

HA12. Does the household own any of the following? (Mark "YES" or "NO" for all options)	I= YES 2=NO	Skip to question
1. Private Automobile..... 2. Tractor..... 3. Motor-bike..... 4. Bicycle..... 5. Animal drawn-cart..... 6. Television..... 7. Iron..... 8. VCD/DVD player..... 9. Washing machine..... 10. Oven..... 11. Dishwasher..... 12. Refrigerator..... 13. Freezer..... 14. Computer..... 15. Sewing machine..... 16. Satellite/Cable TV..... 17. Telephone (Land line)..... 18. Mobile phone..... 19. Radio/cassette player..... 20. Generator..... 21. Air Conditioner..... 22. Electric Fan..... 23. Electric/Gas/Diesel/kerosene Heater..... 24. Digital Camera..... 25. Internet wired/wireless connection..... 26. cooker without oven..... 27. Solar heater..... 28. Keizer (Gas, electricity) 29. Water filtering device 30. Vacuum Cleaner	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	
HA13. Does the household own any livestock?	1 2	→HA14 →HA15
HA14. How many?	In number	
1. Camel..... 2. Horse..... 3. Cow/buffalo..... 4. Sheep..... 5. Goat..... 6. Poultry/pigeons..... 7. Rabbits..... 8. Others.....	 1 2	
HA15. Does the household own any land?	1 2	→HA16 →HC17

HA16. How many Acres of land does the household own? (in acres)	Acres	
1. Agricultural (cultivable).... 2. Other	 _____ _____	
Other (Specify)	_____	
HA 17. What is the household's average monthly expenditure? (in local currency)... (in '000 Leones) (This question is to be recorded as expenditure incurred at the household level)	_____	
HA 18. What are the household's sources of income?		
1. Employment. 2. Social transfers 3. Scholarship 4. Rent/property 5. Private transfers 6. Income from self-production (domestic) 7. Income from private enterprise (self-employed) 8. Financial income from property (stocks, bonds,) 9. others (specify)	 Yes=1, No=2 Yes=1, No=2 Yes=1, No=2 Yes=1, No=2 Yes=1, No=2 Yes=1, No=2 Yes=1, No=2	
HA 19. What is the household's average monthly income? (in local currency) ... (in '000 Leones)	_____	

HA20	Who is the person in your family, which contributes the biggest bulk of the monthly income of the family?		
	The Father	1	
	The Mother	2	<input type="checkbox"/>
	Male family member	3	
	Female family member	4	
	Others (Specify....)	5	
HA21	Which of the following consume the largest bulk of the family income?		
	Rents	1	<input type="checkbox"/>
	Education	2	
	Transportations	3	
	Health/Medicines	4	
	Food/clothes	5	
	Communications (telephone, Internet)	6	
	Water/Electricity bills	7	
	Others (Specify....)	8	
HA22	If we assume that social class determined by the economic aspects only, and you are asked to use one of the following four options to describe the social class to which your family belongs to, which one you would choose: the upper class, the middle upper class, middle class, or working class?		
	Upper Class	1	
	Upper Middle Class	2	<input type="checkbox"/>
	Middle Class	3	
	Working Class	4	
	Refused to answer (Don't read)	8	
	Don't Know (Don't read)	9	
HA23	In Jordan, poverty line is (almost 365) dinars per month per family. Tell us if your family income is less or more than that?		
	A lot less than that	1	
	Less than that	2	
	Almost equal to 365JD	3	
	More than that	4	
	A lot more than that	5	<input type="checkbox"/>

Section II: Addressed to the most knowledgeable member of household												
Household Composition and Characteristics for All Household Members												
Person's serial number in household	Can you please provide full names of all persons who are part of this household, beginning with the Head of the Household? <i>A Household is defined as a person or group of persons who live together in the same house or compound, share the same housekeeping arrangements and are catered for as one unit. Members of a household are not necessarily related (by blood or marriage) and not all those related in the same house or compound are necessarily of the same household)</i>	Which household member provided information on the individual (write serial number from HC1)	What is (NAME)'s relationship to head of the household? 1. Household Head 2. Spouse 3. Son / Daughter 4. Brother/Sister 5. Father/Mother 6. Daughter-in-law/son-in-law 7. Grandchild 8. Niece / Nephew 9. Other relative 10. Servant (live-in) 11. Others	What is the sex of each of these individual household members? 1. Male 2. Female	How old was (NAME) at (his/her) last birthday? <i>(in complete d years)</i>	Indicate "1" if person is between 5-17 years old, "0" otherwise	For persons between 5-60 years : Does he/she possess a visible disability that was acquired after he/ she was born? 1. Blind/ Impaired vision 2. Missing/ Impaired limbs (hands and legs) 3. Deaf 4. Mental or Other 99. No disability	What is (NAME)'s marital status (for persons 12 years or above)? 1. Single or never married 2. Married 3. civil religious 4. Widowed 5. Divorced 6. Married but separated	For ALL household members Please indicate (NAME)'s serial number. (Write 99 if absent or not applicable)		Nationality:	
HC1	HC2	HC3	HC4	HC5	HC6	HC7	HC8	HC9	HC10	HC11	HC12	
01		__	__	__	__	__	__	__	__	__	__	__
02		__	__	__	__	__	__	__	__	__	__	__
03		__	__	__	__	__	__	__	__	__	__	__
04		__	__	__	__	__	__	__	__	__	__	__
05		__	__	__	__	__	__	__	__	__	__	__
06		__	__	__	__	__	__	__	__	__	__	__
07		__	__	__	__	__	__	__	__	__	__	__
08		__	__	__	__	__	__	__	__	__	__	__

Serial No in HC1	Name of household member											Skip To Question				
												L	G			
ED5. Has (NAME) ever attended school?		1	1	1	1	1	1	1	1	1	1	1	1	1	1	→ED7 →ED6
1. Yes.....		2	2	2	2	2	2	2	2	2	2	2	2	2	2	
2. No.....																
ED6. What is/was the main reason why (NAME) has never attended school? (Read each of the following options and circle the most appropriate option.)																Skip to CE1 for all answers
1. Too young.....		1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2. Disabled/illness.....		2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3. No school/school too far.....		3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4. Cannot afford schooling.....		4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5. Family did not allow schooling.....		5	5	5	5	5	5	5	5	5	5	5	5	5	5	
6. Not interested in school.....		6	6	6	6	6	6	6	6	6	6	6	6	6	6	
7. Education not considered valuable.		7	7	7	7	7	7	7	7	7	7	7	7	7	7	
8. School not safe.....		8	8	8	8	8	8	8	8	8	8	8	8	8	8	
9. To learn a job.....		9	9	9	9	9	9	9	9	9	9	9	9	9	9	
10. To work for pay.....		10	10	10	10	10	10	10	10	10	10	10	10	10	10	
11. To work as unpaid worker in family business/farm.....		11	11	11	11	11	11	11	11	11	11	11	11	11	11	
12. Help at home with household chores.....		12	12	12	12	12	12	12	12	12	12	12	12	12	12	
13. Other.....		13	13	13	13	13	13	13	13	13	13	13	13	13	13	
Other (specify)																
ED7. At what age did (NAME) begin primary school? (Age in completed years).....																
ED8. What is the highest level/type of school and grade (NAME) has attended? Level: (L) Grade (G)		L	L	L	L	L	L	L	L	L	L	L	L	L	L	
1. kindergartens		1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2. Primary		2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3. Preparatory		3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4. basic education		4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5. professional apprenticeship		5	5	5	5	5	5	5	5	5	5	5	5	5	5	
6. Secondary Education		6	6	6	6	6	6	6	6	6	6	6	6	6	6	
7. Average Diploma		7	7	7	7	7	7	7	7	7	7	7	7	7	7	
8. Bachelor		8	8	8	8	8	8	8	8	8	8	8	8	8	8	
9. Higher Diploma		9	9	9	9	9	9	9	9	9	9	9	9	9	9	
10. Master		10	10	10	10	10	10	10	10	10	10	10	10	10	10	
11. Ph.D.		11	11	11	11	11	11	11	11	11	11	11	11	11	11	
12. I do not know		12	12	12	12	12	12	12	12	12	12	12	12	12	12	
ED9. At what age did (NAME) leave school? (Age in completed years).....																→Go to the next section, section IV, question CE1

Serial No in HC1	Name of household member																Skip To Question
	CE3. Even though (NAME) did not do any of these activities in the past week, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? <i>(For agricultural activities, the off season in agriculture is not a temporary absence.)</i>																
	1. Yes.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	→ CE4
	2. No.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	→ CE14
CE4. Describe the main job/task (NAME) was performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc. <i>(“Main” refers to the work on which (NAME) spent most of the time during the week.)</i>																	
	Job/Task																
	OCCUPATION CODE <i>For official use</i>																
	Name of place of work																
CE5. Describe briefly the main activity i.e. goods produced and services rendered where (NAME) is working.																	
	Activity/Type																
	INDUSTRY CODE <i>For official use</i>																
	CE6. Where did (NAME) carry out his/her main work during the past week? <i>(Read out responses below)</i>																
	1. At (his/her) family dwelling.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2. Client's place.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3. Formal office.....	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4. Factory / Atelier.....	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5. Plantations / farm / garden.....	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6. Construction sites.....	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7. Mines / quarry.....	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8. Shop / kiosk / coffee house / restaurant / hotel.....	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9. Different places (mobile).....	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	10. Fixed, street or market stall.....	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	11. Pond/lake/river.....	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
	97. Other.....	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97	97
	Other (specify)																

CE7. During the past week, which of the following best describe (NAME)'s work situation at his/her main work? (Read out responses below)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	If 6 or 7 skip to CE10
Other (specify)													

Serial No in HC1	Name of household member												Skip To Question
CE8. What is (Name's) average monthly cash income from the main work? (in local currency)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
CE9. What other benefits does (NAME) usually receive in his/her main work? (Read each of the following questions and circle answers)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
CE10. In addition to (NAME)'s main work, did (NAME) do any other work during the past week?	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Other (specify)													
1. Yes.....													1
2. No.....													2

CE11. For each day worked during the past week, how many hours did (NAME) actually work? <i>Main: (M) Other: (O)</i>		
	M	O
1. Sunday.....	□□□□□□□□	□□□□□□□□
2. Monday.....	□□□□□□□□	□□□□□□□□
3. Tuesday.....	□□□□□□□□	□□□□□□□□
4. Wednesday.....	□□□□□□□□	□□□□□□□□
5. Thursday.....	□□□□□□□□	□□□□□□□□
6. Friday.....	□□□□□□□□	□□□□□□□□
7. Saturday.....	□□□□□□□□	□□□□□□□□
TOTAL	□□	□□

Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Serial No in HC1	Skip To Question
Name of household member																			
CE12. During the past week when did you usually carry out these activities? <i>For ALL children (including children attending school):</i>																			
1. During the day (between 6 a.m. and 6 p.m.)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. In the evening or at night (after 6 p.m.)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. During both the day and the evening (for the entire day).	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4. On the week-end.....	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5. Sometimes during the day, sometimes in the evening	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
ADDITIONAL: For children attending school																			
ONLY (IF) 2= YES:																			
1. After school.....	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
2. Before school.....	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
3. Both before or after school.....	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
4. On the week-end.....	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
5. During missed school hours/days.....	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
CE13. At what age (NAME) started to work for the first time in his/her life? (As regular or casual employee, self employed, employer or unpaid family worker)																			→Go to the next section, section V, question UE1
B. JOB SEARCH																			
CE14. Was (NAME) looking for work in the last week?																			
1. Yes.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. No.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
																			Go to the next section, section V, question UE2

Usual Employment Status of All Household Members (5 and above) during the last 12 months												
Section V:	Serial No in HC1	Name of household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skip To Question
		UE1. Was the work reported in CE4, CE5 and CE7 (NAME)'s main employment during the past 12 months? (As employee, own account worker, employer or unpaid family worker)	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	→ UE7 → UE4
		UE2. Did (NAME) engage in any work during the past 12 months?	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	→ UE4 → UE3
		UE3. In the past twelve months, did (NAME) do any of the following activities, even for only one hour? (Read each of the following questions until the first affirmative response is obtained)	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	
		(a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? Examples: Selling things, making things for sale, repairing things, guarding cars, hairdressing, arabe business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, barber, shoe shining, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, Types of work: bar attendant, restaurant worker, night watchman, scavenger, scrap metal collector, commercial sex worker, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(c) Do any work as a domestic worker for a wage, salary or any payment in kind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(d) Help unpaid in a household business of any kind? (Don't count normal housework) Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(e) Do any work on his/her own or the household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household? Examples: photographing, weaving, fishing, after livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(h) Fetch water or collect firewood for household use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		(i) Produce any other good for this household use? Examples: clothing, furniture, clay pots, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Serial No in HCI	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Skip To Question
Name of household member																			
UE4. Describe the main job/task (NAME) was performing during the last 12 months e.g. carrying bricks; mixing baking flour; harvesting maize; etc. ("Main" refers to the work on which (NAME) spent most of the time during the year.)																			
Job/Task	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
OCCUPATION CODE For official use	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name of place of work	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
UE5. Describe briefly the main activity i.e. goods produced and services rendered where (NAME) worked most of the time.																			
Activity/Type	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
INDUSTRY CODE For official use	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
UE6. Which of the following best describe (NAME)'s work situation at his/her main work in the past 12 months? (Read out responses below)																			
1. Paid employee in public sector	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. Paid employee in private sector	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. Employer (has less than 10 employee)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4. Employer (has more than 10 employee)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5. self-employed (private interest without the presence of users)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6. work without pay	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7. working for the family without pay	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8. other	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
UE7. In each month during the past year did (NAME) work or have a job?																			
(Mark "YES" or "NO" for all months)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO
1. January.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. February.....	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. March.....	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4. April.....	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5. May.....	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6. June.....	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7. July.....	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8. August.....	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9. September.....	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
10. October.....	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
11. November.....	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
12. December.....	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
TOTAL number of working months	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Section VI: Health and Safety issues about working children (5 - 17 years)												
Serial No in HCI												Skip to Question
	Name of household member											
	HS1. Did you have any of the following in the past 12 months because of your work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	1= YES 2=NO	
	1. Superficial injuries or open wounds	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	2. Fractures.....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	3. Dislocations, sprains or stains...	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	4. Burns, corrosions, scalds or froshbite	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	5. Breathing problems.....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	6. Eye problems.....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	7. Skin problems ..	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	8. Stomach problems / diarrhea ...	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	9. Fever.....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	10. Extreme fatigue.....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	11. Snake bite	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	12. Insect bite	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	13. Other (specify).....	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
	Other (specify)											
	HS2. Think about your most serious illness/injury, how did this/these affect your work/schooling?											
	1. Not serious- did not stop work/schooling	1	1	1	1	1	1	1	1	1	1	
	2. Stopped work or school for a short time	2	2	2	2	2	2	2	2	2	2	
	3. Stopped work or school completely	3	3	3	3	3	3	3	3	3	3	
	HS3. Think about your most serious illness/injury, what were you doing when this happened?											
	Job/Task											
	OCCUPATION CODE For Official use											

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

