



A: Particulars of the dwelling

Unique No.

A1: PSU segment no.

A2: Dwelling unit number

A3: Assignment number

A4: Survey Date

3 2 0 1 9

A5: Physical identification of the dwelling unit

A6: Telephone number for enumerated household (if any)

A7: Total number of persons in this household

A8: Total number of persons aged 5-17 years in the household

A9: Questionnaire no. for this household (for person no. 01 10=1, etc.)

B: Households at selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling unit

C. Response details

Visit no.

Date (actual)

Result

Next visit (planned)

d d m m y y y y code d d m m y y y y

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 12-37

RESULT CODES

11 Completed

12 Partly completed

21 Non-contact

22 Refusal

23 Other non-response

31 Unoccupied dwelling

32 Vacant dwelling

33 Demolished

34 New dwelling under construction

35 Status change

36 Listing error

37 Non household member

Comment in C6 giving
full details for
result code 12-37

D: Field staff

D1. DSC

Assignment number

Interview date

D2. PQM

Assignment number

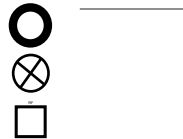
Date checked

d d m m y y y y

SECTION 1

This section covers particulars of each person in the household
The following information must be transcribed from the household record card for every person who is shown as a current household member.

	Person number			
		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
1.1	<div>Record first name and surname</div> <div>First name:</div> <div>Surname:</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
1.2	<div>Is a male or a female?</div> <div>1 = MALE</div> <div>2 = FEMALE</div>	<div></div> 1 <div></div> 2	<div></div> 1 <div></div> 2	<div></div> 1 <div></div> 2
1.3	<div>What is.....'s date of birth and age in completed years?</div> <div>Day of birth: Example of day</div> <div>0 1</div> <div>Month of birth: Example of month</div> <div>0 3</div> <div>Year of birth: Example of year</div> <div>1 9 8 3</div> <div>Age (less than 1 year = 000)</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
1.4	<div>What population group does..... belong to?</div> <div>1 =AFRICAN/BLACK</div> <div>2 =COLOURED</div> <div>3 = INDIAN/ASIAN</div> <div>4 = WHITE</div> <div>5 = OTHER, specify in the box at the bottom</div>	<div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4 <div></div> 5 <div></div>	<div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4 <div></div> 5 <div></div>	<div></div> 1 <div></div> 2 <div></div> 3 <div></div> 4 <div></div> 5 <div></div>



+

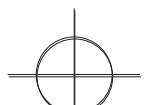
+

1B

Person number						
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>	<div><div><div><div></div><div></div></div><div>1</div><div>2</div></div></div>
<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div><div></div><div></div></div><div></div><div></div><div></div><div></div><div></div></div></div>
<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>	<div><div><div><div><div></div><div></div></div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div></div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

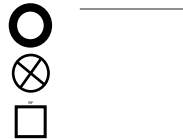
+

+



Q 1.5 to Q 1.9 to be answered by parent/guardian/an adult for children aged 5 - 17 years only

		Person number		
		<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
1.5	<div>Is 's mother alive?</div> <div><div>1 = YES</div><div>2 = No</div><div>3 = DON'T KNOW</div></div> <div>} → Go to Q 1.7</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>
1.6	<div>Is 's mother a member of this household?</div> <div><div>1 = YES</div><div>2 = No</div></div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
1.7	<div>Is 's father alive?</div> <div><div>1 = YES</div><div>2 = No</div><div>3 = DON'T KNOW</div></div> <div>} → Go to Q 1.9</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>
1.8	<div>Is 's father a member of this household?</div> <div><div>1 = YES</div><div>2 = No</div></div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
1.9	<div>Is any of 's grandparents a member of this household?</div> <div><div>1 = YES</div><div>2 = No</div></div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>



+

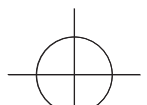
+

1C

Person number						
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>
<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>
<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>	<div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>
<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>
<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>	<div><div><div></div>1</div><div><div></div>2</div></div>

+

+



+
INTERVIEW START TIME

h h m m

Person no.

Age

+



SECTION 2

This section covers the school activities of all children aged 5 - 17 years

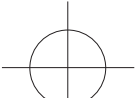
CHILD 1

2.0	<p>Interviewer to answer Is the person responding to questions himself/herself ?</p> <p>1 = YES → Go to Q 2.2 2 = No</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.1	<p>Give person number for the proxy respondent</p>	<p><input type="text"/><input type="text"/></p>
2.2	<p>Are you presently attending any school or educational institution? e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</p> <p>1 = YES 2 = No → Go to Q 2.8</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.3	<p>Which of the following school or educational institution are you currently attending?</p> <p>1 = Pre-school (including day care, crèche, pre-primary, ECD centre) → Go to Q 2.5</p> <p>2 = Primary or secondary school</p> <p>3 = Home based education/home schooling</p> <p>4 = Higher educational Institution (University/University of Technology)</p> <p>5 = Literacy classes</p> <p>6 = Further Education and Training College (FET)</p> <p>7 = Other College</p> <p>8 = Adult Basic Education and Training Learning Centre (ABET Centre)</p> <p>9 = Any other than the above, specify</p> <p><input type="text"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9</p>

2.4	<p>At what age did you begin Grade 1 (primary school)?</p>	<p><input type="text"/><input type="text"/><input type="text"/></p>
2.5	<p>Did you miss any school days during the last week?</p> <p>1 = YES 2 = No → Go to Q 2.7</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.6	<p>What was the main reason you missed school day(s) during the last week?</p> <p>01 = ILLNESS 02 = INJURY 03 = SCHOOL TOO FAR 04 = TEACHER WAS ABSENT 05 = NO TRANSPORT 06 = BAD WEATHER CONDITIONS 07 = WORKING IN HOUSEHOLD BUSINESS 08 = WORKING IN A NON-HOUSEHOLD BUSINESS 09 = TO HELP AT HOME WITH HOUSEHOLD TASKS 10 = TO LOOK AFTER SIBLINGS 11 = LOOKING AFTER A SICK HOUSEHOLD MEMBER 12 = LOOKING AFTER OWN CHILDREN 13 = SCHOOL VACATION PERIOD 14 = DID NOT WANT TO/FEEL LIKE GOING TO SCHOOL 15 = OTHER, SPECIFY...</p> <p><input type="text"/></p>	<p><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15</p>
2.7	<p>Since the beginning of the school year, for how many days were you absent?</p> <p>1 = 0 DAYS 2 = 1 TO 4 DAYS 3 = 5 TO 9 DAYS 4 = 10 TO 19 DAYS 5 = 20 OR MORE DAYS</p> <p>Go to Q 3.1</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>

+

+



2.8	<div>Have you ever attended school?</div> <div>1 = Yes → Go to Q 2.10</div> <div>2 = No</div>	<div><div></div>1</div> <div><div></div>2</div>
2.9	<div>What is the main reason you never attended school?</div> <div>01 = TOO YOUNG OR TOO OLD</div> <div>02 = DISABLED</div> <div>03 = ILLNESS</div> <div>04 = NO SCHOOL/SCHOOL TOO FAR</div> <div>05 = CANNOT AFFORD SCHOOLING</div> <div>06 = FAMILY DID NOT ALLOW SCHOOLING</div> <div>07 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE</div> <div>08 = SCHOOL NOT SAFE</div> <div>09 = TO RECEIVE JOB-RELATED TRAINING</div> <div>10 = TO WORK</div> <div>11 = TO HELP AT HOME WITH HOUSEHOLD TASK(S)</div> <div>12 = PARENT(S) DIED</div> <div>13 = OTHER, SPECIFY...</div> <div></div> <div>Go to Q 3.1</div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div>
2.10	<div>At what age did you begin Grade 1 (primary school)?</div>	<div><div></div><div></div><div></div></div>

2.11	<div>At what age did you leave school?</div>	<div><div></div><div></div><div></div></div>
2.12	<div>Why did you leave school?</div> <div>01 = COMPLETED SCHOOLING</div> <div>02 = TOO OLD FOR SCHOOL</div> <div>03 = DISABLED</div> <div>04 = ILLNESS</div> <div>05 = NO SCHOOL/SCHOOL TOO FAR</div> <div>06 = CANNOT AFFORD SCHOOLING</div> <div>07 = FAMILY DID NOT ALLOW SCHOOLING</div> <div>08 = FAILED REPEATEDLY</div> <div>09 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE</div> <div>10 = SCHOOL NOT SAFE</div> <div>11 = TO RECEIVE JOB-RELATED TRAINING</div> <div>12 = TO WORK</div> <div>13 = TO HELP AT HOME WITH HOUSEHOLD TASKS</div> <div>14 = PARENT(S) DIED</div> <div>15 = TO LOOK AFTER SIBLINGS</div> <div>16 = LOOKING AFTER A SICK FAMILY MEMBER</div> <div>17 = PREGNANT</div> <div>18 = LOOKING AFTER OWN CHILDREN</div> <div>19 = EXPELLED</div> <div>20 = OTHER, SPECIFY...</div> <div></div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div> <div><div></div>14</div> <div><div></div>15</div> <div><div></div>16</div> <div><div></div>17</div> <div><div></div>18</div> <div><div></div>19</div> <div><div></div>20</div>

+

Person no.

Age

+



SECTION 3

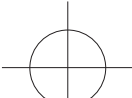
This section covers economic activities in the last week/12 months for children aged 5 - 17 years

3.1	In the last week.....	YES	NO
	(a1) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	(c2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>

3.2	In the last 12 months.....	YES	NO
	(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	If any yes, go to Q 3.3, otherwise go to Q3.5		
3.3	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q3.2?	<input type="checkbox"/>	<input type="checkbox"/>

+

+





Go to Section 5

1
2

+

+

SECTION 4

This section covers main work activity in the last week / 12 months for children aged 5 - 17 years

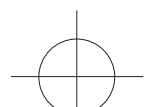
Read out: The questions that follow refer to your main job/business - this is where you usually work the most hours per week, even if you were absent from it in the last week. If you worked only in the last 12months, this is where you worked the longest period.

[illegible]

<p>4.2.a</p>	<p>What is the name of the establishment / institution / business / organisation that you work for (the one that pays your salary)?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept - Rapele Primary School; Harmony Gold Mining - Maintenance Div.</i></p> <p><i>For individuals who worked from home and their businesses don't have names write "Own house"</i></p> <p><i>For individuals who worked in private household write "Private household"</i></p> <p><i>For individuals who worked for businesses without names write "No Name"</i></p>
<p>4.2.b</p>	<p>What are the main goods or services produced at your place of work or its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/restaurant, Primary Education, Delivering newspapers to homes. For domestic workers write "private household".</i></p>

+

+



SECTION 5

This section covers non-market activities in the last week for children aged 5 - 17 years

5.1	In the last week.....	YES	NO
	(a1) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(a2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(d1) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(e1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(f1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.3	In the last 12 months.....	YES	NO
	(a) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption? <i>If any yes go to Q5.4, otherwise go to section 6</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.4	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q 5.3?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.2	Did you beg for money or food in public.....	Last week?	Last 12 months?
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2

+

Person no.

Age

+



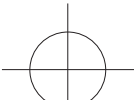
SECTION 6

This section covers the health and safety issues about children aged 5 - 17 years

6.0	<p>Interviewer to answer</p> <p>Is the child involved in market or non-market activities (any yes in Q 3.1, Q 3.2, Q 5.1 or Q 5.3)?</p> <p>1=Yes → Go to Q 6.1</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.1	<p>In the last 12 months, were you exposed to any of the following while performing your activities?</p> <div><div>01 = Dust</div><div>02 = Fumes, fire, gas, flames</div><div>03 = Loud noise or vibration</div><div>04 = Extreme cold or heat</div><div>05 = Dangerous tools</div><div>06 = Work underground</div><div>07 = Work at heights</div><div>08 = Work in water/lake/pond/river/sea</div><div>09 = Workplace that is too dark/ confined/ insufficient ventilation</div><div>10 = Explosives/chemicals (pesticides, glues, etc.)</div><div>11 = Working at night</div><div>12 = Carry heavy loads at work</div><div>13 = Operate any machinery or heavy equipment or power tools at work</div><div>14 = Other things, processes or conditions bad for your health or safety, Specify</div><div></div></div>	<div>YES NO</div> <div><div>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div></div>
6.2	<p>Have you been injured in the last 12 months while doing any of the activities mentioned earlier?</p> <p>1=Yes</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.3	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>

+

+



SECTION 7

This section covers household and school tasks for children aged 5 - 17 years

7.1	<p>During the last week, did you do any of the following tasks (unpaid) for this household?</p> <p>(a) Cooking, preparing/serving meals, washing dishes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Cleaning, sweeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: cleaning the house and yard, sweeping floors, cleaning the toilets, etc.</i></p> <p>(c) Washing clothes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Caring for children/elderly/sick <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Repairing any household equipment <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Going to shops to buy items for household use <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: buying sugar, or bread for the household</i></p> <p>(g) Other household tasks, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p> <p>If any 'Yes' Go to Q 7.2, otherwise Go to Q 7.3</p>	YES NO
7.2	How many hours did you spend on these household tasks in the last week?	<input type="text"/> <input type="text"/>
7.3	<p><i>Interviewer to answer</i></p> <p>Is the child attending school (yes in Q 2.2)?</p> <p>1 = YES → Go to Q 7.4 <input type="checkbox"/> 1</p> <p>2 = NO → Go to Q 8.0 <input type="checkbox"/> 2</p>	
7.4	<p>Ask if "Yes" to any of Q7.1a to Q7.1g otherwise go to Q7.5</p> <p>Thinking about the last week, on which days did you do any of these household activities?</p> <p>1 = Week days: after school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 = Week days: before school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>3 = Weekend <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO

7.5	<p>During the last week did you do any of the following activities at school?</p> <p>(a) Cleaning at school (including cleaning of toilets) <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Maintenance of school walls, floors, etc. <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Working in school garden <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Helping teacher with marking <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Helping teacher at his/her house <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Other, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p> <p>If any 'Yes' Go to Q 7.6, otherwise Go to Q 7.7</p>	YES NO																																																																												
7.6	How many hours did you spend in these school tasks in the last week?	<input type="text"/> <input type="text"/>																																																																												
7.7	<p>Did you experience any of the following with your schooling in the last 12 months?</p> <p>(a) Difficulties in catching up with lessons <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) No time to study <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Difficulty in concentrating / tiredness at school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Often coming in late or leaving early <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Too little time for recreation and resting <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO																																																																												
7.8	<p>Which two subjects do you like, starting with the one you like the most?</p> <p>SUBJECT 1</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <p>SUBJECT 2</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>																																																																													

8.0 INTERVIEW END TIME h h m m

End of interview for child 1

Thank the respondent for his/her co-operation

+
INTERVIEW START TIME

h h m m

Person no.

Age

+



SECTION 2

This section covers the school activities of all children aged 5 - 17 years

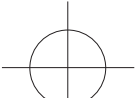
CHILD 2

2.0	<p>Interviewer to answer Is the person responding to questions himself/herself ?</p> <p>1 = YES → Go to Q 2.2</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.1	<p>Give person number for the proxy respondent</p>	<input type="text"/> <input type="text"/>
2.2	<p>Are you presently attending any school or educational institution? e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</p> <p>1 = YES</p> <p>2 = No → Go to Q 2.8</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.3	<p>Which of the following school or educational institution are you currently attending?</p> <p>1 = Pre-school (including day care, crèche, pre-primary, ECD centre) → Go to Q 2.5</p> <p>2 = Primary or secondary school</p> <p>3 = Home based education/home schooling</p> <p>4 = Higher educational Institution (University/University of Technology)</p> <p>5 = Literacy classes</p> <p>6 = Further Education and Training College (FET)</p> <p>7 = Other College</p> <p>8 = Adult Basic Education and Training Learning Centre (ABET Centre)</p> <p>9 = Any other than the above, specify</p> <div></div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

2.4	<p>At what age did you begin Grade 1 (primary school)?</p>	<input type="text"/> <input type="text"/> <input type="text"/>
2.5	<p>Did you miss any school days during the last week?</p> <p>1 = YES</p> <p>2 = No → Go to Q 2.7</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.6	<p>What was the main reason you missed school day(s) during the last week?</p> <p>01 = ILLNESS</p> <p>02 = INJURY</p> <p>03 = SCHOOL TOO FAR</p> <p>04 = TEACHER WAS ABSENT</p> <p>05 = NO TRANSPORT</p> <p>06 = BAD WEATHER CONDITIONS</p> <p>07 = WORKING IN HOUSEHOLD BUSINESS</p> <p>08 = WORKING IN A NON-HOUSEHOLD BUSINESS</p> <p>09 = TO HELP AT HOME WITH HOUSEHOLD TASKS</p> <p>10 = TO LOOK AFTER SIBLINGS</p> <p>11 = LOOKING AFTER A SICK HOUSEHOLD MEMBER</p> <p>12 = LOOKING AFTER OWN CHILDREN</p> <p>13 = SCHOOL VACATION PERIOD</p> <p>14 = DID NOT WANT TO/FEEL LIKE GOING TO SCHOOL</p> <p>15 = OTHER, SPECIFY...</p> <div></div>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
2.7	<p>Since the beginning of the school year, for how many days were you absent?</p> <p>1 = 0 DAYS</p> <p>2 = 1 TO 4 DAYS</p> <p>3 = 5 TO 9 DAYS</p> <p>4 = 10 TO 19 DAYS</p> <p>5 = 20 OR MORE DAYS</p> <p>Go to Q 3.1</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

+

+



2.8	<div>Have you ever attended school?</div> <div>1 = Yes → Go to Q 2.10</div> <div>2 = No</div>	<div><div></div>1</div> <div><div></div>2</div>
2.9	<div>What is the main reason you never attended school?</div> <div>01 = TOO YOUNG OR TOO OLD</div> <div>02 = DISABLED</div> <div>03 = ILLNESS</div> <div>04 = NO SCHOOL/SCHOOL TOO FAR</div> <div>05 = CANNOT AFFORD SCHOOLING</div> <div>06 = FAMILY DID NOT ALLOW SCHOOLING</div> <div>07 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE</div> <div>08 = SCHOOL NOT SAFE</div> <div>09 = TO RECEIVE JOB-RELATED TRAINING</div> <div>10 = TO WORK</div> <div>11 = TO HELP AT HOME WITH HOUSEHOLD TASK(S)</div> <div>12 = PARENT(S) DIED</div> <div>13 = OTHER, SPECIFY...</div> <div></div> <div>Go to Q 3.1</div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div>
2.10	<div>At what age did you begin Grade 1 (primary school)?</div>	<div><div></div><div></div><div></div></div>

2.11	<div>At what age did you leave school?</div>	<div><div></div><div></div><div></div></div>
2.12	<div>Why did you leave school?</div> <div>01 = COMPLETED SCHOOLING</div> <div>02 = TOO OLD FOR SCHOOL</div> <div>03 = DISABLED</div> <div>04 = ILLNESS</div> <div>05 = NO SCHOOL/SCHOOL TOO FAR</div> <div>06 = CANNOT AFFORD SCHOOLING</div> <div>07 = FAMILY DID NOT ALLOW SCHOOLING</div> <div>08 = FAILED REPEATEDLY</div> <div>09 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE</div> <div>10 = SCHOOL NOT SAFE</div> <div>11 = TO RECEIVE JOB-RELATED TRAINING</div> <div>12 = TO WORK</div> <div>13 = TO HELP AT HOME WITH HOUSEHOLD TASKS</div> <div>14 = PARENT(S) DIED</div> <div>15 = TO LOOK AFTER SIBLINGS</div> <div>16 = LOOKING AFTER A SICK FAMILY MEMBER</div> <div>17 = PREGNANT</div> <div>18 = LOOKING AFTER OWN CHILDREN</div> <div>19 = EXPELLED</div> <div>20 = OTHER, SPECIFY...</div> <div></div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div> <div><div></div>14</div> <div><div></div>15</div> <div><div></div>16</div> <div><div></div>17</div> <div><div></div>18</div> <div><div></div>19</div> <div><div></div>20</div>

+

Person no.

Age

+



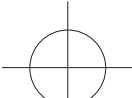
SECTION 3
This section covers economic activities in the last week/12 months for children aged 5 - 17 years

3.1	In the last week.....	YES	NO
	(a1) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(a2) If yes, for how many hours?	<input type="text"/>	<input type="text"/>
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(b2) If yes, for how many hours?	<input type="text"/>	<input type="text"/>
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	(c2) If yes, for how many hours?	<input type="text"/>	<input type="text"/>

3.2	In the last 12 months.....	YES	NO
	(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	If any yes, go to Q 3.3, otherwise go to Q3.5		
3.3	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q3.2?	<input type="text"/>	<input type="text"/>

+

+





3A

+

SECTION 4

This section covers main work activity in the last week / 12 months for children aged 5 - 17 years

Read out: The questions that follow refer to your main job/business - this is where you usually work the most hours per week, even if you were absent from it in the last week. If you worked only in the last 12 months, this is where you worked the longest period.

[illegible][illegible]

SECTION 5

This section covers non-market activities in the last week for children aged 5 - 17 years

5.1	In the last week.....	YES	NO
	(a1) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(a2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(d1) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(e1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(f1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.3	In the last 12 months.....	YES	NO
	(a) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption? <i>If any yes go to Q5.4, otherwise go to section 6</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.4	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q 5.3?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.2	Did you beg for money or food in public.....	Last week?	Last 12 months?
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2

+

Person no.

Age

+



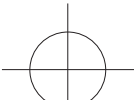
SECTION 6

This section covers the health and safety issues about children aged 5 - 17 years

6.0	<p>Interviewer to answer</p> <p>Is the child involved in market or non-market activities (any yes in Q 3.1, Q 3.2, Q 5.1 or Q 5.3)?</p> <p>1=Yes → Go to Q 6.1</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.1	<p>In the last 12 months, were you exposed to any of the following while performing your activities?</p> <p>01 = Dust</p> <p>02 = Fumes, fire, gas, flames</p> <p>03 = Loud noise or vibration</p> <p>04 = Extreme cold or heat</p> <p>05 = Dangerous tools</p> <p>06 = Work underground</p> <p>07 = Work at heights</p> <p>08 = Work in water/lake/pond/river/sea</p> <p>09 = Workplace that is too dark/ confined/ insufficient ventilation</p> <p>10 = Explosives/chemicals (pesticides, glues, etc.)</p> <p>11 = Working at night</p> <p>12 = Carry heavy loads at work</p> <p>13 = Operate any machinery or heavy equipment or power tools at work</p> <p>14 = Other things, processes or conditions bad for your health or safety, Specify</p> <div></div>	<div>YES NO</div> <div><div>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div></div>
6.2	<p>Have you been injured in the last 12 months while doing any of the activities mentioned earlier?</p> <p>1=Yes</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.3	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>

+

+



SECTION 7

This section covers household and school tasks for children aged 5 - 17 years

7.1	<p>During the last week, did you do any of the following tasks (unpaid) for this household?</p> <p>(a) Cooking, preparing/serving meals, washing dishes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Cleaning, sweeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: cleaning the house and yard, sweeping floors, cleaning the toilets, etc.</i></p> <p>(c) Washing clothes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Caring for children/elderly/sick <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Repairing any household equipment <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Going to shops to buy items for household use <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: buying sugar, or bread for the household</i></p> <p>(g) Other household tasks, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div></div></p> <p>If any 'Yes' Go to Q 7.2, otherwise Go to Q 7.3</p>	YES NO
7.2	How many hours did you spend on these household tasks in the last week?	<input type="text"/> <input type="text"/>
7.3	<p><i>Interviewer to answer</i></p> <p>Is the child attending school (yes in Q 2.2)?</p> <p>1 = YES → Go to Q 7.4 <input type="checkbox"/> 1</p> <p>2 = NO → Go to Q 8.0 <input type="checkbox"/> 2</p>	
7.4	<p>Ask if "Yes" to any of Q7.1a to Q7.1g otherwise go to Q7.5</p> <p>Thinking about the last week, on which days did you do any of these household activities?</p> <p>1 = Week days: after school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 = Week days: before school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>3 = Weekend <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO

7.5	<p>During the last week did you do any of the following activities at school?</p> <p>(a) Cleaning at school (including cleaning of toilets) <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Maintenance of school walls, floors, etc. <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Working in school garden <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Helping teacher with marking <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Helping teacher at his/her house <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Other, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div></div></p> <p>If any 'Yes' Go to Q 7.6, otherwise Go to Q 7.7</p>	YES NO																																																																								
7.6	How many hours did you spend in these school tasks in the last week?	<input type="text"/> <input type="text"/>																																																																								
7.7	<p>Did you experience any of the following with your schooling in the last 12 months?</p> <p>(a) Difficulties in catching up with lessons <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) No time to study <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Difficulty in concentrating / tiredness at school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Often coming in late or leaving early <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Too little time for recreation and resting <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO																																																																								
7.8	<p>Which two subjects do you like, starting with the one you like the most?</p> <p>SUBJECT 1</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>SUBJECT 2</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																									

8.0 INTERVIEW END TIME h h m m

End of interview for child 2

Thank the respondent for his/her co-operation

+
INTERVIEW START TIME

h h m m

Person no.

Age

+



SECTION 2

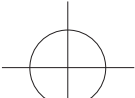
This section covers the school activities of all children aged 5 - 17 years

CHILD 3

2.0	<p>Interviewer to answer Is the person responding to questions himself/herself ?</p> <p>1 = YES → Go to Q 2.2 2 = No</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.1	<p>Give person number for the proxy respondent</p>	<p><input type="text"/><input type="text"/></p>
2.2	<p>Are you presently attending any school or educational institution? e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</p> <p>1 = YES 2 = No → Go to Q 2.8</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.3	<p>Which of the following school or educational institution are you currently attending?</p> <p>1 = Pre-school (including day care, crèche, pre-primary, ECD centre) → Go to Q 2.5</p> <p>2 = Primary or secondary school</p> <p>3 = Home based education/home schooling</p> <p>4 = Higher educational Institution (University/University of Technology)</p> <p>5 = Literacy classes</p> <p>6 = Further Education and Training College (FET)</p> <p>7 = Other College</p> <p>8 = Adult Basic Education and Training Learning Centre (ABET Centre)</p> <p>9 = Any other than the above, specify</p> <p><input type="text"/></p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9</p>

2.4	<p>At what age did you begin Grade 1 (primary school)?</p>	<p><input type="text"/><input type="text"/><input type="text"/></p>
2.5	<p>Did you miss any school days during the last week?</p> <p>1 = YES 2 = No → Go to Q 2.7</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
2.6	<p>What was the main reason you missed school day(s) during the last week?</p> <p>01 = ILLNESS 02 = INJURY 03 = SCHOOL TOO FAR 04 = TEACHER WAS ABSENT 05 = NO TRANSPORT 06 = BAD WEATHER CONDITIONS 07 = WORKING IN HOUSEHOLD BUSINESS 08 = WORKING IN A NON-HOUSEHOLD BUSINESS 09 = TO HELP AT HOME WITH HOUSEHOLD TASKS 10 = TO LOOK AFTER SIBLINGS 11 = LOOKING AFTER A SICK HOUSEHOLD MEMBER 12 = LOOKING AFTER OWN CHILDREN 13 = SCHOOL VACATION PERIOD 14 = DID NOT WANT TO/FEEL LIKE GOING TO SCHOOL 15 = OTHER, SPECIFY...</p> <p><input type="text"/></p>	<p><input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15</p>
2.7	<p>Since the beginning of the school year, for how many days were you absent?</p> <p>1 = 0 DAYS 2 = 1 TO 4 DAYS 3 = 5 TO 9 DAYS 4 = 10 TO 19 DAYS 5 = 20 OR MORE DAYS</p> <p>Go to Q 3.1</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>

+





+

2.11	At what age you leave school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Why you leave school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	01 = COMPLETED SCHOOLING	<input type="checkbox"/>		01
	02 = TOO OLD FOR SCHOOL	<input type="checkbox"/>		02
	03 = DISABLED	<input type="checkbox"/>		03
	04 = ILLNESS	<input type="checkbox"/>		04
	05 = NO SCHOOL/SCHOOL TOO FAR	<input type="checkbox"/>		05
	06 = CANNOT AFFORD SCHOOLING	<input type="checkbox"/>		06
	07 = FAMILY DID NOT ALLOW SCHOOLING	<input type="checkbox"/>		07
	08 = FAILED REPEATEDLY	<input type="checkbox"/>		08
	09 = NOT INTERESTED/EDUCATION NOT CONSIDERED VALUABLE	<input type="checkbox"/>		09
	10 = SCHOOL NOT SAFE	<input type="checkbox"/>		10
	11 = TO RECEIVE JOB-RELATED TRAINING	<input type="checkbox"/>		11
	12 = TO WORK	<input type="checkbox"/>		12
	13 = TO HELP AT HOME WITH HOUSEHOLD TASKS	<input type="checkbox"/>		13
	14 = PARENT(S) DIED	<input type="checkbox"/>		14
	15 = TO LOOK AFTER SIBLINGS	<input type="checkbox"/>		15
	16 = LOOKING AFTER A SICK FAMILY MEMBER	<input type="checkbox"/>		16
	17 = PREGNANT	<input type="checkbox"/>		17
	18 = LOOKING AFTER OWN CHILDREN	<input type="checkbox"/>		18
	19 = EXPELLED	<input type="checkbox"/>		19
	20 = OTHER, SPECIFY...	<input type="checkbox"/>		20
	<div></div>			

+

Person no.

Age

+



SECTION 3

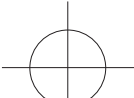
This section covers economic activities in the last week/12 months for children aged 5 - 17 years

3.1	In the last week.....	YES	NO
	(a1) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	(c2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>

3.2	In the last 12 months.....	YES	NO
	(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: a regular job, contract, casual or piece job for pay, work in exchange for food or housing, paid domestic work, being paid for fetching wood or water?		
	(b1) Did you run or do any kind of business, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.		
	(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?	<input type="checkbox"/>	1 <input type="checkbox"/> 2
	Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.		
	If any yes, go to Q 3.3, otherwise go to Q3.5		
3.3	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q3.2?	<input type="checkbox"/>	<input type="checkbox"/>

+

+



4A

Go to Section 5

3.5

In the last four weeks,

(a) Were you looking for any kind of work?

1 = YES

2 = No

→ **Go to Q 3.6**

(b) Were you trying to start any kind of business?

1 = YES

2 = No

→ **Go to section 5**

☐ 1
☐ 2

☐ 1
☐ 2

+

+

SECTION 4

This section covers main work activity in the last week / 12 months for children aged 5 - 17 years

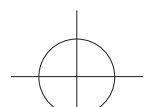
Read out: The questions that follow refer to your main job/business - this is where you usually work the most hours per week, even if you were absent from it in the last week. If you worked only in the last 12months, this is where you worked the longest period.

[illegible]

<p>4.2.a</p>	<p>What is the name of the establishment / institution / business / organisation that you work for (the one that pays your salary)?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept - Rapele Primary School; Harmony Gold Mining - Maintenance Div.</i></p> <p><i>For individuals who worked from home and their businesses don't have names write "Own house"</i></p> <p><i>For individuals who worked in private household write "Private household"</i></p> <p><i>For individuals who worked for businesses without names write "No Name"</i></p>
<p>4.2.b</p>	<p>What are the main goods or services produced at your place of work or its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/restaurant, Primary Education, Delivering newspapers to homes. For domestic workers write "private household".</i></p>

+

+



SECTION 5

This section covers non-market activities in the last week for children aged 5 - 17 years

5.1	In the last week.....	YES	NO
	(a1) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(a2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(d1) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(e1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	(f1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f2) If yes, for how many hours?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.3	In the last 12 months.....	YES	NO
	(a) Were you involved in any farming activities to produce food for household use or look after livestock? <i>Examples: ploughing, harvesting, looking after livestock, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(b) Did you fetch water for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(c) Did you collect wood/dung for household use?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(d) Did you produce any other goods for household use? <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(e) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<i>If any yes go to Q5.4, otherwise go to section 6</i>		
5.4	The last time you did these activities, how many hours per week did you usually work in all the activities stated in Q 5.3?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

5.2	Did you beg for money or food in public.....	Last week?	Last 12 months?
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2

+

Person no.

Age

+



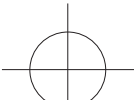
SECTION 6

This section covers the health and safety issues about children aged 5 - 17 years

6.0	<p>Interviewer to answer</p> <p>Is the child involved in market or non-market activities (any yes in Q 3.1, Q 3.2, Q 5.1 or Q 5.3)?</p> <p>1=Yes → Go to Q 6.1</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.1	<p>In the last 12 months, were you exposed to any of the following while performing your activities?</p> <div><div>01 = Dust</div><div>02 = Fumes, fire, gas, flames</div><div>03 = Loud noise or vibration</div><div>04 = Extreme cold or heat</div><div>05 = Dangerous tools</div><div>06 = Work underground</div><div>07 = Work at heights</div><div>08 = Work in water/lake/pond/river/sea</div><div>09 = Workplace that is too dark/ confined/ insufficient ventilation</div><div>10 = Explosives/chemicals (pesticides, glues, etc.)</div><div>11 = Working at night</div><div>12 = Carry heavy loads at work</div><div>13 = Operate any machinery or heavy equipment or power tools at work</div><div>14 = Other things, processes or conditions bad for your health or safety, Specify</div><div></div></div>	<div>YES NO</div> <div><div>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div><div>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div></div>
6.2	<p>Have you been injured in the last 12 months while doing any of the activities mentioned earlier?</p> <p>1=Yes</p> <p>2=No → Go to section 7</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
6.3	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>

+

+



SECTION 7

This section covers household and school tasks for children aged 5 - 17 years

7.1	<p>During the last week, did you do any of the following tasks (unpaid) for this household?</p> <p>(a) Cooking, preparing/serving meals, washing dishes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Cleaning, sweeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: cleaning the house and yard, sweeping floors, cleaning the toilets, etc.</i></p> <p>(c) Washing clothes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Caring for children/elderly/sick <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Repairing any household equipment <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Going to shops to buy items for household use <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>Examples: buying sugar, or bread for the household</i></p> <p>(g) Other household tasks, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div></div></p> <p>If any 'Yes' Go to Q 7.2, otherwise Go to Q 7.3</p>	YES NO
7.2	How many hours did you spend on these household tasks in the last week?	<input type="text"/> <input type="text"/>
7.3	<p><i>Interviewer to answer</i></p> <p>Is the child attending school (yes in Q 2.2)?</p> <p>1 = YES → Go to Q 7.4 <input type="checkbox"/> 1</p> <p>2 = NO → Go to Q 8.0 <input type="checkbox"/> 2</p>	
7.4	<p>Ask if "Yes" to any of Q7.1a to Q7.1g otherwise go to Q7.5</p> <p>Thinking about the last week, on which days did you do any of these household activities?</p> <p>1 = Week days: after school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 = Week days: before school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>3 = Weekend <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO

7.5	<p>During the last week did you do any of the following activities at school?</p> <p>(a) Cleaning at school (including cleaning of toilets) <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) Maintenance of school walls, floors, etc. <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Working in school garden <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Helping teacher with marking <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Helping teacher at his/her house <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(f) Other, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2 <div></div></p> <p>If any 'Yes' Go to Q 7.6, otherwise Go to Q 7.7</p>	YES NO																																																																								
7.6	How many hours did you spend in these school tasks in the last week?	<input type="text"/> <input type="text"/>																																																																								
7.7	<p>Did you experience any of the following with your schooling in the last 12 months?</p> <p>(a) Difficulties in catching up with lessons <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(b) No time to study <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(c) Difficulty in concentrating / tiredness at school <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(d) Often coming in late or leaving early <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>(e) Too little time for recreation and resting <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	YES NO																																																																								
7.8	<p>Which two subjects do you like, starting with the one you like the most?</p> <p>SUBJECT 1</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>SUBJECT 2</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																									

8.0 INTERVIEW END TIME h h m m

End of interview for child 3

Thank the respondent for his/her co-operation

COMMENTS