



No of schedules filled for Household

**\*Confidential\***  
 The information collected in this survey will be strictly confidential according to the survey ordinance and individual level information will not be divulged to any person or agency

Survey Round	Survey Month		District		PSU Number			SSU Number		Household Number
<b>Survey Group Number</b>										

# Child Activity Survey - 2016

## Sri Lanka

### Survey Schedule

Department of Census & Statistics  
 Ministry of Policy Planning & Economic Affairs  
 Sri Lanka



Sponsored by :- International Labour Organisation



# IDENTIFICATION INFORMATION

- 1. Address (Location) :-.....  
.....
- 2. Province :- .....
- 3. District :- .....
- 4. DS Division :- .....
- 5. GN Division : Number :- ..... Name :- .....
- 6. Sector :- .....
- 7. Name of MC / UC / PS :- .....
- 8. Ward / Village / Estate :- .....
- 9. Census Block No. :- .....

<b>* Result Code</b>	
Completed .....	1
Deferred .....	2
Not competent respondent at home .....	3
Refused .....	4
Household is temporarily closed .....	5
Household is demolished / Vacant .....	6
Other (Specify) .....	7

10

Survey Round	Survey Month		District		Sector	DS Division	

11

PSU Number			SSU Number		Household Number

11A MRCP Number (A<sub>0</sub>):- 

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12 Number of Households in this unit :- 

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13 Result :- 

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14 Name of the Head of the Household :- .....

14A Telephone Number :- 

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15 Interviewer's 

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Name :- .....  
Signature :- ..... Date :- .....

16 Supervising Officer's 

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Name :- .....  
Signature :- ..... Date :- .....

## Codes for Section A

### Col. 3 - Relationship to head of the household

Head of the household-----	1
Wife / Husband-----	2
Son / Daughter-----	3
Son / Daughter in Law-----	4
Grand Son / Daughter-----	5
Parents-----	6
Other Relative-----	7
Domestic Servants-----	8
Boarder-----	9
Other-----	0

### Col. 4 - Gender

Male-----	1
Female-----	2

### Col.7 - Ethnicity

Sinhala-----	1
Sri Lanka Tamil-----	2
Indian Tamil-----	3
Sri Lanka Moors-----	4
Malay-----	5
Burgher-----	6
Other-----	7

### Col. 8 - Religion

Buddhist-----	1
Hindu-----	2
Islam-----	3
Roman Catholic / Other Christian-----	4
Other-----	5

### Col. 11 - Attendance at School or Other Education Institution

Pre School-----	1
School-----	2
University-----	3
Other educational institution-----	4
Vocational / Technical Institution-----	5
Pending result (G.C.E O/L,A/L)-----	6
Does not attend-----	7

### Col. 12 - Level of Education

Studing in Grade 1-----	00
Passed Grade 1-----	01
Passed Grade 2-----	02
Passed Grade 3-----	03
Passed Grade 4-----	04
Passed Grade 5-----	05
Passed Grade 6-----	06
Passed Grade 7-----	07
Passed Grade 8-----	08
Passed Grade 9-----	09
Passed Grade 10-----	10
Passed G.C.E. (O/L) or equivalent-----	11
Passed Grade 12-----	12
Passed G.C.E. (A/L) or equivalent-----	13
Passed GAQ/GSQ-----	14
Passed Degree-----	15
Passed Post Graduate Degree / Diploma-----	16
Special Education received / receiving-----	17
No Schooling-----	18

### Col. 10 - Disability

Disable -----	1
Not disable -----	2

### Col. 9 - Marital Status

Never Married-----	1
Married (Registered)-----	2
Married (Customary)-----	3
Widowed-----	4
Divorced-----	5
Separated-----	6

### Col. 13 - Current Activity

Salaried/wage employee(Regular) -----	01
Wage employee (casual)-----	02
Employer-----	03
Own account worker (self employed)-----	04
Unpaid family worker -----	05
Unemployed -----	06
Student -----	07
Household activities-----	08
Recipients of rent/Pensioner/Remittance etc--	09
Unable to work (too old/ too young/disable)--	10
Expecting a training / higher education -----	11
Other-----	12

### Col. 14 - Present Residence

In the country -----	1
Abroad -----	2



**SECTION B : ACTIVITY STATUS OF CHILDREN (FOR USUAL RESIDENCE OF CHILDREN AGED 5 - 17 YEARS OLD)**

<b>B1.</b> Name of the child Serial Number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>B2.</b> Is he / she currently attending school? 1. Yes 2. No	<input type="checkbox"/> <input type="checkbox"/> → Go to B12	<input type="checkbox"/> <input type="checkbox"/> → Go to B12	<input type="checkbox"/> <input type="checkbox"/> → Go to B12	<input type="checkbox"/> <input type="checkbox"/> → Go to B12	<input type="checkbox"/> <input type="checkbox"/> → Go to B12
<b>B3.</b> What Grade is he / she currently attending school?	Grade <input type="text"/> <input type="text"/>	Grade <input type="text"/> <input type="text"/>	Grade <input type="text"/> <input type="text"/>	Grade <input type="text"/> <input type="text"/>	Grade <input type="text"/> <input type="text"/>
<b>B4.</b> What is the distance to school which he / she currently attending? 1. Less than 1 km ..... 2. 1 km to less than 3 km ..... 3. 3 km to less than 5 km ..... 4. 5 km to less than 10 km ..... 5. 10 km and more than 10 km.....	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>B5.</b> How does he / she go to school? 1. Walking ..... 2. Bicycle ..... 3. Motor bicycle / Three wheeler ..... 4. Car ..... 5. Bus / Train ..... 6. School Van ..... 7. Other .....	<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"/> <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"/> <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"/> <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>B6.</b> Are you satisfied with the security of your child who return home after the school? 1. Satisfied ..... 2. Somewhat satisfied ..... 3. Not satisfied .....	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Serial Number					
<b>B12.</b> Has he / she ever attended school? 1. Yes 2. No	<input type="checkbox"/> 1 → Go to B14 <input type="checkbox"/> 2	<input type="checkbox"/> 1 → Go to B14 <input type="checkbox"/> 2	<input type="checkbox"/> 1 → Go to B14 <input type="checkbox"/> 2	<input type="checkbox"/> 1 → Go to B14 <input type="checkbox"/> 2	<input type="checkbox"/> 1 → Go to B14 <input type="checkbox"/> 2
<b>B13.</b> What is the main reason ,why he / she has never attended school?  1. Too young (not eligible to enter school) ..... 2. Disabled ..... 3. No school near the home..... 4.No school with relavent language near the home 5. Waiting for a suitable school ..... 6. Chronic illness ..... 7. Financial difficulties..... 8. Not interested in educations..... 9. Education not considered valuable ..... 10. School not safe/ Civil disturbance ..... 11. Engage/ support in an economic activity 12. Engage in housekeeping activities ..... 13. Taking care of a diable person at home 14. Taking care of a elderly/ younger person 15. Other.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 99 Go to B16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 99 Go to B16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 99 Go to B16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 99 Go to B16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 99 Go to B16
<b>B14.</b> At what age he / she left school or temporary stopped school?	Age <input type="checkbox"/> <input type="checkbox"/>	Age <input type="checkbox"/> <input type="checkbox"/>	Age <input type="checkbox"/> <input type="checkbox"/>	Age <input type="checkbox"/> <input type="checkbox"/>	Age <input type="checkbox"/> <input type="checkbox"/>



Serial Number					
<b>B15. What is the main reason for leaving school?</b>					
1. School is too far away for further schooling .....	1	1	1	1	1
2. Disabled .....	2	2	2	2	2
3. Chronic illness .....	3	3	3	3	3
4. Financial difficulties .....	4	4	4	4	4
5. Poor in studies / Not interested in school .....	5	5	5	5	5
6. Education not considered valuable .....	6	6	6	6	6
7. School not safe / Civil disturbance .....	7	7	7	7	7
8. The way to school is not safe .....	8	8	8	8	8
9. To get a job training / vocational training .....	9	9	9	9	9
10. Engage/ help in an economic activities .....	10	10	10	10	10
11. Help at home with housekeeping activities .....	11	11	11	11	11
12. To help disable at home .....	12	12	12	12	12
13. Taking care of a elderly/ younger person .....	13	13	13	13	13
14. Awaiting G.C.E. (O/L) results/ Awaiting until starting G.C.E (A/L) class .....	14	14	14	14	14
15. Studying G.C.E. (O/L) at home .....	15	15	15	15	15
16. Been abused, harshed or bulid by a teacher or students	16	16	16	16	16
17. Other (specify) .....	99	99	99	99	99
<b>For all children aged 5-17 years</b>					
<b>B16. Has he / she ever received or are receiving any skills training?</b>					
1. None .....	1 → Go to B18	1 → Go to B18	1 → Go to B18	1 → Go to B18	1 → Go to B18
2. Formal apprenticeship .....	2	2	2	2	2
3. Informal apprenticeship .....	3	3	3	3	3
4. Other (specify).....	9	9	9	9	9
<b>B17. Describe the subject of training</b>	..... □ □ □ *	..... □ □ □ *	..... □ □ □ *	..... □ □ □ *	..... □ □ □ *
<b>B18. Did he / she spend leisure activities during the last week?</b>					
<b>1. Yes</b>	1	1	1	1	1
<b>2. No</b>	2 → Go to B20	2 → Go to B20	2 → Go to B20	2 → Go to B20	2 → Go to B20
<b>B19. Time spent on leisure activities during the last week</b>	Hours □ □	Hours □ □	Hours □ □	Hours □ □	Hours □ □

\* For office use

**SECTION B1 : ECONOMIC ACTIVITY (FOR CHILDREN AGED 5 - 17 YEARS OLD)**

Serial Number and Name of child					
<b>B20.</b> Did he / she engage in any work at least <u>one hour</u> during the last week? (As paid employee, own account worker, employer or unpaid family worker)	1. <b>Yes</b> 1 → Go to B22 2. <b>No</b> 2	1. <b>Yes</b> 1 → Go to B22 2. <b>No</b> 2	1. <b>Yes</b> 1 → Go to B22 2. <b>No</b> 2	1. <b>Yes</b> 1 → Go to B22 2. <b>No</b> 2	1. <b>Yes</b> 1 → Go to B22 2. <b>No</b> 2
<b>B21.</b> Even if he / she was not working last week, did he/she have a job, business or enterprise from which he/she was temporarily absent?	1. <b>Yes</b> 1 2. <b>No</b> 2 → Go to B33	1. <b>Yes</b> 1 2. <b>No</b> 2 → Go to B33	1. <b>Yes</b> 1 2. <b>No</b> 2 → Go to B33	1. <b>Yes</b> 1 2. <b>No</b> 2 → Go to B33	1. <b>Yes</b> 1 2. <b>No</b> 2 → Go to B33
<b>B22.</b> State the main occupation (job) / economic activity	..... [ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ] *
<b>B23.</b> State the main industry including that job	..... [ ][ ][ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ][ ][ ] *	..... [ ][ ][ ][ ][ ][ ][ ] *
<b>B24.</b> Where did he / she carryout his / her main job? 1. At (his / her) family dwelling ..... 2. Employer's house ..... 3. Formal office ..... 4. Factory ..... 5. Farm / Garden ..... 6. Construction sites ..... 7. Quarrying sites ..... 8. Shops / Markets / Boutiques ..... 9. Different places (Mobile) ..... 10. On the street (fixed place) ..... 11. Restaurants / Hotels ..... 12. Plantation Secor ..... 13. Small holding plantation ..... 14. Fish related places / Slaughtering houses ..... 15. Other (specify) .....	1 2 3 4 5 6 7 8 9 10 11 12 13 14 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 99

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Serial Number																																																																																																																																																	
<b>B25.</b> What is his / her employment status? 1. Employee ..... 2. Own account worker ..... 3. Employer ..... 4. Unpaid family worker .....	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> } Go to B27 → Go to B28	1	2	3	4	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> } Go to B27 → Go to B28	1	2	3	4	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> } Go to B27 → Go to B28	1	2	3	4	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> } Go to B27 → Go to B28	1	2	3	4	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table> } Go to B27 → Go to B28	1	2	3	4																																																																																																																								
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<b>B26.</b> What are the benefits he / she received his / her main work other than salary / wages etc..? 1. Daily rest hours ..... 2. Weekly rest days ..... 3. Leave with pay..... 4. Leave encashment..... 5. Medical expenses ..... 6. Assistance to education ..... 7. Free accommodation ..... 8. Food / Meal ..... 9. Getting cloths ..... 10. Transportation ..... 99. Other .....	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	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	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	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	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	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	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	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	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	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
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<b>B27.</b> What is his / her average monthly income from the main work ? (Wages and salaries, income inkind, profits, etc...)	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> (Rs.)							<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> (Rs.)							<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> (Rs.)							<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> (Rs.)							<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> (Rs.)																																																																																																																				
<b>B28.</b> Number of hours work during the last week	Hours <table border="1"><tr><td> </td><td> </td></tr></table>			Hours <table border="1"><tr><td> </td><td> </td></tr></table>			Hours <table border="1"><tr><td> </td><td> </td></tr></table>			Hours <table border="1"><tr><td> </td><td> </td></tr></table>			Hours <table border="1"><tr><td> </td><td> </td></tr></table>																																																																																																																																				

Serial Number					
<p><b>B29.</b> During the last week when did he / she mostly carry out these activities?</p> <p>1. During the day (between 6:00 A.M and 6:00 P.M) .</p> <p>2. During the evening (after 6:00 P.M to 8:00 PM).....</p> <p>3. 8:00 P.M to 6:00 AM .....</p> <p>4. All the Day.....</p> <p>5. Only Weekends.....</p> <p>6. Before schooling morning .....</p> <p>7. After schooling until 6.00 P.M .....</p> <p>8. Other (specify) .....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>9</p>
<p><b>B30.</b> What is the mode of payment? (Not relevant for unpaid family workers) (Only for children who circle 1-3 for question B23)</p> <p>1. Piecerate .....</p> <p>2. Daily .....</p> <p>3. Weekly .....</p> <p>4. Monthly .....</p> <p>5. Other .....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>9</p>
<p><b>B31.</b> What did he / she do with his/her earnings? (Not relevant for unpaid family workers) (Circle the most suitable code)</p> <p>1. Give to the parents or guardians .....</p> <p>2. Spend by him/ her self .....</p> <p>3. Give part of it to parents .....</p> <p>4. Still not earning .....</p> <p>5. Other (specify) .....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>
<p><b>B32.</b> In addition his / her main work did he / she do other economic activities?</p> <p>1. Yes</p> <p>2. No</p>	<p>1 } Go to B39</p> <p>2 }</p>	<p>1 } Go to B39</p> <p>2 }</p>	<p>1 } Go to B39</p> <p>2 }</p>	<p>1 } Go to B39</p> <p>2 }</p>	<p>1 } Go to B39</p> <p>2 }</p>

**SECTION B2 : UNEMPLOYMENT (FOR CHILDREN AGED 5 - 17 YEARS OLD)**

( If B18=2 in SECTION B1 )

Serial Number and Name of child					
<b>B33.</b> Was he / she seeking work during the last week?					
1. Yes	1	1	1	1	1
2. No	2 → Go to B38	2 → Go to B38	2 → Go to B38	2 → Go to B38	2 → Go to B38
<b>B34.</b> What is the main step he / she has taken for seeking work during the last 4 weeks? (Circle the most suitable 3 codes)					
1. Registered at employment agencies .....	1	1	1	1	1
2. Applied to employment office/pro prospective employer ..	2	2	2	2	2
3. Placed/answered job advertisements .....	3	3	3	3	3
4. Sought help from friends/relatives .....	4	4	4	4	4
5. Searched at farms, factories, estates, markets, } work sites, etc	5	5	5	5	5
6. Tried to obtain equipment, credit and a } workplace to establish his/her own business	6	6	6	6	6
7. Inquiring from third parties / broker .....	7	7	7	7	7
8. Other steps taken (specify) .....	9	9	9	9	9
<b>B35.</b> How long has he / she been seeking work?					
1. Period less than 6 months .....	1	1	1	1	1
2. Period less than 6 to 12 months .....	2	2	2	2	2
3. Period to one year or more than that .....	3	3	3	3	3
<b>B36.</b> If opportunity to work has existed, does he / she want to work or able to start work during the next two week?					
1. Yes	1 → Go to B39	1 → Go to B39	1 → Go to B39	1 → Go to B39	1 → Go to B39
2. No	2	2	2	2	2

Serial Number																																																																						
<p><b>B37.</b> What is the main reason why he / she not available or did not want to work?</p> <p>1. Educational activities / Vocational training .....</p> <p>2. Household activities .....</p> <p>3. Discouraged (Not able to get a job) .....</p> <p>4. Illness / Accidents.....</p> <p>5. Other .....</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>9</td></tr> </table> <p>Go to B39</p>	1	2	3	4	9	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>9</td></tr> </table> <p>Go to B39</p>	1	2	3	4	9	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>9</td></tr> </table> <p>Go to B39</p>	1	2	3	4	9	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>9</td></tr> </table> <p>Go to B39</p>	1	2	3	4	9	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>9</td></tr> </table> <p>Go to B39</p>	1	2	3	4	9																																								
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<p><b>B38.</b> What is the main reason why he / she not avail able or did not want to work?</p> <p>1. Found a job but waiting to call or reply.....</p> <p>2. Believes work is not suitable.....</p> <p>3. Discouraged (Not able to get a job) .....</p> <p>4. Has no skill or training .....</p> <p>5. Student (Engaged in studies) .....</p> <p>6. Engaged in housekeeping activities .....</p> <p>7. Family/parents does not allow .....</p> <p>8. Unable to work (illness) .....</p> <p>9. Disability .....</p> <p>10. No need to work .....</p> <p>11. Works seasonally.....</p> <p>12. Toddler (not complete age attend to school).....</p> <p>13. Other (specify).....</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> <tr><td>11</td></tr> <tr><td>12</td></tr> <tr><td>99</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	99	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> <tr><td>11</td></tr> <tr><td>12</td></tr> <tr><td>99</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	99	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> <tr><td>11</td></tr> <tr><td>12</td></tr> <tr><td>99</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	99	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> <tr><td>11</td></tr> <tr><td>12</td></tr> <tr><td>99</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	99	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> <tr><td>11</td></tr> <tr><td>12</td></tr> <tr><td>99</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	99
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**SECTION B3 : USUAL ACTIVITY STATUS (FOR CHILDREN AGED 5 - 17 YEARS OLD)**

Serial Number and Name of child					
<b>B39.</b> During the last 12 months did he / she engage in considerable time in any work? (As paid employee, own account worker, employer or unpaid family worker)	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> → Go to B44	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> → Go to B44	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> → Go to B44	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> → Go to B44	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> → Go to B44
<b>B40.</b> Number of days worked during the last 12 months	days <input type="text"/> Jan ..... Jul ..... Feb ..... Aug ..... Mar ..... Sep ..... Apr ..... Oct ..... May ..... Nov ..... Jun ..... Dec .....	days <input type="text"/> Jan ..... Jul ..... Feb ..... Aug ..... Mar ..... Sep ..... Apr ..... Oct ..... May ..... Nov ..... Jun ..... Dec .....	days <input type="text"/> Jan ..... Jul ..... Feb ..... Aug ..... Mar ..... Sep ..... Apr ..... Oct ..... May ..... Nov ..... Jun ..... Dec .....	days <input type="text"/> Jan ..... Jul ..... Feb ..... Aug ..... Mar ..... Sep ..... Apr ..... Oct ..... May ..... Nov ..... Jun ..... Dec .....	days <input type="text"/> Jan ..... Jul ..... Feb ..... Aug ..... Mar ..... Sep ..... Apr ..... Oct ..... May ..... Nov ..... Jun ..... Dec .....
<b>B41.</b> Among the work what is the main activity / occupation	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
<b>B42.</b> Industry	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
<b>B43.</b> What is his / her employment status?	1. Regular employee ..... <input type="checkbox"/> 2. Casual employee ..... <input type="checkbox"/> 3. Own account worker ..... <input type="checkbox"/> 4. Employer ..... <input type="checkbox"/> 5. Unpaid family worker ..... <input type="checkbox"/>	1. Regular employee ..... <input type="checkbox"/> 2. Casual employee ..... <input type="checkbox"/> 3. Own account worker ..... <input type="checkbox"/> 4. Employer ..... <input type="checkbox"/> 5. Unpaid family worker ..... <input type="checkbox"/>	1. Regular employee ..... <input type="checkbox"/> 2. Casual employee ..... <input type="checkbox"/> 3. Own account worker ..... <input type="checkbox"/> 4. Employer ..... <input type="checkbox"/> 5. Unpaid family worker ..... <input type="checkbox"/>	1. Regular employee ..... <input type="checkbox"/> 2. Casual employee ..... <input type="checkbox"/> 3. Own account worker ..... <input type="checkbox"/> 4. Employer ..... <input type="checkbox"/> 5. Unpaid family worker ..... <input type="checkbox"/>	1. Regular employee ..... <input type="checkbox"/> 2. Casual employee ..... <input type="checkbox"/> 3. Own account worker ..... <input type="checkbox"/> 4. Employer ..... <input type="checkbox"/> 5. Unpaid family worker ..... <input type="checkbox"/>

\* For office use

**SECTION B4 : CHILDREN'S HOUSEKEEPING ACTIVITIES (EXCEPT DOMESTIC SERVENT)  
(FOR CHILDREN AGED 5 - 17 YEARS OLD)**

Serial Number and Name of child	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]																																																																																																				
<b>B44.</b> What were the housekeeping activities did he/ she engage during the last week?  1. Cooking ..... 2. Shopping for household ..... 3. Cleaning the hohehold ..... 4. Washing clothes ..... 5. Caring for children / old / sick ..... 6. Collecting fire wood ..... 7. Fetching water from outside premises ..... 8. Watering flower beds ..... 9. Other (specify) .....	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(If all option circled to 2, Go to B46)</b></p>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(If all option circled to 2, Go to B46)</b></p>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(If all option circled to 2, Go to B46)</b></p>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(If all option circled to 2, Go to B46)</b></p>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(If all option circled to 2, Go to B46)</b></p>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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<b>B45.</b> Time spent on housekeeping activities during the last week  <b>(Yes (code 1) should be circled for atleast one option in B41)</b>	<p align="center"><b>Hours</b></p> <table border="1"> <tr> <td>[ ] [ ]</td> <td>→ Go to B47</td> </tr> </table>	[ ] [ ]	→ Go to B47	<p align="center"><b>Hours</b></p> <table border="1"> <tr> <td>[ ] [ ]</td> <td>→ Go to B47</td> </tr> </table>	[ ] [ ]	→ Go to B47	<p align="center"><b>Hours</b></p> <table border="1"> <tr> <td>[ ] [ ]</td> <td>→ Go to B47</td> </tr> </table>	[ ] [ ]	→ Go to B47	<p align="center"><b>Hours</b></p> <table border="1"> <tr> <td>[ ] [ ]</td> <td>→ Go to B47</td> </tr> </table>	[ ] [ ]	→ Go to B47	<p align="center"><b>Hours</b></p> <table border="1"> <tr> <td>[ ] [ ]</td> <td>→ Go to B47</td> </tr> </table>	[ ] [ ]	→ Go to B47																																																																																										
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<b>B46.</b> Main reason for not doing any housekeeping work  <b>(No (code 2) should be circled for all options in B44)</b>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6																																																																						
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**SECTION B5 : USUAL RESIDENCE OF CHILD’S PARENTS (FOR CHILDREN AGED 5 - 17 YEARS OLD)**

Serial Number and Name of child					
<b>B47.</b> Where does his / her father live? 1. Among the household ..... 2. Away from the household } (Living elsewhere in the country) ..... 3. Away from the household } (Living outside the country) ..... 4. Dead ..... 5. Not known .....	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	
<b>B48.</b> Where does his / her mother live? 1. Among the household ..... 2. Away from the household } (Living elsewhere in the country) ..... 3. Away from the household } (Living outside the country) ..... 4. Dead ..... 5. Not known .....	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-bottom: 5px;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div>	

**SECTION C: HEALTH AND SAFETY (All children who have worked at any work during the last 12 months)  
(FOR CHILDREN AGED 5 - 17 YEARS OLD)**

<p><b>C1. Name of the child</b></p> <p>Serial Number</p>	<p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>C2. Did you have any of the following that was related to work in during the last 12 months</b></p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries if not goto C8</b></p> <p>1. Eye infection .....</p> <p>2. Ear infection .....</p> <p>3. Skin infection .....</p> <p>4. Breathing problems .....</p> <p>5. Stomach problems.....</p> <p>6. Sprain.....</p> <p>7. Back pains/ muscle pains/ Body pains.....</p> <p>8. Body injuries (Fracture/wounds / deep cut) ....</p> <p>9. Loss oflimbs .....</p> <p>10. Headache /Fever .....</p> <p>11. Burns .....</p> <p>12. Fainting .....</p> <p>99. Others (specify) .....</p>	<p><b>1. Yes</b> <input type="checkbox"/></p> <p><b>2. No</b> <input type="checkbox"/> → Go to C8</p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries</b></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p><b>1. Yes</b> <input type="checkbox"/></p> <p><b>2. No</b> <input type="checkbox"/> → Go to C8</p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries</b></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p><b>1. Yes</b> <input type="checkbox"/></p> <p><b>2. No</b> <input type="checkbox"/> → Go to C8</p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries</b></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p><b>1. Yes</b> <input type="checkbox"/></p> <p><b>2. No</b> <input type="checkbox"/> → Go to C8</p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries</b></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p><b>1. Yes</b> <input type="checkbox"/></p> <p><b>2. No</b> <input type="checkbox"/> → Go to C8</p> <p><b>Put the most relevant codes given boxes according to series of accident/illness/injuries</b></p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>
<p><b>C3. How often you hurt or did suffer from main illness / injuries</b></p> <p>1. Often / frequently .....</p> <p>2. Occasionally .....</p> <p>3. Seldom / rarely .....</p> <p>4. Only one time</p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>	<p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p>
<p><b>C4. Referring to the above main accident / illness / injuries, (for C2.a) how serious was it? (Can select more than one when the result is not 1 or 2)</b></p> <p>1. Not serious - did not stop attending school/work ...</p> <p>2. Serious- Had to get medicine or treatment but did not stop attending school/work } .....</p> <p>3. Stopped attending school temporarily .....</p> <p>4. Stopped work temporarily .....</p> <p>5. Could not attend school permanently .....</p> <p>6. Could not work .....</p>	<p><b>1</b> → Go to C8</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p>	<p><b>1</b> → Go to C8</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p>	<p><b>1</b> → Go to C8</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p>	<p><b>1</b> → Go to C8</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p>	<p><b>1</b> → Go to C8</p> <p><b>2</b></p> <p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>6</b></p>

Serial Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C5.</b> Which economic activity did you engage when you met with most serious accident / illness / injuries?	Occupation ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *	Occupation ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *	Occupation ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *	Occupation ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *	Occupation ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *
<b>C6.</b> Have you been admitted to hospital due to your injuries / accident / illness? <b>1. Yes</b> <b>2. No</b>	<input type="text"/> <input type="text"/> → Go to C8	<input type="text"/> <input type="text"/> → Go to C8	<input type="text"/> <input type="text"/> → Go to C8	<input type="text"/> <input type="text"/> → Go to C8	<input type="text"/> <input type="text"/> → Go to C8
<b>C7.</b> If hospitalized number of days spent at the hospital	Days <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/>	Days <input type="text"/> <input type="text"/>
<b>C8.</b> Do / did you carry heavy loads at work? <b>1. Yes</b> <b>2. No</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>C9.</b> Do / did you operate any machine / heavy equipment at work? <b>1. Yes</b> <b>2. No</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>C10.</b> Are / were you exposed in any of the following?	<b>Yes No</b>	<b>Yes No</b>	<b>Yes No</b>	<b>Yes No</b>	<b>Yes No</b>
1. Dust / Fumes .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. Fire/ Gas .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. Loud noise .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4. Extreme cold or heat .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5. Dangerous tools (knives etc) .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6. Machines in operation.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7. Work underground .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
8. Workplace too dark .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
9. Insufficient ventilation .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10. Work at upper places.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11. Chemicals (peticide etc) .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12. Explosives .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13. Water related work.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
14. Drugs.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
99. Other (Specify) .....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

\* For office use

**SECTION D: All children who are living away from household / family**
**(If Serial Number  $\geq$  41 in SECTION A)**
**(FOR CHILDREN AGED 5 - 17 YEARS OLD)**

<b>D1. Name of the child</b> Serial Number	..... <input type="text"/>		..... <input type="text"/>		..... <input type="text"/>		..... <input type="text"/>		..... <input type="text"/>	
<b>D2. Where is he / she is living away?</b> 1. Otherhouse ..... 2. Hostal (School/Education)..... 3. Children 's home/Rehabilitation/Probational care ..... 4. Institutions for dissables ..... 5. Religious places ..... 6. Don't know ..... 7 Other (Specify) .....	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 9					
<b>D3. What is the main reason he / she is living away?</b> 1. Due to work ..... 2. Looking / Searching for a job ..... 3. Cannot bear his/her expenditure..... 4. Attend school ..... 5. Attend training / Other Education activity ..... 6. Run away from home ..... 7. Rehabilitation / Probational care..... 8. Being dissable..... 9. Don't know ..... 10. Other (Specify) .....	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 0	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 0					
<b>D4. How long ago did he / she leave this household?</b>	Months <input type="text"/>		Months <input type="text"/>		Months <input type="text"/>		Months <input type="text"/>		Months <input type="text"/>	
<b>D5. Does he / she send cash remittance to this household?</b>	1. Yes <input type="text"/> 2. No <input type="text"/> → Go to F1		1. Yes <input type="text"/> 2. No <input type="text"/> → Go to F1		1. Yes <input type="text"/> 2. No <input type="text"/> → Go to F1		1. Yes <input type="text"/> 2. No <input type="text"/> → Go to F1		1. Yes <input type="text"/> 2. No <input type="text"/> → Go to F1	
<b>D6. If "Yes" what is the amount he / she send to the household? (Last 12 Months)</b>	<input type="text"/> (Rs.)		<input type="text"/> (Rs.)		<input type="text"/> (Rs.)		<input type="text"/> (Rs.)		<input type="text"/> (Rs.)	



Serial Number					
<b>E5. What is the main reason for letting the child work?</b>					
1. Supplement family income .....	1	1	1	1	1
2. Lack of safety at home .....	2	2	2	2	2
3. Help pay family debt .....	3	3	3	3	3
4. Help in household enterprise .....	4	4	4	4	4
5. Schooling not useful for future .....	5	5	5	5	5
6. Cannot afford to pay school fees / education .....	6	6	6	6	6
7. Child not interested in school .....	7	7	7	7	7
8. Difficulties to send child to school .....	8	8	8	8	8
9. Getting skills .....	9	9	9	9	9
10. To temporarily replace someone unable to work .....	10	10	10	10	10
11. Other (Specify) .....	99	99	99	99	99
<b>E6. If the child stops working what will happen mainly?</b>					
1. Household living standard decline .....	1	1	1	1	1
2. To get the basic needs household cannot afford to live .....	2	2	2	2	2
3. Household enterprise cannot operate .....	3	3	3	3	3
4. Does not affect anyway .....	4	4	4	4	4
5. Other (Specify) .....	9	9	5	9	9
<b>E7. If the child is working for someone how was his / her relationship with the employer</b>					
1. Good .....	1	1	1	1	1
2. Indifferent.....	2	2	2	2	2
3. Not relevant/ Not known.....	3	3	3	3	3
4. Bad .....	4	4	4	4	4
	} → Go to E1	} → Go to E1	} → Go to E1	} → Go to E1	} → Go to E1
<b>E8. If “Bad” give the main reason</b>					
1. Heavy work .....	1	1	1	1	1
2. Wants work done for long hours.....	2	2	2	2	2
3. Pays poorly .....	3	3	3	3	3
4. Does not pay in time .....	4	4	4	4	4
5. Abuse physically .....	5	5	5	5	5
6. Abuse verbally / Emotionally .....	6	6	6	6	6
7. Sexually abuse .....	7	7	7	7	7
8. Other (Specify) .....	9	9	9	9	9

**SECTION F : HOUSING AND HOUSEHOLD CHARACTERISTICS**

<p><b>F1. Type of structure</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Single House - Single Floor storied.....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Single House - Double storied.....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Single House - More than 2 storied.....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Attached house / Annex.....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>Flat.....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> <tr><td>Condominium Luxury apartments.....</td><td style="text-align: center; border: 1px solid black;">6</td></tr> <tr><td>Twin houses.....</td><td style="text-align: center; border: 1px solid black;">7</td></tr> <tr><td>Line room / row house.....</td><td style="text-align: center; border: 1px solid black;">8</td></tr> <tr><td>Slum / Shanty.....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> <tr><td>Other (Specify).....</td><td style="text-align: center; border: 1px solid black;">0</td></tr> </table>	Single House - Single Floor storied.....	1	Single House - Double storied.....	2	Single House - More than 2 storied.....	3	Attached house / Annex.....	4	Flat.....	5	Condominium Luxury apartments.....	6	Twin houses.....	7	Line room / row house.....	8	Slum / Shanty.....	9	Other (Specify).....	0	<p><b>F3. Tenureship status of household dwelling</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Owned .....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Provide free by employer .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Rented from private owner .....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Rented from Government/Public ownership .....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>Subsidized by employer .....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> <tr><td>Encroched.....</td><td style="text-align: center; border: 1px solid black;">6</td></tr> <tr><td>Free from rent or release .....</td><td style="text-align: center; border: 1px solid black;">7</td></tr> <tr><td>Other (Specify) .....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> </table> <div style="margin-left: 150px; margin-top: 10px;"> <p>Rs: <table style="display: inline-table; border: 1px solid black; width: 80px; height: 20px; vertical-align: middle;"></table></p> <p>Monthly Rental Value</p> </div>	Owned .....	1	Provide free by employer .....	2	Rented from private owner .....	3	Rented from Government/Public ownership .....	4	Subsidized by employer .....	5	Encroched.....	6	Free from rent or release .....	7	Other (Specify) .....	9																														
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<p><b>F2. Principal material used for the house</b></p> <p><b>F2.1 Wall</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Brick .....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Cabook .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Cement block .....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Pressed soil blocks .....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>Mud .....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> <tr><td>Plank / Metal sheet .....</td><td style="text-align: center; border: 1px solid black;">6</td></tr> <tr><td>Cadjan / Palmyrah .....</td><td style="text-align: center; border: 1px solid black;">7</td></tr> <tr><td>Other (Specify) .....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> </table> <p><b>F2.2 Floor</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Terrazo / Tile /Granite.....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Cement .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Concrete.....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Wood.....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>Mud .....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> <tr><td>Other (Specify).....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> </table> <p><b>F2.3 Roof</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Tile .....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Asbestos .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Concrete .....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Aluminium mixed sheetst.....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>Metal sheet .....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> <tr><td>Cadjan / Palmyrah etc .....</td><td style="text-align: center; border: 1px solid black;">6</td></tr> <tr><td>Other (Specify) .....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> </table>	Brick .....	1	Cabook .....	2	Cement block .....	3	Pressed soil blocks .....	4	Mud .....	5	Plank / Metal sheet .....	6	Cadjan / Palmyrah .....	7	Other (Specify) .....	9	Terrazo / Tile /Granite.....	1	Cement .....	2	Concrete.....	3	Wood.....	4	Mud .....	5	Other (Specify).....	9	Tile .....	1	Asbestos .....	2	Concrete .....	3	Aluminium mixed sheetst.....	4	Metal sheet .....	5	Cadjan / Palmyrah etc .....	6	Other (Specify) .....	9	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center; width: 20%;"><b>Total Rooms</b></td> <td style="text-align: center; width: 20%;"><b>Bed Rooms</b></td> </tr> <tr> <td style="padding-top: 20px;"><b>F4. How many rooms does the household occupy</b></td> <td style="text-align: center; vertical-align: middle;"><input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/></td> <td style="text-align: center; vertical-align: middle;"><input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/></td> </tr> </table> <p style="margin-top: 20px;"><b>F5. Total floor area use by household (sq.feet)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Less than 100 .....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>100 - 250 .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>251 - 500 .....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>501 - 750 .....</td><td style="text-align: center; border: 1px solid black;">4</td></tr> <tr><td>751 or more than 750 .....</td><td style="text-align: center; border: 1px solid black;">5</td></tr> </table> <p style="margin-top: 20px;"><b>F6. Principal Source of lighting</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>Electricity .....</td><td style="text-align: center; border: 1px solid black;">1</td></tr> <tr><td>Kerosene oil .....</td><td style="text-align: center; border: 1px solid black;">2</td></tr> <tr><td>Solar energy .....</td><td style="text-align: center; border: 1px solid black;">3</td></tr> <tr><td>Other (Specify) .....</td><td style="text-align: center; border: 1px solid black;">9</td></tr> </table>		<b>Total Rooms</b>	<b>Bed Rooms</b>	<b>F4. How many rooms does the household occupy</b>	<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	Less than 100 .....	1	100 - 250 .....	2	251 - 500 .....	3	501 - 750 .....	4	751 or more than 750 .....	5	Electricity .....	1	Kerosene oil .....	2	Solar energy .....	3	Other (Specify) .....	9
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**F7. Principal Source of Cooking fuel**

Fire wood .....	1
Gas .....	2
Kerosene .....	3
Electricity .....	4
Saw dust / Paddy husk .....	5
Other (Specify) .....	9

**F8. Principal Source of drinking water**

Protected well within premises .....	1
Protected well outside premises .....	2
Unprotected well .....	3
Tube well .....	4
Tap within unit/Premises (main line) .....	5
Tap outside premises (main line) .....	6
Stream water collected & distributed by pipe lines ...	7
River /Tank / Streams .....	8
Other (Specify) .....	9

**F9. Toilet facilities**

Exclusive for the household .....	1
Sharing with another household .....	2
Public convenience .....	3
None .....	4

**F10. Does the main household own any of the following items?**

	Yes	No
1 Motor car / Van .....	1	2
2 Motor cycle / Scooter .....	1	2
3 Bicycle .....	1	2
4 Three wheelers .....	1	2
5 Bus / Lorry .....	1	2
6 Television .....	1	2
7 Cassette Player / DVD /Radio .....	1	2
8 Sewing machine .....	1	2
9 Washing machine .....	1	2
10 Refrigerator .....	1	2
11 Personal Computer .....	1	2
12 Telephone (Domestic) .....	1	2
13 Telephone (Mobile) .....	1	2
14. Fan .....	1	2

**F11. Does the main household own any land?**

Yes .....	1
No .....	2 → Go to F13

**F12. How much land area does the household own?**

	A	R	P
1. Land area with occupied household			
2. Paddy land			
3. High land			



**F13. Does the main household own any livestock?**

Yes ..... 

1
---

  
 No ..... 

2
---

 → Go to F15

**F14. If yes, how many?**

In Number

1. Cattle / Buffaloes	
2. Goats / Sheep	
3. Swine (Pigs)	
4. Poultry	
5. Other	

**F15. Did your household members obtain a loan during the last 12 months?**

Yes ..... 

1
---

  
 No ..... 

2
---

 → Go to F18

**F16. What was the main reason for obtaining a loan?**

To meet essential household expenditures (buying foods, child education, etc) }	1
To buy vehicles.....	2
To purchase a land or construct/ remodel / repair / construct a house...	3
To meet health related expenditure for household members (medicine, doctor or hospital fees) }	4
To meet the following ritual expenditures (birth, funeral wedding, etc...) }	5
To open / increase business / cultivation .....	6
To settle a previous loan .....	7
Other (specify) .....	9

**F17. Where did the household obtain the loan from?**

Banks (Government / Private).....	1
Money lenders.....	2
Finance companies / Leasing companies.....	3
Own place of work (Departments, Boards, Private companies etc).....	4
Friends/relatives (interest free loan only) .....	5
Supplies of merchandise, equipment or raw materials .....	6
Other (Specify).....	9

**F18. What is the household's average monthly expenditure?**

Rs. 

--	--	--	--	--	--

**F19. What is the household's average monthly income?**

Rs. 

--	--	--	--	--	--

**F20. Do you receive any of the following subsidies from the government?**

	Yes	No
1. Samurdhi	1	2
2. Poshna Malla	1	2
3. Elderly/dissability allowences	1	2
4. Health subsidy	1	2
5. Scholarships	1	2
6. Other (specify) ...	1	2

**SECTION G: INFORMATION ABOUT MIGRATION OF HOUSEHOLD**

<p><b>G1. If this household ever migrated (Between Districts / Countries)?</b></p> <p>Yes ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table></p> <p>No ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table> → Go to G5</p>	1	2	<p><b>H1. State the living standard of the household according to the enumerator</b></p> <p>Very good ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table></p> <p>Good ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table></p> <p>Satisfactory ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table></p> <p>Bad ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table></p> <p>Very bad ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table></p>	1	2	3	4	5	
1									
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<p><b>G2. If yes, state district/country of previous residence before came this district</b></p> <p style="text-align: center;"> <table border="1" style="display: inline-table; margin-right: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> </p> <p style="text-align: center;">District Code      Country Code</p>					<div style="border: 2px solid black; padding: 10px; margin-bottom: 10px;"> <p><b>1. Manual Eding Officer's</b></p> <p>Name :- .....</p> <p>Signature :- ..... Date :- .....</p> </div> <div style="border: 2px solid black; padding: 10px; margin-bottom: 10px;"> <p><b>2. Coding Officer's</b></p> <p>Name :- .....</p> <p>Signature :- ..... Date :- .....</p> </div> <div style="border: 2px solid black; padding: 10px;"> <p><b>3. Supervising Officer's</b></p> <p>Name :- .....</p> <p>Signature :- ..... Date :- .....</p> </div>				
<p><b>G3. When did you migrate to this district?</b></p> <p style="text-align: center;">Year <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
<p><b>G4. What was the main reason for coming or changing (to migration) to the present place of residence?</b></p> <p>For a job or work (transfer, promotion, to find a job, got a job) ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table></p> <p>Looking for a better land (agricultural, homestead) ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table></p> <p>Children education ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table></p> <p>Natural disasters..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table></p> <p>Development of infra structure..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table></p> <p>Civil disterbance ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table></p> <p>Resettlement..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table></p> <p>Other (Specify) ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">9</td></tr></table></p>	1	2	3	4	5	6	7	9	
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