



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 (-----)	ENUMERATION AREA CODE <input type="text"/> <input type="text"/> <input type="text"/> Region District/Locality EA Number <input type="text"/> <input type="text"/>	HOUSE/STRUCTURE NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HOUSEHOLD ID NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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INTERVIEWER VISITS

FINAL VISIT

	1	2	3		
DATE				DATE/MONTH/YEAR	<input type="text"/> - <input type="text"/> - <input type="text"/>
				RESULT *	<input type="text"/>
INTERVIEWER'S NAME				(*) RESULT CODES	
				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).....
SUPERVISOR'S NAME				ELIGIBILITY	
				Number of persons in the household.....	<input type="text"/>
				Number of children (5-17)	<input type="text"/>
NEXT VISIT				Starting Time: :	Ending Time: :
				If Additional Questionnaires used indicate Number	<input type="text"/>

Addressed to the most knowledgeable person of the household

Section I:

Household and Housing characteristics

HA1. In what type of dwelling does the household live? 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 Other (specify)		HA7. What is the main source of drinking water? 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																																														
HA2. What is the ownership status of this dwelling? 1. Owned by any household member 1 2. Rented 2 3. Provided free 3 4. Subsidized by employer (lodging) 4 5. Other... 5 Other (specify)		HA8. Has the household ever changed the place of residence? (district/province/country) 1. Yes, on country level 1 2. Yes, province level 2 3. Yes, district level 3 4. No 4 →HA12																																														
HA3. How many sleeping and living rooms are there in this dwelling? 		HA9. In which district/province/country was the last place of residence of the household? (Ask about the last move) Country: Province: District: <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <th colspan="4">CODES (For official use)</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>		CODES (For official use)																																												
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HA4. What is the overall size of dwelling in square metres? 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		HA10. In which year did the household move to the present place of residence? 																																														
HA5. Are any of these facilities available to the household? (Enter appropriate code for each facility) <table border="1" style="width: 100%; text-align: center; font-size: small;"> <thead> <tr> <th></th> <th>KITCHEN</th> <th>Independent BATHROOM</th> <th>Independent</th> <th>Shower +toilet</th> </tr> </thead> <tbody> <tr> <td>1. Inside house and exclusive.....</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2. Inside house and shared.....</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>3. Outside house and exclusive...</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>4. Outside house and shared....</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td></td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> </tbody> </table>			KITCHEN	Independent BATHROOM	Independent	Shower +toilet	1. Inside house and exclusive.....	1	1	1	1	2. Inside house and shared.....	2	2	2	2	3. Outside house and exclusive...	3	3	3	3	4. Outside house and shared....	4	4	4	4		5	5	5	5	HA11. What was the main reason for coming or changing to the present place of residence? 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 Other (Specify)																
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	5	5	5	5																																												
HA6. What is the main source of energy? <table border="1" style="width: 100%; text-align: center; font-size: small;"> <thead> <tr> <th></th> <th>COOKING</th> <th>HEATING</th> <th>cooling</th> <th>Lighting</th> </tr> </thead> <tbody> <tr> <td>1. Wood.....</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2. Coal.....</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>3. Kerosene/Diesel.....</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>4. Gas.....</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>5. Electricity.....</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>6. Solar.....</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>7. Other...</td> <td>7</td> <td>7</td> <td>7</td> <td>7</td> </tr> <tr> <td>8. Nothing</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table> Other (Specify)			COOKING	HEATING	cooling	Lighting	1. Wood.....	1	1	1	1	2. Coal.....	2	2	2	2	3. Kerosene/Diesel.....	3	3	3	3	4. Gas.....	4	4	4	4	5. Electricity.....	5	5	5	5	6. Solar.....	6	6	6	6	7. Other...	7	7	7	7	8. Nothing	8	8	8	8		
	COOKING	HEATING	cooling	Lighting																																												
1. Wood.....	1	1	1	1																																												
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6. Solar.....	6	6	6	6																																												
7. Other...	7	7	7	7																																												
8. Nothing	8	8	8	8																																												

HA20	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	
HA21	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	
HA22	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?		
	Upper Class	1	┌ └
	Upper Middle Class	2	
	Middle Class	3	
	Working Class	4	
	Refused to answer (Don't read)	8	
	Don't Know (Don't read)	9	
HA23	In Jordan, poverty line is (almost 365) dinars per month per family. Tell us if your family income is less or more than that?		
	A lot less than that	1	┌ └
	Less than that	2	
	Almost equal to 365JD	3	
	More than that	4	
	A lot more than that	5	

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 3. 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		___	___	__	___	__	___	__	___	___	___	___	

Serial No in HC1																	Skip To Question
Name of household member																	
ED5. Has (NAME) ever attended school?																	
1. Yes.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	→ED7
2. No.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	→ED6
ED6. What is/was the main reason why (NAME) has never attended school? (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	1	1	1	1	1	1	1	1	1	
2. Disabled/ illness.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3. No school/school too far.....	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4. Cannot afford schooling.....	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5. Family did not allow schooling...	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
6. Not interested in school.....	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
7. Education not considered valuable.	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
8. School not safe.....	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
9. To learn a job.....	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
10. To work for pay	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
11. To work as unpaid worker in family business/farm	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
12. Help at home with household chores.....	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	
13. Other	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	
Other (specify)																	
ED7. At what age did (NAME) begin primary school? (Age in completed years).....																	
ED8. What is the highest level/type of school and grade (NAME) has attended? <i>Level: (L) Grade (G)</i>	L	G	L	G	L	G	L	G	L	G	L	G	L	G	L	G	Skip to CE1 for all answers
1. kindergartens	1		1		1		1		1		1		1		1		
2. Primary	2		2		2		2		2		2		2		2		
3. Preparatory	3		3		3		3		3		3		3		3		
4. basic education	4		4		4		4		4		4		4		4		
5. professional apprenticeship	5		5		5		5		5		5		5		5		
6. Secondary Education	6		6		6		6		6		6		6		6		
7. Average Diploma	7		7		7		7		7		7		7		7		
8. Bachelor	8		8		8		8		8		8		8		8		
9. Higher Diploma	9		9		9		9		9		9		9		9		
10. Master	10		10		10		10		10		10		10		10		
11. Ph.D. 12. I do not know	11		11		11		11		11		11		11		11		
ED9. At what age did (NAME) leave school? (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	<input type="text"/>	Skip To Question							
Name of household member									
A. Employment									
CE1. Did (NAME) engage in any work at least one hour during the past week? <i>(As employee, self employed, employer or unpaid family worker)</i> 1. Yes..... 2. No.....	1 2	→CE4 →CE2							
CE2. During the past week did (NAME) do any of the following activities, even for only one hour? <i>(Read each of the following questions until the first affirmative response is obtained)</i> (a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? <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> (b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <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> (c) Do any work as a domestic worker for a wage, salary or any payment in kind? (d) Help unpaid in a household business of any kind? (Don't count normal housework.) <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> (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? <i>Examples: ploughing, harvesting, looking after livestock.</i> (f) Do any construction or major repair work on his/her own home, plot, or business or those of the household? (g) Catch any fish, prawns, shells, wild animals or other food for sale or household food? (h) Fetch water or collect firewood for household use? (i) Produce any other good for this household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	If any "YES" → CE4 Otherwise →CE3					
	<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"/>								

Serial No in HC1	□□	□□	□□	□□	□□	□□	□□	□□	Skip To Question
Name of household member									
CE12. During the past week when did you usually carry out these activities? <u>For ALL children (including children attending school):</u> 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 <u>ADDITIONAL: For children attending school ONLY (IF ED2=YES):</u> 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								
CE13. At what age (NAME) started to work for the first time in his/her life? (As regular or casual employee, self employed, employer or unpaid family worker)	□□	□□	□□	□□	□□	□□	□□	□□	→Go to the next section, section V, question UE1
B. JOB SEARCH									
CE14. Was (NAME) looking for work in the last week? 1. Yes..... 2. No.....	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

| Serial No in HC1
Name of household member | <input type="checkbox"/> | Skip To Question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| UE1. Was the work reported in CE4, CE5 and CE7 (NAME)'s main employment during the past 12 months?
<i>(As employee, own account worker, employer or unpaid family worker)</i>
1. Yes.....
2. No..... | 1
2 | → UE7
→ UE4 |
| UE2. Did (NAME) engage in any work during the past 12 months?
<i>(As employee, self employed, employer or unpaid family worker)</i>
1. Yes.....
2. No..... | 1
2 | →UE4
→UE3 |
| UE3. In the past twelve months, did (NAME) do any of the following activities, even for only one hour?
<i>(Read each of the following questions until the first affirmative response is obtained)</i>
(a) Run or do any kind of business, big or small, for himself/herself or with one or more partners?
<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>
(b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?
<i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing. Types of work: bar attendant, restaurant worker, night watchman, scavenger, scrap metal collector, commercial sex worker, etc.</i>
(c) Do any work as a domestic worker for a wage, salary or any payment in kind?
(d) Help unpaid in a household business of any kind? (Don't count normal housework.)
<i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>
(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?
<i>Examples: ploughing, harvesting, looking after livestock.</i>
(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?
(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?
(h) Fetch water or collect firewood for household use?
(i) Produce any other good for this household use?
<i>Examples: clothing, furniture, clay pots, etc.</i> | 1= YES
2=NO | If any
"YES"
→UE4

Otherwise
- Go to Section VI (HS) if age < 18
- If age > 17 (18 and more) then end interview for this member and go to the next member in Section II |

Section VI:

Health and Safety issues about working children (5 - 17 years)

Serial No in HC1									Skip to Question	
Name of household member										
HS1. Did you have any of the following in the past 12 months because of your work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO									
1. Superficial injuries or open wounds	1 <input type="checkbox"/>	If all "NO" → HS4 Otherwise → HS2								
2. Fractures.....	2 <input type="checkbox"/>									
3. Dislocations, sprains or stains...	3 <input type="checkbox"/>									
4. Burns, corrosions, scalds or frostbite	4 <input type="checkbox"/>									
5. Breathing problems.....	5 <input type="checkbox"/>									
6. Eye problems.....	6 <input type="checkbox"/>									
7. Skin problems...	7 <input type="checkbox"/>									
8. Stomach problems / diarrhea ...	8 <input type="checkbox"/>									
9. Fever.....	9 <input type="checkbox"/>									
10. Extreme fatigue.....	10 <input type="checkbox"/>									
11. Snake bite	11 <input type="checkbox"/>									
12. Insect bite	12 <input type="checkbox"/>									
13. Other (specify).....	13 <input type="checkbox"/>									
Other (specify)										
HS2. Think about your most serious illness/injury, how did this/these affect your work/schooling?										
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		
HS3. Think about your most serious illness/injury, what were you doing when this happened?										
Job/Task										
OCCUPATION CODE For Official use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

HS9. Does your Father/Mother:	1= YES 2=NO								
1. Cares about your work conditions	1 <input type="checkbox"/>								
2. force you to work at the place you are working in now	2 <input type="checkbox"/> 3 <input type="checkbox"/>								
3. force you to do house shores after finishing your work	4 <input type="checkbox"/>								
4. have you suffer from any diseases before joining the work?	5 <input type="checkbox"/>								
5. Is there any cleaning materials at work place (water, soap, etc...)									

Section VII:

Household Tasks of Children (5 - 17 years)

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