

+

+



SECTION 1

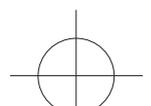
This section covers particulars of each person in the household

The following information must be transcribed from the household record card for every person who is shown as a current household member.

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

+

+



+

+

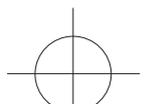


Q 1.5 to Q 1.9 to be answered by parent/guardian/an adult for children aged 5 - 17 years only

		Person number		
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.5	Is 's mother alive? 1=Yes 2=No 3=DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q 1.7 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.6	Is 's mother a member of this household? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.7	Is 's father alive? 1=Yes 2=No 3=DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q 1.9 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.8	Is 's father a member of this household? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.9	Is any of 's grandparents a member of this household? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

+

+





+

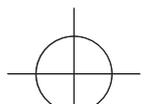
+

■ 1C

Person number						
□ □	□ □	□ □	□ □	□ □	□ □	□ □
□ 1 □ 2 □ 3						
□ 1 □ 2						
□ 1 □ 2 □ 3						
□ 1 □ 2						
□ 1 □ 2						

+

+



+ 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

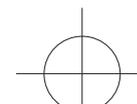
1

2.0	<p><i>Interviewer to answer</i> Is the person responding to questions himself/herself ?</p> <p>1=Yes → Go to Q 2.2 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? <i>e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</i></p> <p>1=Yes 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, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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 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, <i>SPECIFY...</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

+

+





+

+

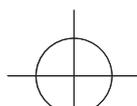
1D

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

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

+

+



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
	<p>(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?</p> <p><i>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?</i></p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<p>(a2) If yes, for how many hours?</p>	<input type="text"/>	<input type="text"/>
	<p>(b1) Did you run or do any kind of business, even if it was for only one hour?</p> <p><i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i></p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<p>(b2) If yes, for how many hours?</p>	<input type="text"/>	<input type="text"/>

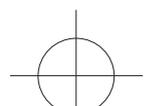
3.1	<p>(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i></p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<p>(c2) If yes, for how many hours?</p>	<input type="text"/>	<input type="text"/>

3.2	In the last 12 months.....	YES	NO
	<p>(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?</p> <p><i>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?</i></p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<p>(b1) Did you run or do any kind of business, even if it was for only one hour?</p> <p><i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i></p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<p>(c1) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i></p> <p>If any yes, go to Q 3.3, otherwise go to Q3.5</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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"/>
------------	---	----------------------	----------------------

+

+





+

+

3.4 **What is the main reason you worked?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 4

3.6 **What is the main reason you want to work or start a business?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 5

2A

3.5 **In the last four weeks,**

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

1 = YES → **Go to Q 3.6** 1

2 = NO 2

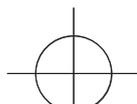
(b) Were you trying to start any kind of business?

1 = YES 1

2 = NO → **Go to section 5** 2

+

+



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
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<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
	(d2) If yes, for how many hours?	<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
	(e2) If yes, for how many hours?	<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
	(f2) If yes, for how many hours?	<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
	(b) Did you fetch water for household use?	<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
	(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
	(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
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<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"/>

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

2B

Person no.

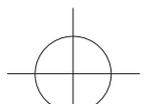
Age



SECTION 6

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

<p>6.0</p>	<p><i>Interviewer to answer</i></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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.1</p>	<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, <i>Specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>YES NO</p> <p>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p>6.2</p>	<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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.3</p>	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>





+

+

SECTION 7

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

2C

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

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

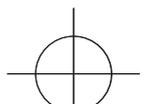
8.0 INTERVIEW END TIME h h m m

End of interview for child 1

Thank the respondent for his/her co-operation

+

+



+ INTERVIEW START TIME

Person no.

Age



SECTION 2

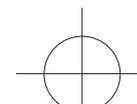
This section covers the school activities of all children aged 5 - 17 years

CHILD

2

2.0	<p><i>Interviewer to answer</i> Is the person responding to questions himself/herself ?</p> <p>1 = YES → Go to Q 2.2 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? <i>e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</i></p> <p>1 = YES 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, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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 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, <i>SPECIFY...</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5





+

+

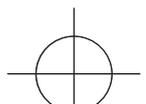
2D

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

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

+

+



Person no.

Age

+

+



SECTION 3

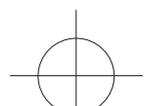
This section covers economic activities in the last week/12 months for children aged 5 - 17 years

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
	<i>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?</i>		
	(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
	<i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i>		
	(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
	<i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i>		
	(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
	<i>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?</i>		
	(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
	<i>Examples: selling sweets, selling fruit, guarding cars, washing cars, pushing trolleys, collecting wood or water for sale, etc.</i>		
	(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
	<i>Examples: Help to sell things, make things for sale or exchange, cleaning up for the business, etc.</i>		
	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"/>

+

+





+

+

3.4 **What is the main reason you worked?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 4

3.6 **What is the main reason you want to work or start a business?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 5

3A

3.5 **In the last four weeks,**

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

1 = YES → **Go to Q 3.6** 1

2 = NO 2

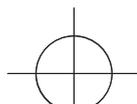
(b) Were you trying to start any kind of business?

1 = YES 1

2 = NO → **Go to section 5** 2

+

+



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
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<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
	(d2) If yes, for how many hours?	<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
	(e2) If yes, for how many hours?	<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
	(f2) If yes, for how many hours?	<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
	(b) Did you fetch water for household use?	<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
	(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
	(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
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<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"/>

3B

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.

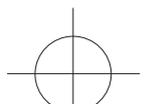
Age



SECTION 6

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

<p>6.0</p>	<p><i>Interviewer to answer</i></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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.1</p>	<p>In the last 12 months, were you exposed to any of the following while performing your activities?</p> <p>YES NO</p> <p>01 = Dust 01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>02 = Fumes, fire, gas, flames 02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>03 = Loud noise or vibration 03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>04 = Extreme cold or heat 04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>05 = Dangerous tools 05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>06 = Work underground 06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>07 = Work at heights 07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>08 = Work in water/lake/pond/river/sea 08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>09 = Workplace that is too dark/ confined/ insufficient ventilation 09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>10 = Explosives/chemicals (pesticides, glues, etc.) 10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>11 = Working at night 11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>12 = Carry heavy loads at work 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>13 = Operate any machinery or heavy equipment or power tools at work 13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>14 = Other things, processes or conditions bad for your health or safety, <i>Specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>YES NO</p> <p>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p>6.2</p>	<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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.3</p>	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>



+

+

SECTION 7

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

3C

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

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

8.0 INTERVIEW END TIME h h m m

End of interview for child 2

Thank the respondent for his/her co-operation

+

+

20

+ INTERVIEW START TIME

Person no.

Age

+



SECTION 2

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

CHILD

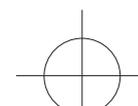
3

2.0	<p><i>Interviewer to answer</i> Is the person responding to questions himself/herself ?</p> <p>1=YES → Go to Q 2.2 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? <i>e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/correspondence education.</i></p> <p>1=Yes 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, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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 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, <i>SPECIFY...</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 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>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

+

+



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

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

3D

Person no.

Age

+

+



SECTION 3

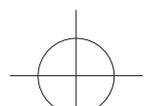
This section covers economic activities in the last week/12 months for children aged 5 - 17 years

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

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

+

+



3.4 **What is the main reason you worked?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 4

3.6 **What is the main reason you want to work or start a business?**

01 = TO ASSIST FAMILY WITH MONEY 01

02 = TO OBTAIN MONEY FOR SCHOOL FEES/SCHOOL UNIFORM 02

03 = TO BUY FOOD OR OTHER ESSENTIALS 03

04 = TO OBTAIN POCKET MONEY 04

05 = DUTY TO HELP FAMILY, E.G. HELP WITH FARMING 05

06 = TO PAY OUTSTANDING DEBT 06

07 = OBLIGATION TO LANDLORD (*other than category 06*) 07

08 = FINISHED SCHOOL AND NO OTHER ACTIVITY AVAILABLE 08

09 = SCHOOL CLASS NOT OPERATING/TEACHER MISSING 09

10 = TO GAIN EXPERIENCE/TRAINING 10

11 = OTHER, *SPECIFY...* 11

Go to Section 5

4A

3.5 **In the last four weeks,**

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

1 = YES → **Go to Q 3.6** 1

2 = NO 2

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

1 = YES 1

2 = NO → **Go to section 5** 2

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
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you fetch water for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you collect wood/dung for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(c2) If yes, for how many hours?	<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
	(d2) If yes, for how many hours?	<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
	(e2) If yes, for how many hours?	<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
	(f2) If yes, for how many hours?	<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
	(b) Did you fetch water for household use?	<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
	(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
	(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
	(f) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<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"/>

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

4B

Person no.

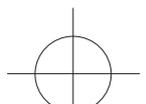
Age



SECTION 6

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

<p>6.0</p>	<p><i>Interviewer to answer</i></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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.1</p>	<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, <i>Specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>YES NO</p> <p>01 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>02 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>03 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>04 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>05 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>06 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>07 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>08 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>09 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>10 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>11 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>12 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>13 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>14 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p>6.2</p>	<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>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
<p>6.3</p>	<p>Did the injury prevent you from going to work?</p> <p>1=Yes</p> <p>2=No</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>





+

+

SECTION 7

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

4C

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

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

8.0 INTERVIEW END TIME h h m m

End of interview for child 3

Thank the respondent for his/her co-operation

+

+

