



## DRAFT NATIONAL CHILD LABOUR SURVEY QUESTIONNAIRE 2011

**(Addressed to the most knowledgeable member of the household)**

**CONFIDENTIAL:** All information collected in this survey is strictly confidential and will be used for statistical purpose only.

### GENERAL INFORMATION

REGION..... DISTRICT.....LOCALITY (urban, rural).....  ADDRESS OF HOUSEHOLD.....  PHONE NUMBER (-----) .....	<b>ENUMERATION AREA CODE</b> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; margin: 2px;"></div> Region District/Locality EA Number  <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<b>HOUSE/STRUCTURE NO.</b>  <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<b>HOUSEHOLD ID NUMBER</b>  <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
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### INTERVIEWER VISITS

### FINAL VISIT

	1	2	3	DATE/MONTH/YEAR	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
<b>DATE</b>					<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
<b>INTERVIEWER'S NAME</b>				<b>RESULT *</b> <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
				<b>( * ) RESULT CODES</b>	
				1. Completed 2. No household members at home or no competent respondent 3. Entire Household absent for extended period of time 4. Postponed	5. Refused 6. Dwelling vacant or address not a dwelling 7. Dwelling destroyed 8. Dwelling not found 9. Other (Specify).....
<b>SUPERVISOR'S NAME</b>				<b>ELIGIBILITY</b>	
				Number of persons in the household.....	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
				Number of children (5-17) .....	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
<b>NEXT VISIT</b>				<b>Starting Time:        :</b>	<b>Ending Time:        :</b>
				<b>If Additional Questionnaires used indicate Number .....</b>	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>

# Addressed to the most knowledgeable person of the household

## Section I:

## Household and Housing characteristics

<b>HA1. In what type of dwelling does the household live?</b> 1. Villa ..... 1 2. Private house ..... 2 3. Apartment ..... 3 4. Mobile home (e.g. tent) ..... 4 5. Shanty ..... 5 6. Caravan ..... 6 7. Other (.....) ..... 7				<b>HA7. What is the main source of drinking water?</b> 1. Pipe-borne inside house ..... 1 2. Pipe-borne outside house ..... 2 3. Tanker service ..... 3 4. River/stream ..... 4 5. Bore-hole/tube well ..... 5 6. Well ..... 6 7. bottled water ..... 7 8. filtered water (10 lit, 18 lit) ..... 8 9. Rain water ..... 9 10. Other ..... 10			
Other (specify)				Other (Specify)			
<b>HA2. What is the ownership status of this dwelling?</b> 1. Owned by any household member ..... 1 2. Rented ..... 2 3. Provided free ..... 3 4. Subsidized by employer (lodging) ..... 4 5. Other... ..... 5				<b>HA8. Has the household ever changed the place of residence? (district/province/country)</b> 1. Yes, on country level ..... 1 2. Yes, province level ..... 2 3. Yes, district level ..... 3 4. No ..... 4		→HA12	
Other (specify)				<b>HA9. In which district/province/country was the last place of residence of the household? (Ask about the last move)</b> Country: ..... Province: ..... District: .....		<b>CODES (For official use)</b>                 	
<b>HA3. How many sleeping and living rooms are there in this dwelling?</b> 				<b>HA10. In which year did the household move to the present place of residence?</b> 			
<b>HA4. What is the overall size of dwelling in square metres?</b> 1. Less than 20 square metres... 1 2. 20 to 39 square metres ..... 2 3. 40 to 69 square metres ..... 3 4. 70 to 99 square metres ..... 4 5. 100 square metres or more ..... 5				<b>HA11. What was the main reason for coming or changing to the present place of residence?</b> 1. Job transfer ..... 1 2. Found a job ..... 2 3. Looking for job ..... 3 4. Looking for better agricultural land... 4 5. Studies (Schooling/training) ..... 5 6. Proximity to place of work ..... 6 7. Housing ..... 7 8. Social problem ..... 8 9. political problem ..... 9 10. Health problems ..... 10 11. Other ..... 11			
<b>HA5. Are any of these facilities available to the household? (Enter appropriate code for each facility)</b>		<b>KITCHEN</b> 1 2 3 4 5	<b>Independent BATHROOM</b> 1 2 3 4 5	<b>Independent</b> 1 2 3 4 5	<b>Shower +toilet</b> 1 2 3 4 5		
<b>HA6. What is the main source of energy?</b> 1. Wood ..... 1 2. Coal ..... 2 3. Kerosene/Diesel ..... 3 4. Gas ..... 4 5. Electricity ..... 5 6. Solar ..... 6 7. Other... ..... 7 8. Nothing ..... 8		<b>COOKING</b> 1 2 3 4 5 6 7 8	<b>HEATING</b> 1 2 3 4 5 6 7 8	<b>cooling</b> 1 2 3 4 5 6 7 8	<b>Lighting</b> 1 2 3 4 5 6 7 8		
Other (Specify)							

HA12. Does the household own any of the following? (Mark "YES" or "NO" for all options)	1= YES 2=NO	Skip to question
1. Private Automobile.....	1 <input type="checkbox"/>	
2. Tractor.....	2 <input type="checkbox"/>	
3. Motor-bike.....	3 <input type="checkbox"/>	
4. Bicycle.....	4 <input type="checkbox"/>	
5. Animal drawn-cart...	5 <input type="checkbox"/>	
6. Television.....	6 <input type="checkbox"/>	
7. Iron.....	7 <input type="checkbox"/>	
8. VCD/DVD player.....	8 <input type="checkbox"/>	
9. Washing machine.....	9 <input type="checkbox"/>	
10. Oven.....	10 <input type="checkbox"/>	
11. Dishwasher.....	11 <input type="checkbox"/>	
12. Refrigerator.....	12 <input type="checkbox"/>	
13. Freezer	13 <input type="checkbox"/>	
14. Computer.....	14 <input type="checkbox"/>	
15. Sewing machine.....	15 <input type="checkbox"/>	
16. Satellite/Cable TV.....	16 <input type="checkbox"/>	
17. Telephone (Land line)...	17 <input type="checkbox"/>	
18. Mobile phone.....	18 <input type="checkbox"/>	
19. Radio/cassette player.....	19 <input type="checkbox"/>	
20. Generator .....	20 <input type="checkbox"/>	
21. Air Conditioner .....	21 <input type="checkbox"/>	
22. Electric Fan .....	22 <input type="checkbox"/>	
23. Electric/Gas/Diesel/kerosene Heater .....	23 <input type="checkbox"/>	
24. Digital Camera .....	24 <input type="checkbox"/>	
25. Internet wired/wireless connection .....	25 <input type="checkbox"/>	
26. cooker without oven		
27. Solar heater		
28. Keizer (Gas, electricity)		
29. Water filtering device		
30. Vacuum Cleaner		
HA13. Does the household own any livestock?		
1. Yes.....	1	→HA14
2. No.....	2	→HA15
HA14. How many?	In number	
1. Camel.....		
2. Horse.....	<input type="checkbox"/>	
3. Cow/buffalo.....	<input type="checkbox"/>	
4. Sheep.....	<input type="checkbox"/>	
5. Goat.....	<input type="checkbox"/>	
6. Poultry/pigeons	<input type="checkbox"/>	
7. Rabbits	<input type="checkbox"/>	
8. Others.....	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	
HA15. Does the household own any land?		
1. Yes.....	1	→HA16
2. No.....	2	→HC17

HA16. How many Ares of land does the household own? (in acres)	Acres	
1. Agricultural (cultivable)....	<input type="text"/>	
2. Other .....	<input type="text"/>	
Other (Specify)	<input type="text"/>	
HA 17. What is the household's average monthly expenditure? (in local currency)...(in '000 Leones) (This question is to be recorded as expenditure incurred at the household level.)	<input type="text"/>	
HA 18. What are the household's sources of income?		
1. Employment.	<input type="checkbox"/> Yes=1, No=2	
2. Social transfers	<input type="checkbox"/> Yes=1, No=2	
3. Scholarship	<input type="checkbox"/> Yes=1, No=2	
4. Rent/property	<input type="checkbox"/> Yes=1, No=2	
5. Private transfers	<input type="checkbox"/> Yes=1, No=2	
6. Income from self-production (domestic)	<input type="checkbox"/> Yes=1, No=2	
7. Income from private enterprise (self-employed)	<input type="checkbox"/> Yes=1, No=2	
8. Financial income from property (stocks, bonds, .....)	<input type="checkbox"/> Yes=1, No=2	
9. others (specify)	<input type="checkbox"/> Yes=1, No=2	
HA 19. What is the household's average monthly income? (in local currency) )...(in '000 Leones)	<input type="text"/>	

<b>HA20</b>	Who is the person in your family, which contributes the biggest bulk of the monthly income of the family?		
	The Father 1 The Mother 2 Male family member 3 Female family member 4 Others (Specify....) 5		<input type="checkbox"/>
<b>HA21</b>	Which of the following consume the largest bulk of the family income?		
	Rents 1 Education 2 Transportations 3 Health/Medicines 4 Food/clothes 5 Communications (telephone, Internet) 6 Water/Electricity bills 7 Others (Specify....) 8		<input type="checkbox"/>
<b>HA22</b>	If we assume that social class determined by the economic aspects only, and you are asked to use one of the following four options to describe the social class to which your family belongs to, which one you would choose: the upper class, the middle upper class, middle class, or working class?		
	<b>Upper Class</b> 1 <b>Upper Middle Class</b> 2 <b>Middle Class</b> 3 <b>Working Class</b> 4 <b>Refused to answer (Don't read)</b> 8 <b>Don't Know (Don't read)</b> 9		<input type="checkbox"/>
<b>HA23</b>	In Jordan, poverty line is (almost 365) dinars per month per family. Tell us if your family income is less or more than that?		
	<b>A lot less than that</b> 1 <b>Less than that</b> 2 <b>Almost equal to 365JD</b> 3 <b>More than that</b> 4 <b>A lot more than that</b> 5		<input type="checkbox"/>

## Addressed to the most knowledgeable member of household

### Section II: Household Composition and Characteristics for All Household Members

Person's serial number in household	Can you please provide full names of all persons who are part of this household, beginning with the Head of the Household?  <i>A Household is defined as a person or group of persons who live together in the same house or compound, share the same housekeeping arrangements and are catered for as one unit. Members of a household are not necessarily related (by blood or marriage) and not all those related in the same house or compound are necessarily of the same household)</i>	Which household member provided information on the individual (write serial number from HC1)	What is (NAME)'s relationship to head of the household ? 1. Household Head 2. Spouse 3. Son / Daughter 4. Brother/Sister 5. Father /Mother 6. Daughter-in-law/son-in-law 7. Grandchild 8. Niece / Nephew 9. Other relative 10. Servant (live-in) 11. Others	What is the sex of each of these individual household members?  1. Male 2. Female	How old was (NAME) at (his/her) last birthday?  (In complete d years)	Indicate With "1" if person is between 5-17 years old, "0" otherwise	For persons between 5-60 years : Does he/she possess a visible disability that was acquired after he/she was born?  1. Blind/ Impaired vision 2. Missing/ Imperfect limbs (hands and legs) 3. Deaf 4. Mental or Other 99. No disability	What is (NAME)'s marital status (for persons 12 years or above) ?  1. Single or never married 2. Married civil/religious 4. Widowed 5. Divorced 6. Married but separated	For ALL household members				Nationality:  1. Jordanina 2. Syrian 3. Egyptian 4.. Iraqi 5. Palestinian 6. other Arabic Nationality 7. Non Arabic nationality
									Please indicate (NAME) `s serial number. (Write 99 if absent or not applicable)				
									Spouse (if applicable and s/he is among the household members)	Natural Mother (if she is among the household members)	Natural Father (if he is among the household members)		
HC1	HC2	HC3	HC4	HC5	HC6	HC7	HC8	HC9	HC10	HC11	HC12		
01		___	___	__	___	__	___	__	___	___	___		
02		___	___	__	___	__	___	__	___	___	___		
03		___	___	__	___	__	___	__	___	___	___		
04		___	___	__	___	__	___	__	___	___	___		
05		___	___	__	___	__	___	__	___	___	___		
06		___	___	__	___	__	___	__	___	___	___		
07		___	___	__	___	__	___	__	___	___	___		
08		___	___	__	___	__	___	__	___	___	___		

### Section III:

**Educational Attainment for All Household Members aged 5 and above**

[illegible]

<b>Serial No in HC1</b>																						<b>Skip To Question</b>
<b>Name of household member</b>																						
<b>ED5. Has (NAME) ever attended school?</b>																						→ED7 →ED6
1. Yes..... 2. No.....	1 2			1 2			1 2			1 2			1 2			1 2			1 2			
<b>ED6. What is/was the main reason why (NAME) has never attended school?</b> (Read each of the following options and circle the most appropriate option.)																						Skip to CE1 for all answers
1. Too young .....	1			1			1			1			1			1			1			
2. Disabled/ illness.....	2			2			2			2			2			2			2			
3. No school/school too far.....	3			3			3			3			3			3			3			
4. Cannot afford schooling.....	4			4			4			4			4			4			4			
5. Family did not allow schooling...	5			5			5			5			5			5			5			
6. Not interested in school.....	6			6			6			6			6			6			6			
7. Education not considered valuable.	7			7			7			7			7			7			7			
8. School not safe.....	8			8			8			8			8			8			8			
9. To learn a job.....	9			9			9			9			9			9			9			
10. To work for pay .....	10			10			10			10			10			10			10			
11. To work as unpaid worker in family business/farm .....	11			11			11			11			11			11			11			
12. Help at home with household chores.....	12			12			12			12			12			12			12			
13. Other .....	13			13			13			13			13			13			13			
<b>Other (specify)</b>																						
<b>ED7. At what age did (NAME) begin primary school?</b> (Age in completed years).....																						
<b>ED8. What is the highest level/type of school and grade (NAME) has attended?</b> <i>Level: (L) Grade (G)</i>	<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		<b>L</b>	<b>G</b>		
1. kindergartens	1			1			1			1			1			1			1			
2. Primary	2			2			2			2			2			2			2			
3. Preparatory	3			3			3			3			3			3			3			
4. basic education	4			4			4			4			4			4			4			
5. professional apprenticeship	5			5			5			5			5			5			5			
6. Secondary Education	6			6			6			6			6			6			6			
7. Average Diploma	7			7			7			7			7			7			7			
8. Bachelor	8			8			8			8			8			8			8			
9. Higher Diploma	9			9			9			9			9			9			9			
10. Master	10			10			10			10			10			10			10			
11. Ph.D. 12. I do not know	11 12			11 12			11 12			11 12			11 12			11 12			11 12			
<b>ED9. At what age did (NAME) leave school?</b> (Age in completed years).....																						→Go to the next section, section IV, question CE1

Section IV:		Current Economic Activity Status of All Household Members (5 and above) during the reference week							
Serial No in HC1									Skip To Question
Name of household member									
<b>A. Employment</b>									
<b>CE1. Did (NAME) engage in any work at least one hour during the past week?</b> <i>(As employee, self employed, employer or unpaid family worker)</i> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	→CE4 →CE2
<b>CE2. During the past week did (NAME) do any of the following activities, even for only one hour?</b> <i>(Read each of the following questions until the first affirmative response is obtained)</i> <b>(a) Run or do any kind of business, big or small, for himself/herself or with one or more partners?</b> <i>Examples: Selling things, making things for sale, repairing things, guarding cars, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, barber, shoe shining etc.</i>	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	If any “YES” → CE4  Otherwise →CE3
<b>(b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?</b> <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i> <i>Types of work: bar attendant, restaurant worker, night watchman, scavenger, scrap metal collector, commercial sex worker, etc.</i>									
<b>(c) Do any work as a domestic worker for a wage, salary or any payment in kind?</b>									
<b>(d) Help unpaid in a household business of any kind? (Don't count normal housework.)</b> <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>									
<b>(e) Do any work on his/her own or the household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household?</b> <i>Examples: ploughing, harvesting, looking after livestock.</i>									
<b>(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?</b>									
<b>(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?</b>									
<b>(h) Fetch water or collect firewood for household use?</b>									
<b>(i) Produce any other good for this household use?</b> <i>Examples: clothing, furniture, clay pots, etc.</i>									



Serial No in HC1	<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><div></div></div>	Skip To Question
Name of household member									
CE3. Even though (NAME) did not do any of these activities in the past week, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? <i>(For agricultural activities, the off season in agriculture is not a temporary absence.)</i> 1. Yes..... 2. No.....	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	→ CE4 → CE14
CE4. Describe the main job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc. <i>("Main" refers to the work on which (NAME) spent most of the time during the week.)</i>									
Job/Task									
OCCUPATION CODE <i>For official use</i>	<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><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
Name of place of work									
CE5. Describe briefly the main activity i.e. goods produced and services rendered where (NAME) is working.									
Activity/Type									
INDUSTRY CODE <i>For official use</i>	<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><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
CE6. Where did (NAME) carry out his/her main work during the past week? <i>(Read out responses below)</i> 1. At (his/her) family dwelling... 2. Client`s place ..... 3. Formal office ..... 4. Factory / Atelier ..... 5. Plantations / farm / garden..... 6. Construction sites..... 7. Mines / quarry..... 8. Shop / kiosk / coffee house / restaurant / hotel 9. Different places (mobile)..... 10. Fixed, street or market stall ..... 11. Pond/lake/river..... 97. Other.....	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>97</div>		
Other (specify)									



week how many hours did (NAME) actually work?

Main: (M) Other: (O)

→

→

1. Sunday.....	<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><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>	
2. Monday.....	<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><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>	
3. Tuesday.....	<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><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>	
4. Wednesday.....	<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><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>	
5. Thursday.....	<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><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>	
6. Friday.....	<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><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>	
7. Saturday.....	<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><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>	
TOTAL	<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><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>	

Serial No in HC1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip To Question
Name of household member									
<b>CE12. During the past week when did you usually carry out these activities?</b> <b><u>For ALL children (including children attending school):</u></b> 1. During the day (between 6 a.m. and 6 p.m.) 2. In the evening or at night (after 6 p.m.) 3. During both the day and the evening (for the entire day). 4. On the week-end..... 5. Sometimes during the day, sometimes in the evening <b><u>ADDITIONAL: For children attending school ONLY (If ED2=YES):</u></b> 1. After school..... 2. Before school..... 3. Both before or after school..... 4. On the week-end..... 5. During missed school hours/days.....	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10	1 2 3 4 5  6 7 8 9 10		
<b>CE13. At what age (NAME) started to work for the first time in his/her life?</b> (As regular or casual employee, self employed, employer or unpaid family worker)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→Go to the next section, section V, question UE1
<b>B. JOB SEARCH</b>									
<b>CE14. Was (NAME) looking for work in the last week?</b> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	Go to the next section, section V, question UE2

## Section V: Usual Employment Status of All Household Members (5 and above) during the last 12 months

## Section V: Usual Employment Status of All Household Members (5 and above) during the last 12 months

[illegible]

[illegible]

Section VI:		Health and Safety issues about working children (5 - 17 years)							
Serial No in HC1									Skip to Question
Name of household member									<p>If all "NO" → HS4</p> <p>Otherwise → HS2</p>
<b>HS1. Did you have any of the following in the past 12 months because of your work?</b> <i>(Read each of the following options and mark "YES" or "NO" for all options)</i>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	
1. Superficial injuries or open wounds	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	1  <input type="checkbox"/>	
2. Fractures.....	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	2  <input type="checkbox"/>	
3. Dislocations, sprains or stains...	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	3  <input type="checkbox"/>	
4. Burns, corrosions, scalds or frostbite	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	4  <input type="checkbox"/>	
5. Breathing problems.....	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	5  <input type="checkbox"/>	
6. Eye problems.....	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	6  <input type="checkbox"/>	
7. Skin problems...	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	7  <input type="checkbox"/>	
8. Stomach problems / diarrhea ...	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	8  <input type="checkbox"/>	
9. Fever.....	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	9  <input type="checkbox"/>	
10. Extreme fatigue.....	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	10  <input type="checkbox"/>	
11. Snake bite .....	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	11  <input type="checkbox"/>	
12. Insect bite .....	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	12  <input type="checkbox"/>	
13. Other (specify).....	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	13  <input type="checkbox"/>	
Other (specify)									
<b>HS2. Think about your most serious illness/injury, how did this/these affect your work/schooling?</b>									
1. Not serious- did not stop work/schooling	1	1	1	1	1	1	1	1	
2. Stopped work or school for a short time	2	2	2	2	2	2	2	2	
3. Stopped work or school completely	3	3	3	3	3	3	3	3	
<b>HS3. Think about your most serious illness/injury, what were you doing when this happened?</b>									
Job/Task									
<b>OCCUPATION CODE</b> For Official use									

Serial No in HC1									Skip to Question
Name of household member									
<b>HS4. Do you carry heavy loads at work?</b> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
<b>HS5. Do you operate any machinery/heavy equipment at work?</b> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	→ HS6 → HS7
<b>HS6. What type of tools, equipment or machines do you use at work?</b> <i>(Write down 2 mostly used)</i>	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	
<b>HS7. Are you exposed to any of the following at work?</b> <i>(Read each of the following options and mark "YES" or "NO" for all options)</i>	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	
1. Dust, fumes, 2. Fire, gas, flames..... 3. Loud noise or vibration..... 4. Extreme cold or heat 5. Dangerous tools (knives etc)..... 6. Work underground..... 7. Work at heights..... 8. Work in water/lake/pond/river..... 9. Workplace confined .... 10. Workplace too dark 11. Insufficient ventilation..... 12. Chemicals (pesticides, glues, etc.).. 13. Explosives..... 14. Narcotic drugs ..... 15. Arms (guns) ..... 16. Other things, processes or conditions bad for your	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16	
Other (specify)									
<b>HS8. Have you ever been subject to the following at work?</b> <i>(Read each of the following options and mark "YES" or "NO" for all options)</i>	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	
1. Constantly shouted at ..... 2. Repeatedly insulted..... 3. Beaten /physically hurt... 4. Sexually abused (touched or done things to you that you did not want) 5. Other (Specify).....	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	1  2  3  4  5	
Other (specify)									



[illegible]

Section VII:		Household Tasks of Children (5 - 17 years)							
Serial No in HC1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Skip to Question
Name of household member									
<b>HT1. During the past week did you do any of the tasks indicated below for this household?</b> <i>(Read each of the following options and mark "YES" or "NO" for all options)</i>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	<b>1= YES</b> <b>2=NO</b>	If any "YES" →HT2  Otherwise <b>END</b> for this HH member.
1. Shopping for household.... 2. Repair any household equipment's 3. Cooking..... 4. Cleaning utensils/house/cars..... 5. Washing clothes..... 6. Caring for children/old/sick..... 7. Other household tasks....	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/>	
Other (Specify)									
<b>HT2. During each day of the past week how many hours did you do such household tasks?</b> <i>(Record for each day separately)</i>									
1. Sunday..... 2. Monday..... 3. Tuesday..... 4. Wednesday..... 5. Thursday..... 6. Friday..... 7. Saturday.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>HT3. During the past week when did you usually carry out these activities?</b> <b><u>For ALL children (including children attending school):</u></b> 1. During the day (between 6 a.m. and 6 p.m.) ..... 2. In the evening or at night (after 6 p.m.) ..... 3. During both the day and the evening (for the entire day). 4. On the week-end..... 5. Sometimes during the day, sometimes in the evening	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<b><u>ADDITIONAL: For children attending school ONLY (If ED2=YES):</u></b> 1. After school..... 2. Before school..... 3. Both before or after school..... 4. On the week-end..... 5. During missed school hours/days....	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	6 7 8 9 10	