NATIONAL BUREAU OF STATISTICS

in collaboration with

INTERNATIONAL LABOUR ORGANIZATION (ILO)
&
FEDERAL MINISTRY OF LABOUR AND EMPLOYMENT

NATIONAL CHILD AND FORCED LABOUR SURVEY, 2022

HOUSEHOLD QUESTIONNAIRE

SECTION A : IDENTIFICATION

		Name	Code		
A1.	STATE				
A2.	LGA				
A3.	EA				
A4.	CLUSTER NO	/////			

A5.	Urban = 1; Rural = 2)		
A6.	Total HH Selected		
A7.	HH Serial number		
A8.	Number of persons in HH		

A10. Name of head of HH: _

A10aa. Phone No of head of HH: _

A10a. HH Address: _

Name of Team Leader: _____   Code [|]

Name of Teammate: _____   Code [|]

HOUSEHOLD GPS LOCATION: Degree Decimal Degrees

GPS1. LATITUDE: ---- ----. ---- ---- ---- ---- ----

GPS1. LONGITUDE: ---- ----. ---- ---- ---- ---- ----

A13a. Time interview started (GMT)
A13b. Time interview ended (GMT)

A11.   **Response Status**

Completed.........................1
Not at home 2
Partially completed...........3
HH not located................ 4
Refused...........................5
Moved away 6

	HOUSEHOLD ROSTER AND DEMOGRAPHICS (DEM)		
**INTERVIEWER:** *The Household Roster and Demographic Module is administered to an adult in the household. The preferred respondent is the head of the household. If the head is not present, ask to speak with an adult who knows all of the residents in the dwelling.* **Collect information on all members prior to moving on to the next module.**
**INTERVIEWER:** *Read the following introduction to the respondent. If the respondent has any questions, answer them fully and explain the reason and purpose of the survey.*
INTERVIEW OPENING	Hello. My name is (INTERVIEWER). I work for **NATIONAL BUREAU OF STATISTICS**. May I speak with an adult person living in this household that is able to provide information about the household and its members? *INTERVIEWER CHECK: if no adult household member is available, please schedule an appointment – otherwise continue*		
	READ: [This household has been selected to participate in a government survey about children's activities, including different forms of work that they perform. In order to establish the extent, nature and characteristics of the work children undertake, and provide a database for designing appropriate intervention programmes and policies in the country, this survey is being implemented throughout the country. The information that you provide is confidential and will not be shared, but it will help better understand how people in this area live, and the jobs they do. Your participation is [voluntary/required by law]. The survey will take approximately [50] minutes. Before I continue with the survey, I need some information about the members of this household] …		
DEM_01	PERSON LINE NUMBER OF EACH HOUSEHOLD MEMBER	_____ LINE NO	
DEM_02	Can you tell me the names of the members of this household, starting with the household head? That is everyone who lives in this dwelling, combines their resources, and eats at least one meal together every day. They do not need to be family members, they only need to live here, combine resources and eat meals together.	_____ NAME PERSON 1 _____ NAME PERSON 2 _____ NAME PERSON N	
DEM_03	*INTERVIEWER:* *Write the ID code of the person who provides information for the household roster*	_____ ID CODE OF RESPONDENT	

DEM_04	What is (your/NAME's) relationship to the household head?	HEAD	01 ☐	
		WIFE/HUSBAND OF HEAD	02 ☐	
		CHILD/ADOPTED CHILD	03 ☐	
		GRANDCHILD	04 ☐	
		NIECE/NEPHEW	05 ☐	
		FATHER/MOTHER	06 ☐	
		SISTER/BROTHER	07 ☐	
		SON/DAUGHTER-IN-LAW	08 ☐	
		BROTHER/SISTER-IN-LAW	09 ☐	
		GRANDFATHER/GRANDMOTHER	10 ☐	
		FATHER/MOTHER-IN-LAW	11 ☐	
		OTHER RELATIVE	12 ☐	
		SERVANT OR SERVANT'S RELATIVE	13 ☐	
		OTHER, SPECIFY_____	14 ☐	
DEM_05	(Are/Is) (you/NAME) male or female? *Do not assume from the name of the person if s/he is male or female. Always ask the question.*	MALE	01 ☐	
		FEMALE	02 ☐	
DEM_06	What is (your/NAME's) date of birth?	___/___/_____ DD MM YYYY 97/97/9997 DON'T KNOW		
DEM_07	(Do/does) (you/NAME) have a birth certificate or any official document to verify age?	YES	01 ☐	
		NO	02 ☐	→DEM_09
DEM_08	*INTERVIEWER:* *Ask to see the birth certificate or any official document to verify age. Record if you have seen the document*	YES, DOCUMENT WAS SEEN	01 ☐	
		NO, DOCUMENT NOT SEEN	02 ☐	
DEM_09	How old (are/is) (you/NAME)? *Age in completed years*	_____ AGE *Write '00' if less than 1 year*		**If 0 to 11 years old →DEM_13**
FOR MEMBERS AGED >=12				
DEM_10	What is (your/NAME)'s marital status?	MARRIED MONOGAMOUS	01 ☐	
		[MARRIED POLYGAMOUS]	02 ☐	
		NON-FORMAL UNION	03 ☐	
		SEPARATED	04 ☐	→DEM_13
		DIVORCED	05 ☐	→DEM_13
		WIDOW, WIDOWER	06 ☐	→DEM_13
		SINGLE, NEVER MARRIED	07 ☐	→DEM_13
DEM_11	Does (your/NAME's) husband/wife/partner live in this household?	YES	01 ☐	
		NO	02 ☐	→DEM_13
DEM_12	Who is (your/NAME's) husband/wife/ partner? *Copy the ID code of the husband/ wife/partner of the person* *If married polygamous, write the ID code of the principal wife*	_____ ID CODE OF HUSBAND/WIFE/PARTNER		

DEM_13	Does (your/NAME's) natural father live in the household?	YES	01 ☐	
		NO	02 ☐	**→DEM_15**
DEM_14	Who is (your/NAME's) natural father? *Copy the ID code of the natural father of the person*	_____ ID CODE OF NATURAL FATHER			
DEM_15	Does (your/NAME's) natural mother live in the household?	YES	01 ☐	
		NO	02 ☐	**→DEM_17**
DEM_16	Who is (your/NAME's) natural mother? *Copy the ID code of the natural mother of the person*	_____ ID CODE OF NATURAL MOTHER			
DEM_17	What is (your/NAME)'s ethnicity?	HAUSA	01 ☐	
		IGBO	02 ☐	
		YORUBA	03 ☐	
		EFIK	04 ☐	
		HAUSA/FULANI	05 ☐	
		IDOMA	06 ☐	
		OTHER, SPECIFY_____	07 ☐	
DEM_18	For how many months during the past 12 months (since MONTH/YEAR) (have/has) (you/NAME) lived in this household?	_____ NUMBER FROM 0 TO 12		*IF 12* **→DEM_20**
DEM_19	What is the main reason (you/NAME) came to live in this household?	BIRTH	01 ☐	
		MARRIAGE	02 ☐	
		SECURITY/THREATS	03 ☐	
		WORK OPPORTUNITIES	04 ☐	
		PURSUE EDUCATION	05 ☐	
		PROVIDE ASSISTANCE TO HOUSEHOLD	06 ☐	
		PROPERTY DESTROYED/OCCUPIED	07 ☐	
		LACK OF LAND	08 ☐	
		ORPHANED	09 ☐	
		PHYSICALLY FORCED TO LEAVE	10 ☐	
		SEEKING HEALTH CARE	11 ☐	
		RETURNED FROM OTHER LOCATION	12 ☐	
		OTHER, SPECIFY_____	13 ☐	
		DON'T KNOW	97 ☐	
		REFUSED TO ANSWER	98 ☐	

ACTIVITIES OF DAILY LIVING

FOR MEMBERS AGED >=5

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

DEM_20	(Do/does) (you/NAME) have difficulty seeing, even if wearing glasses? Would you say…?	***Read and select one***		
		NO, NO DIFFICULTY	01 ☐	
		YES, SOME DIFFICULTY	02 ☐	
		YES, A LOT OF DIFFICULTY	03 ☐	
		CANNOT DO IT AT ALL	04 ☐	
		DON'T KNOW	97 ☐	
		REFUSED	98 ☐	

DEM_21	(Do/does) (you/NAME) have any difficulty hearing, even if using a hearing aid?	*Read and select one*	
		NO, NO DIFFICULTY	01 ☐
		YES, SOME DIFFICULTY	02 ☐
		YES, A LOT OF DIFFICULTY	03 ☐
		CANNOT DO IT AT ALL	04 ☐
		DON'T KNOW	97 ☐
		REFUSED	98 ☐
DEM_22	(Do/does) (you/NAME) have any difficulty walking or climbing steps?	*Read and select one*	
		NO, NO DIFFICULTY	01 ☐
		YES, SOME DIFFICULTY	02 ☐
		YES, A LOT OF DIFFICULTY	03 ☐
		CANNOT DO IT AT ALL	04 ☐
		DON'T KNOW	97 ☐
		REFUSED	98 ☐
DEM_23	(Do/does) (you/NAME) have any difficulty remembering or concentrating?	*Read and select one*	
		NO, NO DIFFICULTY	01 ☐
		YES, SOME DIFFICULTY	02 ☐
		YES, A LOT OF DIFFICULTY	03 ☐
		CANNOT DO IT AT ALL	04 ☐
		DON'T KNOW	97 ☐
		REFUSED	98 ☐
DEM_24	(Do/does) (you/NAME) have difficulty with self-care such as washing all over or dressing?	*Read and select one*	
		NO, NO DIFFICULTY	01 ☐
		YES, SOME DIFFICULTY	02 ☐
		YES, A LOT OF DIFFICULTY	03 ☐
		CANNOT DO IT AT ALL	04 ☐
		DON'T KNOW	97 ☐
		REFUSED	98 ☐
DEM_25	Using (your/NAME's) language (do/does) (you/NAME) have difficulty communicating, for example understanding or being understood?	*Read and select one*	
		NO, NO DIFFICULTY	01 ☐
		YES, SOME DIFFICULTY	02 ☐
		YES, A LOT OF DIFFICULTY	03 ☐
		CANNOT DO IT AT ALL	04 ☐
		DON'T KNOW	97 ☐
		REFUSED	98 ☐

MIGRATION			
FOR MEMBERS AGED >=5			
DEM_26	When (you/NAME) (were/was) first born, did (you/NAME) live in (CURRENT PLACE OF RESIDENCE)?	YES	01 ☐
		NO	02 ☐
DEM_27	(Have/Has) (you/NAME) ever lived in another place, such as another village, another town, or abroad, for three or more months at one time?	YES	01 ☐
		NO	02 ☐ →**Next person**
DEM_28	Where was the last place (you/NAME) lived prior to living in [CURRENT PLACE OF RESIDENCE]?	*Read and select one*	
		OTHER PLACE IN SAME COUNTRY	01 ☐
		OTHER COUNTRY	02 ☐
		OTHER, SPECIFY_____	03 ☐

DEM_29	In what year did (you/NAME) come to live in (CURRENT PLACE OF RESIDENCE)?	_____ YEAR 9997 DON'T KNOW		
DEM_30	What was (your/NAME's) main reason for moving to [CURRENT PLACE OF RESIDENCE] from the last place (you/NAME) lived?	TO TAKE UP A JOB	01 ☐	
		JOB TRANSFER	02 ☐	
		TO LOOK FOR PAID WORK	03 ☐	
		TO STUDY	04 ☐	
		MARRIAGE	05 ☐	
		FAMILY MOVED/JOINING FAMILY	06 ☐	
		MEDICAL TREATMENT, HEALTH	07 ☐	
		CONFLICT, INSECURITY	08 ☐	
		NATURAL DISASTER	09 ☐	
		LIFESTYLE, COST-OF-LIVING	10 ☐	
		RETURNED TO HOUSEHOLD	11 ☐	
		OTHER, SPECIFY_____	12 ☐	
		DON'T KNOW	97 ☐	
		REFUSED TO ANSWER	98 ☐	

EDUCATION (EDU)

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

FOR MEMBERS AGED >=5

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

EDU_06	What is the main reason (you/NAME) did not attend school in the previous year?	DISABLED/ILLNESS	01 ☐	
		NO SCHOOL/SCHOOL TOO FAR	02 ☐	
		FAMILY DID NOT ALLOW SCHOOLING	03 ☐	
		NOT INTERESTED IN SCHOOL	04 ☐	
		EDUCATION NOT CONSIDERED VALUABLE	05 ☐	
		SCHOOL NOT SAFE	06 ☐	
		TO LEARN A JOB	07 ☐	
		TO WORK FOR PAY	08 ☐	
		TO WORK AS UNPAID WORKER IN FAMILY BUSINESS/FAR	09 ☐	
		HELP AT HOME WITH HOUSEHOLD CHORES	10 ☐	
		COULD NOT AFFORD, TOO COSTLY	11 ☐	
		FINISHED SCHOOL	12 ☐	→EDU_14
		OTHER, SPECIFY_____	13 ☐	
		DON'T KNOW	97 ☐	
		REFUSED TO ANSWER	98 ☐	
EDU_07	At any time during the current school year did (you/NAME) attend school or any Early Childhood Education Programme?	YES	01 ☐	
		NO	02 ☐	→EDU_09
EDU_08	During the current school year, which level/grade did (you/NAME) attend?	LESS THAN PRIMARY	01 ☐	
		PRIMARY	02 ☐	
		JUNIOR SECONDARY	03 ☐	**AFTER RESPONDING →EDU_10**
		SENIOR SECONDARY	04 ☐	
		POST SECONDARY NON-TERTIARY	05 ☐	
		TERTIARY	06 ☐	
		DON'T KNOW	97 ☐	
EDU_09	What is the main reason (you/NAME) are not attending school in the current year?	DISABLED/ILLNESS	01 ☐	
		NO SCHOOL/SCHOOL TOO FAR	02 ☐	
		FAMILY DID NOT ALLOW SCHOOLING	03 ☐	
		NOT INTERESTED IN SCHOOL	04 ☐	
		EDUCATION NOT CONSIDERED VALUABLE	05 ☐	
		SCHOOL NOT SAFE	06 ☐	
		TO LEARN A JOB	07 ☐	**AFTER RESPONDING →EDU_14**
		TO WORK FOR PAY	08 ☐	
		TO WORK AS UNPAID WORKER IN FAMILY BUSINESS/FAR	09 ☐	
		HELP AT HOME WITH HOUSEHOLD CHORES	10 ☐	
		COULD NOT AFFORD, TOO COSTLY	11 ☐	
		OTHER, SPECIFY_____	12 ☐	
		DON'T KNOW	97 ☐	
		REFUSED TO ANSWER	98 ☐	

EDU_10	Did (you/NAME) attend school last week, that is from [DAY] to [DAY]?	YES	01 ☐	
		NO	02 ☐	→EDU_13
EDU_11	How many days did (you/NAME) go to school last week?	_____ NUMBER OF DAYS		
EDU_12	How many hours per day did (you/NAME) go to school last week?	_____ NUMBER OF HOURS PER DAY		→EDU_14
EDU_13	Why did (you/NAME) not go to school last week?	HOLIDAY	01 ☐	
		SICK	02 ☐	
		WORK	03 ☐	
		SCHOOL NOT USEFUL FOR FUTURE	04 ☐	
		SCHOOL TOO FAR/NO SCHOOL	05 ☐	
		CANNOT AFFORD SCHOOL	06 ☐	
		NOT INTERESTED IN SCHOOL	07 ☐	
		TOO YOUNG	08 ☐	
		SCHOOL NOT IN SESSION	09 ☐	
		OTHER, SPECIFY _____	10 ☐	
EDU_14	What is the highest grade (you/NAME) (have/has) completed in school? *INTERVIEWER: This must be lower than the grade currently attending if the respondent is currently attending school.*	LESS THAN PRIMARY	01 ☐	
		PRIMARY	02 ☐	
		LOWER SECONDARY	03 ☐	
		UPPER SECONDARY	04 ☐	
		POST SECONDARY NON-TERTIARY	05 ☐	
		TERTIARY	06 ☐	
		DON'T KNOW	97 ☐	
EDU_15	What is the highest certificate (you/NAME) (have/has) attained?	PRIMARY SCHOOL LEAVING CERTIFICATE	01 ☐	
		SECONDARY SCHOOL CERTIFICATE	02 ☐	
		VOCATIONAL	03 ☐	
		DIPLOMA/NCE	04 ☐	
		HND/B. SC	05 ☐	
		MASTER'S	06 ☐	
		DOCTORATE	07 ☐	
		MEDICAL DOCTOR, LAWYER	08 ☐	
		NONE	09 ☐	
		DON'T KNOW	97 ☐	
EDU_16	Did (you/NAME) ever repeat a grade of school?	YES	01 ☐	
		NO	02 ☐	→FOW_00
EDU_17	How many times (have/has) (you/NAME) repeated grades? *INTERVIEWER: Add together the total number of times the respondent has repeated any grades*	_____ Number		→FOW_00

	FORMS OF WORK (FOW)			

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

FOW_00	*INTERVIEWER:* *Write the ID code of the person who provides information*	_____ ID CODE OF RESPONDENT	

	EMPLOYMENT			
	TO BE ASKED OF ALL CHILDREN 5 TO 17 YEARS OLD			
F0W_01	Last week, that is from [DAY] to [DAY], did (you/NAME) work for **SOMEONE ELSE FOR PAY** for one or more hours? (including casual or piece work for cash payment, or in-kind payment or in exchange for food or housing)	YES	01☐	→**FOW_12**
		NO	02☐	
F0W_02	Last week, did (you/NAME) do any kind of business activity, farming or other activity to generate income? *READ IF NEEDED* *(Don't count normal housework)* (e.g. Producing farm products for sale or exchange; Making or repairing things for sale; Selling things in the street, local market, or in a shop; Shining shoes, guarding cars or similar activities for tips; Any other activity to generate income; etc.)	YES	01☐	→**FOW_08**
		NO	02☐	
FOW_03	Last week did (you/NAME) help in a business or farm operated by a household member? READ IF NEEDED: (e.g. Help a family member engaged in an activity to generate income for the family; Help to produce farm products for sale or exchange; Help to make or sell things for sale or exchange; Guarding or cleaning the family business; etc.)	YES	01☐	→**FOW_08**
		NO	02☐	
FOW_04	Last week did (you/NAME) help in a business or farm owned or operated by a person that is not part of your household?	YES	01☐	→**FOW_08**
		NO	02☐	
FOW_05	Although (you/NAME) did not work last week, did (you/NAME) have a work activity from which (you/NAME) (were/was) temporarily absent?	YES	01☐	
		NO	02☐	→**FOW_07**
FOW_06	What type of work was this?	***Read and select one***		
		Paid work	01☐	→**FOW_08**
		Income generating activity	02☐	→**FOW_08**
		Helping without pay in a family business	03☐	→**FOW_08**
FOW_07	Last week, did (you/NAME) do any work in…?	***Read and mark all that apply***		
		Farming	A. ☐	→**FOW_09**
		Rearing farm animals	B. ☐	→**FOW_09**
		Fishing or fish farming	C. ☐	→**FOW_09**
		none of the above	D. ☐	→**FOW_35**

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FOW_08	Was this work that you mentioned in…?	***Read and mark all that apply***		
		Farming	A. ☐	
		Rearing farm animals	B. ☐	
		Fishing or fish farming	C. ☐	
		Another type of job or business	D. ☐	**→FOW_12**
FOW_09	Thinking about the work in (farming, rearing animals [and/or fishing] (you/NAME) (do/does), are the products intended…?	***Read and select one***		
		Only for sale	01☐	**→FOW_12**
		Mainly for sale	02☐	**→FOW_12**
		Mainly for family use	03☐	**→FOW_11**
		Only for family use	04☐	**→FOW_11**
		*(Don't read) D*on't know	97☐	
FOW_10	In general, in the past have these products been …?	***Read and select one***		
		Only for sale	01☐	**→FOW_12**
		Mainly for sale	02☐	**→FOW_12**
		Mainly for family use	03☐	**→FOW_11**
		Only for family use	04☐	**→FOW_11**
FOW_11	(Was/were) (you/NAME) hired by someone else to do this work?	YES	01☐	**→FOW_12**
		NO	02☐	**→FOW_35**
	CHARACTERISTICS OF MAIN INCOME-GENERATING ACTIVITY			
FOW_12	Last week did (you/NAME) have or help in more than one activity to generate income?	ONE INCOME GENERATING ACTIVITY	01☐	**→FOW_14a**
		MORE THAN ONE INCOME GENERATING ACTIVITY	02☐	
FOW_13	*INTERVIEWER TO READ* I am now going to ask you some questions about the income-generating activity in which (you/NAME) usually work or help the most hours			
FOW_14a	In (your/NAME's) income-generating activity, what kind of work (do/does) (you/NAME) do?	_____ OCCUPATIONAL TITLE, IF ANY		
FOW_14b	(e.g. Cattle farmer breeding, raise and sell cattle; Serving meals; Carry bricks; Mixing baking flour; Harvesting maize; Delivering food, etc.)	_____ MAIN TASKS AND DUTIES		
FOW_14c	*INTERVIEWER: Write what the respondent says is his/her work in FOW_14a. Probe for activities performed and write in FOW_14b.*	ISCO CODE: ☐☐☐☐ *Coded after interview*		
FOW_15	Were (you/NAME) mainly responsible for these tasks or helping under the responsibility of another person?	MAINLY RESPONSIBLE FOR THE TASKS	01☐	
		HELPING ANOTHER PERSON WHO WAS RESPONSIBLE FOR THE TASKS	02☐	
FOW_16a	What is the main activity of the place or business where (you/NAME) help(s)/work(s)?	_____ MAIN ACTIVITY		
FOW_16b	(e.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.)	_____ GOODS AND SERVICES		
FOW_16c	*INTERVIEWER: Write the principal activity of the company the respondent works for in FOW_16a and the type of product or service the company produces in FOW_16b.*	ISIC CODE: ☐☐☐☐ *Coded after interview*		
FOW_17	(Do/Does) (you/NAME) work…?	***Read and select one***		
		As an employee	01☐	
		In (your/his/her) own business activity	02☐	**→FOW_19**
		Helping in a family or household business	03☐	**→FOW_20**
		As an apprentice, intern	04☐	**→FOW_20**
		Helping a family member who works for someone else	05☐	**→FOW_20**

FOW_18	Who is (your/NAME's) employer?	Read and select one		
		Family member	01 ☐	
		Member of extended family	02 ☐	
		Friend of family	03 ☐	
		Not a relative	04 ☐	
		Other, specify_____	05 ☐	
FOW_19	Why (do/does) (you/NAME) work?	Read and select one		
		Supplement family income	01 ☐	
		Help pay family debt	02 ☐	
		Help in household enterprise	03 ☐	
		Learn skills	04 ☐	
		Schooling not useful for future	05 ☐	
		School too far/no school	06 ☐	
		Cannot afford school fees	07 ☐	
		Not interested in school	08 ☐	
		To temporarily replace someone unable to work	09 ☐	
		Other, specify_____	10 ☐	
FOW_19a	Who decided that (you/NAME) should work for this employer	Read and select one		
		Parents	01 ☐	
		Child him/herself	02 ☐	
		Employer	03 ☐	
		The employer of the parents	04 ☐	
		other, specify	05 ☐	
FOW_20	How do (you/NAME) usually go to work?	Read and select one		
		By walking	01 ☐	
		By bicycle	02 ☐	
		By bus or other means of transport	03 ☐	
FOW_21	How long does it usually take (you/NAME) to get to (your/NAME's) workplace?	Read and select one		
		Less than 15 minutes	01 ☐	
		15 minutes or more, but less than 30 minutes	02 ☐	
		30 minutes or more, but less than 1 hour	03 ☐	
		1 hour or more	04 ☐	
FOW_22	Which of the following types of pay (do/does) (you/NAME) receive for this work?	Read and mark all that apply		
		A wage or salary	A ☐	
		Payment by piece of work completed	B ☐	
		Commissions	C ☐	
		Tips	D ☐	
		Fees for services provided	E ☐	
		Payment with meals or accommodation	F ☐	
		Payment in products	G ☐	
		Other cash payment, specify_____	H ☐	
		not paid	I ☐	

FOW_23	In what kind of place (do/does) (you/NAME) typically work?	***Read and select one***		
		At (your/name's) own home	01☐	
		At the client's or employer's home	02☐	
		At a farm, agricultural land or fishing site	03☐	
		At a business, office, factory, fixed premise or site	04☐	
		On the street or another public space without a fixed structure	05☐	
		In/on a vehicle (without daily work base)	06☐	
		Door-to-door	07☐	
		Other	08☐	
		Don't know	97☐	
FOW_24	How many persons including (you/NAME) work at (your/NAME's) place of work?	1	01☐	
		2-4	02☐	
		5-9	03☐	
		10-19	04☐	
		20-49	05☐	
		50+	06☐	
		DON'T KNOW	97☐	
FOW_24a	In this job, (have you/has NAME) been in one of the following situations?	***Read and marks all answers that apply***		
		Threats or exposure to violence against yourself	A☐	
		Threats or exposure to violence against your family, relatives or close associates	B☐	
		(You/NAME) or (your/NAME'S) family (have/has) an unpaid debt with employer/recruiter	C☐	
		Employer threatened to impose a fine or financial penalty to (you/NAME) or (your/NAME'S) family	D☐	
		Constant surveillance	E☐	
		Isolated with no access to the outside world	F☐	
		Withdraw of your(or your family) documents such as ID, passport, residence permits, travel documents, etc.	G☐	
		Your employer knows that (you have/name has) no other option to survive	H☐	
		Your employer or recruiter threatened you or your family of dismissal, deportation or legal action	I☐	
		Threat of actual no payment of wages or other promised benefits	J☐	
		Other reasons/ situations (specify): _____	K☐	
		DO NOT READ		
		NONE	L☐	**Go to FOW_24c**
		DON'T KNOW/NOT SURE/CANNOT REMEMBER	M☐	**Go to FOW_24c**

FOW_24b **Ask if FOW_24a is selected in any from 1 to 11**	Who imposed the mentioned situations to (you/NAME) in this job?	Employer or supervisor	01☐	
		Parents' employer	02☐	
		Parents	03☐	
		OTHER	04☐	
FOW_24c	Can (you/NAME) resign from this job or leave this job?			
		YES	01☐	**Go to FOW_25**
		NO	02☐	
		DON'T KNOW	97☐	
FOW_24d	Why (you/NAME) cannot leave the job?	**Read the options; multiple answers are allowed**		
		Because there is a debt with the employer	A☐	
		Because (you/NAME) need(s) money	B☐	
		Because it is difficult to find another job	C☐	
		Because (your parents/ NAME's parents) will lose the job	D☐	
		Because (your/NAME'S) parents can lose their house, land or other benefits provided by the employer	E☐	
		OTHER, SPECFIY	F☐	
		DON'T KNOW	G☐	

CHARACTERISTICS OF SECOND INCOME GENERATING ACTIVITY	
IF MORE THAN ONE INCOME-GENERATING ACTIVITY (FOW_12 = 02) GO TO FOW_25 ***OTHERWISE, GO TO FOW_28***	

FOW_25	*INTERVIEWER TO READ:* I am now going to ask you some questions about (your/NAME's) second income-generating activity or job in which you usually work or help the second most number of hours.			
FOW_26a **FOW_26b** **FOW_26c**	In (your/NAME's) second income-generating activity, what kind of work (do/does) (you/NAME) do? (e.g. Cattle farmer breeding, raise and sell cattle; Serving meals; Carry bricks; Mixing baking flour; Harvesting maize; Delivering food, etc.) *INTERVIEWER: Write what the respondent says is his/her work in FOW_26a. Probe for activities performed and write in FOW_26b*	_____ OCCUPATIONAL TITLE, IF ANY _____ MAIN TASKS AND DUTIES ISCO CODE: ☐☐☐☐ *Coded after interview*		
FOW_27a **FOW_27b**		_____ MAIN ACTIVITY _____ GOODS AND SERVICES		

FOW_27c	What is the main activity of the place or business where (your/NAME's) help(s)/work(s)? (e.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.) *INTERVIEWER: Write the principal activity of the company the respondent works for in FOW_27a and the type of product or service the company produces in FOW_27b*	ISIC CODE: ☐☐☐☐ *Coded after interview*	

WORKING TIME IN EMPLOYMENT

READ:
Now I would like to ask some questions about the hours that (you/NAME) work/help, starting with (your/his/her) main income-generating activity. *(USE "MAIN" ONLY IF ANSWER TO FOW_12 WAS 01)*

FOW_28	How many hours (do/does) (you/NAME) usually work/help per week in (your/his/her) [main] income-generating activity? *INTERVIEWER Write the number of hours in 0.5hour intervals*	_____ HOURS PER WEEK DON'T KNOW 997☐	→**FOW_31**
FOW_29	How many days per week (do/does) (you/NAME) usually work/help in (your/his/her) [main] income generating activity?	_____ NUMBER OF DAYS PER WEEK	
FOW_30	How many hours per day (do/does) (you/NAME) usually work/help in (your/his/her) [main] income generating activity?	_____ NUMBER OF HOURS PER DAY	
FOW_31	In total, how many hours did (you/NAME) actually work in (your/his/her) [main] income-generating activity last week?	_____ NUMBER OF HOURS DON'T KNOW 997☐	
FOW_32	What time of the day did (you/NAME) mostly work last week?	MOSTLY IN THE MORNING BEFORE SCHOOL 01☐ MOSTLY IN THE AFTERNOON OR EVENING AFTER SCHOOL 02☐ MOSTLY ANY TIME DURING WEEKDAYS, IRRESPECTIVE OF SCHOOL 03☐ MOSTLY DURING WEEKENDS 04☐	

	ASK IF MORE THAN ONE INCOME GENERATING ACTIVITY, I.E. IF FOW_12 = 02 OTHERWISE GO TO FOW_41			

FOW_33	How many hours (do/does) (you/NAME) usually work per week in (your/his/her) second income generating activity?	_____ HOURS PER WEEK		
		DON'T KNOW	997 ☐	
FOW_34	How many hours did (you/NAME) actually work last week in (your/his/her) second income generating activity?	_____ NUMBER OF HOURS		**→FOW_38**
		DON'T KNOW	997 ☐	**→FOW_38**

JOB SEARCH				
Ask question only of children 12 to 17 years old who did not work in the last week				
For children 5 to 11, go to FOW_39				
FOW_35	During the last four weeks, that is from [DATE] up to [DATE] did (you/NAME) do anything to find a paid job or did (you/NAME) try to start a business?	YES	01 ☐	
		NO	02 ☐	
FOW_36	Could (you/NAME) have started working last week?	YES	01 ☐	**→FOW_39**
		NO	02 ☐	
FOW_37	Could (you/NAME) start working within the next two weeks?	YES	01 ☐	**→FOW_39**
		NO	02 ☐	**→FOW_39**

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

OWN-USE PRODUCTION OF AGRICULTURAL PRODUCTS AND OTHER GOODS				
Unpaid activities to produce agricultural goods and/or other goods for consumption by your household or family				
READ: I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.				
FOW_41	Last week, from [DAY] up to [last DAY], did (you/NAME) do any work in farming, rearing animals, [and/or fishing] for consumption by your household or family?	*Read and mark all that apply*		
		FARMING	a. ☐	
		REARING ANIMALS	b. ☐	
		FISHING OR FISH FARMING	c. ☐	
		NO	d. ☐	**→FOW_45**
FOW_42a	What kind of work did (you/NAME) do? (e.g. watering, thinning and weeding; picking fruit, nuts, vegetables and other fruits; feeding, watering and cleaning animals; cleaning, sorting and packing fish, etc.)	_____ OCCUPATIONAL TITLE, IF ANY		

FOW_42b	*INTERVIEWER: Write what the respondent says is his/her work in FOW_42a. Probe for activities performed and write in FOW_42b*	_____ MAIN TASKS AND DUTIES		
FOW_42c		ISCO CODE: ☐☐☐☐ *Coded after interview*		
FOW_43a	What are the main products from (farming, rearing, [and/or fishing] that (you/NAME) (were/was) working on? (e.g. citrus fruits, vegetables, freshwater fish, cattle, chicken, rice)	_____ MAIN GOODS		
FOW_43b	INTERVIEWER: *Write the main products in FOW_43a.*	PRODUCT CODE: ☐☐☐☐ *Coded after interview*		
FOW_44	How many hours per week did (you/NAME) usually spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
FOW_45	Last week did (you/NAME) help to gather wild food such as [mushrooms, berries, herbs, etc.] for consumption by your household or family	YES	01☐	
		NO	02☐	→**FOW_47**
FOW_46	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
FOW_47	Last week did (you/NAME) go hunting for [bush meat,, etc.] for consumption by your household or family	YES	01☐	
		NO	02☐	→**FOW_49**
FOW_48	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
FOW_49	Last week did (you/NAME) help to prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese, etc.] for consumption by your household or family	YES	01☐	
		NO	02☐	→**FOW_51**
FOW_50	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
FOW_51	Last week did (you/NAME) do any construction work to build, renovate or extend the family home or help a family member with similar work?	YES	01☐	
		NO	02☐	→**FOW_53**
FOW_52	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
FOW_53	Last week did (you/NAME) spend any time making goods for use by your household or family such as [mats, baskets, furniture, clothing, etc.]?	YES	01☐	
		NO	02☐	→**FOW_55**
FOW_54	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	

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FOW_55	Last week did (you/NAME) fetch water from natural or public sources for use by your household or family?	YES	01 ☐	
		NO	02 ☐	→**FOW_57**
FOW_56	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997 ☐	
FOW_57	Last week did (you/NAME) collect any firewood [or other natural products] for use as a fuel by your household or family?	YES	01 ☐	
		NO	02 ☐	→**FOW_59**
FOW_58	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997 ☐	
**UNPAID TRAINEE WORK**			

Unpaid trainee work for others to acquire workplace experience or skills in a trade or profession.
To be asked of all children 5-17 years old

FOW_59	In the last 4 weeks from [START DATE] up to [last END DAY/yesterday] did (you/NAME) participate in any unpaid apprenticeship, internship or similar training in a work place? ([e.g. Unpaid work as trainee or apprentice in a farm, workshop, factory, enterprise, or other production units Unpaid work as trainee or intern in a shop, bank, hospital or other service providing institutions…])	YES	01 ☐	
		NO	02 ☐	→**HAZ_01**
FOW_60	How many hours did (you/NAME) spend doing this last week?	_____ HOURS SPENT		→**HAZ_01**
		DON'T KNOW	997 ☐	

Interviewer Check:
FOW_01 = 01 (work for someone else) and/or
FOW_02 = 01 (working business activity, farming or other activity to generate income) and/or
FOW_03 = 01 (helping in a family business or farm) and/or
FOW_04 = 01 (helping in a business or farm owned or operated any a person that is not part of the household) and/or
FOW_05 = 01 (temporarily absent from work activity) and/or
FOW_07 = a, b, c and/or
FOW_41 = A or B or C (work in family, rearing animals and/or fishing for consumption for own household or family) and/or
FOW_45, FOW_47, FOW_49, FOW_51, FOW_53, FOW_55, FOW_57= 01 and/or
FOW_59 = 01 (unpaid apprenticeship, internship or similar training in a work place)
If any of these criteria are met, continue to HAZ_01
Otherwise go to HCH_01

HAZARDOUS WORK (HAZ)

READ:

We would like to know more about the things that children and adolescents around the world are doing when they are at work. These questions will help people to know how to keep children safe.

Now I want you to think about work that (you/NAME) (have/has) been doing during the past week. Were (you/NAME) doing any of these things at work?

HAZ_01	Carrying or pushing or pulling heavy loads? e.g. firewood or water, crops, bricks, rubbish/waste, rocks or cement, other heavy items? Show carry loads reference sheet	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_02	Working where (you/NAME) have to climb high off the floor/ground, from where if (you/NAME) fell, (you/NAME) might be injured? e.g. ladders taller than you, high up on trees, scaffolding, construction platforms?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_03	Using powered tools (electric or gas)? e.g. drills, saws, chain/table saws, electric sanders, jackhammers	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_04	Using sharp tools? e.g. axes, knifes, machetes?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_05	Using big or heavy machines, or driving vehicles? e.g. machines that are bigger than you such as assembly machines, tractors, forklifts, cranes, trucks, motorcycles	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_06	Working with fire, ovens or very hot machines or tools, or unsafe electric wires/cables, where (you/NAME) might get burned? e.g. fires ovens, irons, welding tools, hot metal surfaces, burners, electric wires/cables, brick kilns	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_07	Working in very a noisy place, so that (you/NAME) had to shout to speak? e.g. very loud noisy machines, loud traffic	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_08	Working indoors or outdoors where dust, sand, smoke or fumes make it hard to breathe or see clearly?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐

	e.g. insufficient ventilation	REFUSE	98 ☐
HAZ_09	Working in a place that is very cold, or working outdoors in very rainy or wet weather? e.g. in cold stores/fridges, working in rain/storms	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_10	Working long hours in the hot sun without a break?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_11	Working below the ground in mining wells or tunnels or other very small spaces? e.g. going down into mines to bring out rocks/stones/coal, cutting rocks/stones/coal below the ground	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_12	Working underwater? e.g. diving for shells, untangling nets in seas, lakes, rivers?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_13	Working with or around agricultural chemicals? Or helping someone else to do this. e.g. spraying or spreading fertilizers to help crops/plants grow, spraying or spreading pesticides/herbicides to kill bugs or weeds, cleaning pesticide containers	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_14	Working with liquids or powders that irritate your skin, burn easily, give off vapours that smell bad or can explode? e.g., cleaning products, oil or gas, paints, glues, bleach, disinfectants, dyes, solvents, batteries, mercury or other chemicals	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_15	Working during the night-time or very early in the morning, when it is dark? including going to or from work when it is dark	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_16	Working in contact with large domestic animals (e.g., camels, cattle), wild animals (e.g., snakes, insects) or around animal manure (e.g., manure pits, cleaning stalls)?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_17	Doing the same task over and over again at a fast pace for long hours? <e.g., weaving, pounding rocks>	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_18	Do (you/NAME) generally feel safe at work?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐
HAZ_19	Have (you/NAME) ever been punished for mistakes made at work?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐
		REFUSE	98 ☐

HAZ_20	Would (you/NAME) be allowed to leave your workplace if (you/NAME) were very ill, injured, had a serious family problem?	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	

WORKPLACE VIOLENCE

READ:

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

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

HAZ_21a	Sometimes people at work can hurt children and adolescents physically. Thinking about yourself in the work (you/NAME) are doing now, has anyone at work slapped (you/NAME), punched (you/NAME), kicked (you/NAME) or done anything else to hurt (you/NAME) physically?	YES	01 ☐	→HAZ_21b
		NO	02 ☐	→HAZ_22a
		DON'T KNOW	97 ☐	→ HAZ_22a
		REFUSE	98 ☐	→ HAZ_22a
		NOT APPLICABLE	96 ☐	→ HAZ_22a
HAZ_21b	Who did this to (you/NAME)?	*Read and select one*		
		AN ADULT	01 ☐	
		ANOTHER CHILD/ADOLESCENT	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_22a	Sometimes, when children and adolescents are at work people say or do things that scare them or make them worry about their safety. Since you've worked at this job, has anyone at work ever threatened to hurt (you/NAME)?	YES	01 ☐	→HAZ_22b
		NO	02 ☐	→HAZ_23a
		DON'T KNOW	97 ☐	→ HAZ_23a
		REFUSE	98 ☐	→ HAZ_23a
		NOT APPLICABLE	96 ☐	→ HAZ_23a
HAZ_22b	Who did this to (you/NAME)?	*Read and select one*		
		AN ADULT	01 ☐	
		ANOTHER CHILD/ADOLESCENT	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_23a	Sometimes when children and adolescents are at work people say or do things to make them feel bad. Since you've worked in this job, has anyone at work ridiculed (you/NAME), insulted (you/NAME) or made (you/NAME) feel ashamed?	YES	01 ☐	→HAZ_23b
		NO	02 ☐	→HAZ_24
		DON'T KNOW	97 ☐	→ HAZ_24
		REFUSE	98 ☐	→ HAZ_24
		NOT APPLICABLE	96 ☐	→ HAZ_24
HAZ_23b	Who did this to (you/NAME)?	*Read and select one*		
		AN ADULT	01 ☐	
		ANOTHER CHILD/ADOLESCENT	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	

INJURIES

READ:

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

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

| HAZ_24 | | YES | 01 ☐ | |
| | | NO | 02 ☐ | |

	Injuries from fall <e.g., falling from scaffolding/buildings, ladders, trees>	DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_25	Hit by something very heavy falling on (you/NAME), or being crushed by heavy machines, vehicles or things at work <e.g., being squeezed or crushed by heavy machines, vehicles or things you move at work, something heavy falling on you >	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_26	Deep or long cut	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_27	Bad burn (not sun burn)	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_28	Bad bruises, bumps or swelling e.g. strained muscle, dislocation	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_29	Animal or snake bite	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_30	Head, back or neck injury	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_31	Broken bone	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_32	Lost a body part e.g. finger, hand, arm, leg	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_33	Eye or ear injury/damage	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_34	Electric shock	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_35	Near drowning	YES	01 ☐	
		NO	02 ☐	
		DON'T KNOW	97 ☐	
		REFUSE	98 ☐	
HAZ_36	Have (you/NAME) suffered any injury other than those I have already mentioned?	YES	01 ☐	
		NO	02 ☐	→ **HAZ_38a**
		DON'T KNOW	97 ☐	→ **HAZ_38a**
		REFUSE	98 ☐	→ **HAZ_38a**
HAZ_37	What was that injury?	_____		

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

PSYCHOSOCIAL HEALTH

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

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

HOUSEHOLD TASKS (HCH)

HCH_01	Last week, from [DAY] to [last DAY], did (you/NAME) help with or do any shopping for this household?	YES	01 ☐	
		NO	02 ☐	→**HCH_05**
HCH_02	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997 ☐	
HCH_03	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997 ☐	
HCH_04	Last week, did (you/NAME) carry heavy loads while shopping?	YES	01 ☐	
		NO	02 ☐	
HCH_05	Last week, did (you/NAME) help with or do any repair of household equipment for this household?	YES	01 ☐	
		NO	02 ☐	→**HCH_08**
HCH_06	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997 ☐	
HCH_07	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997 ☐	
HCH_08	Last week, did (you/NAME) help with or do any cooking for this household?	YES	01 ☐	
		NO	02 ☐	→**HCH_13**
HCH_09	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997 ☐	

HCH_10	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
HCH_11	Last week (were/was) (you/NAME) cooking using a hot stove (with fire, gas or flames)?	YES	01☐	
		NO	02☐	
HCH_12	Last week (were/was) (you/NAME) cutting or preparing food with sharp knives?	YES	01☐	
		NO	02☐	
HCH_13	Last week, did (you/NAME) help with or do any cleaning of the house/utensils for this household?	YES	01☐	
		NO	02☐	→**HCH_19**
HCH_14	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997☐	
HCH_15	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
HCH_16	Last week (were/was) (you/NAME) cleaning with soaps or chemicals/bleaches/liquids that irritate or burn your skin, eyes or nose?	YES	01☐	
		NO	02☐	
HCH_17	Last week (were/was) (you/NAME) climbing or cleaning hard to reach places from where if you fell, you might get injured?	YES	01☐	
		NO	02☐	
HCH_18	(Were/was) (you/NAME) sweeping, vacuuming or mopping floors for long periods of time?	YES	01☐	
		NO	02☐	
HCH_19	Last week, did (you/NAME) help with or do any washing of the clothes for this household?	YES	01☐	
		NO	02☐	→**HCH_25**
HCH_20	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997☐	
HCH_21	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
HCH_22	In the past week, (were/was) (you/NAME) washing clothes by hand?	YES	01☐	
		NO	02☐	
HCH_23	Last week (were/was) (you/NAME) ironing clothes?	YES	01☐	
		NO	02☐	
HCH_24	(Were/Was) (you/NAME) carrying heavy washing baskets?	YES	01☐	
		NO	02☐	
HCH_25	Last week, did (you/NAME) help with or care for children/old/sick for this household?	YES	01☐	
		NO	02☐	→**HCH_31**
HCH_26	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997☐	
HCH_27	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
HCH_28	Last week (were/was) (you/NAME) carrying or lifting an adult/older person or a heavy child?	YES	01☐	
		NO	02☐	
		YES	01☐	

HCH_29	Last week (were/was) (you/NAME) bathing, showering or dressing any adults?	NO	02☐	
HCH_30	In the past week, (were/was) (you/NAME) caring for a sick person	YES	01☐	
		NO	02☐	
HCH_31	Last week, did (you/NAME) help with or do any other household tasks for this household? (e.g. washing dishes, throwing garbage in the trash bin, etc.)	YES	01☐	
		NO	02☐	→HCH_35
HCH_32	Specify the task			
		_____ TASK SPECIFIED		
HCH_33	How many days did (you/NAME) spend doing this task last week?	_____ DAYS SPENT		
		DON'T KNOW	997☐	
HCH_34	How many hours per day did (you/NAME) spend doing this last week?	_____ HOURS SPENT		
		DON'T KNOW	997☐	
Ask for children attending school (EDU_07 = 01)				
HCH_35	Last week when did (you/NAME) usually carry out these activities mentioned above?	*Read and select all that apply*		**All responses →HOU_00**
		WEEKDAYS AFTER SCHOOL	A☐	
		WEEKDAYS BEFORE SCHOOL	B☐	
		WEEKENDS	C☐	
*Ask for children **not** attending school (EDU_07 = 02)*				
HCH_36	Last week when did (you/NAME) usually carry out these activities mentioned above?	*Read and select all that apply*		**All responses →HOU_00**
		WEEKDAYS	A☐	
		WEEKENDS	B☐	

MODULE FLA: FORCED LABOUR

FOR ALL HOUSEHOLD MEMBERS OF AGE >=18

INTERVIEWER READ:

Sometimes, people are obliged to work against their will or forced to work in a job they accepted under false promises, or to perform some tasks because of violence or threats. In other cases, workers cannot leave their job or employer because someone uses lies, threats or use of violence against them or their family. This may occur to people of any age, at a permanent job or at seasonal or temporary jobs, for little time or long periods, close to home or while working in another country.

FLA_1	Have you been in similar situation **in the last 5 years**, either in Nigeria or while working abroad?	YES	01 ☐	
		NO	02 ☐	**→NEXT MODULE**
		DON'T KNOW /CANNOT REMEMBER	97 ☐	**→NEXT MODULE**
		DOES NOT WANT TO ANSWER	98 ☐	**→NEXT MODULE**

We want to know the TOTAL time you were in a similar situation in the last 5 years. If you experienced more than one job episode in the last 5 years with similar situations, we want to know the TOTAL amount of time, including all episodes, not just the duration of the last episode.

INTERVIEWER instructions: Please enter whole numbers, rounding any numbers as needed. Decide the exact number you need to enter first and then enter the appropriate number for weeks, months, and years. For example, if the respondent says 3 years 1 month and 2 weeks, enter 03 years, 01 months and 02 weeks

FLA_1b	During the **last 5 years**, how long **IN TOTAL** were you in a job with a similar situation?	a._____ YEARS (YY)	
		b._____ MONTHS (MM)	
		c._____ WEEKS (WW)	
		97 DON'T KNOW	

| FLA_2 | During the last 5 years, did any of these situations happen in <u>more than one</u> job? | NO, IN ONE JOB ONLY | 01 ☐ |
| | | YES, IN MORE THAN ONE JOB | 02 ☐ |

INTERVIEWER CHECK; IF THE ANSWER IS "IN MANY JOBS", PLEASE READ THE FOLLOWING:

Now think about THE MOST DIFFICULT of these work situations in the past 5 years. As of now, all questions relate to that most difficult job.

| FLA_3 | In which country, either Nigeria or abroad, did you experience the most difficult of these situations? | In Nigeria, same State you are now _

In Nigeria, another State _

Another country, specify_____

[COUNTRY_WORST_SITUATION] |

FLA_4	Is this job your current job?	YES	01 ☐
		NO	02 ☐
FLA_5	When did you start this job?	a._____ MONTH (MM)	
		97 DON'T KNOW	
		b._____ YEAR(YYYY)	
		9997 DON'T KNOW	
FLA_6	In this/that job, what kind of work do/did you do?	_____ OCCUPATIONAL TITLE, IF ANY	
FLA_7	*([e.g. Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write])*	_____ MAIN TASKS AND DUTIES	
FLA_8		*ISCO CODE:* ☐☐☐☐	
FLA_9	What is/was the main activity of the place or business where you worked?	_____ MAIN ACTIVITY	
FLA_10	*([e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods])*	_____ GOODS OR SERVICES	
FLA_11		*ISIC CODE:* ☐☐☐☐	
FLA_12a	In this/ that job, how many days per week are/were you usually working?	_____ NUMBER OF DAYS	
FLA_12b	In this/that job, how many hours per day are/were you usually working?	_____ NUMBER OF HOURS	
FLA_13a	In this/that job, do/did you get paid annual leave?	YES	01 ☐
		NO	02 ☐
		DON'T KNOW	97 ☐

FLA_13b	In this/that job, do/did you get paid sick leave in case of illness or injury?	YES	01☐	
		NO	02☐	
		DON'T KNOW	97☐	
FLA_14	Do/Did you have a written contract or an oral agreement with your employer when you started this job?	YES	01☐	
		NO	02☐	
		I DON'T KNOW	97☐	
FLA_15a	In this/that job, does/did your employer pay contributions to a pension fund for you?	YES	01☐	
		NO	02☐	
		DON'T KNOW	97☐	
FLA_15b	In this/that job, does/did your employer pay contributions to health insurance for you?	YES	01☐	
		NO	02☐	
		DON'T KNOW	97☐	
		DON'T KNOW	97☐	
FLA_16a	Has anyone in your immediate family, including children, helped you in this/these job(s)	YES	01☐	
		NO	02☐	→FLA_17
		DON'T KNOW	97☐	→FLA_17
FLA_16b	Who helps/helped you in this/these job(s)? *Allow for multiple answer*	FAMILY_MEMBER_CODE_ROSTER_1 FAMILY_MEMBER_CODE_ROSTER_2 FAMILY_MEMBER_CODE_ROSTER_3 Other family members not part of the current household ADD AS NEEDED		
FLA_17 ASK ON LY IF FLA_4=02 NO	When did you leave this job?	1. a._____ MONTH (MM)		
		97 DON'T KNOW		
		b._____ YEAR(YYYY)		
		9997 DON'T KNOW		
FLA_18	Do/Did you have a written contract or an oral agreement at the time of your recruitment?	YES	01☐	
		NO	02☐	→FLA_20
		I DON'T KNOW	97☐	→FLA_20
FLA_19 ASK THIS QUESTION ONLY IF BOTH ANSWERS	Were the terms and conditions in the contracts/agreement, at the time of recruitment and at the time you started the job, the same?	YES	01☐	
		NO	02☐	
		I DON'T KNOW	97☐	

TO FLA_14 AND FLA_18 ARE YES!			
FLA_20	How did you find this job?		
	INTERNET	01☐	
	NEWSPAPER / JOB ADVERTISEMENT	02☐	
	RECRUITER / INTERMEDIARY / BROKER OUTSIDE OF COUNTRY	03☐	
	RECRUITER / INTERMEDIARY / BROKER IN COUNTRY	04☐	
	DIRECTLY BY EMPLOYER	05☐	
	PRIVATE AGENCY	06☐	
	FRIENDS / RELATIVES	07☐	
	OTHERS (PLEASE SPECIFY): _____	08☐	
FLA_21	Did you incur a debt with your employer or the recruiter to get this job?	YES	01☐	
		NO	02☐ →**FLA_25**
FLA_22	Whom or which institution/entity are/were you indebted to? *PLEASE READ AND MARK ALL ANSWERS THAT APPLY!*		
	Recruiter / intermediary / broker outside of country	A☐	
	Recruiter / intermediary / broker in country	B☐	
	Bank / cooperative / microfinance institution / other lending institution	C☐	
	Informal money lenders	D☐	
	Employer	E☐	
	Friends / relatives	F☐	
	Others (please specify): _____	G☐	
FLA_23	Did you fully understand the terms and conditions of the debt repayment when you borrowed the money?	YES	01☐	
		NO	02☐	
FLA_24	How is/was the loan or debt being repaid? <u>*INTERVIEWER:*</u> *PLEASE READ AND MARK ALL ANSWERS THAT APPLY!*		
	Deduction from salary according to the agreed plan	A☐	
	Unpredictable deduction from salary	B☐	
	Work by family members	C☐	
	Regular payment to the creditor	D☐	
	Others (please specify): _____	E☐	
FLA_25	At this job, have you ever faced any of the following situations? *PLEASE READ AND FOR EACH SITUATION REPORT ONE OF THE FOLLOWING: 01 - YES, 02- NO, 97 - I DON'T KNOW/I AM NOT SURE/I DON'T REMEMBER*		**Yes NO Don't know**
FLA_25_a	Made to take on this job under the decision of a third person without your consent	☐	**1 2 97**

FLA_25_b	Made to take the job to repay a debt linked to the job with the employer or recruiter		☐	1 2 97
FLA_25_c	Made to work regularly overtime, on call, or out of working hours that was not previously agreed with the employer		☐	1 2 97
FLA_25_d	Made to work for no wages or very low wages below than agreed		☐	1 2 97
FLA_25_e	Made to work in hazardous conditions without protective equipment		☐	1 2 97
FLA_25_f	Made to live in degrading conditions imposed by employer without consent		☐	1 2 97
FLA_25_g	Made to perform a job of different nature from that specified during the recruitment without your consent		☐	1 2 97
FLA_25_h	Made to perform illicit activities without consent		☐	1 2 97
FLA_25_i	Obliged to use alcohol or drugs without consent		☐	1 2 97
FLA_25_j	Made to work for other employers than agreed		☐	1 2 97
FLA_25_k	Made to stay in the job for longer time than agreed against your will		☐	1 2 97
FLA_25_l	Made to work with no or limited freedom to terminate work contract		☐	1 2 97
FLA_25_m	Other not agreed situations (Specify): _____		☐	1 2 97

FLA_26 **ONLY IF AT LEAST FOR ONE OF THE SITUATIONS IN FLA_25 THE ANWER IS 01**	Can you refuse or could you have refused to do the activitie(s) you mentioned?	YES	01 ☐		
		NO	02 ☐		
FLA_27a **ASK ONLY IF FLA_4 (IS THIS JOB YOUR CURRENT JOB?==2 / NO), OTHERWISE ASK FLA_27b)**	Have you tried to resign from this job but was not allowed?	YES	01 ☐	→**FLA_28**
		NO	02 ☐	→**FLA_28-** if **FLA_26=NO**, otherwise **FLA_29**
FLA_27b **(ask only if FLA_4.** Is this job	In case you want, and respecting the agreed notice period, can you resign freely from this job?	YES	01 ☐	→**FLA_28-** if **FLA_26=NO**, otherwise **FLA_29**

your current job?**==1 / YES)**		NO 02 ☐	**→FLA_28**

FLA_28	Why you are/were obliged to do these activities for which you didn't give your consent or why you cannot leave the employer when you want?		
FLA_28_a FLA_28_b	*PLEASE READ AND FOR EACH ANSWER REPORT ONE OF THE FOLLOWING: 01 - YES, 02- NO, 97 - I DON'T KNOW/I AM NOT SURE/I DON'T REMEMBER*		
	Because need a salary	☐	1 2 97
FLA_28_c	Fear of threats and violence against yourself such as physical abuse, corporal punishment, sexual abuse	☐	1 2 97
FLA_28_d FLA_28_e	Fear of threats and violence against your family, relatives or close associates	☐	1 2 97
FLA_28_f	Because your debt with employer/recruiter was not paid down	☐	1 2 97
FLA_28_g	Employer threatened to impose a fine or financial penalty	☐	1 2 97
FLA_28_h	Because you are under constant surveillance	☐	1 2 97
	Because you are in an isolated place, with no access to outside world	☐	1 2 97
FLA_28_i	Because your work permit renewal is done by your employers	☐	1 2 97
FLA_28_j	Because you do not have access to your documents such as ID, passport, residence permits, travel documents, etc.	☐	1 2 97
FLA_28_k	Because your employer knows that I have no other option to survive	☐	1 2 97
FLA_28_l	Because your employer or recruiter threatened you of dismissal, deportation or legal action	☐	1 2 97
	Waiting for payment of due wages or other promised benefits	☐	1 2 97
FLA_28_m	Other reasons/ situations (Specify): _____	☐	1 2 97

FLA_29	Can you please explain in your own words the situation that you face or faced in this job? *INTERVIEWER:* *RECORD THE ANSWER IN THE SPACE PROVIDED!*	_____ *RECORD THE ANSWER* *DO NOT READ* CANNOT EXPLAIN/ PREFER NOT TO ANSWER: 999	

			HOUSING (HOU)	

HOUSING (HOU)

INTERVIEWER: The Housing Module is administered to an adult in the household. The preferred respondent is the head of the household. If the head is not present, ask to speak with an adult who knows about the dwelling. Collect information on all members

	READ: [Now I would like to ask you some details about the dwelling you live in.]…		
HOU_00	*INTERVIEWER:* *Write the ID code of the person who provides information for the household module*	_____ ID Code of Respondent	

		HOUSING CHARACTERISTICS		
HOU_01	*OBSERVATION OF THE INTERVIEWER* What is the principal construction material of the exterior walls?	DIRT/ADOBE	01☐	
		CEMENT/CONCRETE/STONES WITH CEMENT	02☐	
		STONES WITH MUD	03☐	
		WOOD/STRAW	04☐	
		SHEET METAL	05☐	
		BRICKS	06☐	
		BAMBOO WITH MUD	07☐	
		OTHER, SPECIFY_____	08☐	
HOU_02	*OBSERVATION OF THE INTERVIEWER* What is the principal material of the roof?	SHEET METAL(ZINC)	01☐	
		TILE	02☐	
		CONCRETE	03☐	
		CALAMINE – CEMENT FIBRE (ABESTOS)	04☐	
		WOOD	05☐	
		DIRT/PALM LEAF/THATCH	06☐	
		STRAW	07☐	
		OTHER, SPECIFY_____	08☐	
HOU_03	*OBSERVATION OF THE INTERVIEWER* What is the principal material covering the floor of the dwelling?	DIRT/SAND	01☐	
		CEMENT/CONCRETE	02☐	
		TILES/MARBLE	03☐	
		CARPET/POLISHED WOOD	04☐	
		OTHER, SPECIFY_____	07☐	
HOU_04	*OBSERVATION OF THE INTERVIEWER* In what type of dwelling does the household live?	DUPLEX	01☐	
		SEMI-DETACHED DUPLEX	02☐	
		FOUR BEDROOM FLATS	03☐	
		THREE BEDROOM FLATS	04☐	
		TWO BEDROOM FLATS	05☐	
		ONE BEDROOM FLATS	06☐	
		SELF-CONTAINED APARTMENTS	07☐	
		SINGLE/ ROOM AND PARLOUR	08☐	
		UNCOMPLETED BUILDING	09☐	
		HUT	10☐	
		OTHER, SPECIFY_____	11☐	

HOU_05	What is the ownership status of the dwelling?	*Read and select one*		
		OWNER WITH LAND TITLE/PROPERTY ACT	01☐	
		OWNER WITHOUT LAND TITLE/PROPERTY ACT	02☐	
		OWNER/FAMILY WITH LAND TITLE	03☐	
		OWNER/FAMILY WITHOUT LAND TITLE	04☐	
		TENANT	05☐	
		INSTALMENT PLAN/MORTGAGE	06☐	
		FREE LODGING (RELATIVE, FRIEND)	07☐	
		LODGING THAT COMES WITH WORK	08☐	
		OTHER, SPECIFY_____	09☐	
HOU_06	How many rooms are there in the dwelling? *Do not include kitchens, bathrooms, corridors or balconies*	_____ NUMBER OF ROOMS		
HOU_08	Does this dwelling have an area used for cooking?	YES	01☐	
		NO	02☐	→**HOU_11**
HOU_09	Is this cooking area located inside the dwelling?	YES	01☐	
		NO	02☐	
HOU_10	Is the cooking area used exclusively by the members of this dwelling, or do people from other households use the cooking area?	USED EXCLUSIVELY BY HOUSEHOLD	01☐	
		SHARED WITH OTHER HOUSEHOLDS	02☐	
HOU_11	Does this dwelling have a toilet?	YES	01☐	
		NO	02☐	→**HOU_14**
HOU_12	Is this toilet located inside the dwelling?	YES	01☐	
		NO	02☐	
HOU_13	Is the toilet used exclusively by the members of this dwelling, or do people from other households use the toilet?	USED EXCLUSIVELY BY HOUSEHOLD	01☐	
		SHARED WITH OTHER HOUSEHOLDS	02☐	
HOU_14	What kind of toilet facility do members of your household usually use?	FLUSH/POUR FLUSH TO PIPED SEWER SYSTEM	01☐	
		FLUSH/POUR FLUSH TO SEPTIC TANK	02☐	
		FLUSH /POUR FLUSH TO PIT LATRINE	03☐	
		FLUSH/POUR FLUSH TO ELSEWHERE	04☐	
		FLUSH/POUR FLUSH TO UNKNOWN PLACE	05☐	
		VENTILATED IMPROVED PIT LATRINE (VIP)	06☐	
		PIT LATRINE WITH SLAB	07☐	
		PIT LATRINE WITHOUT SLAB/OPEN PIT	08☐	
		COMPOSTING TOILET	09☐	
		BUCKET	10☐	
		HANGING TOILET/HANGING LATRINE	11☐	
		NO FACILITIES/BUSH/FIELD	12☐	
		OTHER, SPECIFY_____	13☐	
HOU_15	Does this dwelling have an area for bathing?	YES	01☐	
		NO	02☐	→**HOU_18**

HOU_16	Is this bathing area located inside the dwelling?	YES	01 ☐	
		NO	02 ☐	
HOU_17	Is the bathing area used exclusively by the members of this dwelling, or do people from other households use the bathing area?	USED EXCLUSIVELY BY HOUSEHOLD	01 ☐	
		SHARED WITH OTHER HOUSEHOLDS	02 ☐	
HOU_18	Is this dwelling connected to an electrical network (National Grid)?	YES	01 ☐	
		NO	02 ☐	
HOU_19	Is this dwelling connected to a running water (water board)?	YES	01 ☐	
		NO	02 ☐	
HOU_20	Is this dwelling connected to a sanitation/sewer network?	YES	01 ☐	
		NO	02 ☐	
HOU_21	What is the main source of energy for cooking?	WOOD	01 ☐	
		COAL	02 ☐	
		KEROSENE	03 ☐	
		GAS	04 ☐	
		ELECTRICITY(PHCN)	05 ☐	
		SOLAR/INVERTER/GENERATOR	06 ☐	
		OTHER, SPECIFY_____	07 ☐	
		NONE	08 ☐	
HOU_22	What is the main source of energy for heating and/or cooling?	WOOD	01 ☐	
		COAL	02 ☐	
		KEROSENE	03 ☐	
		GAS	04 ☐	
		ELECTRICITY(PHCN)	05 ☐	
		SOLAR/INVERTER/GENERATOR	06 ☐	
		OTHER, SPECIFY_____	07 ☐	
		NONE	08 ☐	
HOU_23	What is the main source of energy for lighting?	WOOD	01 ☐	
		COAL	02 ☐	
		KEROSENE	03 ☐	
		GAS	04 ☐	
		ELECTRICITY(PHCN)	05 ☐	
		SOLAR/INVERTER/GENERATOR	06 ☐	
		CANDLES	07 ☐	
		BATTERY POWERED LAMPS	08 ☐	
		OTHER, SPECIFY_____	09 ☐	
HOU_24	What is the principal (main) source of drinking water for the household during the dry season?	**WATER FROM A TAP**		
		INSIDE THE DWELLING	11 ☐	
		IN THE COMPOUN/YARD	12 ☐	
		NEIGHBOUR'S TAP	13 ☐	
		NEIGHBOURHOOD FOUNTAIN/PUBLIC TAP	14 ☐	
		OPEN WELL		
		OPEN WELL IN THE DWELLING	15 ☐	
		OPEN WELL IN COMPOUN/YARD	16 ☐	
		OPEN WELL SOMEWHERE ELSE	17 ☐	
		COVERED WELL OR BOREHOLE		
		COVERED WELL IN THE DWELLING	18 ☐	
		COVERED WELL IN THE COMPOUN/YARD	19 ☐	

		PROTECTED WELL SOMEWHERE ELSE	20☐	
		BOREHOLE	21☐	
		SURFACE WATER		
		PROTECTED SPRING	22☐	
		UNPROTECTED SPRING	23☐	
		RIVER/LAKE/DAM	24☐	
		OTHER SOURCES		
		TANKER TRUCK	25☐	
		TRAVELING VENDORS	26☐	
		BOTTLED WATER	27☐	
		MINI AEP	28☐	
		RAIN WATER	29☐	
		OTHER, SPECIFY _____	30☐	
HOU_25	What is the principal source of drinking water for the household during the rainy season?	**WATER FROM A TAP**		
		INSIDE THE DWELLING	11☐	
		IN THE COMPOUND/YARD	12☐	
		NEIGHBOUR'S TAP	13☐	
		NEIGHBOURHOOD FOUNTAIN/PUBLIC TAP	14☐	
		OPEN WELL		
		OPEN WELL IN THE DWELLING	15☐	
		OPEN WELL IN IN THE COMPOUND/YARD	16☐	
		OPEN WELL SOMEWHERE ELSE	17☐	
		COVERED WELL OR BOREHOLE		
		COVERED WELL IN THE DWELLING	18☐	
		COVERED WELL IN THE COURTYARD/CONCESSION	19☐	
		PROTECTED WELL SOMEWHERE ELSE	20☐	
		BOREHOLE	21☐	
		SURFACE WATER		
		PROTECTED SPRING	22☐	
		UNPROTECTED SPRING	23☐	
		RIVER/LAKE/DAM	24☐	
		OTHER SOURCES		
		TANKER TRUCK	25☐	
		WATER CART	26☐	
		BOTTLED WATER	27☐	
		SACHET WATER	28☐	
		RAIN WATER	29☐	
		OTHER, SPECIFY _____	30☐	
HOU_26	How far away is the nearest public preschool/primary school? *Write distance in metres* *997 if Don't Know*	_____ METRES		
HOU_27	How far away is the nearest private preschool/primary school? *Write distance in metres* *997 if Don't Know*	_____ METRES		

HOU_30	How far away is the nearest public secondary school? *Write distance in metres* *997 if Don't Know*	_____ METRES		
HOU_31	How far away is the nearest private secondary school? *Write distance in metres* *997 if Don't Know*	_____ METRES		
HOU_32	How far away is the nearest bank/microfinance institution? *Write distance in kilometres* *997 if Don't Know*	_____ KILOMETRES		
HOUSEHOLD ASSETS				
HOU_33	Does any member of the household own an iron for clothing in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_34	Does any member of the household own a gas stove in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_35	Does any member of the household own an oil stove in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_36	Does any member of the household own a sewing machine in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_37	Does any member of the household own a food processor in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_38	Does any member of the household own a gas cooker in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_39	Does any member of the household own an improved stove in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_40	Does any member of the household own a refrigerator/freezer in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_41	Does any member of the household own a fan in good working order?	YES	01 ☐	
		NO	02 ☐	
HOU_42	Does any member of the household own an air conditioner/split in good working order?	YES	01 ☐	
		NO	02 ☐	

HOU_43	Does any member of the household own a simple radio/radio cassette in good working order?	YES	01 ☐
		NO	02 ☐
HOU_44	Does any member of the household own a television set in good working order?	YES	01 ☐
		NO	02 ☐
HOU_45	Does any member of the household own a tape player/CD/DVD in good working order?	YES	01 ☐
		NO	02 ☐
HOU_46	Does any member of the household own a parabolic antenna/decoder in good working order?	YES	01 ☐
		NO	02 ☐
HOU_47	Does any member of the household own a private car (not used for business) in good working order?	YES	01 ☐
		NO	02 ☐
HOU_48	Does any member of the household own a moped in good working order?	YES	01 ☐
		NO	02 ☐
HOU_49	Does any member of the household own a bicycle in good working order?	YES	01 ☐
		NO	02 ☐
HOU_50	Does any member of the household own a camera, photo or video, in good working order?	YES	01 ☐
		NO	02 ☐
HOU_51	Does any member of the household own a musical instrument in good working order?	YES	01 ☐
		NO	02 ☐
HOU_52	Does any member of the household own a landline telephone in good working order?	YES	01 ☐
		NO	02 ☐
HOU_53	Does any member of the household own a portable telephone in good working order?	YES	01 ☐
		NO	02 ☐
HOU_54	Does any member of the household own a computer in good working order?	YES	01 ☐
		NO	02 ☐
HOU_55	Does any member of the household own a generator in good working order?	YES	01 ☐
		NO	02 ☐
HOU_56	Does any member of the household own a wheelbarrow in good working order?	YES	01 ☐
		NO	02 ☐
HOU_57	Does any member of the household own a washing machine in good working order?	YES	01 ☐
		NO	02 ☐
HOU_58	Does any member of the household own a boat/canoe in good working order?	YES	01 ☐
		NO	02 ☐
HOU_59	Does any member of the household own a tractor in good working order?	YES	01 ☐
		NO	02 ☐
HOU_60	Does any member of the household own an animal drawn cart in good working order?	YES	01 ☐
		NO	02 ☐

HOU_61	In this household does any one of its members own agricultural land that belongs to him or her, or work agricultural land that does not belong to him or her?	YES	01 ☐	
		NO	02 ☐	→**HOU_64**
HOU_62	How many fields or plots do members of your household work?	_____ NUMBER OF FIELD/PLOTS		
HOU_63	How many plots, acres or hectares of agricultural land do members of this household own? *Select the correct unit of measurement and record the number owned*	UNIT	**NUMBER**	
		PLOTS 1	__ __	
		ACRES 2	__ __	
		HECTARES 3	__ __	
HOU_64	In this household does anyone own any land not used for agriculture? This can include land associated with a dwelling or with an enterprise?	YES	01 ☐	
		NO	02 ☐	→**HOU_66**
HOU_65	How many plots, acres or hectares of all the land not used for agriculture? *SELECT THE CORRECT UNIT OF MEASUREMENT*	UNIT	**NUMBER**	
		PLOTS 1	__ __	
		ACRES 2	__ __	
		HECTARES 3	__ __	
HOU_66	What are the household's main sources of income?			
	Read and mark all that apply			
		EMPLOYMENT	A. ☐	
		SOCIAL TRANSFERS	B. ☐	
		SCHOLARSHIP	C. ☐	
		RENT/PROPERTY	D. ☐	
		PRIVATE TRANSFERS	E. ☐	
		HOUSEHOLD ENTERPRISE	F. ☐	
		AGRICULTURE	G. ☐	
	OTHER, SPECIFY_____		H. ☐	
HOU_67	Does the household own any livestock today?	YES	01 ☐	
		NO	02 ☐	→**HOU_75**
HOU_68	How many camels does the household own today?	_____ NUMBER		
HOU_69	How many horses does the household own today?	_____ NUMBER		
HOU_70	How many cows/buffalo does the household own today?	_____ NUMBER		
HOU_71	How many sheep does the household own today?	_____ NUMBER		
HOU_72	How many goats does the household own today?	_____ NUMBER		
HOU_73	How many pigs does the household own today?	_____ NUMBER		
HOU_74	How many poultry does the household own today?	_____ NUMBER		
HOU_75	Did any member of your household have a loan or obtain a loan or purchase items on credit during the last 12 months?	YES	01 ☐	
		NO	02 ☐	→**HOU_83**

HOU_76	What was the main reason for the largest loan or credit purchase that a member of the household obtained in the last 12 months?	TO MEET ESSENTIAL HOUSEHOLD EXPENDITURES (BUYING FOOD, CHILD EDUCATION, ETC.)	01 ☐	
		TO PURCHASE A VEHICLE (BIKE, MOTORBIKE, CAR)	02 ☐	
		TO PURCHASE/REMODEL/REPAIR/ CONSTRUCT A HOUSE	03 ☐	
		TO PAY FOR HEALTH-RELATED EXPENDITURES (MEDICINE, DOCTOR OR HOSPITAL FEES, ETC.)	04 ☐	
		TO PAY FOR CEREMONIES (BIRTH, BAPTISM, FUNERAL, MARRIAGE, ETC.)	05 ☐	
		TO OPEN/INCREASE A BUSINESS	06 ☐	
		TO PAY A PREVIOUS LOAN	07 ☐	
		TO PURCHASE AGRICULTURAL INPUTS	08 ☐	
		OTHER, SPECIFY_____	09 ☐	
HOU_77	Where did the household obtain the loan or credit from?	GOVERNMENT	01 ☐	
		BANK/CREDIT CARD	02 ☐	
		MICRO-CREDIT/FINANCE GROUP/COOPERATIVE	03 ☐	
		EMPLOYER/LANDOWNER	04 ☐	
		SUPPLIER OF MERCHANDISE, EQUIPMENT OF RAW MATERIALS	05 ☐	
		FRIEND/RELATIVE	06 ☐	
		MONEY LENDER/ESUSU	07 ☐	
		OTHER, SPECIFY_____	08 ☐	
HOU_78	Has the loan or credit been fully repaid?	YES	01 ☐	
		NO	02 ☐	→**HOU_81**
HOU_79	How was the debt repaid?			
	Read and mark all that apply			
		CASH	A. ☐	
		SELLING SOME ASSETS	B. ☐	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY ADULT HOUSEHOLD MEMBERS	C. ☐	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY CHILD HOUSEHOLD MEMBERS	D. ☐	
		IN-KIND	E. ☐	
		OTHER, SPECIFY_____	F. ☐	
		DON'T KNOW	G. ☐	
HOU_80	Were any children withdrawn from school in order to pay the debt?	YES	01 ☐	**AFTER RESPONDING**
		NO	02 ☐	→**HOU_83**
HOU_81	Have any payments been made to repay the debt?	YES	01 ☐	
		NO	02 ☐	→**HOU_83**
HOU_82	How have the debt payments been made?			
	Read and mark all that apply			
		CASH	A. ☐	
		SELLING SOME ASSETS	B. ☐	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY ADULT HOUSEHOLD MEMBERS	C. ☐	
		PROVIDE DIRECT LABOUR TO THE CREDITOR BY CHILD HOUSEHOLD MEMBERS	D. ☐	
		IN-KIND	E. ☐	
		OTHER, SPECIFY_____	F. ☐	
		DON'T KNOW	G. ☐	

	SOCIAL PROTECTION AND SOCIAL FINANCE				
HOU_83	Has any member of your household benefited from a retirement pension (civil and military, and including veterans) in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_89**	
HOU_84a **HOU_84b** **HOU_84c** **HOU_84d** **HOU_84e**	Please tell me the names of the members of your household who have received a retirement pension in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐		
		PERSON ID 2	☐☐		
		PERSON ID 3	☐☐		
		PERSON ID 4	☐☐		
		PERSON ID 5	☐☐		
HOU_89	Has any member of your household benefited from a public employment program in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_91**	
HOU_90a **HOU_90b** **HOU_90c** **HOU_90d** **HOU_90e**	Please tell me the names of the members of your household who have benefitted from a public employment program in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐		
		PERSON ID 2	☐☐		
		PERSON ID 3	☐☐		
		PERSON ID 4	☐☐		
		PERSON ID 5	☐☐		
HOU_91	Has any member of your household benefited from N-POWER CONDITIONAL CASH TRANSFER program in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_93**	
HOU_92a **HOU_92b** **HOU_92c** **HOU_92d** **HOU_92e**	Please tell me the names of the members of your household who have benefitted from N-POWER CONDITIONAL CASH TRANSFER program in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐		
		PERSON ID 2	☐☐		
		PERSON ID 3	☐☐		
		PERSON ID 4	☐☐		
		PERSON ID 5	☐☐		
HOU_93	Has any member of your household benefited from a child protection program in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_95**	
HOU_94a **HOU_94b** **HOU_94c** **HOU_94d** **HOU_94e**	Please tell me the names of the members of your household who have benefitted from a child protection program in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐		
		PERSON ID 2	☐☐		
		PERSON ID 3	☐☐		
		PERSON ID 4	☐☐		
		PERSON ID 5	☐☐		
HOU_95	Has any member of your household benefited from a (HOUSEHOLD UPLIFTING PROGRAMME (HUP) – "BETA DON COME")program in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_97**	
HOU_96a **HOU_96b** **HOU_96c** **HOU_96d** **HOU_96e**	Please tell me the names of the members of your household who have benefitted from a (HOUSEHOLD UPLIFTING PROGRAMME (HUP) – "BETA DON COME") program in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐		
		PERSON ID 2	☐☐		
		PERSON ID 3	☐☐		
		PERSON ID 4	☐☐		
		PERSON ID 5	☐☐		
HOU_97	Has any member of your household benefited from a (ANY OTHER EXTERNAL ASSISTANCE PROGRAMME program in the last 12 months?	YES	01 ☐		
		NO	02 ☐	→**HOU_103**	

HOU_98a	Please tell me the names of the members of your household who have benefitted from a (ANY OTHER EXTERNAL ASSISTANCE PROGRAMME) program in the last 12 months *Write the ID codes for up to 5 recipients*	PERSON ID 1	☐☐	
HOU_98b		PERSON ID 2	☐☐	
HOU_98c		PERSON ID 3	☐☐	
HOU_98d		PERSON ID 4	☐☐	
HOU_98e		PERSON ID 5	☐☐	

	SHOCKS AND STRATEGIES FOR SURVIVAL			
HOU_103	During the last 3 years, was the household negatively affected by any of the following problems? *If the household has not suffered any of the following, finish interview*			
	Read and mark all that apply			
	DROUGHT/IRREGULAR RAIN	A.	☐	
	FLOODS	B.	☐	
	ELEVATED RATE OF CROP DISEASE	C.	☐	
	ELEVATED RATE OF ANIMAL SICKNESS	D.	☐	
	LARGE DECREASE IN THE PRICE OF AGRICULTURAL PRODUCTS	E.	☐	
	HIGH PRICES FOR AGRICULTURAL INPUTS	F.	☐	
	HIGH PRICES FOR FOOD PRODUCTS	G.	☐	
	LOSS OF REGULAR TRANSFERS FROM OTHER HOUSEHOLDS	H.	☐	
	LARGE LOSS OF NON-AGRICULTURAL HOUSEHOLD REVENUE (OTHER THAN FROM ACCIDENT OR SICKNESS)	I.	☐	
	BANKRUPTCY OF A HOUSEHOLD NON-AGRICULTURAL ENTERPRISE	J.	☐	
	LARGE LOSS OF WAGE REVENUES (OTHER THAN FROM ACCIDENT OR SICKNESS)	K.	☐	
	LOSS OF A WAGE-EARNING HOUSEHOLD MEMBER	L.	☐	
	GRAVE SICKNESS OR ACCIDENT OF A HOUSEHOLD MEMBER	M.	☐	
	DEATH OF AN EARNING MEMBER OF THE HOUSEHOLD	N.	☐	
	DEATH OF ANOTHER MEMBER OF THE HOUSEHOLD	O.	☐	
	DIVORCE, SEPARATION	P.	☐	
	THEFT OF MONEY, GOODS, HARVEST	Q.	☐	
	CONFLICT/VIOLENCE/INSECURITY	R.	☐	
	OTHER, SPECIFY _____	S.	☐	
	NONE	T.	☐	
HOU_104	Of all of the shocks the household suffered, which were the three most severe. Please tell me in the order of the most severe to the least severe of the three.	_____ MOST SEVERE SHOCK _____ 2ND MOST SEVERE SHOCK _____ 3RD MOST SEVERE SHOCK		
HOU_105a	As a consequence of your (most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_105b	As a consequence of your (most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_105c	As a consequence of your (most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_105d	As a consequence of your (most severe shock), did your household have an	INCREASE	01 ☐	
		DECREASE	02 ☐	

	increase or decrease in stock of food products?	UNCHANGED	03 ☐	
HOU_105e	As a consequence of your (most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_106a	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_106b	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_106c	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_106d	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in stock of food products?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_106e	As a consequence of your (2nd most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_107a	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in revenues?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_107b	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in assets?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_107c	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in food production?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_107d	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in stock of food products?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_107e	As a consequence of your (3rd most severe shock), did your household have an increase or decrease in purchase of food products?	INCREASE	01 ☐	
		DECREASE	02 ☐	
		UNCHANGED	03 ☐	
HOU_108	What strategies were adopted by the household after the (most severe shock) in order to face the situation?			
		USE OF SAVINGS	A. ☐	
		HELP FROM RELATIVES OR FRIENDS	B. ☐	
		GOVERNMENT/STATE AID	C. ☐	
		AID FROM RELIGIOUS ORGANIZATIONS OR NGOs	D. ☐	
		MARRY THE CHILDREN	E. ☐	
		CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.)	F. ☐	
		WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK	G. ☐	
		NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK	H. ☐	
		CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK	I.	

	CHILDREN TAKEN OUT OF SCHOOL	J.	☐	
	MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD	K.	☐	
	REDUCTION OF EXPENSES IN HEALTH/EDUCATION	L.	☐	
	OBTAIN CREDIT	M.	☐	
	SALE OF AGRICULTURAL TOOLS	N.	☐	
	SALE OF HOUSEHOLD DURABLE GOODS	O.	☐	
	SALE OF LAND/FURNITURE/DWELLINGS	P.	☐	
	SALE OF FOOD STOCKS	Q.	☐	
	SALE OF ANIMALS	R.	☐	
	INCREASE IN HUNTING AND/OR FISHING ACTIVITIES	S.	☐	
	SEND CHILDREN TO OTHER HOUSEHOLDS	T.	☐	
	GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK	V.	☐	
	OTHER SPECIFY _____	W.	☐	
	NOTHING	X.	☐	
HOU_109	What strategies were adopted by the household after the (2nd most severe shock) in order to face the situation?			
	USE OF SAVINGS	A.	☐	
	HELP FROM RELATIVES OR FRIENDS	B.	☐	
	GOVERNMENT/STATE AID	C.	☐	
	AID FROM RELIGIOUS ORGANIZATIONS OR NGOs	D.	☐	
	MARRY THE CHILDREN	E.	☐	
	CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.)	F.	☐	
	WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK	G.	☐	
	NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK	H.	☐	
	CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK	I.	☐	
	CHILDREN TAKEN OUT OF SCHOOL	J.	☐	
	MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD	K.	☐	
	REDUCTION OF EXPENSES IN HEALTH/EDUCATION	L.	☐	
	OBTAIN CREDIT	M.	☐	
	SALE OF AGRICULTURAL TOOLS	N.	☐	
	SALE OF HOUSEHOLD DURABLE GOODS	O.	☐	
	SALE OF LAND/FURNITURE/DWELLINGS	P.	☐	
	SALE OF FOOD STOCKS	Q.	☐	
	SALE OF ANIMALS	R.	☐	
	INCREASE FISHING ACTIVITIES	S.	☐	
	SEND CHILDREN TO OTHER HOUSEHOLDS	T.	☐	
	ENGAGE IN SPIRITUAL ACTIVITIES (PRAYERS, SACRIFICES, CONSULTATIONS WITH WITCHES)	U.	☐	
	GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK	V.	☐	
	OTHER, SPECIFY _____	W.	☐	
	NOTHING	X.	☐	

HOU_110	What strategies were adopted by the household after the (3rd most severe shock) in order to face the situation?		
	USE OF SAVINGS	A. ☐	
	HELP FROM RELATIVES OR FRIENDS	B. ☐	
	GOVERNMENT/STATE AID	C. ☐	
	AID FROM RELIGIOUS ORGANIZATIONS OR NGOs	D. ☐	
	MARRY THE CHILDREN	E. ☐	
	CHANGE CONSUMPTION HABITS (PURCHASE LESS EXPENSIVE FOOD, REDUCE NUMBER OF MEALS PER DAY, REDUCE QUANTITIES EATEN ETC.)	F. ☐	
	WORKING HOUSEHOLD MEMBERS HAVE TAKEN SUPPLEMENTARY WORK	G. ☐	
	NON-WORKING OR UNEMPLOYED ADULT MEMBERS HAVE GOTTEN WORK	H. ☐	
	CHILDREN YOUNGER THAN 15 HAVE BEEN ASKED TO WORK	I. ☐	
	CHILDREN TAKEN OUT OF SCHOOL	J. ☐	
	MIGRATION OF ONE OR MORE MEMBERS OF HOUSEHOLD	K. ☐	
	REDUCTION OF EXPENSES IN HEALTH/EDUCATION	L. ☐	
	OBTAIN CREDIT	M. ☐	
	SALE OF AGRICULTURAL TOOLS	N. ☐	
	SALE OF HOUSEHOLD DURABLE GOODS	O. ☐	
	SALE OF LAND/FURNITURE/DWELLINGS	P. ☐	
	SALE OF FOOD STOCKS	Q. ☐	
	SALE OF ANIMALS	R. ☐	
	INCREASE FISHING ACTIVITIES	S. ☐	
	SEND CHILDREN TO OTHER HOUSEHOLDS	T. ☐	
	ENGAGE IN SPIRITUAL ACTIVITIES (PRAYERS, SACRIFICES, CONSULTATIONS WITH WITCHES)	U. ☐	
	GROW FOOD IN SEASONS WHERE YOU DON'T NORMALLY DO AGRICULTURAL WORK	V. ☐	
	OTHER, SPECIFY _____	W. ☐	
	NOTHING	X. ☐	