	No Payment
02	Monthly salary only
03	Salary and other allowances or transport allowance.
04	Salary and other allowances without transport allowance.
05	Food and allowance (Cash payment)
06	Cash payment for Services / Sales.
07	Food, accomodation and other needs.
08	Allowance and all needs (Cash payment)
09	Other, specify _____
10	Not applicable

### CODE B - LOCATION

01	Own household
02	Someone's household
03	Field farm or other agricultural workplace within private H/Hold.
04	Field farm or other agricultural workplace outside private H/Hold
05	Other workplace within private household
06	Other workplace outside private household
07	Educational establishment
08	Public area i.e. not in a private household workplace or hospital
09	The place for fetching water
10	The area for collecting firewood.
11	Traveling or waiting to travel
12	Other, specify _____

### GERESHO C - MEANS OF TRANSPORT

01	Traveling on foot
02	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)
03	Hiring Transport (e.g. taxi, Pick-up, motocyle, e.t.c)
04	Traveling by train
05	Traveling by bus
06	Traveling by bicycle
07	Water transport (Boat, Ship e.t.c)
08	Traveling by animal (e.g. Horse, Cow e.t.c)
09	Traveling by other means (specify)
10	Not applicable