


SECTION IX		Educational Attainment of All Children (5-17)						17 JUL 2007		
Serial No in A1 →								Skip to Question		
Name of household member →										
Age of household member →								Children Aged 5-9 years	Children Aged 10-17 years	
C1. Can you read and write a short, simple statement with understanding in any language?										
1. Yes.....	1	1	1	1	1	1	1			
2. No.....	2	2	2	2	2	2	2			
C2. Are you attending school or pre-school during the current school year?										
1. Yes.....	1	1	1	1	1	1	1	→C3		
2. No.....	2	2	2	2	2	2	2	→C8		
C3. What is the level of school and grade that you are currently attending? Level: (L) Grade (G)	L	G	L	G	L	G	L	G	L	G
1. Pre-school.....	1		1		1		1		1	
2. Primary.....	2		2		2		2		2	
3. preparatory.....	3		3		3		3		3	
4. Secondary- general.....	4		4		4		4		4	
5. Secondary-Technical.....	5		5		5		5		5	
6. Above intermediate.....	6		6		6		6		6	
7. University or higher.....	7		7		7		7		7	
8. Non standard curriculum...	8		8		8		8		8	
C4. At what age did you begin primary school? (If C3=1 write 95) (Age in completed years..).....										
C5. Did you miss any school day during the past week?										
1. Yes.....	1	1	1	1	1	1	1	→C6	→C6	
2. No.....	2	2	2	2	2	2	2	→C17	→C14	
C6. How many school days did you miss during the past week? (Write the number of days).....										
C7. Why did you miss school day(s) during the past week ? (Read each of the following options and circle two most appropriate option)								C17	C14	
A. School vacation period.....	A	A	A	A	A	A	A	C17	C14	
B. Teacher was absent .....	B	B	B	B	B	B	B			
C. Physical or emotional violence from teacher or peers	C	C	C	C	C	C	C			
D. Bad weather conditions.....	D	D	D	D	D	D	D			
E. To help family business.....	E	E	E	E	E	E	E			
F. To help at home with household tasks ...	F	F	F	F	F	F	F			
G. Working outside family business....	G	G	G	G	G	G	G			
H. Illness/ Injury/disablement .....	H	H	H	H	H	H	H			
U. Other .....	U	U	U	U	U	U	U			

Other (Specify).....								
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Serial No in A1 →							Skip to Question				
Name of household member →											
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years			
<b>C8. Have you ever attended school?</b>											
1. Yes.....	1	1	1	1	1	1	→C10				
2. No.....	2	2	2	2	2	2	→C9				
<b>C9. Why have you never attended school? (Read each of the following options and circle the most appropriate option)</b>											
01. Too young .....	01	01	01	01	01	01	<div style="display: flex; justify-content: space-around;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 10px; text-align: center;">C17</div> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 10px; text-align: center;">C14</div> </div>				
02. Disabled/ illness.....	02	02	02	02	02	02					
03. Physical or emotional violence from teachers or peers	03	03	03	03	03	03					
04. I can't go to school at the same days of work	04	04	04	04	04	04					
05. No school/school too far.....	05	05	05	05	05	05					
06. Cannot afford schooling.....	06	06	06	06	06	06					
07. Family can't afford other education costs	07	07	07	07	07	07					
08. Family did not allow schooling...	08	08	08	08	08	08					
09. Not interested in school.....	09	09	09	09	09	09					
10. Education not considered valuable.	10	10	10	10	10	10					
11. School not safe.....	11	11	11	11	11	11					
12. To learn a job.....	12	12	12	12	12	12					
13. To work for pay .....	13	13	13	13	13	13					
14. My family not allow me to go to school because I'm a girl and my body grow up	14	14	14	14	14	14					
15. To work as unpaid worker in family business/farm .....	15	15	15	15	15	15					
16. Help at home with household tasks...	16	16	16	16	16	16					
17. I don't have a birth certificate	17	17	17	17	17	17					
96. Other .....	96	96	96	96	96	96					
<b>Other(Specify)</b>											
<b>C10. What is the highest level of school and grade you have attended and completed successfully?</b>	L	G	L	G	L	G	L	G	L	G	
<i>Level (L) Grade (G)</i>											
1. Pre-school.....	1		1		1		1		1		
2. Primary.....	2		2		2		2		2		
3. preparatory.....	3		3		3		3		3		
4. Secondary- general.....	4		4		4		4		4		
5. Secondary-Technical.....	5		5		5		5		5		
6. Above intermediate.....	6		6		6		6		6		
7. University or higher.....	7		7		7		7		7		
8. Non standard curriculum...	8		8		8		8		8		
<b>C11. At what age did you begin primary school?</b> (If C10=1 write 95) (Age in completed years).....											

<b>C12. At what age did you leave school?</b> <i>(Age in completed years).....</i>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
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Serial No in A1 →	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	Skip to Question		
Name of household member →									
Age of household member →	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u>	Children Aged 5-9 years	Children Aged 10-17 years	
<b>C13. Why did you leave school?</b> (Circle the most appropriate option)							 C17		
01. Completed his/her compulsory schooling (IF C10=X)	01	01	01	01	01	01			
02. Too old for school.....	02	02	02	02	02	02			
03. Disabled/ illness.....	03	03	03	03	03	03			
04. No school/school too far.....	04	04	04	04	04	04			
05. Cannot afford schooling...	05	05	05	05	05	05			
06. Family did not allow schooling.	06	06	06	06	06	06			
07. Poor in studies/not interested in school.	07	07	07	07	07	07			
08. Education not considered valuable	08	08	08	08	08	08			
09. School not safe.....	09	09	09	09	09	09			
10. To learn a job.....	10	10	10	10	10	10			
11. To work for pay as employee or (as paid/ unpaid worker) in family business or farm.....	11	11	11	11	11	11			
12. Help at home with household tasks.....	12	12	12	12	12	12			
96. Other (Specify).....	96	96	96	96	96	96			
<b>Other(Specify)</b>									
<b>C14. Have you ever attended/are you currently attending a vocational / skills training course outside of school?</b>									
1. Yes.....	1	1	1	1	1	1		→C15 →C17	
2. No.....	2	2	2	2	2	2			
<b>C15. Have you /will you obtain a certificate for this vocational training?</b>									
1. Yes .....	1	1	1	1	1	1		→C16 →C17	
2. No.....	2	2	2	2	2	2			
<b>C16. Describe subject of vocational training received/being received.</b> (e.g Carpentry, Car repair, Nursing, etc) (If more than one then indicate the most important)									
<b>For official use (OCCUPATION CODE)</b>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>		

# SECTION X

## Current Economic Activities Status of All Children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
<b>Economic Activity</b>								
<b>C 17. Did you 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	→ C20 → C18	
<b>C18. During the past week, did you 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 car, 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, production of ghee, butter, cheese 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	If any “YES” → C20  Otherwise →C19	
<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 working in quarries, tanneries.</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>								

<b>Serial No in A1</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Skip to Question</b>	
<b>Name of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Age of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Children Aged 5-9 years</b>	<b>Children Aged 10-17 years</b>
<b>C19. Even though you did not do any of these activities in the past week, do you have a job, business, or other economic or farming activity that you will definitely return to?</b> <i>(For agricultural activities, the off season in agriculture is not a temporary absence).</i> 1. Yes..... 2. No.....	<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"/>	→C20 →C31	
<b>C20. Describe the main job/task you were performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc.</b> <i>(“Main” refers to the work on which (NAME) spent most of the time during the week.)</i>								
<b>Job/Task</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>OCCUPATION CODE</b> For official use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>C21. Describe briefly the main activity i.e. goods produced and services rendered where you are doing this job or task</b>								→C33  Chek c17,c18,c19 If c17=2 and c18=2 in all ophions and c19=1 Then skip to c25
<b>Activity / Type</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>INDUSTRY CODE</b> For official use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Serial No in A1 →	<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 →													
Age of household member →	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Children Aged 10-17 years
C22. In addition to your main work, did you do any other work during the past week?													
1. Yes.....	1		1		1		1		1		1		
2. No.....	2		2		2		2		2		2		
C23. For each day worked during the past week how many hours did you actually work? <i>Main (M) Other (O)</i>	M	O	M	O	M	O	M	O	M	O	M	O	
1. Monday.....													
2. Tuesday.....	<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"/>	
3. Wednesday.....	<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"/>	
4. Thursday.....	<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"/>	
5. Friday.....	<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"/>	
6. 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"/>	
7. Sunday.....	<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"/>		
C24. During the past week when did you usually carry out these activities?													
<u>For ALL children (including children attending school):</u>													
A. During the day (between 6 a.m. and 6 p.m) .....	A		A		A		A		A		A		
B. In the evening or at night (after 6 p.m.)	B		B		B		B		B		B		
C. During both the day and the evening (for the entire day).	C		C		C		C		C		C		
D. On the week-end.....	D		D		D		D		D		D		
E. Sometimes during the day, sometimes in the evening	E		E		E		E		E		E		
<u>ADDITIONAL: For children attending school ONLY (If C2=YES):</u>													
F. After school.....	F		F		F		F		F		F		
G. Before school.....	G		G		G		G		G		G		
H. Both before or after school.....	H		H		H		H		H		H		
I. On the week-end.....	I		I		I		I		I		I		
J. During missed school hours/days.....	J		J		J		J		J		J		
K. I can't go to school at the same days of work	K		K		K		K		K		K		



Serial No in A1 →	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<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 →							
Age of household member →	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>C25. Where did you carry out your main work during the past week?</b>							Children Aged 10-17 years
01. At (his/her) family dwelling...	01	01	01	01	01	01	
02. At dwelling for others	02	02	02	02	02	02	
03. Client's place .....	03	03	03	03	03	03	
04. Formal office .....	04	04	04	04	04	04	
05. Factory / Atelier .....	05	05	05	05	05	05	
06. Plantations / farm / garden.....	06	06	06	06	06	06	
07. Construction sites.....	07	07	07	07	07	07	
08. Mine / quarry.....	08	08	08	08	08	08	
09. Shop / kiosk / coffee house / restaurant / hotel	09	09	09	09	09	09	
10. Different places (mobile).....	10	10	10	10	10	10	
11. Fixed market stall	11	11	11	11	11	11	
12. in street	12	12	12	12	12	12	
13. Pond / lake / river.....	13	13	13	13	13	13	
96. Other.....	96	96	96	96	96	96	
Other (specify)							
<b>C26. For your main job/work were you a/an....?</b>							<div>→C27</div> <div>C28</div> <div>C30</div>
1. Employee.....	1	1	1	1	1	1	
2. Own account worker (His/her own business without employees)	2	2	2	2	2	2	
3. Employer (His/her own business with employees)	3	3	3	3	3	3	
4. Unpaid family worker....	4	4	4	4	4	4	
<b>C27. What was the mode of payment for the last payment period?</b>							
1. Piece rate.....	01	01	01	01	01	01	
2. Hourly.....	02	02	02	02	02	02	
3. Daily.....	03	03	03	03	03	03	
4. Weekly.....	04	04	04	04	04	04	
5. Monthly.....	05	05	05	05	05	05	
6. Upon completion of task....	06	06	06	06	06	06	
96 Other (specify).....	96	96	96	96	96	96	
Other (specify)							

<b>Serial No in A1</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Skip to Question</b>			
<b>Name of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>Age of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Children Aged 5-9 years</b>	<b>Children Aged 10-17 years</b>		
<b>C28. What is your average monthly income from the main work?</b> (in local currency)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>C29. What do you usually do with your earnings?</b> (Multiple answers are allowed)										
A. Give all/part of money to my parents/guardians...	A	A	A	A	A	A				
B. Employer gives all/part of money to my parents/guardians...	B	B	B	B	B	B				
C. Pay my school fees.....	C	C	C	C	C	C				
D. Buy things for school .....	D	D	D	D	D	D				
E. Buy things for household	E	E	E	E	E	E				
F. Buy things for myself	F	F	F	F	F	F	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>C33</div> </div>			
G. Save .....	G	G	G	G	G	G				
U. Other.....	U	U	U	U	U	U				
<b>Other (specify)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>C30. Why do you work? (Multiple answers are allowed)</b>										
A. Supplement family income...	A	A	A	A	A	A				
B. Help pay family debt.....	B	B	B	B	B	B				
C. Help in household enterprise...	C	C	C	C	C	C				
D. Learn skills.....	D	D	D	D	D	D				
E. Schooling not useful for future.....	E	E	E	E	E	E				
F. School too far / no school .....	F	F	F	F	F	F				
G. Cannot afford school fees.....	G	G	G	G	G	G				
H. Not interested in school.....	H	H	H	H	H	H				
I. To temporarily replace someone unable to work.	I	I	I	I	I	I				
U. Other	U	U	U	U	U	U				
<b>Other (specify)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>A. Job Search</b>										
<b>C31. Were you seeking work ing the last week?</b>										
1. Yes.....	1	1	1	1	1	1				
2. No.....	2	2	2	2	2	2				
<b>C32. At any time during the past 12 months did you engage in any work?</b>										
1. Yes.....	1	1	1	1	1	1	→C33 →C41			
2. No.....	2	2	2	2	2	2				

# SECTION XI

## Health and Safety Issues about working children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
<b>C33. 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)</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<p>If all "NO" → C36</p> <p>Otherwise → C34</p>	
01. Superficial injuries or open wounds	01	01	01	01	01	01		
02. Fractures.....	02	02	02	02	02	02		
03. Dislocations, sprains or stains...	03	03	03	03	03	03		
04. Burns, corrosions, scalds or frostbite	04	04	04	04	04	04		
05. Breathing problems.....	05	05	05	05	05	05		
06. Eye problems.....	06	06	06	06	06	06		
07. Skin problems...	07	07	07	07	07	07		
08. Stomach problems / diarrhea ...	08	08	08	08	08	08		
09. Fever.....	09	09	09	09	09	09		
10. Extreme fatigue.....	10	10	10	10	10	10		
96. Other (specify).....	96	96	96	96	96	96		
<b>Other (specify)</b>								
<b>C34. 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		
2. Stopped work or school for a short time	2	2	2	2	2	2		
3. Stopped work or school completely.	3	3	3	3	3	3		
<b>C35. Think about your most serious illness/injury, what were you doing when this happened?</b>								
<b>Job/Task</b>								
<b>OCCUPATION CODE For Official use</b>								

<b>Serial No in A1</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Skip to Question</b>	
<b>Name of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Age of household member</b> →	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Children Aged 5-9 years</b>	<b>Children Aged 10-17 years</b>
<b>C36. Do you carry heavy loads at work?</b>								
1. Yes.....	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2		
<b>C37. Do you operate any machinery/heavy equipment at work?</b>								
1. Yes.....	1	1	1	1	1	1	→ C38	
2. No.....	2	2	2	2	2	2	→ C39	
<b>C38. What type of tools, equipment or machines do you use at work?</b> (Write down 2 mostly used)	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....	1..... 2.....		
<b>C39. Are you exposed to any of the following at work?</b> (Read each of the following options and mark "YES" or "NO" for all options)	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>		
01. Dust, fumes,	01 <input type="text"/>	01 <input type="text"/>	01 <input type="text"/>	01 <input type="text"/>	01 <input type="text"/>	01 <input type="text"/>		
02. Fire, gas, flames.....	02 <input type="text"/>	02 <input type="text"/>	02 <input type="text"/>	02 <input type="text"/>	02 <input type="text"/>	02 <input type="text"/>		
03. Loud noise or vibration.....	03 <input type="text"/>	03 <input type="text"/>	03 <input type="text"/>	03 <input type="text"/>	03 <input type="text"/>	03 <input type="text"/>		
04. Extreme cold or heat	04 <input type="text"/>	04 <input type="text"/>	04 <input type="text"/>	04 <input type="text"/>	04 <input type="text"/>	04 <input type="text"/>		
05. Dangerous tools (knives etc).....	05 <input type="text"/>	05 <input type="text"/>	05 <input type="text"/>	05 <input type="text"/>	05 <input type="text"/>	05 <input type="text"/>		
06. Work underground.....	06 <input type="text"/>	06 <input type="text"/>	06 <input type="text"/>	06 <input type="text"/>	06 <input type="text"/>	06 <input type="text"/>		
07. Work at heights.....	07 <input type="text"/>	07 <input type="text"/>	07 <input type="text"/>	07 <input type="text"/>	07 <input type="text"/>	07 <input type="text"/>		
08. Work in water/lake/pond/river.....	08 <input type="text"/>	08 <input type="text"/>	08 <input type="text"/>	08 <input type="text"/>	08 <input type="text"/>	08 <input type="text"/>		
09. Workplace too dark or confined .....	09 <input type="text"/>	09 <input type="text"/>	09 <input type="text"/>	09 <input type="text"/>	09 <input type="text"/>	09 <input type="text"/>		
10. Insufficient ventilation\Bad smell.....	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>		
11. Chemicals (pesticides, glues, etc.)..	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>		
12. Explosives.....	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>		
13. getting extremely tired	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>		
14. Bending for a long time	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>		
15. no toilet in work place	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>		
96. Other things, processes or conditions bad for your health or safety (specify).....	96 <input type="text"/>	96 <input type="text"/>	96 <input type="text"/>	96 <input type="text"/>	96 <input type="text"/>	96 <input type="text"/>		
<b>Other (specify)</b>								
<b>C40. Have you ever been subject to the following at work? (Read each of the following options and mark "YES" or "NO" for all options)</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>		
1. Constantly shouted at .....	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>		
2. Repeatedly insulted.....	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>		
3. Beaten /physically hurt...	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>		
4. Sexually abused (touched or done things to you that you did not want)	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>		
7. Other (Specify).....	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>		
<b>Other (specify)</b>								

# SECTION XII

# Household Tasks of Children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
<b>C41. 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)</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	<b>1= YES 2=NO</b>	If any "YES" →C42  Otherwise → C44	
1. Shopping for household....	1  2	1  2	1  2	1  2	1  2	1  2		
2. Repair any household equipments	3  4	3  4	3  4	3  4	3  4	3  4		
3. Cooking.....	5  6	5  6	5  6	5  6	5  6	5  6		
4. Cleaning utensils/house.....	7	7	7	7	7	7		
5. Washing clothes.....								
6. Caring for children/old/sick.....								
7. Other household tasks.....								
Other (Specify)								
<b>C42. During each day of the past week how many hours did you do such household tasks? (Record for each day separately)</b>								
1. Monday.....								
2. Tuesday.....								
3. Wednesday.....								
4. Thursday.....								
5. Friday.....								
6. Saturday.....								
7. Sunday.....								
TOTAL								
<b>C43. During the past week when did you usually carry out these activities?</b>								
<b>For ALL children (including children attending school):</b>								
A. During the day (between 6 a.m. and 6 p.m) .....	A	A	A	A	A	A		
B. In the evening or at night (after 6 p.m.) .....	B	B	B	B	B	B		
C. During both the day and the evening (for the entire day).	C	C	C	C	C	C		
D. On the week-end.....	D	D	D	D	D	D		
E. Sometimes during the day, sometimes in the evening	E	E	E	E	E	E		
<b>ADDITIONAL: For children attending school ONLY (If C2=YES):</b>								
F. After school.....	F	F	F	F	F	F		
G. Before school.....	G	G	G	G	G	G		
H. Both before or after school.....	H	H	H	H	H	H		
I. On the week-end.....	I	I	I	I	I	I		
J. During missed school hours/days.....	J	J	J	J	J	J		
<b>C44. Has (NAME) been interviewed in the company of an adult or an older child?</b>							<b>END</b> for this HH member. Go to the next child in Section II.	
1. Yes	1	1	1	1	1	1		
2. No	2	2	2	2	2	2		

END OF INTERVIEW