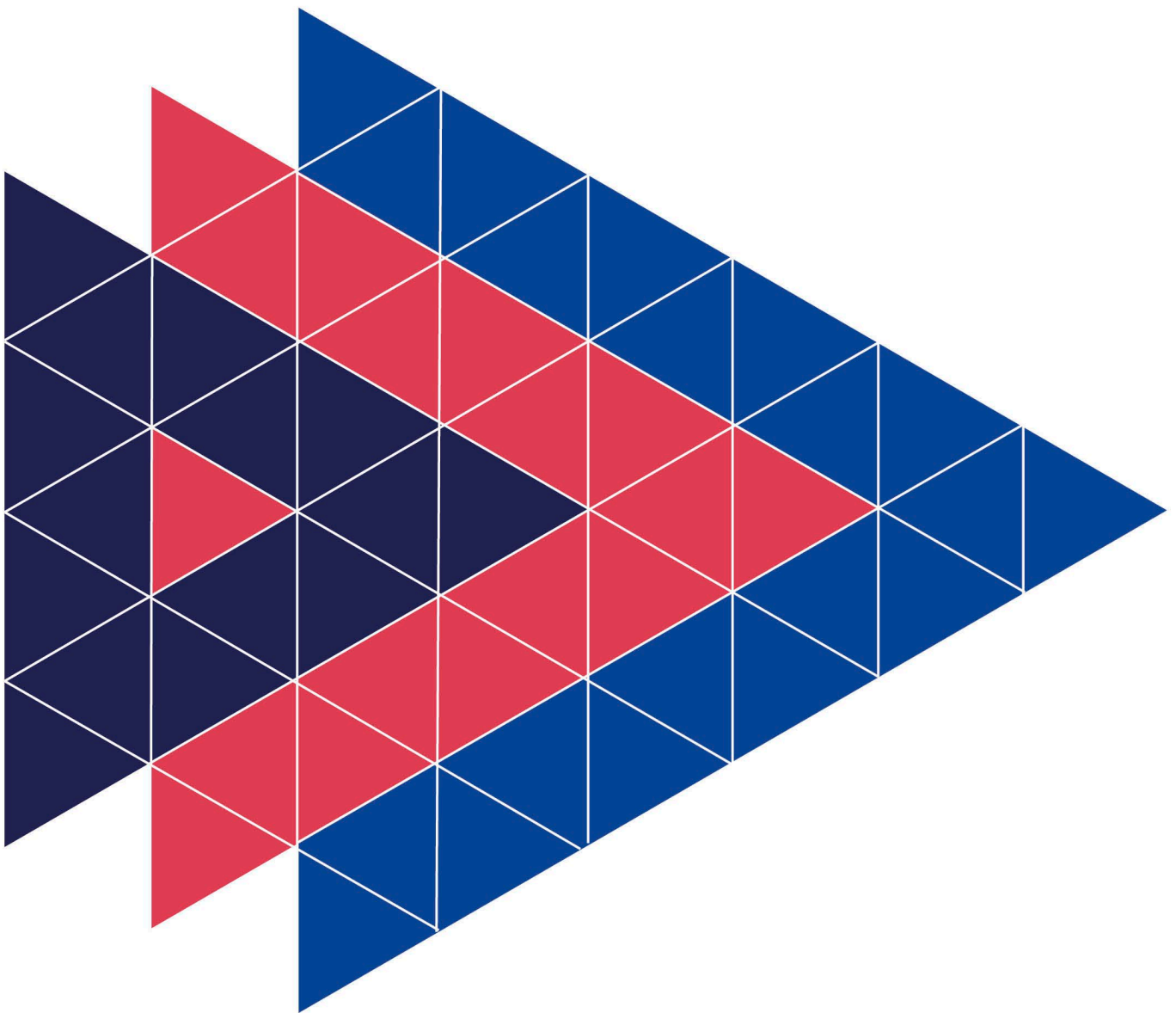




International
Labour
Organization

► Child labour stand-alone surveys

Model questionnaire



► **Child labour stand-alone surveys**

Model questionnaire



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General Conventions

Conventions used in the ILO model LFS questionnaires for PAPI

- Regular text: Indicates text to be read by the interviewer
- *Italics*: Indicates interviewer instructions or aids, not to be read out loud
- CAPS: INDICATES RESPONSE CATEGORIES AND FILTERS NOT TO BE READ OUT LOUD
- (Parenthesis): Indicates that a choice or a substitution must be made
- [Blue text]: Indicates questions that may be included/excluded as per national circumstances
- [Red]: Indicates text that must be adapted as per national circumstances
- **Bold text**: Indicates question numbers, section headings, skips, and other structural items

► Household Roster and Demographics (DEM)

	<p>INTERVIEWER: The Household Roster and Demographic Module is administered to an adult in the household. The preferred respondent is the head of the household. If the head is not present, ask to speak with an adult who knows all of the residents in the dwelling. Collect information on all members prior to moving on to the next module.</p>
	<p>INTERVIEWER: Read the following introduction to the survey. If the respondent has any questions, answer them fully and explain the reason and purpose of the survey.</p>
<p>INTERVIEW OPENING</p>	<p>Hello. My name is (INTERVIEWER). I work for [AGENCY]. May I speak with an adult person living in this household that is able to provide information about the household and its members?</p> <hr/> <p><i>INTERVIEWER CHECK: if no adult household member is available please schedule an appointment – otherwise continue</i></p>
	<p>READ: [This household has been selected to participate in a government survey about children’s activities, including different forms of work that they perform. In order to establish the extent, nature and characteristics of the work children undertake, and provide a database for designing appropriate intervention programmes and policies in the country, this survey is being implemented throughout the country. The information that you provide is confidential and will not be shared, but it will help better understand how people in this area live, and the jobs they do. Your participation is voluntary. The survey will take approximately [MIN] minutes. Before I continue with the survey, I need some information about the members of this household]...</p>
<p>DEM_01</p>	<p>PERSON NUMBER OF EACH HOUSEHOLD MEMBER</p> <p>_____</p> <p>PPNO#</p>
<p>DEM_02</p>	<p>Can you tell me the names of the members of this household, starting with the household head? That is everyone who lives in this dwelling, combines their resources, and eats at least one meal together every day. They do not need to be family members, they only need to live here, combine resources and eat meals together.</p> <p>_____</p> <p>NAME PERSON 1</p> <p>_____</p> <p>NAME PERSON 2</p> <p>_____</p> <p>NAME PERSON N</p>

DEM_03	<p><i>INTERVIEWER:</i> Write the ID code of the person who provides information for the household roster</p>	<p>_____</p> <p>ID CODE OF RESPONDENT</p>
DEM_04	<p>What is (your/NAME's) relationship to the household head?</p>	<p>HEAD 01 <input type="checkbox"/></p> <hr/> <p>WIFE/HUSBAND OF HEAD 02 <input type="checkbox"/></p> <hr/> <p>CHILD/ADOPTED CHILD 03 <input type="checkbox"/></p> <hr/> <p>GRANDCHILD 04 <input type="checkbox"/></p> <hr/> <p>NIECE/NEPHEW 05 <input type="checkbox"/></p> <hr/> <p>FATHER/MOTHER 06 <input type="checkbox"/></p> <hr/> <p>SISTER/BROTHER 07 <input type="checkbox"/></p> <hr/> <p>SON/DAUGHTER-IN-LAW 08 <input type="checkbox"/></p> <hr/> <p>BROTHER/SISTER-IN-LAW 09 <input type="checkbox"/></p> <hr/> <p>GRANDFATHER/GRANDMOTHER 10 <input type="checkbox"/></p> <hr/> <p>FATHER/MOTHER-IN-LAW 11 <input type="checkbox"/></p> <hr/> <p>OTHER RELATIVE 12 <input type="checkbox"/></p> <hr/> <p>SERVANT OR SERVANT'S RELATIVE 13 <input type="checkbox"/></p> <hr/> <p>OTHER, SPECIFY _____ 14 <input type="checkbox"/></p>
DEM_05	<p>(Are/Is) (you/NAME) male or female?</p> <p><i>Do not assume from the name of the person if s/he is male or female. Always ask the question.</i></p>	<p>MALE 01 <input type="checkbox"/></p> <hr/> <p>FEMALE 02 <input type="checkbox"/></p>
DEM_06	<p>What is (your/NAME's) date of birth?</p>	<p>___/___/___</p> <p>DD MM YYYY</p> <p>97/97/9997 DON'T KNOW</p>
DEM_07	<p>(Do/does) (you/NAME) have a birth certificate or official identity paper?</p>	<p>YES 01 <input type="checkbox"/></p> <hr/> <p>NO 02 <input type="checkbox"/></p>
		<p>→DEM_09</p>

DEM_08	<i>INTERVIEWER:</i> <i>Ask to see the birth certificate or identity paper. Record if you have seen the document</i>	YES, DOCUMENT WAS SEEN 01 <input type="checkbox"/>
		NO, DOCUMENT NOT SEEN 02 <input type="checkbox"/>
DEM_09	How old (are/is) (you/NAME)? <i>Age in completed years</i>	<p style="text-align: center;">_____</p> <p style="text-align: center;">AGE</p> <p style="text-align: center;"><i>Write '00' if less than 1 year</i></p>
		If 0 to 11 years old →DEM_13

FOR MEMBERS AGED >=12			
DEM_10	<i>What is (your/NAME's) marital status?</i>	MARRIED MONOGAMOUS 01 <input type="checkbox"/>	
		[MARRIED POLYGAMOUS] 02 <input type="checkbox"/>	
		NON-FORMAL UNION 03 <input type="checkbox"/>	
		SEPARATED 04 <input type="checkbox"/>	
		DIVORCED 05 <input type="checkbox"/>	
		WIDOW, WIDOWER 06 <input type="checkbox"/>	→DEM_13
		SINGLE, NEVER MARRIED 07 <input type="checkbox"/>	→DEM_13
DEM_11	Does (your/NAME's) husband/wife/partner live in this household ?	<p style="text-align: right;">YES 01 <input type="checkbox"/></p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>	
DEM_12	Who is (your/NAME's) husband/wife/ partner? <i>Copy the ID code of the husband/ wife/partner of the person If married polygamous, write the ID code of the principal wife</i>	<p style="text-align: center;">_____</p> <p style="text-align: center;">ID CODE OF HUSBAND/WIFE/PARTNER</p>	

FOR ALL MEMBERS		
DEM_13	Does (your/NAME's) natural father live in the household?	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
DEM_14	Who is (your/NAME's) natural father? <i>Copy the ID code of the natural father of the person</i>	<p style="text-align: center;">_____</p> <p style="text-align: center;">ID CODE OF NATURAL FATHER</p>
DEM_15	Does (your/NAME's) natural mother live in the household?	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>

<p>DEM_16</p>	<p>Who is (your/NAME's) natural mother?</p> <p><i>Copy the ID code of the natural mother of the person</i></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">ID CODE OF NATURAL MOTHER</p>	
<p>DEM_17</p>	<p>What is (your/NAME)'s ethnicity?</p>	<p>[ETHNICITY] 01 <input type="checkbox"/></p> <hr/> <p>[ETHNICITY] 02 <input type="checkbox"/></p> <hr/> <p>[ETHNICITY] 03 <input type="checkbox"/></p> <hr/> <p>[ETHNICITY] 04 <input type="checkbox"/></p> <hr/> <p>[ETHNICITY] 05 <input type="checkbox"/></p> <hr/> <p>[ETHNICITY] 06 <input type="checkbox"/></p> <hr/> <p>OTHER, SPECIFY _____ 07 <input type="checkbox"/></p>	
<p>DEM_18</p>	<p>For how many months during the past 12 months (since MONTH/YEAR) (have/has) (you/NAME) lived in this household?</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">NUMBER FROM 0 TO 12</p>	<p style="text-align: right;">IF 12 →DEM_20</p>
<p>DEM_19</p>	<p>What is the main reason (you/NAME) came to live in this household?</p>	<p>BIRTH 01 <input type="checkbox"/></p> <hr/> <p>MARRIAGE 02 <input type="checkbox"/></p> <hr/> <p>SECURITY/THREATS 03 <input type="checkbox"/></p> <hr/> <p>WORK OPPORTUNITIES 04 <input type="checkbox"/></p> <hr/> <p>PURSUE EDUCATION 05 <input type="checkbox"/></p> <hr/> <p>PROVIDE ASSISTANCE TO HOUSEHOLD 06 <input type="checkbox"/></p> <hr/> <p>PROPERTY DESTROYED/OCCUPIED 07 <input type="checkbox"/></p> <hr/> <p>LACK OF LAND 08 <input type="checkbox"/></p> <hr/> <p>ORPHANED 09 <input type="checkbox"/></p> <hr/> <p>PHYSICALLY FORCED TO LEAVE 10 <input type="checkbox"/></p> <hr/> <p>SEEKING HEALTH CARE 11 <input type="checkbox"/></p> <hr/> <p>RETURNED FROM OTHER LOCATION 12 <input type="checkbox"/></p> <hr/> <p>OTHER, SPECIFY _____ 13 <input type="checkbox"/></p> <hr/> <p>DON'T KNOW 97 <input type="checkbox"/></p> <hr/> <p>REFUSED TO ANSWER 98 <input type="checkbox"/></p>	

ACTIVITIES OF DAILY LIVING

FOR MEMBERS AGED >=5



INTERVIEWER READ:

The next questions ask about difficulties (you/NAME) may have doing certain activities because of a health problem.

DEM_20	(Do/does) (you/NAME) have difficulty seeing, even if wearing glasses? Would you say...?	<p><i>Read and select one</i></p> <p>NO, NO DIFFICULTY 01 <input type="checkbox"/></p> <p>YES, SOME DIFFICULTY 02 <input type="checkbox"/></p> <p>YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/></p> <p>CANNOT DO IT AT ALL 04 <input type="checkbox"/></p> <p>DON'T KNOW 97 <input type="checkbox"/></p> <p>REFUSED 98 <input type="checkbox"/></p>
DEM_21	(Do/does) (you/NAME) have any difficulty hearing, even if using a hearing aid?	<p><i>Read and select one</i></p> <p>NO, NO DIFFICULTY 01 <input type="checkbox"/></p> <p>YES, SOME DIFFICULTY 02 <input type="checkbox"/></p> <p>YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/></p> <p>CANNOT DO IT AT ALL 04 <input type="checkbox"/></p> <p>DON'T KNOW 97 <input type="checkbox"/></p> <p>REFUSED 98 <input type="checkbox"/></p>
DEM_22	(Do/does) (you/NAME) have any difficulty walking or climbing steps?	<p><i>Read and select one</i></p> <p>NO, NO DIFFICULTY 01 <input type="checkbox"/></p> <p>YES, SOME DIFFICULTY 02 <input type="checkbox"/></p> <p>YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/></p> <p>CANNOT DO IT AT ALL 04 <input type="checkbox"/></p> <p>DON'T KNOW 97 <input type="checkbox"/></p> <p>REFUSED 98 <input type="checkbox"/></p>
DEM_23	(Do/does) (you/NAME) have any difficulty remembering or concentrating?	<p><i>Read and select one</i></p> <p>NO, NO DIFFICULTY 01 <input type="checkbox"/></p> <p>YES, SOME DIFFICULTY 02 <input type="checkbox"/></p> <p>YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/></p> <p>CANNOT DO IT AT ALL 04 <input type="checkbox"/></p>

		DON'T KNOW 97 <input type="checkbox"/>
		REFUSED 98 <input type="checkbox"/>
DEM_24	(Do/does) (you/NAME) have difficulty with self-care such as washing all over or dressing?	<i>Read and select one</i>
		NO, NO DIFFICULTY 01 <input type="checkbox"/>
		YES, SOME DIFFICULTY 02 <input type="checkbox"/>
		YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/>
		CANNOT DO IT AT ALL 04 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSED 98 <input type="checkbox"/>
DEM_25	Using (your/NAME's) language (do/does) (you/NAME) have difficulty communicating, for example understanding or being understood?	<i>Read and select one</i>
		NO, NO DIFFICULTY 01 <input type="checkbox"/>
		YES, SOME DIFFICULTY 02 <input type="checkbox"/>
		YES, A LOT OF DIFFICULTY 03 <input type="checkbox"/>
		CANNOT DO IT AT ALL 04 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSED 98 <input type="checkbox"/>

MIGRATION		
FOR MEMBERS AGED >=5		
DEM_26	When (you/NAME) (were/was) first born, did (you/NAME) live in (CURRENT PLACE OF RESIDENCE)?	<p style="text-align: right;">YES 01 <input type="checkbox"/></p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>
DEM_27	(Have/Has) (you/NAME) ever lived in another place, such as another village, another town, or abroad, for three or more months at one time?	<p style="text-align: right;">YES 01 <input type="checkbox"/></p> <p style="text-align: right;">NO 02 <input type="checkbox"/> →Next person</p>
DEM_28	Where was the last place (you/NAME) lived prior to living in [CURRENT PLACE OF RESIDENCE]?	<p style="text-align: center;"><i>Read and select one</i></p> <p style="text-align: right;">OTHER PLACE IN SAME COUNTRY 01 <input type="checkbox"/></p> <p style="text-align: right;">OTHER COUNTRY 02 <input type="checkbox"/></p> <p style="text-align: right;">OTHER, SPECIFY _____ 03 <input type="checkbox"/></p>
DEM_29	In what year did (you/NAME) come to live in (CURRENT PLACE OF RESIDENCE)?	<p style="text-align: center;">_____</p> <p style="text-align: center;">YEAR</p> <p style="text-align: center;">9997 DON'T KNOW</p>
DEM_30	What was (your/NAME's) main reason for moving to [CURRENT PLACE OF RESIDENCE] from the last place (you/NAME) lived?	<p style="text-align: right;">TO TAKE UP A JOB 01 <input type="checkbox"/></p> <p style="text-align: right;">JOB TRANSFER 02 <input type="checkbox"/></p> <p style="text-align: right;">TOO LOOK FOR PAID WORK 03 <input type="checkbox"/></p> <p style="text-align: right;">TO STUDY 04 <input type="checkbox"/></p> <p style="text-align: right;">MARRIAGE 05 <input type="checkbox"/></p> <p style="text-align: right;">FAMILY MOVED/JOINING FAMILY 06 <input type="checkbox"/></p> <p style="text-align: right;">MEDICAL TREATMENT, HEALTH 07 <input type="checkbox"/></p> <p style="text-align: right;">CONFLICT, INSECURITY 08 <input type="checkbox"/></p> <p style="text-align: right;">NATURAL DISASTER 09 <input type="checkbox"/></p> <p style="text-align: right;">LIFESTYLE, COST-OF-LIVING 10 <input type="checkbox"/></p> <p style="text-align: right;">RETURNED TO HOUSEHOLD 11 <input type="checkbox"/></p> <p style="text-align: right;">OTHER, SPECIFY _____ 12 <input type="checkbox"/></p> <p style="text-align: right;">DON'T KNOW 97 <input type="checkbox"/></p> <p style="text-align: right;">REFUSED TO ANSWER 98 <input type="checkbox"/></p>

► Education (EDU)



INTERVIEWER: This module is administered to everyone in the household who is aged 5 years old or older. Everyone should respond for themselves with the exceptions of children aged 5 to 11 years old, members who are unable to respond for themselves due to illness, disability or age, and members who are not available at the time of the interview. For these exceptions, ask an adult in the household who knows the person to respond. If a member is not available at the time of the interview, try to make an appointment to interview the member at a later time before using a proxy respondent.

FOR MEMBERS AGED >=5

EDU_00	INTERVIEWER: Write the ID code of the person who provides information	_____	ID CODE OF RESPONDENT	
EDU_01	(Have/has) (you/NAME) ever attended school?	YES	01 <input type="checkbox"/>	→ EDU_03
		NO	02 <input type="checkbox"/>	
EDU_02	What is the main reason (you/NAME) (have/has) never attended school?	TOO YOUNG	01 <input type="checkbox"/>	→ AFTER RESPONDING FOW_00
		DISABLED/ILLNESS	02 <input type="checkbox"/>	
		NO SCHOOL/SCHOOL TOO FAR	03 <input type="checkbox"/>	
		FAMILY DID NOT ALLOW SCHOOLING	04 <input type="checkbox"/>	
		NOT INTERESTED IN SCHOOL	05 <input type="checkbox"/>	
		EDUCATION NOT CONSIDERED VALUABLE	06 <input type="checkbox"/>	
		SCHOOL NOT SAFE	07 <input type="checkbox"/>	
		TO LEARN A JOB	08 <input type="checkbox"/>	
		TO WORK FOR PAY	09 <input type="checkbox"/>	
		TO WORK AS UNPAID WORKER IN FAMILY BUSINESS/FARM	10 <input type="checkbox"/>	
		HELP AT HOME WITH HOUSEHOLD CHORES	11 <input type="checkbox"/>	
		COULD NOT AFFORD, TOO COSTLY	12 <input type="checkbox"/>	
		OTHER, SPECIFY _____	13 <input type="checkbox"/>	
		DON'T KNOW	97 <input type="checkbox"/>	
		REFUSED TO ANSWER	98 <input type="checkbox"/>	
EDU_03	How old (were/was) (you/NAME) when (you/NAME) first attended school?	_____	AGE IN YEARS	
EDU_04	At any time during the previous school year did (you/NAME) attend school or any Early Childhood Education Programme?	YES	01 <input type="checkbox"/>	→ EDU_06
		NO	02 <input type="checkbox"/>	
EDU_05	During the previous school year, which level/grade did (you/NAME) attend?	[LESS THAN PRIMARY]	01 <input type="checkbox"/>	→ AFTER RESPONDING EDU_07
		[PRIMARY]	02 <input type="checkbox"/>	
		[LOWER SECONDARY]	03 <input type="checkbox"/>	

		[UPPER SECONDARY]	04	<input type="checkbox"/>
		[POST SECONDARY NON-TERTIARY]	05	<input type="checkbox"/>
		[TERTIARY]	06	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
EDU_06	What is the main reason (you/NAME) did not attend school in the previous year?	DISABLED/ILLNESS	01	<input type="checkbox"/>
		NO SCHOOL/SCHOOL TOO FAR	02	<input type="checkbox"/>
		FAMILY DID NOT ALLOW SCHOOLING	03	<input type="checkbox"/>
		NOT INTERESTED IN SCHOOL	04	<input type="checkbox"/>
		EDUCATION NOT CONSIDERED VALUABLE	05	<input type="checkbox"/>
		SCHOOL NOT SAFE	06	<input type="checkbox"/>
		TO LEARN A JOB	07	<input type="checkbox"/>
		TO WORK FOR PAY	08	<input type="checkbox"/>
		TO WORK AS UNPAID WORKER IN FAMILY BUSINESS/FAR	09	<input type="checkbox"/>
		HELP AT HOME WITH HOUSEHOLD CHORES	10	<input type="checkbox"/>
		COULD NOT AFFORD, TOO COSTLY	11	<input type="checkbox"/>
		FINISHED SCHOOL	12	<input type="checkbox"/> → EDU_14
		OTHER, SPECIFY _____	13	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSED TO ANSWER	98	<input type="checkbox"/>
EDU_07	At any time during the current school year did (you/NAME) attend school or any Early Childhood Education Programme?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/> → EDU_09
EDU_08	During the current school year, which level/grade did (you/NAME) attend?	[LESS THAN PRIMARY]	01	<input type="checkbox"/>
		[PRIMARY]	02	<input type="checkbox"/>
		[LOWER SECONDARY]	03	<input type="checkbox"/>
		[UPPER SECONDARY]	04	<input type="checkbox"/>
		[POST SECONDARY NON-TERTIARY]	05	<input type="checkbox"/>
		[TERTIARY]	06	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>

AFTER
RESPONDING
→**EDU_10**

EDU_09	What is the main reason (you/NAME) are not attending school in the current year?	DISABLED/ILLNESS	01	<input type="checkbox"/>	AFTER RESPONDING →EDU_14
		NO SCHOOL/SCHOOL TOO FAR	02	<input type="checkbox"/>	
		FAMILY DID NOT ALLOW SCHOOLING	03	<input type="checkbox"/>	
		NOT INTERESTED IN SCHOOL	04	<input type="checkbox"/>	
		EDUCATION NOT CONSIDERED VALUABLE	05	<input type="checkbox"/>	
		SCHOOL NOT SAFE	06	<input type="checkbox"/>	
		TO LEARN A JOB	07	<input type="checkbox"/>	
		TO WORK FOR PAY	08	<input type="checkbox"/>	
		TO WORK AS UNPAID WORKER IN FAMILY BUSINESS/FAR	09	<input type="checkbox"/>	
		HELP AT HOME WITH HOUSEHOLD CHORES	10	<input type="checkbox"/>	
		COULD NOT AFFORD, TOO COSTLY	11	<input type="checkbox"/>	
		OTHER, SPECIFY _____	12	<input type="checkbox"/>	
		DON'T KNOW	97	<input type="checkbox"/>	
REFUSED TO ANSWER	98	<input type="checkbox"/>			
EDU_10	Did (you/NAME) attend school last week, that is from [DAY] to [DAY]?	YES	01	<input type="checkbox"/>	→EDU_13
		NO	02	<input type="checkbox"/>	
EDU_11	How many days did (you/NAME) go to school last week?	_____	NUMBER OF DAYS		
EDU_12	How many hours per day did (you/NAME) go to school last week?	_____	NUMBER OF HOURS PER DAY		→EDU_14
EDU_13	Why did (you/NAME) not go to school last week?	HOLIDAY	01	<input type="checkbox"/>	
		SICK	02	<input type="checkbox"/>	
		WORK	03	<input type="checkbox"/>	
		SCHOOL NOT USEFUL FOR FUTURE	04	<input type="checkbox"/>	
		SCHOOL TOO FAR/NO SCHOOL	05	<input type="checkbox"/>	
		CANNOT AFFORD SCHOOL	06	<input type="checkbox"/>	
		NOT INTERESTED IN SCHOOL	07	<input type="checkbox"/>	
		TOO YOUNG	08	<input type="checkbox"/>	
		SCHOOL NOT IN SESSION	09	<input type="checkbox"/>	
		OTHER, SPECIFY _____	10	<input type="checkbox"/>	

EDU_14	What is the highest grade (you/NAME) (have/has) completed in school?	[LESS THAN PRIMARY]	01	<input type="checkbox"/>	
		[PRIMARY]	02	<input type="checkbox"/>	
	<i>INTERVIEWER: This must be lower than the grade currently attending if the respondent is currently attending school.</i>		[LOWER SECONDARY]	03	<input type="checkbox"/>
			[UPPER SECONDARY]	04	<input type="checkbox"/>
			[POST SECONDARY NON-TERTIARY]	05	<input type="checkbox"/>
			[TERTIARY]	06	<input type="checkbox"/>
			DON'T KNOW	97	<input type="checkbox"/>
EDU_15	What is the highest diploma (you/NAME) (have/has) attained?	[PRIMARY SCHOOL LEAVING]	01	<input type="checkbox"/>	
		[SECONDARY]	02	<input type="checkbox"/>	
		[POST SECONDARY NON TERTIARY]	03	<input type="checkbox"/>	
		[BACHELOR'S]	04	<input type="checkbox"/>	
		[MASTER'S]	05	<input type="checkbox"/>	
		[DOCTORATE]	06	<input type="checkbox"/>	
		[MEDICAL DOCTOR, LAWYER]	07	<input type="checkbox"/>	
		NONE	08	<input type="checkbox"/>	
	DON'T KNOW	97	<input type="checkbox"/>		
EDU_16	Did (you/NAME) ever repeat a grade of school?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/> →FOW_00	
EDU_17	How many times (have/has) (you/NAME) repeated grades?				
	<i>INTERVIEWER: Add together the total number of times the respondent has repeated any grades</i>	_____	Number	→FOW_00	

► Forms of Work (FOW)



INTERVIEWER: This module is administered to everyone in the household who is 5 to 17 years of age. Everyone 12 years of age and older should respond for themselves. An adult should respond for children aged 5 to 11 years of age. If a member is not available at the time of the interview, try to make an appointment to interview the member at a later time before using a proxy respondent.

FOW_00	<p>INTERVIEWER:</p> <p>Write the ID code of the person who provides information</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">ID CODE OF RESPONDENT</p>
EMPLOYMENT	
<i>TO BE ASKED OF ALL CHILDREN 5 TO 17 YEARS OLD</i>	
FOW_01	<p>Last week, that is from [DAY] to [DAY], did (you/NAME) work for someone else for pay for one or more hours? (including casual or piece work for cash payment, or in-kind payment or in exchange for food or housing)</p> <p style="text-align: right;">YES 01 <input type="checkbox"/> →FOW_12</p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>
FOW_02	<p>Last week, did (you/NAME) do any kind of business activity, farming or other activity to generate income? <i>READ IF NEEDED</i> (Don't count normal housework) (e.g. Producing farm products for sale or exchange; Making or repairing things for sale; Selling things in the street, local market, or in a shop; Shining shoes, guarding cars or similar activities for tips; Any other activity to generate income; etc.)</p> <p style="text-align: right;">YES 01 <input type="checkbox"/> →FOW_08</p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>
FOW_03	<p>Last week did (you/NAME) help in a business or farm operated by a household member? <i>READ IF NEEDED:</i> (e.g. Help a family member engaged in an activity to generate income for the family; Help to produce farm products for sale or exchange; Help to make or sell things for sale or exchange; Guarding or cleaning the family business; etc.)</p> <p style="text-align: right;">YES 01 <input type="checkbox"/> →FOW_08</p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>
FOW_04	<p>Last week did (you/NAME) help in a business or farm owned or operated by a person that is not part of your household?</p> <p style="text-align: right;">YES 01 <input type="checkbox"/> →FOW_08</p> <p style="text-align: right;">NO 02 <input type="checkbox"/></p>
FOW_05	<p>Although (you/NAME) did not work last week, did (you/NAME) have a work activity from which (you/NAME) (were/was) temporarily absent?</p> <p style="text-align: right;">YES 01 <input type="checkbox"/></p> <p style="text-align: right;">NO 02 <input type="checkbox"/> →FOW_07</p>
FOW_06	<p>What type of work was this? <i>Read and select one</i></p> <p style="text-align: right;">PAID WORK 01 <input type="checkbox"/> →FOW_08</p> <p style="text-align: right;">INCOME GENERATING ACTIVITY 02 <input type="checkbox"/> →FOW_08</p>

		HELPING WITHOUT PAY IN A FAMILY BUSINESS	03 <input type="checkbox"/>	→FOW_08
FOW_07	Last week, did (you/NAME) do any work in...?	<i>Read and mark all that apply</i>		
		FARMING	a. <input type="checkbox"/>	→FOW_09
		REARING FARM ANIMALS	b. <input type="checkbox"/>	→FOW_09
		FISHING OR FISH FARMING	c. <input type="checkbox"/>	→FOW_09
		NONE OF THE ABOVE	d. <input type="checkbox"/>	→FOW_35
FOW_08	Was this work that you mentioned in...?	<i>Read and mark all that apply</i>		
		FARMING	a. <input type="checkbox"/>	
		REARING FARM ANIMALS	b. <input type="checkbox"/>	
		FISHING OR FISH FARMING	c. <input type="checkbox"/>	
		ANOTHER TYPE OF JOB OR BUSINESS	d. <input type="checkbox"/>	→FOW_12
FOW_09	Thinking about the work in (farming, rearing animals [and/or fishing] (you/NAME) (do/does), are the products intended...?	<i>Read and select one</i>		
		ONLY FOR SALE	01 <input type="checkbox"/>	→FOW_12
		MAINLY FOR SALE	02 <input type="checkbox"/>	→FOW_12
		MAINLY FOR FAMILY USE	03 <input type="checkbox"/>	→FOW_11
		ONLY FOR FAMILY USE	04 <input type="checkbox"/>	→FOW_11
		(DON'T READ)DON'T KNOW	97 <input type="checkbox"/>	
FOW_10	In general, in the past have these products been ...?	<i>Read and select one</i>		
		ONLY FOR SALE	01 <input type="checkbox"/>	→FOW_12
		MAINLY FOR SALE	02 <input type="checkbox"/>	→FOW_12
		MAINLY FOR FAMILY USE	03 <input type="checkbox"/>	→FOW_11
		ONLY FOR FAMILY USE	04 <input type="checkbox"/>	→FOW_11
FOW_11	(Was/were) (you/NAME) hired by someone else to do this work?	YES	01 <input type="checkbox"/>	→FOW_12
		NO	02 <input type="checkbox"/>	→FOW_35


CHARACTERISTICS OF MAIN INCOME-GENERATING ACTIVITY				
FOW_12	Last week did (you/NAME) have or help in more than one activity to generate income?	ONE INCOME GENERATING ACTIVITY	01 <input type="checkbox"/>	→FOW_14a
		MORE THAN ONE INCOME GENERATING ACTIVITY	02 <input type="checkbox"/>	
FOW_13	<i>INTERVIEWER TO READ</i> I am now going to ask you some questions about the income-generating activity in which (you/NAME) usually work or help the most hours			
FOW_14a	In (your/NAME's) income-generating activity, what kind of work (do/does) (you/NAME) do? (e.g. Cattle farmer breeding, raise and sell cattle; Serving meals; Carry bricks; Mixing baking flour; Harvesting maize; Delivering food, etc.)	_____ OCCUPATIONAL TITLE, IF ANY		
FOW_14b		_____ MAIN TASKS AND DUTIES		

FOW_14c	<i>INTERVIEWER: Write what the respondent says is his/her work in FOW_14a. Probe for activities performed and write in FOW_14b.</i>	ISCO CODE: □□□□ <i>Coded after interview</i>																				
FOW_15	Were (you/NAME) mainly responsible for these tasks or helping under the responsibility of another person?	<table border="0"> <tr> <td>MAINLY RESPONSIBLE FOR THE TASKS</td> <td>01</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HELPING ANOTHER PERSON WHO WAS RESPONSIBLE FOR THE TASKS</td> <td>02</td> <td><input type="checkbox"/></td> </tr> </table>	MAINLY RESPONSIBLE FOR THE TASKS	01	<input type="checkbox"/>	HELPING ANOTHER PERSON WHO WAS RESPONSIBLE FOR THE TASKS	02	<input type="checkbox"/>														
MAINLY RESPONSIBLE FOR THE TASKS	01	<input type="checkbox"/>																				
HELPING ANOTHER PERSON WHO WAS RESPONSIBLE FOR THE TASKS	02	<input type="checkbox"/>																				
FOW_16a	What is the main activity of the place or business where (you/NAME) help(s)/work(s)?	_____ MAIN ACTIVITY																				
FOW_16b	(e.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.)	_____ GOODS AND SERVICES																				
FOW_16c	<i>INTERVIEWER: Write the principal activity of the company the respondent works for in FOW_16a and the type of product or service the company produces in FOW_16b.</i>	ISIC CODE: □□□□ <i>Coded after interview</i>																				
FOW_17	(Do/Does) (you/NAME) work...?	<p><i>Read and select one</i></p> <table border="0"> <tr> <td>AS AN EMPLOYEE</td> <td>01</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>IN (YOUR/HIS/HER) OWN BUSINESS ACTIVITY</td> <td>02</td> <td><input type="checkbox"/></td> <td>→FOW_19</td> </tr> <tr> <td>HELPING IN A FAMILY OR HOUSEHOLD BUSINESS</td> <td>03</td> <td><input type="checkbox"/></td> <td>→FOW_20</td> </tr> <tr> <td>AS AN APPRENTICE, INTERN</td> <td>04</td> <td><input type="checkbox"/></td> <td>→FOW_20</td> </tr> <tr> <td>HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE</td> <td>05</td> <td><input type="checkbox"/></td> <td>→FOW_20</td> </tr> </table>	AS AN EMPLOYEE	01	<input type="checkbox"/>		IN (YOUR/HIS/HER) OWN BUSINESS ACTIVITY	02	<input type="checkbox"/>	→ FOW_19	HELPING IN A FAMILY OR HOUSEHOLD BUSINESS	03	<input type="checkbox"/>	→ FOW_20	AS AN APPRENTICE, INTERN	04	<input type="checkbox"/>	→ FOW_20	HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE	05	<input type="checkbox"/>	→ FOW_20
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HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE	05	<input type="checkbox"/>	→ FOW_20																			
FOW_18	Who is (your/NAME's) employer?	<p><i>Read and select one</i></p> <table border="0"> <tr> <td>FAMILY MEMBER</td> <td>01</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEMBER OF EXTENDED FAMILY</td> <td>02</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRIEND OF FAMILY</td> <td>03</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NOT A RELATIVE</td> <td>04</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER, SPECIFY _____</td> <td>05</td> <td><input type="checkbox"/></td> </tr> </table>	FAMILY MEMBER	01	<input type="checkbox"/>	MEMBER OF EXTENDED FAMILY	02	<input type="checkbox"/>	FRIEND OF FAMILY	03	<input type="checkbox"/>	NOT A RELATIVE	04	<input type="checkbox"/>	OTHER, SPECIFY _____	05	<input type="checkbox"/>					
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NOT A RELATIVE	04	<input type="checkbox"/>																				
OTHER, SPECIFY _____	05	<input type="checkbox"/>																				
FOW_19	Why (do/does) (you/NAME) work?	<p><i>Read and select one</i></p> <table border="0"> <tr> <td>SUPPLEMENT FAMILY INCOME</td> <td>01</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HELP PAY FAMILY DEBT</td> <td>02</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HELP IN HOUSEHOLD ENTERPRISE</td> <td>03</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LEARN SKILLS</td> <td>04</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCHOOLING NOT USEFUL FOR FUTURE</td> <td>05</td> <td><input type="checkbox"/></td> </tr> </table>	SUPPLEMENT FAMILY INCOME	01	<input type="checkbox"/>	HELP PAY FAMILY DEBT	02	<input type="checkbox"/>	HELP IN HOUSEHOLD ENTERPRISE	03	<input type="checkbox"/>	LEARN SKILLS	04	<input type="checkbox"/>	SCHOOLING NOT USEFUL FOR FUTURE	05	<input type="checkbox"/>					
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SCHOOLING NOT USEFUL FOR FUTURE	05	<input type="checkbox"/>																				

		SCHOOL TOO FAR/NO SCHOOL	06 <input type="checkbox"/>
		CANNOT AFFORD SCHOOL FEES	07 <input type="checkbox"/>
		NOT INTERESTED IN SCHOOL	08 <input type="checkbox"/>
		TO TEMPORARILY REPLACE SOMEONE UNABLE TO WORK	09 <input type="checkbox"/>
		OTHER, SPECIFY _____	10 <input type="checkbox"/>
FOW_20	How do (you/NAME) usually go to work?	<i>Read and select one</i>	
		BY WALKING	01 <input type="checkbox"/>
		BY BICYCLE	02 <input type="checkbox"/>
		BY BUS OR OTHER MEANS OF TRANSPORT	03 <input type="checkbox"/>
FOW_21	How long does it usually take (you/NAME) to get to (your/NAME's) workplace?	<i>Read and select one</i>	
		LESS THAN 15 MINUTES	01 <input type="checkbox"/>
		15 MINUTES OR MORE, BUT LESS THAN 30 MINUTES	02 <input type="checkbox"/>
		30 MINUTES OR MORE, BUT LESS THAN 1 HOUR	03 <input type="checkbox"/>
		1 HOUR OR MORE	04 <input type="checkbox"/>
FOW_22	Which of the following types of pay (do/does) (you/NAME) receive for this work?	<i>Read and mark all that apply</i>	
		A WAGE OR SALARY	01 <input type="checkbox"/>
		PAYMENT BY PIECE OF WORK COMPLETED	02 <input type="checkbox"/>
		COMMISSIONS	03 <input type="checkbox"/>
		TIPS	04 <input type="checkbox"/>
		FEES FOR SERVICES PROVIDED	05 <input type="checkbox"/>
		PAYMENT WITH MEALS OR ACCOMMODATION	06 <input type="checkbox"/>
		PAYMENT IN PRODUCTS	07 <input type="checkbox"/>
		OTHER CASH PAYMENT, SPECIFY _____	08 <input type="checkbox"/>
		NOT PAID	09 <input type="checkbox"/>
FOW_23	In what kind of place (do/does) (you/NAME) typically work?	<i>Read and select one</i>	
		AT (YOUR/NAME's) OWN HOME	01 <input type="checkbox"/>
		AT THE CLIENT'S OR EMPLOYER'S HOME	02 <input type="checkbox"/>
		AT A FARM, AGRICULTURAL LAND OR FISHING SITE	03 <input type="checkbox"/>
		AT A BUSINESS, OFFICE, FACTORY, FIXED PREMISE OR SITE	04 <input type="checkbox"/>


	ON THE STREET OR ANOTHER PUBLIC SPACE WITHOUT A FIXED STRUCTURE	05	<input type="checkbox"/>
	IN/ON A VEHICLE (WITHOUT DAILY WORK BASE)	06	<input type="checkbox"/>
	DOOR-TO-DOOR	07	<input type="checkbox"/>
	OTHER	08	<input type="checkbox"/>
	DON'T KNOW	97	<input type="checkbox"/>
FOW_24	How many persons including (you/NAME) work at (your/NAME's) place of work?	1	01 <input type="checkbox"/>
		2-4	02 <input type="checkbox"/>
		5-9	03 <input type="checkbox"/>
		10-19	04 <input type="checkbox"/>
		20-49	05 <input type="checkbox"/>
		50+	06 <input type="checkbox"/>
		DON'T KNOW	97 <input type="checkbox"/>

CHARACTERISTICS OF SECOND INCOME GENERATING ACTIVITY	
IF MORE THAN ONE INCOME-GENERATING ACTIVITY (FOW_12 = 02) GO TO FOW_25 OTHERWISE GO TO FOW_28	
FOW_25	<p><i>INTERVIEWER TO READ:</i> I am now going to ask you some questions about (your/NAME's) second income-generating activity or job in which you usually work or help the second most number of hours.</p>
FOW_26a	<p>In (your/NAME's) second income-generating activity, what kind of work (do/does) (you/NAME) do? _____</p> <p style="text-align: center;">OCCUPATIONAL TITLE, IF ANY</p>
FOW_26b	<p>(e.g. Cattle farmer breeding, raise and sell cattle; Serving meals; Carry bricks; Mixing baking flour; Harvesting maize; Delivering food, etc.) _____</p> <p style="text-align: center;">MAIN TASKS AND DUTIES</p>
FOW_26c	<p><i>INTERVIEWER: Write what the respondent says is his/her work in FOW_26a. Probe for activities performed and write in FOW_26b</i></p> <p style="text-align: right;">ISCO CODE: <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <i>Coded after interview</i></p>
FOW_27a	<p>What is the main activity of the place or business where (your/NAME's) help(s)/work(s)? _____</p> <p style="text-align: center;">MAIN ACTIVITY</p>
FOW_27b	<p>(e.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.) _____</p> <p style="text-align: center;">GOODS AND SERVICES</p>
FOW_27c	<p><i>INTERVIEWER: Write the principal activity of the company the respondent works for in FOW_27a and the type of product or service the company produces in FOW_27b</i></p> <p style="text-align: right;">ISIC CODE: <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <i>Coded after interview</i></p>

WORKING TIME IN EMPLOYMENT			
 <p>READ: Now I would like to ask some questions about the hours that (you/NAME) work/help, starting with (your/his/her) main income-generating activity. (USE "MAIN" ONLY IF ANSWER TO FOW_12 WAS 01)</p>			
FOW_28	How many hours (do/does) (you/NAME) usually work/help per week in (your/his/her) [main] income-generating activity?	_____	→ FOW_31
		HOURS PER WEEK	
	<i>INTERVIEWER</i> Write the number of hours in 0.5 hour intervals	DON'T KNOW	997 <input type="checkbox"/>
FOW_29	How many days per week (do/does) (you/NAME) usually work/help in (your/his/her)[main] income generating activity?	_____	
		NUMBER OF DAYS PER WEEK	
FOW_30	How many hours per day (do/does) (you/NAME) usually work/help in (your/his/her)[main] income generating activity?	_____	
		NUMBER OF HOURS PER DAY	
FOW_31	In total, how many hours did (you/NAME) actually work in (your/his/her) [main] income-generating activity last week?	_____	
		NUMBER OF HOURS	
		DON'T KNOW	997 <input type="checkbox"/>
FOW_32	What time of the day did (you/NAME) mostly work last week?	MOSTLY IN THE MORNING BEFORE SCHOOL	01 <input type="checkbox"/>
		MOSTLY IN THE AFTERNOON OR EVENING AFTER SCHOOL	02 <input type="checkbox"/>
		MOSTLY ANY TIME DURING WEEKDAYS, IRRESPECTIVE OF SCHOOL	03 <input type="checkbox"/>
		MOSTLY DURING WEEKENDS	04 <input type="checkbox"/>
ASK IF MORE THAN ONE INCOME GENERATING ACTIVITY, I.E. IF FOW_12 = 02 OTHERWISE GO TO FOW_41			
FOW_33	How many hours (do/does) (you/NAME) usually work per week in (your/his/her)second income generating activity?	_____	
		HOURS PER WEEK	
		DON'T KNOW	997 <input type="checkbox"/>
FOW_34	How many hours did (you/NAME) actually work last week in (your/his/her)second income generating activity?	_____	→ FOW_38
		NUMBER OF HOURS	
		DON'T KNOW	997 <input type="checkbox"/> → FOW_38

JOB SEARCH			
<p><i>Ask question only of children min to 17 years old who did not work in the last week</i> <i>For children 5 to min, go to FOW_39</i> <i>"Min" refers to the minimum age that national legislation permits children to work</i></p>			
FOW_35	During the last four weeks, that is from [DATE] up to [DATE] did (you/NAME) do anything to find a paid job or did (you/NAME) try to start a business?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
FOW_36	Could (you/NAME) have started working last week?	YES	01 <input type="checkbox"/> → FOW_39
		NO	02 <input type="checkbox"/>
FOW_37	Could (you/NAME) start working within the next two weeks?	YES	01 <input type="checkbox"/> → FOW_39
		NO	02 <input type="checkbox"/> → FOW_39

INCOME-GENERATING ACTIVITY DURING PAST 12 MONTHS			
FOW_38	Was the income-generating activity reported in FOW_14a and FOW_16a performed during all months in the past 12 months, i.e. from [DATE] to [DAY last week]?	YES	01 <input type="checkbox"/> → FOW_41
		NO	02 <input type="checkbox"/> → FOW_40
FOW_39	In the last 12 months, from [DATE] up to [DAY last week], did (you/NAME) engage in any income-generating activity?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> → FOW_41
FOW_40	In which months of the year did (you/NAME) perform the income-generating activity during the past 12 months? <i>Mark all that apply</i>	JANUARY	a. <input type="checkbox"/>
		FEBRUARY	b. <input type="checkbox"/>
		MARCH	c. <input type="checkbox"/>
		APRIL	d. <input type="checkbox"/>
		MAY	e. <input type="checkbox"/>
		JUNE	f. <input type="checkbox"/>
		JULY	g. <input type="checkbox"/>
		AUGUST	h. <input type="checkbox"/>
		SEPTEMBER	i. <input type="checkbox"/>
		OCTOBER	j. <input type="checkbox"/>
		NOVEMBER	k. <input type="checkbox"/>
		DECEMBER	l. <input type="checkbox"/>

OWN-USE PRODUCTION OF AGRICULTURAL PRODUCTS AND OTHER GOODS			
Unpaid activities to produce agricultural goods and/or other goods for consumption by your household or family			
	READ: I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.		
FOW_41	Last week, from [DAY] up to [last DAY], did (you/NAME) do any work in farming, rearing animals, [and/or fishing] for consumption by your household or family?	<i>Read and mark all that apply</i>	
		FARMING	a. <input type="checkbox"/>
		REARING ANIMALS	b. <input type="checkbox"/>
		FARMING OR FISH FARMING	c. <input type="checkbox"/>
		NO	d. <input type="checkbox"/> → FOW_45
FOW_42a	What kind of work did (you/NAME) do? (e.g. watering, thinning and weeding; picking fruit, nuts, vegetables and other fruits; feeding, watering and cleaning animals; cleaning, sorting and packing fish, etc.)	_____ OCCUPATIONAL TITLE, IF ANY	
FOW_42b	<i>INTERVIEWER: Write what the respondent says is his/her work in FOW_42a. Probe for activities performed and write in FOW_42b</i>	_____ MAIN TASKS AND DUTIES	
FOW_42c		ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Coded after interview</i>	
FOW_43a	What are the main products from (farming, rearing, [and/or fishing] that (you/NAME) (were/was) working on?	_____ MAIN GOODS	
FOW_43b	(e.g. citrus fruits, vegetables, freshwater fish, cattle, chicken, rice) <i>INTERVIEWER: Write the main products in FOW_43a.</i>	ISIC CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Coded after interview</i>	
FOW_44	How many hours per week did (you/NAME) usually spend doing this last week?	_____ HOURS SPENT	
		DON'T KNOW	997 <input type="checkbox"/>
FOW_45	Last week did (you/NAME) help to gather wild food such as [mushrooms, berries, herbs, etc.] for consumption by your household or family?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> → FOW_47
FOW_46	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT	
		DON'T KNOW	997 <input type="checkbox"/>
FOW_47	Last week did (you/NAME) go hunting for [bush meat, etc.] for consumption by your household or family?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> → FOW_49

FOW_48	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
FOW_49	Last week did (you/NAME) help to prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese, etc.] for consumption by your household or family		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → FOW_51
FOW_50	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
FOW_51	Last week did (you/NAME) do any construction work to build, renovate or extend the family home or help a family member with similar work?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → FOW_53
FOW_52	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
FOW_53	Last week did (you/NAME) spend any time making goods for use by your household or family such as [mats, baskets, furniture, clothing, etc.]?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → FOW_55
FOW_54	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
FOW_55	Last week did (you/NAME) fetch water from natural or public sources for use by your household or family?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → FOW_57
FOW_56	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
FOW_57	Last week did (you/NAME) collect any firewood [or other natural products] for use as a fuel by your household or family?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → FOW_59
FOW_58	How many hours did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>

UNPAID TRAINEE WORK			
Unpaid trainee work for others to acquire workplace experience or skills in a trade or profession. To be asked of all children 5-17 years old			
FOW_59	In the last 4 weeks from [START DATE] up to [last END DAY/yesterday] did (you/NAME) participate in any unpaid apprenticeship, internship or similar training in a work place? ([e.g. Unpaid work as trainee or apprentice in a farm, workshop, factory, enterprise, or other production units Unpaid work as trainee or intern in a shop, bank, hospital or other service providing institutions...])	YES 01 <input type="checkbox"/>	
		NO 02 <input type="checkbox"/> → HAZ_01	
FOW_60	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT	→ HAZ_01
		DON'T KNOW 997 <input type="checkbox"/>	
<p><i>Interviewer Check:</i></p> <p><i>FOW_01 = 01 (work for someone else) and/or</i></p> <p><i>FOW_02 = 01 (working business activity, farming or other activity to generate income) and/or</i></p> <p><i>FOW_03 = 01 (helping in a family business or farm) and/or</i></p> <p><i>FOW_04 = 01 (helping in a business or farm owned or operated any a person that is not part of the household) and/or</i></p> <p><i>FOW_05 = 01 (temporarily absent from work activity) and/or</i></p> <p><i>FOW_07 = a, b, c and/or</i></p> <p><i>FOW_41 = A or B or C (work in family, rearing animals and/or fishing for consumption for own household or family) and/or</i></p> <p><i>FOW_45, FOW_47, FOW_49, FOW_51, FOW_53, FOW_55, FOW_57= 01 and/or</i></p> <p><i>FOW_59 = 01 (unpaid apprenticeship, internship or similar training in a work place)</i></p> <p><i>If any of these criteria are met, continue to HAZ_01</i></p> <p><i>Otherwise go to HCH_01</i></p>			

HAZARDOUS WORK		
	<p>READ: We would like to know more about the things that children and adolescents around the world are doing when they are at work. These question will help people to know how to keep children safe. Now I want you to think about work that (you/NAME) (have/has) been doing during the past week. Were (you/NAME) doing any of these things at work?</p>	
HAZ_01	Carrying or pushing or pulling heavy loads? e.g. firewood or water, crops, bricks, rubbish/waste, rocks or cement, other heavy items? Show carry loads reference sheet	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_02	Working where (you/NAME) have to climb high off the floor/ground, from where if (you/NAME) fell, (you/NAME) might be injured? e.g. ladders taller than you, high up on trees, scaffolding, construction platforms?	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_03	Using powered tools (electric or gas)? e.g. drills, saws, chain/table saws, electric sanders, jackhammers	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_04	Using sharp tools? e.g. axes, knives, machetes?	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_05	Using big or heavy machines, or driving vehicles? e.g. machines that are bigger than you such as assembly machines, tractors, forklifts, cranes, trucks, motorcycles	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_06	Working with fire, ovens or very hot machines or tools, or unsafe electric wires/cables, where (you/NAME) might get burned? e.g. fires ovens, irons, welding tools, hot metal surfaces, burners, electric wires/cables, brick kilns	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>
HAZ_07	Working in very a noisy place, so that (you/NAME) had to shout to speak? e.g. very loud noisy machines, loud traffic	YES 01 <input type="checkbox"/>
		NO 02 <input type="checkbox"/>
		DON'T KNOW 97 <input type="checkbox"/>
		REFUSE 98 <input type="checkbox"/>

HAZ_08	Working indoors or outdoors where dust, sand, smoke or fumes make it hard to breathe or see clearly? e.g. insufficient ventilation	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_09	Working in a place that is very cold, or working outdoors in very rainy or wet weather? e.g. in cold stores/fridges, working in rain/storms	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_10	Working long hours in the hot sun without a break?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_11	Working below the ground in mining wells or tunnels or other very small spaces? e.g. going down into mines to bring out rocks/stones/coal, cutting rocks/stones/coal below the ground	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_12	Working underwater? e.g. diving for shells, untangling nets in seas, lakes, rivers?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_13	Working with or around agricultural chemicals? Or helping someone else to do this. e.g. spraying or spreading fertilizers to help crops/plants grow, spraying or spreading pesticides/herbicides to kill bugs or weeds, cleaning pesticide containers	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_14	Working with liquids or powders that irritate your skin, burn easily, give off vapours that smell bad or can explode? e.g., cleaning products, oil or gas, paints, glues, bleach, disinfectants, dyes, solvents, batteries, mercury or other chemicals	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_15	Working during the night-time or very early in the morning, when it is dark? including going to or from work when it is dark	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_16	Working in contact with large domestic animals (e.g., camels, cattle), wild animals (e.g., snakes, insects) or around animal manure (e.g., manure pits, cleaning stalls)?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>

HAZ_17	Doing the same task over and over again at a fast pace for long hours? <e.g., weaving, pounding rocks>	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_18	Do (you/NAME) generally feel safe at work?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_19	Have (you/NAME) ever been punished for mistakes made at work?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_20	Would (you/NAME) be allowed to leave your workplace if (you/NAME) were very ill, injured, had a serious family problem or wanted to quit?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>

WORKPLACE VIOLENCE



READ:

Thank you for telling me about the things (you/NAME) are doing at work. I would now like to ask some questions about things that people sometimes do to children and adolescents that may hurt them or make them feel uncomfortable, upset or scared at work.

There are no right or wrong answers to any of these questions. We just want to know your ideas. If at any point you feel like you want to skip a question or stop answering these questions, just tell me. If you want to talk about any of things I ask you about, please let me know

HAZ_21a	Sometimes people at work can hurt children and adolescents physically. Thinking about yourself in the work (you/NAME) are doing now, has anyone at work slapped (you/NAME), punched (you/NAME), kicked (you/NAME) or done anything else to hurt (you/NAME) physically?	YES	01	<input type="checkbox"/>	→ HAZ_21b
		NO	02	<input type="checkbox"/>	→ HAZ_22a
		DON'T KNOW	97	<input type="checkbox"/>	→ HAZ_22a
		REFUSE	98	<input type="checkbox"/>	→ HAZ_22a
		NOT APPLICABLE	96	<input type="checkbox"/>	→ HAZ_22a
HAZ_21b	Who did this to (you/NAME)?	<i>Read and select one</i>			
		AN ADULT	01	<input type="checkbox"/>	
		ANOTHER CHILD/ADOLESCENT	02	<input type="checkbox"/>	
		DON'T KNOW	97	<input type="checkbox"/>	
		REFUSE	98	<input type="checkbox"/>	
HAZ_22a	Sometimes, when children and adolescents are at work people say or do things that scare them or make them worry about their safety. Since you've worked at this job, has anyone at work ever threatened to hurt (you/NAME)?	YES	01	<input type="checkbox"/>	→ HAZ_22b
		NO	02	<input type="checkbox"/>	→ HAZ_23a
		DON'T KNOW	97	<input type="checkbox"/>	→ HAZ_23a
		REFUSE	98	<input type="checkbox"/>	→ HAZ_23a
		NOT APPLICABLE	96	<input type="checkbox"/>	→ HAZ_23a

HAZ_22b	Who did this to (you/NAME)?	<i>Read and select one</i>		
		AN ADULT	01 <input type="checkbox"/>	
		ANOTHER CHILD/ADOLESCENT	02 <input type="checkbox"/>	
		DON'T KNOW	97 <input type="checkbox"/>	
		REFUSE	98 <input type="checkbox"/>	
HAZ_23a	Sometimes when children and adolescents are at work people say or do things to make them feel bad. Since you've worked in this job, has anyone at work ridiculed (you/NAME), insulted (you/NAME) or made (you/NAME) feel ashamed?	YES	01 <input type="checkbox"/>	→ HAZ_23b
		NO	02 <input type="checkbox"/>	→ HAZ_24
		DON'T KNOW	97 <input type="checkbox"/>	→ HAZ_24
		REFUSE	98 <input type="checkbox"/>	→ HAZ_24
		NOT APPLICABLE	96 <input type="checkbox"/>	→ HAZ_24
HAZ_23b	Who did this to (you/NAME)?	<i>Read and select one</i>		
		AN ADULT	01 <input type="checkbox"/>	
		ANOTHER CHILD/ADOLESCENT	02 <input type="checkbox"/>	
		DON'T KNOW	97 <input type="checkbox"/>	
		REFUSE	98 <input type="checkbox"/>	

INJURIES



READ:

Thank you for telling me about things that have happened at work. Now, I'd like to ask you about serious accidents and injuries that (you/NAME) might have had at work. A serious injury is one that prevents a child from doing normal activities like work or school, and/or that requires medical care from a doctor or nurse.

Since (you/NAME) have been working, have (you/NAME) experienced any of these serious accidents or injuries because of the work (you/NAME) (have/has) been doing?

HAZ_24	Injuries from fall <e.g., falling from scaffolding/buildings, ladders, trees>	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
		DON'T KNOW	97 <input type="checkbox"/>
		REFUSE	98 <input type="checkbox"/>
HAZ_25	Hit by something very heavy falling on (you/NAME), or being crushed by heavy machines, vehicles or things at work <e.g., being squeezed or crushed by heavy machines, vehicles or things you move at work, something heavy falling on you, show reference sheet illustrations>	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
		DON'T KNOW	97 <input type="checkbox"/>
		REFUSE	98 <input type="checkbox"/>
HAZ_26	Deep or long cut	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
		DON'T KNOW	97 <input type="checkbox"/>
		REFUSE	98 <input type="checkbox"/>

HAZ_27	Bad burn (not sun burn)	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_28	Bad bruises, bumps or swelling e.g. strained muscle, dislocation	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_29	Animal or snake bite	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_30	Head, back or neck injury	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_31	Broken bone	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_32	Lost a body part e.g. finger, hand, arm, leg	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_33	Eye or ear injury/damage	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_34	Electric shock	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_35	Near drowning	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_36	Have (you/NAME) suffered any injury other than those I have already mentioned?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/> → HAZ_38a
		DON'T KNOW	97	<input type="checkbox"/> → HAZ_38a
		REFUSE	98	<input type="checkbox"/> → HAZ_38a

HAZ_37	What was that injury? _____
HAZ_38a	Thinking about (your/NAME's) most serious injury, what were (you/NAME) doing when this happened? _____
HAZ_38b	<i>INTERVIEWER; If the respondent says s/he was doing his/her job, write the occupational title. If the respondent says the injury resulted from workplace violence, mark code 02.</i>
HAZ_38c	OCCUPATIONAL TITLE ISCO CODE: □□□□ <i>Coded after interview</i>
HAZ_39	Now I'd like to ask you about your health in general. Compared to other children your age, would you say your health is Very good, Good, Fair or Poor?
	INJURY FROM WORKPLACE VIOLENCE 02 <input type="checkbox"/>
	VERY GOOD 01 <input type="checkbox"/>
	GOOD 02 <input type="checkbox"/>
	FAIR 03 <input type="checkbox"/>
	POOR 04 <input type="checkbox"/>

PSYCHOSOCIAL HEALTH



READ:

I now have some questions about how you've been feeling since you've been working.

HAZ_40	Have (you/NAME) had lots of headaches, stomach-aches or sickness?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_41	Have (you/NAME) felt so tired it was hard for (you/NAME) to pay attention at work?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_42	Have (you/NAME) felt unhappy, downhearted or tearful?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_43	Do (you/NAME) worry a lot, feel nervous or easily scared?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_44	Do (you/NAME) feel like (you/NAME) have someone to talk to about your problems or troubles?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_45	Do (you/NAME) feel proud of the work that (you/NAME) do?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
		REFUSE	98	<input type="checkbox"/>
HAZ_46	I would like to know how you felt about talking to me this way. Please can you tell me was this interview difficult, a little bit difficult or easy.	DIFFICULT	01	<input type="checkbox"/>
		A LITTLE BIT DIFFICULT	02	<input type="checkbox"/>
		EASY	03	<input type="checkbox"/>



READ:

Thank you very much. I know that some of these questions were not easy, but your responses were very clear and helpful.

HOUSEHOLD TASKS				
HCH_01	Last week, from [DAY] to [last DAY], did (you/NAME) help with or do any shopping for this household?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	→ HCH_05
HCH_02	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_03	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_04	Last week, did (you/NAME) carry heavy loads while shopping?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	
HCH_05	Last week, did (you/NAME) help with or do any repair of household equipment for this household?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	→ HCH_08
HCH_06	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_07	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_08	Last week, did (you/NAME) help with or do any cooking for this household?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	→ HCH_13
HCH_09	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_10	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	
HCH_11	Last week (were/was) (you/NAME) cooking using a hot stove (with fire, gas or flames)?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	
HCH_12	Last week (were/was) (you/NAME) cutting or preparing food with sharp knives?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	
HCH_13	Last week, did (you/NAME) help with or do any cleaning of the house/utensils for this household?	_____	YES 01 <input type="checkbox"/>	
			NO 02 <input type="checkbox"/>	→ HCH_19
HCH_14	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT	
			DON'T KNOW 997 <input type="checkbox"/>	

HCH_15	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
HCH_16	Last week (were/was) (you/NAME) cleaning with soaps or chemicals/bleaches/liquids that irritate or burn your skin, eyes or nose?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_17	Last week (were/was) (you/NAME) climbing or cleaning hard to reach places from where if you fell, you might get injured?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_18	(Were/was) (you/NAME) sweeping, vacuuming or mopping floors for long periods of time?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_19	Last week, did (you/NAME) help with or do any washing of the clothes for this household?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → HCH_25
HCH_20	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
HCH_21	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
HCH_22	In the past week, (were/was) (you/NAME) washing clothes by hand?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_23	Last week (were/was) (you/NAME) ironing clothes?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_24	(Were/Was) (you/NAME) carrying heavy washing baskets?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_25	Last week, did (you/NAME) help with or care for children/old/sick for this household?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/> → HCH_31
HCH_26	How many days did (you/NAME) spend doing this task last week?	_____	DAYS SPENT		
			DON'T KNOW	99	<input type="checkbox"/>
HCH_27	How many hours per day did (you/NAME) spend doing this last week?	_____	HOURS SPENT		
			DON'T KNOW	997	<input type="checkbox"/>
HCH_28	Last week (were/was) (you/NAME) carrying or lifting an adult/older person or a heavy child?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_29	Last week (were/was) (you/NAME) bathing, showering or dressing any adults?		YES	01	<input type="checkbox"/>
			NO	02	<input type="checkbox"/>
HCH_30			YES	01	<input type="checkbox"/>

	In the past week, (were/was) (you/NAME) caring for a sick person	NO	02 <input type="checkbox"/>	
HCH_31	Last week, did (you/NAME) help with or do any other household tasks for this household? (e.g. washing dishes, throwing garbage in the trash bin, etc.)	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HCH_35
HCH_32	Specify the task	_____		
		TASK SPECIFIED		
HCH_33	How many days did (you/NAME) spend doing this task last week?	_____		
		DAYS SPENT		
		DON'T KNOW	997 <input type="checkbox"/>	
HCH_34	How many hours per day did (you/NAME) spend doing this last week?	_____		
		HOURS SPENT		
		DON'T KNOW	997 <input type="checkbox"/>	
<i>Ask for children attending school (EDU_07 = 01)</i>				
HCH_35	Last week when did (you/NAME) usually carry out these activities mentioned above?	<i>Read and select all that apply</i>		
		WEEKDAYS AFTER SCHOOL	01 <input type="checkbox"/>	All responses → HOU_00
		WEEKDAYS BEFORE SCHOOL	02 <input type="checkbox"/>	
		WEEKENDS	03 <input type="checkbox"/>	
<i>Ask for children not attending school (EDU_07 = 02)</i>				
HCH_36	Last week when did (you/NAME) usually carry out these activities mentioned above?	<i>Read and select all that apply</i>		
		WEEKDAYS	01 <input type="checkbox"/>	All responses → HOU_00
		WEEKENDS	02 <input type="checkbox"/>	

► Housing (HOU)

	INTERVIEWER: <i>The Housing Module is administered to an adult in the household. The preferred respondent is the head of the household. If the head is not present, ask to speak with an adult who knows about the dwelling. Collect information on all members prior to moving on to the next module</i>																								
	READ: [Now I would like to ask you about some details about the dwelling you live in.]...																								
HOU_00	INTERVIEWER: Write the ID code of the person who provides information for the household module _____ ID Code of Respondent																								
HOUSING CHARACTERISTICS																									
HOU_01	<p>OBSERVATION OF THE INTERVIEWER</p> <p>What is the principal construction material of the exterior walls?</p> <table border="0" style="width: 100%;"> <tr><td style="width: 60%;"></td><td style="text-align: right;">DIRT</td><td style="text-align: right;">01 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">CEMENT/CONCRETE/STONES WITH CEMENT</td><td style="text-align: right;">02 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">STONES WITH MUD</td><td style="text-align: right;">03 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">WOOD/STRAW</td><td style="text-align: right;">04 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">SHEET METAL</td><td style="text-align: right;">05 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">BRICKS</td><td style="text-align: right;">06 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">STABILIZED EARTH</td><td style="text-align: right;">07 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">OTHER, SPECIFY _____</td><td style="text-align: right;">08 <input type="checkbox"/></td></tr> </table>		DIRT	01 <input type="checkbox"/>		CEMENT/CONCRETE/STONES WITH CEMENT	02 <input type="checkbox"/>		STONES WITH MUD	03 <input type="checkbox"/>		WOOD/STRAW	04 <input type="checkbox"/>		SHEET METAL	05 <input type="checkbox"/>		BRICKS	06 <input type="checkbox"/>		STABILIZED EARTH	07 <input type="checkbox"/>		OTHER, SPECIFY _____	08 <input type="checkbox"/>
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HOU_02	<p>OBSERVATION OF THE INTERVIEWER</p> <p>What is the principal material of the roof?</p> <table border="0" style="width: 100%;"> <tr><td style="width: 60%;"></td><td style="text-align: right;">SHEET METAL</td><td style="text-align: right;">01 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">TILE</td><td style="text-align: right;">02 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">CONCRETE</td><td style="text-align: right;">03 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">HIDES/SKINS</td><td style="text-align: right;">04 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">WOOD</td><td style="text-align: right;">05 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">DIRT</td><td style="text-align: right;">06 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">STRAW</td><td style="text-align: right;">07 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">OTHER, SPECIFY _____</td><td style="text-align: right;">08 <input type="checkbox"/></td></tr> </table>		SHEET METAL	01 <input type="checkbox"/>		TILE	02 <input type="checkbox"/>		CONCRETE	03 <input type="checkbox"/>		HIDES/SKINS	04 <input type="checkbox"/>		WOOD	05 <input type="checkbox"/>		DIRT	06 <input type="checkbox"/>		STRAW	07 <input type="checkbox"/>		OTHER, SPECIFY _____	08 <input type="checkbox"/>
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	STRAW	07 <input type="checkbox"/>																							
	OTHER, SPECIFY _____	08 <input type="checkbox"/>																							
HOU_03	<p>OBSERVATION OF THE INTERVIEWER</p> <p>What is the principal material covering the floor of the dwelling?</p> <table border="0" style="width: 100%;"> <tr><td style="width: 60%;"></td><td style="text-align: right;">DIRT/SAND</td><td style="text-align: right;">01 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">CEMENT/CONCRETE</td><td style="text-align: right;">02 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">TILES/MARBLE</td><td style="text-align: right;">03 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">CARPET/POLISHED WOOD</td><td style="text-align: right;">04 <input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: right;">OTHER, SPECIFY _____</td><td style="text-align: right;">07 <input type="checkbox"/></td></tr> </table>		DIRT/SAND	01 <input type="checkbox"/>		CEMENT/CONCRETE	02 <input type="checkbox"/>		TILES/MARBLE	03 <input type="checkbox"/>		CARPET/POLISHED WOOD	04 <input type="checkbox"/>		OTHER, SPECIFY _____	07 <input type="checkbox"/>									
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	CARPET/POLISHED WOOD	04 <input type="checkbox"/>																							
	OTHER, SPECIFY _____	07 <input type="checkbox"/>																							

HOU_04	<i>OBSERVATION OF THE INTERVIEWER</i> In what type of dwelling does the household live?	APARTMENT IN BUILDING/STUDIO	01	<input type="checkbox"/>
		PRIVATE HOUSE	02	<input type="checkbox"/>
		PART OF A PRIVATE HOUSE	03	<input type="checkbox"/>
		MOBILE HOME (e.g. tent, caravan)	04	<input type="checkbox"/>
		SHELTER NOT MEANT FOR LIVING PURPOSES	05	<input type="checkbox"/>
		SHANTY	06	<input type="checkbox"/>
		OTHER, SPECIFY _____	07	<input type="checkbox"/>
HOU_05	What is the ownership status of the dwelling?	<i>Read and select one</i>		
		OWNER WITH LAND TITLE/PROPERTY ACT	01	<input type="checkbox"/>
		OWNER WITHOUT LAND TITLE/PROPERTY ACT	02	<input type="checkbox"/>
		OWNER/FAMILY WITH LAND TITLE	03	<input type="checkbox"/>
		OWNER/FAMILY WITHOUT LAND TITLE	04	<input type="checkbox"/>
		TENANT	05	<input type="checkbox"/>
		INSTALMENT PLAN	06	<input type="checkbox"/>
		FREE LODGING (RELATIVE, FRIEND)	07	<input type="checkbox"/>
		LODGING THAT COMES WITH WORK	08	<input type="checkbox"/>
OTHER, SPECIFY _____	09	<input type="checkbox"/>		
HOU_06	How many rooms are there in the dwelling? <i>Do not include kitchens, bathrooms, corridors or balconies</i>	_____	NUMBER OF ROOMS	
HOU_07	What is the size of the dwelling in square meters?	LESS THAN 20 SQUARE METERS	01	<input type="checkbox"/>
		20 TO 39 SQUARE METERS	02	<input type="checkbox"/>
		40 TO 69 SQUARE METERS	03	<input type="checkbox"/>
		70 TO 98 SQUARE METERS	04	<input type="checkbox"/>
		100 SQUARE METERS OR MORE	05	<input type="checkbox"/>
HOU_08	Does this dwelling have an area used for cooking?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/> → HOU_11
HOU_09	Is this cooking area located inside the dwelling?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_10	Is the cooking area used exclusively by the members of this dwelling, or do people from other households use the cooking area?	USED EXCLUSIVELY BY HOUSEHOLD	01	<input type="checkbox"/>
		SHARED WITH OTHER HOUSEHOLDS	02	<input type="checkbox"/>
HOU_11	Does this dwelling have a toilet?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/> → HOU_14
HOU_12	Is this toilet located inside the dwelling?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>

HOU_13	Is the toilet used exclusively by the members of this dwelling, or do people from other households use the toilet?	USED EXCLUSIVELY BY HOUSEHOLD	01	<input type="checkbox"/>
		SHARED WITH OTHER HOUSEHOLDS	02	<input type="checkbox"/>
HOU_14	What kind of toilet facility do members of your household usually use?	FLUSH/POUR FLUSH TO PIPED SEWER SYSTEM	01	<input type="checkbox"/>
		FLUSH/POUR FLUSH TO SEPTIC TANK	02	<input type="checkbox"/>
		FLUSH /POUR FLUSH TO PIT LATRINE	03	<input type="checkbox"/>
		FLUSH/POUR FLUSH TO ELSEWHERE	04	<input type="checkbox"/>
		FLUSH/POUR FLUSH TO UNKNOWN PLACE	05	<input type="checkbox"/>
		VENTILATED IMPROVED PIT LATRINE (VIP)	06	<input type="checkbox"/>
		PIT LATRINE WITH SLAB	07	<input type="checkbox"/>
		PIT LATRINE WITHOUT SLAB/OPEN PIT	08	<input type="checkbox"/>
		COMPOSTING TOILET	09	<input type="checkbox"/>
		BUCKET	10	<input type="checkbox"/>
		HANGING TOILET/HANGING LATRINE	11	<input type="checkbox"/>
		NO FACILITIES/BUSH/FIELD	12	<input type="checkbox"/>
		OTHER, SPECIFY _____	13	<input type="checkbox"/>
HOU_15	Does this dwelling have an area for bathing?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_16	Is this bathing area located inside the dwelling?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_17	Is the bathing area used exclusively by the members of this dwelling, or do people from other households use the bathing area?	USED EXCLUSIVELY BY HOUSEHOLD	01	<input type="checkbox"/>
		SHARED WITH OTHER HOUSEHOLDS	02	<input type="checkbox"/>
HOU_18	Is this dwelling connected to an electrical network?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_19	Is this dwelling connected to a running water network?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_20	Is this dwelling connected to a sanitation/sewer network?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_21	What is the main source of energy for cooking?	WOOD	01	<input type="checkbox"/>
		COAL	02	<input type="checkbox"/>
		KEROSENE	03	<input type="checkbox"/>
		GAS	04	<input type="checkbox"/>
		ELECTRICITY	05	<input type="checkbox"/>
		SOLAR	06	<input type="checkbox"/>
		OTHER, SPECIFY _____	07	<input type="checkbox"/>
		NONE	08	<input type="checkbox"/>

→HOU_18

HOU_22	What is the main source of energy for heating and/or cooling?	WOOD	01 <input type="checkbox"/>
		COAL	02 <input type="checkbox"/>
		KEROSENE	03 <input type="checkbox"/>
		GAS	04 <input type="checkbox"/>
		ELECTRICITY	05 <input type="checkbox"/>
		SOLAR	06 <input type="checkbox"/>
		OTHER, SPECIFY _____	07 <input type="checkbox"/>
		NONE	08 <input type="checkbox"/>
HOU_23	What is the main source of energy for lighting?	WOOD	01 <input type="checkbox"/>
		COAL	02 <input type="checkbox"/>
		KEROSENE	03 <input type="checkbox"/>
		GAS	04 <input type="checkbox"/>
		ELECTRICITY	05 <input type="checkbox"/>
		SOLAR	06 <input type="checkbox"/>
		CANDLES	07 <input type="checkbox"/>
		BATTERY POWERED LAMPS	08 <input type="checkbox"/>
		OTHER, SPECIFY _____	08 <input type="checkbox"/>
HOU_24	What is the principal source of drinking water for the household during the dry season?	WATER FROM A TAP	
		INSIDE THE DWELLING	11 <input type="checkbox"/>
		IN THE COURTYARD/CONCESSION	12 <input type="checkbox"/>
		NEIGHBOUR'S TAP	13 <input type="checkbox"/>
		NEIGHBOURHOOD FOUNTAIN/PUBLIC TAP	14 <input type="checkbox"/>
		OPEN WELL	
		OPEN WELL IN THE DWELLING	15 <input type="checkbox"/>
		OPEN WELL IN COURTYARD/CONCESSION	16 <input type="checkbox"/>
		OPEN WELL SOMEWHERE ELSE	17 <input type="checkbox"/>
		COVERED WELL OR BOREHOLE	
		COVERED WELL IN THE DWELLING	18 <input type="checkbox"/>
		COVERED WELL IN THE COURTYARD/CONCESSION	19 <input type="checkbox"/>
		PROTECTED WELL SOMEWHERE ELSE	20 <input type="checkbox"/>
		BOREHOLE	21 <input type="checkbox"/>
		SURFACE WATER	
		ORGANIZED SOURCE	22 <input type="checkbox"/>
		NON ORGANIZED SOURCE	23 <input type="checkbox"/>
RIVER/LAKE/DAM	24 <input type="checkbox"/>		
OTHER SOURCES			

		TANKER TRUCK	25 <input type="checkbox"/>
		TRAVELING VENDORS	26 <input type="checkbox"/>
		BOTTLED WATER	27 <input type="checkbox"/>
		MINI AEP	28 <input type="checkbox"/>
		RAIN WATER	29 <input type="checkbox"/>
		OTHER, SPECIFY _____	30 <input type="checkbox"/>
HOU_25	What is the principal source of drinking water for the household during the rainy season?	WATER FROM A TAP	
		INSIDE THE DWELLING	11 <input type="checkbox"/>
		IN THE COURTYARD/CONCESSION	12 <input type="checkbox"/>
		NEIGHBOUR'S TAP	13 <input type="checkbox"/>
		NEIGHBOURHOOD FOUNTAIN/PUBLIC TAP	14 <input type="checkbox"/>
		OPEN WELL	
		OPEN WELL IN THE DWELLING	15 <input type="checkbox"/>
		OPEN WELL IN COURTYARD/CONCESSION	16 <input type="checkbox"/>
		OPEN WELL SOMEWHERE ELSE	17 <input type="checkbox"/>
		COVERED WELL OR BOREHOLE	
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		COVERED WELL IN THE COURTYARD/CONCESSION	19 <input type="checkbox"/>
		PROTECTED WELL SOMEWHERE ELSE	20 <input type="checkbox"/>
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		TANKER TRUCK	25 <input type="checkbox"/>
		TRAVELING VENDORS	26 <input type="checkbox"/>
		BOTTLED WATER	27 <input type="checkbox"/>
		MINI AEP	28 <input type="checkbox"/>
		RAIN WATER	29 <input type="checkbox"/>
		OTHER, SPECIFY _____	30 <input type="checkbox"/>
HOU_26	How far away is the nearest public preschool?		
	<i>Write distance in kilometres</i>	_____	
	<i>997 if Don't Know</i>	KILOMETRES	

HOU_27	How far away is the nearest private preschool? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES
HOU_28	How far away is the nearest public primary school? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES
HOU_29	How far away is the nearest private primary school? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES
HOU_30	How far away is the nearest public secondary school? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES
HOU_31	How far away is the nearest private secondary school? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES
HOU_32	How far away is the nearest bank/microfinance institution? <i>Write distance in kilometres</i> <i>997 if Don't Know</i>	_____	KILOMETRES

HOUSEHOLD ASSETS			
HOU_33	Does any member of the household own an iron for clothing in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_34	Does any member of the household own a gas stove in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_35	Does any member of the household own an oil stove in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_36	Does any member of the household own a sewing machine in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_37	Does any member of the household own a food processor in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_38	Does any member of the household own a gas cooker in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_39		YES	01 <input type="checkbox"/>

	Does any member of the household own an improved stove in good working order?	NO	02 <input type="checkbox"/>
HOU_40	Does any member of the household own a refrigerator/freezer in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_41	Does any member of the household own a fan in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_42	Does any member of the household own an air conditioner/split in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_43	Does any member of the household own a simple radio/radio cassette in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_44	Does any member of the household own a television set in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_45	Does any member of the household own a tape player/CD/DVD in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_46	Does any member of the household own a parabolic antenna/decoder in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_47	Does any member of the household own a private car (not used for business) in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_48	Does any member of the household own a moped in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_49	Does any member of the household own a bicycle in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_50	Does any member of the household own a camera, photo or video, in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_51	Does any member of the household own a musical instrument in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_52	Does any member of the household own a landline telephone in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_53	Does any member of the household own a portable telephone in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_54	Does any member of the household own a computer in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
HOU_55	Does any member of the household own a generator in good working order?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>

HOU_56	Does any member of the household own a wheelbarrow in good working order?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
HOU_57	Does any member of the household own a washing machine in good working order?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
HOU_58	Does any member of the household own a boat/canoe in good working order?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
HOU_59	Does any member of the household own a tractor in good working order?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
HOU_60	Does any member of the household own an animal drawn cart in good working order?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
HOU_61	In this household does any one of its members own agricultural land that belongs to him or her, or work agricultural land that does not belong to him or her?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	→ HOU_64
HOU_62	How many fields or plots do members of your household work?	_____			
		NUMBER OF FIELD/PLOTS			
HOU_63	What is the total surface area of all the fields or plots? <i>Select the correct unit of measurement</i>	SIZE			
		[UNIT OF MEASURE 1]		01	<input type="checkbox"/>
		[UNIT OF MEASURE 2]		02	<input type="checkbox"/>
		[UNIT OF MEASURE 3]		03	<input type="checkbox"/>
HOU_64	In this household does any one own any land not used for agriculture? This can include land associated with a dwelling or with an enterprise?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	→ HOU_66
HOU_65	What is the total surface area of all the land not used for agriculture? <i>SELECT THE CORRECT UNIT OF MEASUREMENT</i>	SIZE			
		[UNIT OF MEASURE 1]		01	<input type="checkbox"/>
		[UNIT OF MEASURE 2]		02	<input type="checkbox"/>
		[UNIT OF MEASURE 3]		03	<input type="checkbox"/>
HOU_66	What are the household's main sources of income?				
		<i>Read and mark all that apply</i>			
		EMPLOYMENT		a.	<input type="checkbox"/>
		SOCIAL TRANSFERS		b.	<input type="checkbox"/>
		SCHOLARSHIP		c.	<input type="checkbox"/>
		RENT/PROPERTY		d.	<input type="checkbox"/>
		PRIVATE TRANSFERS		e.	<input type="checkbox"/>
		HOUSEHOLD ENTERPRISE		f.	<input type="checkbox"/>

		AGRICULTURE	g. <input type="checkbox"/>
	OTHER, SPECIFY _____		h. <input type="checkbox"/>
HOU_67	Does the household own any livestock today?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> → HOU_75
HOU_68	How many camels does the household own today?	_____	NUMBER
HOU_69	How many horses does the household own today?	_____	NUMBER
HOU_70	How many cows/buffalo does the household own today?	_____	NUMBER
HOU_71	How many sheep does the household own today?	_____	NUMBER
HOU_72	How many goats does the household own today?	_____	NUMBER
HOU_73	How many pigs does the household own today?	_____	NUMBER
HOU_74	How many poultry does the household own today?	_____	NUMBER
HOU_75	Did any member of your household have a loan or obtain a loan or purchase items on credit during the last 12 months?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> → HOU_83
HOU_76	What was the main reason for the largest loan or credit purchase that a member of the household obtained in the last 12 months?	TO MEET ESSENTIAL HOUSEHOLD EXPENDITURES (BUYING FOOD, CHILD EDUCATION, ETC.)	01 <input type="checkbox"/>
		TO PURCHASE A VEHICLE (BIKE, MOTORBIKE, CAR)	02 <input type="checkbox"/>
		TO PURCHASE/REMODEL/REPAIR/ CONSTRUCT A HOUSE	03 <input type="checkbox"/>
		TO PAY FOR HEALTH RELATED EXPENDITURES (MEDICINE, DOCTOR OR HOSPITAL FEES, ETC.)	04 <input type="checkbox"/>
		TO PAY FOR CEREMONIES (BIRTH, BAPTISM, FUNERAL, MARRIAGE, ETC.)	05 <input type="checkbox"/>
		TO OPEN/INCREASE A BUSINESS	06 <input type="checkbox"/>
		TO PAY A PREVIOUS LOAN	07 <input type="checkbox"/>
		TO PURCHASE AGRICULTURAL INPUTS	08 <input type="checkbox"/>
		OTHER, SPECIFY _____	09 <input type="checkbox"/>
HOU_77	Where did the household obtain the loan or credit from?	GOVERNMENT	01 <input type="checkbox"/>
		BANK/CREDIT CARD	02 <input type="checkbox"/>
		MICRO-CREDIT/FINANCE GROUP	03 <input type="checkbox"/>

		EMPLOYER/LANDOWNER	04	<input type="checkbox"/>	
		SUPPLIER OF MERCHANDISE, EQUIPMENT OF RAW MATERIALS	05	<input type="checkbox"/>	
		FRIEND/RELATIVE	06	<input type="checkbox"/>	
		MONEY LENDER	07	<input type="checkbox"/>	
		OTHER, SPECIFY _____	08	<input type="checkbox"/>	
HOU_78	Has the loan or credit been fully repaid?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	→ HOU_81
HOU_79	How was the debt repaid?				
	<i>Read and mark all that apply</i>				
		CASH	a.	<input type="checkbox"/>	
		SELLING SOME ASSETS	b.	<input type="checkbox"/>	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY ADULT HOUSEHOLD MEMBERS	c.	<input type="checkbox"/>	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY CHILD HOUSEHOLD MEMBERS	d.	<input type="checkbox"/>	
		IN-KIND	e.	<input type="checkbox"/>	
		OTHER, SPECIFY _____	f.	<input type="checkbox"/>	
		DON'T KNOW	g.	<input type="checkbox"/>	
HOU_80	Were any children withdrawn from school in order to pay the debt?	YES	01	<input type="checkbox"/>	AFTER RESPONDING
		NO	02	<input type="checkbox"/>	→ HOU_83
HOU_81	Have any payments been made to repay the debt?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	→ HOU_83
HOU_82	How have the debt payments been made?				
	<i>Read and mark all that apply</i>				
		CASH	a.	<input type="checkbox"/>	
		SELLING SOME ASSETS	b.	<input type="checkbox"/>	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY ADULT HOUSEHOLD MEMBERS	c.	<input type="checkbox"/>	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY CHILD HOUSEHOLD MEMBERS	d.	<input type="checkbox"/>	
		IN-KIND	e.	<input type="checkbox"/>	
		OTHER, SPECIFY _____	f.	<input type="checkbox"/>	
		DON'T KNOW	g.	<input type="checkbox"/>	

SOCIAL PROTECTION AND SOCIAL FINANCE				
HOU_83	Has any member of your household benefited from a retirement pension (civil and military, and including veterans) in the last 12 months?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HOU_85
HOU_84a	Please tell me the names of the members of your household who have received a retirement pension in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_84b		PERSON ID 2	<input type="checkbox"/>	
HOU_84c		PERSON ID 3	<input type="checkbox"/>	
HOU_84d		PERSON ID 4	<input type="checkbox"/>	
HOU_84e		PERSON ID 5	<input type="checkbox"/>	
HOU_85	Has any member of your household benefited from a widow's pension (in case of the loss of a spouse) in the last 12 months?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HOU_87
HOU_86a	Please tell me the names of the members of your household who have received a widow's pension in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_86b		PERSON ID 2	<input type="checkbox"/>	
HOU_86c		PERSON ID 3	<input type="checkbox"/>	
HOU_86d		PERSON ID 4	<input type="checkbox"/>	
HOU_86e		PERSON ID 5	<input type="checkbox"/>	
HOU_87	Has any member of your household benefited from a disability pension (in case of an accident at work) in the last 12 months?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HOU_89
HOU_88a	Please tell me the names of the members of your household who have received a disability pension in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_88b		PERSON ID 2	<input type="checkbox"/>	
HOU_88c		PERSON ID 3	<input type="checkbox"/>	
HOU_88d		PERSON ID 4	<input type="checkbox"/>	
HOU_88e		PERSON ID 5	<input type="checkbox"/>	
HOU_89	Has any member of your household benefited from a public employment program in the last 12 months?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HOU_91
HOU_90a	Please tell me the names of the members of your household who have benefitted from a public employment program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_90b		PERSON ID 2	<input type="checkbox"/>	
HOU_90c		PERSON ID 3	<input type="checkbox"/>	
HOU_90d		PERSON ID 4	<input type="checkbox"/>	
HOU_90e		PERSON ID 5	<input type="checkbox"/>	
HOU_91	Has any member of your household benefited from a cash transfer program in the last 12 months?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→ HOU_93
		PERSON ID 1	<input type="checkbox"/>	

HOU_92a	Please tell me the names of the members of your household who have benefitted from a cash transfer program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 2	<input type="checkbox"/>	
HOU_92b		PERSON ID 3	<input type="checkbox"/>	
HOU_92c		PERSON ID 4	<input type="checkbox"/>	
HOU_92d		PERSON ID 5	<input type="checkbox"/>	
HOU_92e				
HOU_93	Has any member of your household benefitted from a child protection program in the last 12 months?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_94a	Please tell me the names of the members of your household who have benefitted from a child protection program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_94b		PERSON ID 2	<input type="checkbox"/>	
HOU_94c		PERSON ID 3	<input type="checkbox"/>	
HOU_94d		PERSON ID 4	<input type="checkbox"/>	
HOU_94e		PERSON ID 5	<input type="checkbox"/>	
HOU_95	Has any member of your household benefitted from a (PROGRAM) program in the last 12 months?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_96a	Please tell me the names of the members of your household who have benefitted from a (PROGRAM) program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_96b		PERSON ID 2	<input type="checkbox"/>	
HOU_96c		PERSON ID 3	<input type="checkbox"/>	
HOU_96d		PERSON ID 4	<input type="checkbox"/>	
HOU_96e		PERSON ID 5	<input type="checkbox"/>	
HOU_97	Has any member of your household benefitted from a (PROGRAM) program in the last 12 months?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_98a	Please tell me the names of the members of your household who have benefitted from a (PROGRAM) program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_98b		PERSON ID 2	<input type="checkbox"/>	
HOU_98c		PERSON ID 3	<input type="checkbox"/>	
HOU_98d		PERSON ID 4	<input type="checkbox"/>	
HOU_98e		PERSON ID 5	<input type="checkbox"/>	
HOU_99	Has any member of your household benefitted from a (PROGRAM) program in the last 12 months?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
HOU_100a	Please tell me the names of the members of your household who have benefitted from a (PROGRAM) program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>	
HOU_100b		PERSON ID 2	<input type="checkbox"/>	
HOU_100c		PERSON ID 3	<input type="checkbox"/>	
HOU_100d		PERSON ID 4	<input type="checkbox"/>	
HOU_100e		PERSON ID 5	<input type="checkbox"/>	
HOU_101	Has any member of your household benefitted from a (PROGRAM) program in the last 12 months?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>

HOU_102a	Please tell me the names of the members of your household who have benefitted from a (PROGRAM) program in the last 12 months <i>Write the ID codes for up to 5 recipients</i>	PERSON ID 1	<input type="checkbox"/>
HOU_102b		PERSON ID 2	<input type="checkbox"/>
HOU_102c		PERSON ID 3	<input type="checkbox"/>
HOU_102d		PERSON ID 4	<input type="checkbox"/>
HOU_102e		PERSON ID 5	<input type="checkbox"/>

SHOCKS AND STRATEGIES FOR SURVIVAL

HOU_103 During the last 3 years, was the household negatively effected by any of the following problems?
If the household has not suffered any of the following, finish interview

Read and mark all that apply

DROUGHT/IRREGULAR RAIN	a. <input type="checkbox"/>
FLOODS	b. <input type="checkbox"/>
ELEVATED RATE OF CROP DISEASE	c. <input type="checkbox"/>
ELEVATED RATE OF ANIMAL SICKNESS	d. <input type="checkbox"/>
LARGE DECREASE IN THE PRICE OF AGRICULTURAL PRODUCTS	e. <input type="checkbox"/>
HIGH PRICES FOR AGRICULTURAL INPUTS	f. <input type="checkbox"/>
HIGH PRICES FOR FOOD PRODUCTS	g. <input type="checkbox"/>
LOSS OF REGULAR TRANSFERS FROM OTHER HOUSEHOLDS	h. <input type="checkbox"/>
LARGE LOSS OF NON-AGRICULTURAL HOUSEHOLD REVENUE (OTHER THAN FROM ACCIDENT OR SICKNESS)	i. <input type="checkbox"/>
BANKRUPTCY OF A HOUSEHOLD NON-AGRICULTURAL ENTERPRISE	j. <input type="checkbox"/>
LARGE LOSS OF WAGE REVENUES (OTHER THAN FROM ACCIDENT OR SICKNESS)	k. <input type="checkbox"/>
LOSS OF A WAGE EARNING HOUSEHOLD MEMBER	l. <input type="checkbox"/>
GRAVE SICKNESS OR ACCIDENT OF A HOUSEHOLD MEMBER	m. <input type="checkbox"/>
DEATH OF AN EARNING MEMBER OF THE HOUSEHOLD	n. <input type="checkbox"/>
DEATH OF ANOTHER MEMBER OF THE HOUSEHOLD	o. <input type="checkbox"/>
DIVORCE, SEPARATION	p. <input type="checkbox"/>
THEFT OF MONEY, GOODS, HARVEST	q. <input type="checkbox"/>
CONFLICT/VIOLENCE/INSECURITY	r. <input type="checkbox"/>
OTHER, SPECIFY _____	s. <input type="checkbox"/>

HOU_104 Of all of the shocks the household suffered, which were the three most severe. Please tell me in the order of the most severe to the least severe of the three.

_____ MOST SEVERE SHOCK

_____ 2ND MOST SEVERE SHOCK

_____ 3RD MOST SEVERE SHOCK

HOU_105a	As a consequence of your (most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_105b	As a consequence of your (most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_105c	As a consequence of your (most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_105d	As a consequence of your (most severe shock), did your household have an increase or decrease in stock of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_105e	As a consequence of your (most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_106a	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_106b	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_106c	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_106d	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in stock of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_106e	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_107a	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_107b	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>

HOU_107c	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_107d	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in stock of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_107e	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 <input type="checkbox"/>
		DECREASE	02 <input type="checkbox"/>
		UNCHANGED	03 <input type="checkbox"/>
HOU_108	What strategies were adopted by the household after the (most severe shock) in order to face the situation?	USE OF SAVINGS	a. <input type="checkbox"/>
		HELP FROM RELATIVES OR FRIENDS	b. <input type="checkbox"/>
		GOVERNMENT/STATE AID	c. <input type="checkbox"/>
		AID FROM RELIGIOUS ORGANIZATIONS OR NGOs	d. <input type="checkbox"/>
		MARRY THE CHILDREN	e. <input type="checkbox"/>
		CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.)	f. <input type="checkbox"/>
		WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK	g. <input type="checkbox"/>
		NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK	h. <input type="checkbox"/>
		CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK	i. <input type="checkbox"/>
		CHILDREN TAKEN OUT OF SCHOOL	j. <input type="checkbox"/>
		MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD	k. <input type="checkbox"/>
		REDUCTION OF EXPENSES IN HEALTH/EDUCATION	l. <input type="checkbox"/>
		OBTAIN CREDIT	m. <input type="checkbox"/>
		SALE OF AGRICULTURAL TOOLS	n. <input type="checkbox"/>
		SALE OF HOUSEHOLD DURABLE GOODS	o. <input type="checkbox"/>
		SALE OF LAND/FURNITURE/DWELLINGS	p. <input type="checkbox"/>
		SALE OF FOOD STOCKS	q. <input type="checkbox"/>
		SALE OF ANIMALS	r. <input type="checkbox"/>
		INCREASE IN HUNTING AND/OR FISHING ACTIVITIES	s. <input type="checkbox"/>
		SEND CHILDREN TO OTHER HOUSEHOLDS	t. <input type="checkbox"/>
GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK	v. <input type="checkbox"/>		
OTHER , SPECIFY _____	w. <input type="checkbox"/>		
NOTHING	x. <input type="checkbox"/>		

HOU_109	What strategies were adopted by the household after the (2nd most severe shock) in order to face the situation?
	USE OF SAVINGS a. <input type="checkbox"/>
	HELP FROM RELATIVES OR FRIENDS b. <input type="checkbox"/>
	GOVERNMENT/STATE AID c. <input type="checkbox"/>
	AID FROM RELIGIOUS ORGANIZATIONS OR NGOs d. <input type="checkbox"/>
	MARRY THE CHILDREN e. <input type="checkbox"/>
	CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.) f. <input type="checkbox"/>
	WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK g. <input type="checkbox"/>
	NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK h. <input type="checkbox"/>
	CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK i. <input type="checkbox"/>
	CHILDREN TAKEN OUT OF SCHOOL j. <input type="checkbox"/>
	MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD k. <input type="checkbox"/>
	REDUCTION OF EXPENSES IN HEALTH/EDUCATION l. <input type="checkbox"/>
	OBTAIN CREDIT m. <input type="checkbox"/>
	SALE OF AGRICULTURAL TOOLS n. <input type="checkbox"/>
	SALE OF HOUSEHOLD DURABLE GOODS o. <input type="checkbox"/>
	SALE OF LAND/FURNITURE/DWELLINGS p. <input type="checkbox"/>
	SALE OF FOOD STOCKS q. <input type="checkbox"/>
	SALE OF ANIMALS r. <input type="checkbox"/>
	INCREASE FISHING ACTIVITIES s. <input type="checkbox"/>
	SEND CHILDREN TO OTHER HOUSEHOLDS t. <input type="checkbox"/>
	ENGAGE IN SPIRITUAL ACTIVITIES (PRAYERS, SACRIFICES, CONSULTATIONS WITH WITCHES) u. <input type="checkbox"/>
	GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK v. <input type="checkbox"/>
	OTHER , SPECIFY _____ w. <input type="checkbox"/>
	NOTHING x. <input type="checkbox"/>

HOU_110	What strategies were adopted by the household after the (3rd most severe shock) in order to face the situation?
	USE OF SAVINGS a. <input type="checkbox"/>
	HELP FROM RELATIVES OR FRIENDS b. <input type="checkbox"/>
	GOVERNMENT/STATE AID c. <input type="checkbox"/>
	AID FROM RELIGIOUS ORGANIZATIONS OR NGOs d. <input type="checkbox"/>
	MARRY THE CHILDREN e. <input type="checkbox"/>
	CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.) f. <input type="checkbox"/>
	WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK g. <input type="checkbox"/>
	NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK h. <input type="checkbox"/>
	CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK i. <input type="checkbox"/>
	CHILDREN TAKEN OUT OF SCHOOL j. <input type="checkbox"/>
	MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD k. <input type="checkbox"/>
	REDUCTION OF EXPENSES IN HEALTH/EDUCATION l. <input type="checkbox"/>
	OBTAIN CREDIT m. <input type="checkbox"/>
	SALE OF AGRICULTURAL TOOLS n. <input type="checkbox"/>
	SALE OF HOUSEHOLD DURABLE GOODS o. <input type="checkbox"/>
	SALE OF LAND/FURNITURE/DWELLINGS p. <input type="checkbox"/>
	SALE OF FOOD STOCKS q. <input type="checkbox"/>
	SALE OF ANIMALS r. <input type="checkbox"/>
	INCREASE FISHING ACTIVITIES s. <input type="checkbox"/>
	SEND CHILDREN TO OTHER HOUSEHOLDS t. <input type="checkbox"/>
	ENGAGE IN SPIRITUAL ACTIVITIES (PRAYERS, SACRIFICES, CONSULTATIONS WITH WITCHES) u. <input type="checkbox"/>
	GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK v. <input type="checkbox"/>
	OTHER , SPECIFY _____ w. <input type="checkbox"/>
	NOTHING x. <input type="checkbox"/>

