



LABOUR FORCE SURVEY
Gambia Labour Force Survey, 2022



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: NAME _____	HH4. Supervisor's name and number: NAME _____	
HH5. Household head's name and contact number _____		
HH6. Day / Month / Year of interview: _____ / _____ / 2022	HH8. LGA:	
HH7. AREA:	URBAN1	BANJUL1
	RURAL2	KANIFING2
		BRIKAMA3
		MANSAKONKO4
		KEREWAN5
		KUNTAUR6
		JANJANBUREH7
		BASSE8
		HH9. Start time of Household Interview
		HOURS : MINUTES ____ : ____
HH10. Hello, my name is (<i>your name</i>). I am from The Gambia Bureau of Statistics . We are conducting a survey about the labour force. The information we collect will help the government plan for employment. Your HH was selected for the survey. I would like to talk to you about this subject. This interview usually takes about 45 minutes. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know.		
YES.....1	NO / NOT ASKED2	1 ⇨ HL2 (LIST OF HOUSEHOLD MEMBERS) 2 ⇨ HH11

HH11. Result of Household Questionnaire interview: <i>Discuss any result not completed with Supervisor.</i>	COMPLETED	1
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT.....	2
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	3
	REFUSED	4
	POSTPONED	5
	DWELLING VACANT OR ADDRESS NOT A DWELLING	6
	DWELLING DESTROYED	7
	DWELLING NOT FOUND	8
	PARTIALLY COMPLETED	9
	OTHER (<i>specify</i>).....	96

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL12 for each member one at a time.

HL1. Line number	HL2. Please state the names of all usual residents (and visitors of the household who have stayed here for 6 or more months), starting with the head of the household. Probe for additional household members	HL3. What is the relationship of (name) to (name of the head of the household)?	HL4. Is (name) male or female? MALE 1 FEMALE 2	HL5. What is (name)'s date of birth? if possible, ask the respondent to provide an official document such as birth certificate, id card, or passport to confirm DOB. 97 DK 9997 DK	HL6. How old is (name)? Record in completed years. if age < 1-year record 00 If age is 98 and above enter 98	HL7. Is (name) 12 years or above? YES 1 NO 2 \varnothing HL10	HL8. What is the current marital status of (name)? read the options NEVER MARRIED 1 → HL10 MARRIED 2 COHABITING/LIVING TOGETHER 3 → HL10 DIVORCED / SEPARATED / WIDOWED 4 → HL10	HL9. What is (name)'s type of union? MONOGAMOUS 1 POLY (2+ SPOUSES) 2	HL10. What is (name)'s nationality? GAMBIAN A SENEGALESE B NIGERIAN C SIERRA LEONEAN D LIBERIAN E GHANAIAI F GUINEAN G BISSAU GUINEAN H MAURITANIAN I OTHER WEST AFRICAN J OTHER AFRICAN K NON-AFRICAN L (if HL10 ≠ 1 ⇒ HL12)	HL11. What is (name)'s ethnicity? MANDINKA/JAHANKA 1 FULA/TUKULUR/LOROBO 2 WOLLOF 3 JOLA/KARONINKA 4 SARAHULE 5 SERERE 6 CREOLE/AKU MARABOUT 7 MANJAGO 8 BAMBARA 9 OTHER (SPECIFY) 96	HL12. What is (name)'s religion? ISLAM 1 CHRISTIANITY 2 TRADITIONAL 3 NO RELIGION 4 OTHER RELIGION (SPECIFY) _____ 96
E	NAME	RELATION	M F	MONTH	YEAR	AGE					
01		_____		__	_____	_____					
02		_____		__	_____	_____					
03		_____		__	_____	_____					
04		_____		__	_____	_____					
05		_____		__	_____	_____					
06		_____		__	_____	_____					
07		_____		__	_____	_____					

* Codes for HL3: Relationship to head of household:

- | | | | | |
|--------------------------------|------------------------|----------------------------------|---------------------------------|------------------------|
| HEAD 1 | GRAND SON / DAUGHTER 5 | BROTHER-IN-LAW / SISTER-IN-LAW 9 | ADOPTED / FOSTER / STEPCHILD 13 | OTHER (NOT RELATED) 96 |
| SPOUSE / PARTNER 2 | PARENT 6 | UNCLE/AUNT 10 | SERVANT (LIVE-IN) 14 | DON'T KNOW 97 |
| SON / DAUGHTER 3 | PARENT-IN-LAW 7 | NIECE / NEPHEW 11 | CO-WIVES 15 | |
| SON-IN-LAW / DAUGHTER-IN-LAW 4 | BROTHER / SISTER 8 | OTHER RELATIVE 12 | GRAND PARENT 16 | |

EDUCATION											ED		
ED1.	ED2.		ED3.	ED4.	ED5.	ED6.	ED7.		ED8.		ED8B. What was (your/NAME's) field of study?	ED9. Can (name) read and write a simple word or sentence in any language?	
Line number	Name and age.		Age 5 years and above?	Has (name) ever attended school? [includes conventional & Madrassah]	What was the main reason (name) never attended school?	Is (name) currently attending school, college or university?	What grade is (name) currently attending?	Current Level:	Current year:	Highest level attained:	Number of years completed:		
	Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.		YES 1 NO 2 Next person	WORK 1 TOO EXPENSIVE 2 TOO FAR 3 NOT USEFUL 4 YES 1 → ED6 NO 2 DON'T KNOW 97 → ED9	MARRIED 5 RELIGIOUS 6 TOO YOUNG 7 HANDICAP 8 OTHER (SPECIFY) 96 DON'T KNOW 97 Any response → ED9	YES 1 NO 2 → ED8 DON'T KNOW 97 → ED9	PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL CERTIFICATE 4 DIPLOMA 5 HIGHER 6 DON'T KNOW 97	ECE 0 → NEXT PERSON DON'T KNOW 97	DON'T KNOW 97	ECE 0 → NEXT PERSON PRIMARY 1 → ED9 LOWER SECONDARY 2 → ED9 UPPER SECONDARY 3 → ED9 VOCATIONAL CERTIFICATE 4 DIPLOMA 5 HIGHER 6 DON'T KNOW 97 → ED9	DON'T KNOW 97	GENERIC PROGRAMMES AND QUALIFICATIONS 0 EDUCATION 1 ARTS AND HUMANITIES 2 SOCIAL SCIENCES, JOURNALISM AND INFORMATION 3 BUSINESS, ADMINISTRATION AND LAW 4 NATURAL SCIENCES, MATHEMATICS AND STATISTICS 5 INFORMATION AND COMMUNICATION TECHNOLOGIES 6 ENGINEERING, MANUFACTURING AND CONSTRUCTION 7 AGRICULTURE, FORESTRY, FISHERIES AND VETERINARY 8 HEALTH AND WELFARE 9 SERVICES 10	YES, CAN READ AND WRITE 1 YES, CAN READ 2 NO, CAN'T READ NOR WRITE 3 DON'T KNOW 97
LINE	NAME	AGE											
01		—						—			—		
02		—						—			—		
03		—						—			—		
04		—						—			—		

TRAINING 15 YEARS AND ABOVE **TR**

TR1. <i>Line number</i>	TR2. <i>Name and age.</i> <i>Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.</i>	TR3. Has (<i>name</i>) attended a training course in the last 12 months?	TR4. Did (<i>name</i>) attend any formal or non-formal training in last 12 months?	TR5. What type of training has (<i>name</i>) attended?	TR6. Did (<i>name</i>) complete the training, is it still on-going or did drop out?	TR7. How many months did/does the training take?	TR8. Who was the main sponsor for the training?	TR9. Was the training part of her/his regular work?	TR10. Did (<i>name</i>) receive any certificate for this training?
		YES 1 NO 2 <i>Next person</i> DON'T KNOW 97 <i>Next person</i>	FORMAL 1 NON-FORMAL 2 <i>Next person</i> DON'T KNOW 97 <i>Next person</i>	ACCOUNTANCY 1 MECHANICAL ENGINEERING 2 NURSING 3 TEACHING 4 CARPENTRY 5 ELECTRICAL INSTALLATION 6 WELDING 7 ENTREPRENEURSHIP 8 PLUMBING 9 MASONRY 10 MOTOR MECHANICS 11 ELECTRICAL ENGINEERING 12 ELECTRICIANS 13 OTHERS (SPECIFY) 96 <i>INT: formal training has somewhat fixed curriculum leading to nationally recognized qualification</i>	COMPLETED 1 ON-GOING 2 DROPPED OUT 3 If TR6 ≠ 1 <i>Next person</i>	<i>Record in months</i>	SELF 1 FAMILY/RELATIVES 2 EMPLOYER 3 SCHOLARSHIP 4 FREE 5 OTHERS(SPECIFY) 96 DON'T KNOW 97	YES 1 NO 2 DON'T KNOW 97	YES 1 NO 2 DON'T KNOW 97

LINE	NAME	AGE							
01		___							
02		___							
03		___							
04		___							
05		___							
06		___							

INTERNAL MIGRATION				IM		
These sets of questions should be asked to all household members						
IM1. Line number	IM2. Name and age. Copy names and ages of all household members from HL2 and HL3 below	IM3. How many years have you lived in this village/town/city? Enter 00 if less than 1 year Enter 99 if the respondent has lived here since birth and skip to next person	IM4. Which LGA did (name) move from? If moved from abroad, write the name of the country BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD (SPECIFY COUNTRY)_____ 9	IM5. What were the three the main reasons (starting with the most important) for moving to this village/town/city? INSTRUCTION: RESPONSE CATEGORIES SHOULD NOT BE READ OUT LOUD IM5. Main reason_____ IM5b. 2 nd Main reason_____ IM5c. 3 rd Main reason_____ WORK 1 OWN EDUCATION 2 EDUCATION OF CHILDREN 3 MARRIAGE 4 OTHER FAMILY REASON 5 BETTER HOUSING / SERVICES 6 SECURITY REASONS/CRIME 7 H RETURNED FROM ABROAD 8 ENVIRONMENTAL FACTORS 9 OTHER / SPECIFY_____ 96	IM6. In which LGA was (name) born? if born abroad, please write the name of the country BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD 9 (specify country)	
LINE	NAME	AGE	YEARS			
01		— —				
02		— —				

03		— —				
04		— —				
05		— —				

INTERNATIONAL MIGRATION STATUS (MIG) FOR ALL HOUSEHOLD MEMBERS								MIG	
MIG1. <i>Line number</i>	MIG2. <i>Name and age.</i>		MIG3 (Were/was) (you/NAME) born in The Gambia?	MIG4 In which country (were/was) (you/NAME) born?	MIG5 When did (you/NAME) arrive to live in The Gambia?	MIG6 How long (have/has) (you/NAME) been living in The Gambia?	MIG7 What was (your/NAME's) main reason for moving to The Gambia?	MIG8 (Are/is) (you/NAME) a citizen of...? <i>READ AND MARK ALL THAT APPLY</i> THE GAMBIA A. →Next person Another country B. DO NOT READ [STATELESS] C. →Next person	MIG9 Which other country (are/is)(you/NAME) a citizen of...? SENEGALESE B NIGERIAN C SIERRA LEONEAN D LIBERIAN E GHANAIAIAN F GUINEAN G BISSAU GUINEAN H MAURITANIAN I OTHER WEST AFRICAN J OTHER AFRICAN K NON-AFRICAN L DON'T KNOW Z
			YES 1 NO 2 If YES, →MIG8	SENEGALESE 1 NIGERIAN 2 SIERRA LEONEAN 3 LIBERIAN 4 GHANAIAIAN 5 GUINEAN 6 BISSAU GUINEAN 7 MAURITANIAN 8 OTHER WEST AFRICAN 9 OTHER AFRICAN 10 NON-AFRICAN 11 DON'T KNOW 97	A. _____ MONTH (MM) 97 DON'T KNOW B. _____ → MIG7 YEAR(YYYY) 9997 DON'T KNOW	READ LESS THAN 12 MONTHS 01 ONE YEAR TO LESS THAN 5 YEARS 02 FIVE YEARS TO LESS THAN 10 YEARS 03 TEN YEARS OR MORE 04	TO TAKE UP A JOB 1 JOB TRANSFER 2 TO LOOK FOR A PAID JOB 3 TO LOOK FOR ANY OTHER WORK 4 TO STUDY 5 MARRIAGE 6 FAMILY MOVED/JOINING FAMILY 7 MEDICAL TREATMENT, HEALTH CONFLICT, POLITICAL, INSECURITY, NATURAL DISASTER 8 LIFESTYLE, COST-OF-LIVING 9 OTHER 10 OTHER (SPECIFY): _____ 96		
LINE	NAME	AGE							
01		—							
02		—							
03		—							
04		—							
05		—							
06		—							
07		—							

FUNCTIONING (FN): ALL HH MEMBERS THAT ARE 15 YEARS AND ABOVE

FN

The next questions ask about difficulties you may have in doing certain activities.

All HH members that are 15 years and above

FN1. Line number	FN2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	FN3. (Do/does) (you/NAME) have difficulty seeing, even if wearing glasses? Would you say...? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99	FN4. (Do/does) (you/NAME) have difficulty hearing, even if using a hearing aid? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99	FN5. (Do/does) (you/NAME) have difficulty walking or climbing steps? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99	FN6. (Do/does)(you/NAME) have difficulty remembering or concentrating? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99	FN7. (Do/does) (you/NAME) have difficulty with (self-care such as) washing all over or dressing? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99	FN8. Using (your/his/her) (usual/customary) language, (do/does) (you/NAME) have difficulty communicating for example understanding or being understood by others? READ NO, NO 1 DIFFICULTY YES, SOME 2 DIFFICULTY YES, A LOT 3 OF DIFFICULTY CANNOT DO IT AT ALL 4 DON'T 97 KNOW REFUSED 99
LINE	NAME	AGE					
01		—					
02		—					
03		—					
04		—					
05		—					
06		—					
07		—					

HH12: End Time of Household Interview
 HOURS : MINUTES
 ___ : ___

INDIVIDUAL INFORMATION PANEL		II
II1. Cluster number: _____	II2. Household number: _____	
II3. Interviewer's name and number: NAME _____	II4. Supervisor's name and number: NAME _____	
II5. Individual's name and line number: NAME	II6: Day / Month / Year of Individual interview ____ / ____ / <u>2 0 2 2</u>	

If the respondent is 12 years and older, interview himself/herself. For those below 12, please interview the mother/caregiver.		II7. START TIME OF INDIVIDUAL INTERVIEW
		HOURS : MINUTES ____ : ____
<p>II8. Hello, my name is (your name). I am from The Gambia Bureau of Statistics. We are conducting a survey about the labour force. The information we collect will help the government plan for employment. Your HH was selected for the survey. I would like to talk to you about this subject. This interview usually takes about 45 minutes. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?</p>		
YES.....1	1 ⇨ EMP4 (LEMPLOYMENT MODULE)	
NO / NOT ASKED2	2 ⇨ II9	
<p>II9. Result of individual interview:</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED 1</p> <p>NOT AT HOME..... 2</p> <p>REFUSED 3</p> <p>PARTIALLY COMPLETED 4</p> <p>INCAPACITATED (specify).....5</p> <p>POSTPONED.....6</p> <p>OTHER (specify)_____ 96</p>	

EMPLOYMENT LAST 7 DAYS - FOR PERSONS AGE 5 YEARS AND ABOVE

EMP

Last 7 week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 YES 2 NO $\text{\textcircled{S}}$ Next person	EMP4. Last week, from last (Monday) up to (Sunday), did (you/NAME) work for someone else for pay, for one or more hours? <i>(including casual or piece work for cash payment, or in-kind payment or in exchange for food or housing)</i> YES 1 → CM1 NO 2	EMP5. Last week, did (you/NAME) run or do any kind of business, farming or other activity to generate income? <i>E.g.: growing</i> (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 1 → EMP13 NO 2	EMP6. Last week, did (you/NAME) help in a family business or farm? <i>(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.)</i> YES 1 → EMP13 NO 2	
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				
07		— —				

EMPLOYMENT LAST 7 DAYS - FOR PERSONS AGE 5 YEARS AND ABOVE

EMP

Now I would like to ask you questions about activities done in the last 7 days.

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line number	EMP2. Name and age.	EMP7. (Do/does) (you/NAME) have a paid job or income generating activity, but (were/was) did not work last week? YES 1 NO 2→EMP12	EMP8. Why were you absent from your work in the last week? WAITING TO START NEW JOB OR BUSINESS 1→ EMP12 LOW OR OFF-SEASON 2→EMP11 SHIFT WORK, FLEXI TIME, NATURE OF WORK 3→EMP13 VACATION, HOLIDAYS 4→EMP13 SICKNESS, ILLNESS, ACCIDENT 5→EMP13 MATERNITY, PATERNITY LEAVE 6→EMP13 EDUCATION LEAVE OR TRAINING 7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES, ...) 8 TEMPORARY LAYOFF, NO CLIENTS OR MATERIAL, WORK BREAK 9 BAD WEATHER, NATURAL DISASTER 10 STRIKE OR LABOUR DISPUTE 11 LONG-TERM DISABILITY 12 OTHER (SPECIFY) 96	EMP9. Including the time that (you/NAME) (have/has) been absent, will (you/he/she) return to that same job or business in 3 months or less? <i>(Waiting for a new job to start does not count as temporary absences)</i> YES 1→EMP13 NO 2 DON'T KNOW 97	EMP10. (Do/Does) (you/NAME) continue to receive an income from (your/his/her) job or business during this absence? YES 1→EMP13 NO 2→EMP12 DON'T KNOW 97 →EMP12	EMP11. During the low or off-season, (do/does) (you/NAME) continue to do some work for that job or business? YES 1→EMP13 NO 2	EMP12. Last week, did (you/NAME) do any work in... ? Read and mark all that apply FARMING A→EMP14 REARING FARM ANIMALS B→EMP14 FISHING OR FISH FARMING C→EMP14 NONE OF THE ABOVE D→JS1
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					
04		— —					
05		— —					
06		— —					
07		— —					

EMPLOYMENT LAST 7 DAYS - FOR PERSONS AGE 5 YEARS AND ABOVE

EMP

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line number	EMP2. Name and age.	EMP13. 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 → CM1	EMP14. Thinking about the work in (farming, rearing animals [and/or fishing]) (you/NAME) (do/does), are the products intended..... ? ONLY FOR SALE/EXCHANGE 1 → CM1 MAINLY FOR SALE/EXCHANGE 2 → CM1 MAINLY FOR FAMILY USE 3 ONLY FOR FAMILY USE 4	EMP15. (Were/Was) (you/NAME) hired by someone else to do this work? YES 1 → CM1 NO 2	EMP16. What are the main products from (farming, rearing animals, [and/or fishing]) that (you/NAME) was/were working on? For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice] EMP16. _____ MAIN GOODS EMP16a. ISIC CODE: □□□□	EMP17. Last week, on how many days did (you/NAME) do this work? _____	EMP18. How many hours per day did (you/NAME) spend doing this last week? _____ → JS1
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

LINE	NAME	AGE				
EMP1. <i>Line Number</i>	EMP2. <i>Name and age.</i> <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		CM0. <i>Is (name) 5 years and above?</i> 1 YES 2 NO ☺ <i>Next person</i>	CM1. Last week did you have more than one job or business? YES – MORE THAN ONE JOB OR BUSINESS 1 NO – ONLY ONE JOB OR BUSINESS 2	CM2. <i>IF CM1=2 read:</i> What is the main activity of your establishment or business where you worked? IF CM1=1 read: Thinking about the job/business in which you usually work the most hours, what is the main activity of your establishment or business where you worked? <i>(e.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.)</i>	CM3. What kind of work do you usually do in your Main job/business or what is your main occupation in this establishment or business? <i>Write the job title, if any</i> <i>(example: Farmer - harvesting crops; Weaver – stitching and folding garments; Waiter – serving meals; Teacher – Primary school teacher; Domestic worker – cleaning garden)</i>
				<div style="border: 1px solid black; padding: 5px;"> <p>CM2. _____ <i>MAIN ACTIVITY</i></p> <hr style="border-top: 1px dotted black;"/> <p>CM2a. _____ <i>GOODS OR SERVICES</i></p> <hr style="border-top: 1px dotted black;"/> <p>CM2b. <i>ISIC CODE:</i> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>CM3. _____ <i>OCCUPATIONAL TITLE, IF ANY</i></p> <hr style="border-top: 1px dotted black;"/> <p>CM3b. _____ <i>MAIN TASKS AND DUTIES</i></p> <hr style="border-top: 1px dotted black;"/> <p>CM3c. <i>ISCO CODE:</i> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> </div>	
01		—				
02		—				
03		—				

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		CM0. Is (name) 5 years and above? 1 YES 2 NO ☺ Next person	CM4. How long have you worked for this employer/ this business or activity? LESS THAN 3 MONTHS 1 3 MONTHS TO < 6 MONTHS 2 6 MONTHS TO < 12 MONTHS 3 1 YEAR TO < 2 YEARS 4 2 YEARS TO < 5 YEARS 5 5 YEAR TO < 10 YEARS 6 10 YEARS OR MORE 7	CM5. (Do/does) (you/NAME) work...? AS AN [EMPLOYEE] 1→CM10 IN (YOUR/HIS/HER) OWN BUSINESS ACTIVITY 2→CM7 HELPING IN A FAMILY OR HOUSEHOLD BUSINESS 3 AS AN APPRENTICE, INTERN 4→CM10 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE 5→CM10	CM6. Who usually makes the decisions about the running of the family business? (YOU/NAME) 1 (YOU/NAME) TOGETHER WITH OTHERS 2 OTHER FAMILY MEMBER(S) ONLY 3→CM11 OTHER (NON-RELATED) PERSON(S) ONLY 4→CM11	CM7. Does the business hire any paid employees on a regular basis? YES 1→CM25 NO 2
LINE	NAME		AGE				
01	— —						
02	— —						
03	— —						

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CM0. Is (name) 5 years and above? 1 YES 2 NO ⇄ Next person	CM8. Does more than half of (your/his/her) income from the [business/activity] come from ... ? <i>Instruction: read out categories 1 and 2</i> ONE SINGLE CLIENT/CUSTOMER 1 → CM9B MULTIPLE CLIENTS/CUSTOMERS 2 HAVE NOT HAD ANY CLIENTS YET 3 → CM25	CM9. Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person? <i>Instruction: read and select one only!</i> YES, ALL OF THEM 1 → CM9B YES, MOST OF THEM 2 → CM9B YES, BUT ONLY SOME OF THEM 3 → CM25 NO 4 → CM25	CM9B. DOES THIS CLIENT / COMPANY / INTERMEDIARY / PERSON SET ...? <i>INSTRUCTION: READ</i> THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER? 1 → CM25 THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE? 2 → CM25 THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK? 3 → CM25 HOW TO ORGANIZE THE WORK? 4 → CM25 THE SUPPLIER(S) TO USE? 5 → CM25 PROVIDE THE PREMISES OR MACHINES YOU USE? 6 → CM25 NONE OF THE ABOVE? 7 → CM25	CM10. In this job (are/is) (you/he/she) working in....? THE GOVERNMENT OR A STATE OWNED ENTERPRISE 1 A FARM 2 A PRIVATE BUSINESS (NON-FARM) 3 A HOUSEHOLD(S) AS A DOMESTIC WORKER 4 AN NGO, NON-PROFIT INSTITUTION, CHURCH 5 AN INTERNATIONAL ORGANIZATION OR A FOREIGN EMBASSY 6	CM11. Which of the following types of pay (do/does) (you/NAME) receive for this work? 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 CM25	CM12. Who pays (you/NAME) for that work? PLACE/UNIT WHERE THEY WORK 1 ANOTHER AGENCY/AGENT THAT ORGANIZES THE WORK 2 OTHER (SPECIFY _____) 96
LINE	NAME	AGE						
01		— —						
02		— —						

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY AND INCOME CM
FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

LINE	NAME	AGE					
EMP1. <i>Line Number</i>	EMP2. <i>Name and age.</i> <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		CM0. <i>Is (name) 5 years and above?</i> 1 YES 2 NO ↘ <i>Next person</i>	CM13. <i>(Do/does)(you/NAME) have a written contract or oral agreement for the work (you/he/she) (do/does)?</i> YES, WRITTEN CONTRACT 1 YES, ORAL AGREEMENT 2 DON'T KNOW 97→ CM21	CM14. Does your contract or agreement specify the number of hours (you/he/she) (are/is) supposed to work? YES 1→ CM16 NO 2	CM15. Are/Is (you/NAME) at least guaranteed that (you/he/she) will get some work or hours in your job? YES, MINIMUM HOURS OR WORK GUARANTEED 1→ CM17 NO, 0-HOUR CONTRACT, CONTACTED WHEN NEEDED 2→ CM17	CM16. What are (your/NAME's) agreed or contractual working hours per week in this job? _____ HOURS PER WEEK 97 FOR DON'T KNOW
01		--					
02		--					
03		--					

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age.		CM0. Is (name) 5 years and above?	CM17. Is (your/NAME's) contract or agreement....?	CM18. How long in total is (your/NAME's) current agreement?	CM19. Which of the following applies to (your/NAME's) current agreement?	CM20. (Are/Is) (you/NAME) on a probation period to get a permanent contract?	CM21. Is (your/NAME's) work seasonal?
	Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		1 YES 2 NO ↘ Next person	FOR A SPECIFIED PERIOD OF TIME 1 UNTIL THE DATE A TASK IS COMPLETED 2 PERMANENT OR UNTIL RETIREMEN 3→CM22 ONGOING WITH NO SPECIFIED END DATE 4→CM22	DAILY CONTRACT/AGREEMENT 1 LESS THAN ONE MONTH 2 1 TO LESS THAN 3 MONTHS 3 3 TO LESS THAN 6 MONTHS 4 6 TO LESS THAN 12 MONTHS 5 12 TO LESS THAN 24 MONTHS 6 TWO YEARS OR MORE 7 NO SPECIFIED DURATION 8→CM21	IT COVERS A PARTICULAR SEASON A →CM22 IT COVERS A PERIOD OF TRAINING (APPRENTICE, TRAINEE, RESEARCH ASSISTANT, ETC) B IT IS PART OF AN EMPLOYMENT CREATION PROGRAM C →CM22 IT IS FOR SUBSTITUTE WORK D →CM22 NONE OF THE ABOVE E	YES 1→CM22 NO 2→CM22	YES 1 NO 2
LINE	NAME	AGE						
01		— —						
02		— —						
03		— —						

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		CM0. Is (name) 5 years and above? 1 YES 2 NO ☺ Next person	CM22. Does (your/NAME's) employer pay contributions to the pension fund such as Public Service Pension Scheme, the Federated Pension Fund, National Provident Fund (NPF), Special Provisions for National Assembly Members, LGA Authorities and Chiefs or Health Insurance for (you/NAME)?	CM23. Do/Does (you/NAME) get paid annual leave?	CM24. Would (you/NAME) get paid sick leave in case of illness or injury?	CM25. In what kind of place (do/does) (you/NAME) typically work?
				YES 1 NO 2 DON'T KNOW 97	YES 1 NO 2 DON'T KNOW 97	AT (YOUR/NAME'S) OWN HOME 1 AT THE CLIENT'S OR EMPLOYER'S HOME 2 AT A FARM, AGRICULTURAL LAND OR FISHING SITE 3 AT A BUSINESS, OFFICE, FACTORY, FIXED PREMISE OR SITE 4 ON THE STREET OR ANOTHER PUBLIC SPACE WITHOUT A FIXED STRUCTURE 5 IN/ON A VEHICLE (WITHOUT DAILY WORK BASE) 6 DOOR-TO-DOOR 7 OTHER 8 CANNOT SAY 9	
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY

CM

FOR EMPLOYED PERSONS AGED 15 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		CM0. Is (name) 5 years and above? 1 YES 2 NO ☺ Next person	CM26. How many persons including (you/NAME) work at (your/NAME) place of work?	CM27. Is the business (you/NAME) work(s) for registered with GRA (GAMBIA Revenue Authority)?	CM28 . Is the business (you/NAME) work(s) for an incorporated business?	CM29. What kind of accounts or records does the business keep? Are they...	CM30. Which year did (you/NAME) begin working in this business or place? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR	CM31. And which month? JANUARY 1 FEBRUARY 2 MARCH 3 APRIL 4 MAY 5 JUNE 6 JULY 7 AUGUST 8 SEPTEMBER 9 OCTOBER 10 NOVEMBER 11 DECEMBER 12 DONT'KNOW 97
LINE	NAME	AGE							
01		—							
02		—							
03		—							

**CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST 7 DAYS
FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE**

CS

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CS0. Can I confirm that you had another job/business in the last 7 days? Check: CM1=1`` 1 YES 2 NO →WKT1	CS1. Considering your second job/ business, what is the activity of your establishment or business in this job? Examples: Hotel accommodation, retail sell of groceries, custom tailoring of garments, growing rice, repair of electrical equipment For domestic workers in private household, write "domestic service"; for household farming write "farm" <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CS1. _____ MAIN ACTIVITY</p> <hr/> <p>CS1a. _____ GOODS OR SERVICES</p> <hr/> <p>CS1b. ISIC CODE: □□□□</p> </div>	CS2. What is your work/ occupation in this job? Write the job title, if any Examples: Farmer, trishaw puller, fisherman, primary school teacher, marketfood seller, tuition/coaching teacher <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CS2. _____ OCCUPATIONAL TITLE, IF ANY</p> <hr/> <p>CS2a. _____ MAIN TASKS AND DUTIES</p> <hr/> <p>CS2b. ISCO CODE: □□□□</p> </div>	CS3. In this second job, (do/does) (you/NAME) work...? AS AN [EMPLOYEE] 1→CS8 IN (YOUR/HIS/HER) OWN BUSINESS ACTIVITY 2→CS5 HELPING IN A FAMILY OR HOUSEHOLD BUSINESS 3 →CS8 AS AN APPRENTICE, INTERN 4→CS8 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE 5→CS8	CS4. Does the business hire any paid employees on a regular basis? YES 1→ WKT1 NO 2
LINE	NAME	AGE				
01		-- --				
02		-- --				
03		-- --				

**CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST 7 DAYS
FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE**

CS

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CS0. Can I confirm that you had another job/business in the last 7 days? Check: CM1=1 1 YES 2 NO ⇄ WKT1	CS5. Does more than half of (your/his/her) income from the [business/activity] come from ... ? Instruction: read out categories 1 and 2 ONE SINGLE CLIENT/CUSTOMER 1 → CS7 MULTIPLE CLIENTS/CUSTOMERS 2 HAVE NOT HAD ANY CLIENTS YET 3→WKT1	CS6. Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person? Instruction: read and select one only! YES, ALL OF THEM 1 YES, MOST OF THEM 2 YES, BUT ONLY SOME OF THEM 3→WKT1 NO 4→WKT1	CS7. Does this client / company / intermediary / person set ...? Instruction: Read THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER? 1→WKT1 THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE? 2→ WKT1 THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK? 3→ WKT1 HOW TO ORGANIZE THE WORK? 4→ WKT1 THE SUPPLIER(S) TO USE? 5→ WKT1 PROVIDE THE PREMISES OR MACHINES YOU USE? 6→ WKT1 NONE OF THE ABOVE? 7→ WKT1	CS8. Which of the following types of pay (do/does) (you/NAME) receive for this work? A WAGE OR SALARY A PAYMENT BY PIECE OF WORK COMPLETED COMMISSIONS B 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
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				

WORKING TIME IN EMPLOYMENT **WKT**

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

Last week (Monday to Sunday)

EMP1. <i>Line Number</i>	EMP2. <i>Name and age.</i> <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		WKT0. <i>Is (name) 5 years and above?</i> 1 YES 2 NO [☆] <i>Next person</i>	WKT1. How many hours (do/does) (you/NAME) usually work per week in (your/his/her) main job? _____ HOURS PER WEEK ----- DON'T KNOW 997	WKT2. In total, how many hours did (you/NAME) actually work in (your/his/her) main job last week? _____ HOURS PER WEEK ----- DON'T KNOW 997	Ask if CM1=1, ELSE →WKT8a WKT3. How many hours (do/does) (you/NAME) usually work per week in (your/his/her) second job? _____ HOURS PER WEEK ----- DON'T KNOW 997	WKT4. How many hours did (you/NAME) actually work last week in (your/his/her) second job? _____ HOURS PER WEEK ----- DON'T KNOW 977	WKT5. Did you have any other jobs last week? YES 1 NO 2→WKT8a
LINE	NAME	AGE						
01		-- --						
02		-- --						
03		-- --						
04		-- --						
05		-- --						

WORKING TIME IN EMPLOYMENT

WKT

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

Last week (Monday to Sunday)

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	WKT0. Is (name) 5 years and above? 1 YES 2 NO ↕ Next person	WKT6. How many hours (do/does) (you/NAME) usually work per week in all (your/his/her) other job(s)? _____ HOURS PER WEEK DON'T KNOW 997	WKT7. How many hours did (you/NAME) actually work last week in all (your/his/her) other job(s)? _____ HOURS PER WEEK DON'T KNOW 997	WKT8a. TOTAL HOURS USUALLY WORKED IN ALL JOB(S) (WKT1+WKT3+WKT6) <input type="checkbox"/>	WKT8b. TOTAL HOURS ACTUALLY WORKED IN ALL JOB(S) (WKT2+WKT4+WKT7) <input type="checkbox"/>	WKT9. During the last four weeks, that is from [DATE] up to [last DAY/yesterday] did (you/NAME) look for additional or other paid work? YES 1 NO 2
LINE	NAME	AGE					
01		-- --					
02		-- --					
03		-- --					
04		-- --					
05		-- --					

WORKING TIME IN EMPLOYMENT

WKT

FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

EMP1. <i>Line Number</i>	EMP2. <i>Name and age.</i>		WKT0. <i>Is (name) 5 years and above?</i>	ASK ONLY IF WKT8a<35, ELSE GO TO WKT13	WKT11. Could (you/NAME) start working more hours within the next two weeks?	WKT12. How many additional hours per week could (you/NAME) work?	WKT13. To what extent are you satisfied with your main job?	WKT14. Do/Does (you/NAME) want to change (your/his/her) current employment situation?	WKT15. What is the main reason why (you/NAME) want(s) to change (your/his/her) employment situation?
	<i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		1 YES 2 NO ↷ <i>Next person</i>	WKT10. Would (you/NAME) want to work more hours per week than usually worked, provided the extra hours are paid? YES 1 NO 2→ WKT13	YES 1 NO 2→ WKT13	_____ HOURS PER WEEK <hr style="width: 50%; margin: 0 auto;"/> DON'T KNOW 997	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 NEUTRAL 3 SOMEWHAT UNSATISFIED 4 VERY UNSATISFIED 5	YES 1 NO 2→ OPA1	PRESENT JOB(S) IS/ARE TEMPORARY 1 TO HAVE A BETTER PAID JOB 2 TO HAVE MORE CLIENTS/BUSINESS 3 TO WORK MORE HOURS 4 TO WORK FEWER HOURS 5 TO BETTER MATCH SKILLS 6 TO WORK CLOSER TO HOME 7 TO IMPROVE OTHER WORKING CONDITIONS 8 OTHER (SPECIFY: _____) 96
LINE	NAME	AGE							
01		—							
02		—							
03		—							
04		—							
05		—							

OWN USE PRODUCTION OF AGRICULTURE GOODS AMONG EMPLOYED PERSONS

OPA

ASK IF EMP4=1, ELSE →E11

Last week (Monday to Sunday)

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 YES 2 NO ↷ Next person	OPA1. READ: The next questions are about unpaid work in farming or fishing that (you/NAME) may have done for your household or family last week. That is not to sell. read and mark all that apply WORK OR HELP IN ANY FARMING ACTIVITIES TO PRODUCE FOOD FOR THE FAMILY A KEEP OR HELP IN A FAMILY [KITCHEN GARDEN OR ORCHARD] B REAR OR TEND FARM ANIMALS KEPT BY THE FAMILY C WORK OR HELP IN FAMILY FISHING (OR FISH FARMING) ACTIVITIES D NONE OF THE ABOVE E → E11	OPA2. What are the main (animals, farming, and/or [fishing]) products that (you/NAME) (are/is) working on for the family last week? For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice] OPA2. _____ MAIN CROPS OPA2a. ISICODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OPA3. On how many days did (you/NAME) do this work last week? _____ NUMBER OF DAYS	OPA4. How many hours per day did (you/NAME) spend doing this last week? _____ NUMBER OF HOURS DON'T KNOW 97
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				
07		— —				

EMPLOYMENT RELATED INCOME (For all household members of age 5 years and above, who are in employment)

EI

FOR EMPLOYEES AND PAID APPRENTICESHIP/ INTERNS (ASK IF CM5 = 1 OR 4, ELSE GO TO EI11)

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		Check Is CM5=1 OR 4 for name? 1 Yes 2 No →EI11	EI1. The last time you were paid in your main job, were you paid in cash such as salaries, wages, commissions, bonuses or tips? YES 1 NO, PAID IN KIND ONLY 2 →EI6 NOT PAID AT ALL 3→EI6	EI2. How much did you receive the last time you were paid? _____ (Please round up) Do not what to disclose	EI3. What period did this payment cover? PIECE RATE OR ONE-TIME PAYMENT 1→EI6 ONE DAY 2 →EI6 ONE WEEK 3 TWO WEEKS 4 ONE MONTH 5 OTHER 96	EI4. How many days did you work in your main job during that period? _____ Days
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					
04		__ __					
05		__ __					
06		__ __					
07		__ __					

EMPLOYMENT RELATED INCOME (For all household members of age 5 years and above, who are in employment))

EI

FOR EMPLOYEES AND PAID APPRENTICESHIP/ INTERNS (I.E. IF CM5 = 1 OR 4)

EMP1. Line Number	EMP2. Name and age.	Check Is CM5=1 OR 4 for name?	E15. On average, how many hours did you work per day in your main job during that period?	E16. Does your employer provide you with ...? <i>(Please write all that apply)</i> HOUSING A FOOD AND/OR DRINKS B TRANSPORT (VEHICLE, FUEL, TRANSPORT FARE) C CLOTHING/CLOTHING ALLOWANCE (OTHER THAN UNIFORMS) D OTHER (SPECIFY) _____ X NONE Y → E110	E17. If one had to purchase those products, how much would they have cost? (Please round up) _____ Do not what to disclose	E18. Did you have to pay any amount to receive these goods? Yes 1 No 2 → E110	E19. How much did you pay? (Please round up) _____ Do not what to disclose	E110. Last month, how much did you receive in additional income or earnings from any secondary activity (regular, occasional/exceptional, etc.)? (Please estimate for all secondary activities, and round up) _____ Do not what to disclose
LINE	NAME	AGE						
01		— —						
02		— —						
03		— —						
04		— —						
05		— —						
06		— —						
07		— —						

EMPLOYMENT RELATED INCOME

EI

(FOR EMPLOYERS AND OWN-ACCOUNT WORKERS, AND OTHERS WHO ARE NOT PAID EMPLOYEES/INTERNS (I.E. IF CM5=2 ,3, OR 5)

For all household members of age 5 years* and above, who are in employment

EMP1. Line Number			EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	Check Is CM5=2 OR 3 OR 5 for name ? 1 Yes 2 No \rightarrow OPG1	EI11. Last month, how much did you make in net profit, from your main business or activity? That is, after considering all the sales and deducting all expenses? _____	EI12. Last month, did you take any products from your main business or activity for the household's own use? YES 1 NO 2 \rightarrow EI14 DON'T KNOW/ REFUSED 3 \rightarrow EI14	EI13. If one had to purchase those products, how much would they have cost? (Please round up) _____ Do not what to disclose	EI14. Last month, how much did you receive in additional income or earnings from any secondary activity (regular, occasional/ exceptional, etc.)? (Please estimate the total for all secondary activities, and round up) _____ Do not what to disclose
LINE	NAME	AGE						
01		__ __						
02		__ __						
03		__ __						
04		__ __						
05		__ __						
06		__ __						

ASK IF EMP15=2 OR EMP12='D'

FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 5 YEARS AND ABOVE

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	JS0. Is (name) 5 years and above? 1 YES 2 NO ☺ Next person	JS1. During the last 4 weeks, that is from [DATE] up to last week, did you look for a job or try to start a business? YES 1→JS3 NO 2	JS2. Or did you try to do anything to find any kind of work to generate income, even if small or casual jobs? YES 1 NO 2→JS4	JS3. What did you do in the last 4 weeks to find a job or try to start a business? <i>Interviewer: READ. Please record only the main job search activity)</i> FOR BUSINESS LOOKED FOR LAND, BUILDING, MACHINERY OR EQUIPMENT OR RAW MATERIALS 1→JS6 ARRANGED FOR FINANCIAL RESOURCES 2→JS6 APPLIED FOR LICENSE OR PERMIT 3→JS6 FOR EMPLOYMENT APPLIED/CONTACTED ORGANIZATIONS/EMPLOYERS 4→JS6 CHECKED AT WORK SITES, SHOPS, MARKETS, ETC. 5→JS6 PLACED OR ANSWERED JOB ADVERTISEMENTS 6→JS6 SOUGHT ASSISTANCE OF FRIENDS OR RELATIVES 7→JS6 REGISTERED WITH LABOUR EXCHANGE OFFICE 8→JS6 TOOK A TEST OR INTERVIEW 9→JS6 SOCIAL MEDIA (FACEBOOK, INTERNET, ETC.) 10→JS6 NO METHOD (CONFIRMS NO JOB SEARCH) 11 OTHER (SPECIFY) 96→JS6	JS4. Even though you did not look for work in the last 4 weeks, do you want to work for pay or profit? YES 1 NO 2→JS8	JS5. What was the Main reason why you did not seek work or try to start a business during the last 4 weeks? FOUND WORK BUT WAITING TO START 1 AWAITING REPLIES TO EARLIER ENQUIRIES 2→JS7 AWAITING FOR THE SEASON TO START 3→JS7 ATTENDED SCHOOL/TRAINING COURSES 4→JS7 FAMILY RESPONSIBILITIES OR HOUSEWORK 5→JS7 ILLNESS, INJURY OR DISABILITY 6→JS7 TOO YOUNG/OLD TO FIND WORK 7→JS7 DOES NOT KNOW WHERE TO LOOK FOR WORK 8→JS7 LACKS EMPLOYERS' REQUIREMENTS (SKILLS, EXPERIENCE, QUALIFICATIONS) 9→JS7 NO JOBS AVAILABLE IN THE AREA 10→JS7 RETIRED, PENSIONER, OTHER SOURCES OF INCOME 11 →JS7 OTHER REASONS (SPECIFY) ___ 96→JS7
LINE	NAME	AGE					

01		--						
02		--						
03		--						

JOB SEARCH (UNEMPLOYMENT)

FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 5 YEARS AND ABOVE

JOB SEARCH (UNEMPLOYMENT)								
FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 5 YEARS AND ABOVE								
EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	JS0. Is (name) 5 years and above? 1 YES 2 NO → Next person	JS5B. How soon do you expect to start working in this new job or business? ONE MONTH OR LESS 1 MORE THAN ONE MONTH AND UP TO THREE MONTHS 2 MORE THAN THREE MONTHS 3	JS6. How long have you been without work and trying to find a job or start a business? LESS THAN 1 MONTH 1 ONE MONTH TO < 3 MONTHS 2 THREE MONTHS TO < 6 MONTHS 3 SIX MONTHS TO < 12 MONTHS 4 ONE YEAR TO < 2 YEARS 5 TWO YEARS OR MORE 6	JS7. If a job or business opportunity had been available, could (you/NAME) have started working last week? YES 1 → OPG1 NO 2	JS7B. Could (you/NAME) start working within the next two weeks? 1 Yes → OPG1 2 No	JS8. What is the main reason why you do not want or you are not available to work? IN SCHOOL/ TRAINING 1 HOUSEWORK/ FAMILY RESPONSIBILITIES 2 ILLNESS, INJURY, DISABILITY 3 RETIRED, PENSIONER 4 TOO OLD FOR WORK 5 OFF-SEASON 6 WORKING CONDITIONS NOT ACCEPTABLE 7 → OPG1 ENGAGED IN SUBSISTENCE FARMING/FISHING 8 DOING VOLUNTARY, COMMUNITY OR CHARITY WORK 9 ENGAGED IN CULTURAL OR LEISURE ACTIVITIES 10 OTHER (SPECIFY)___96	JS9. At any time in the last 12 months, that is since [MO] up to last month, did (you/NAME) look for a paid job or try to start a business? YES 1 NO 2
LINE	NAME	AGE						
01		—						

		—							
02									
03									

OWN USE PRODUCTION OF OTHER GOODS:

OPG

ASK FOR ALL HOUSEHOLD MEMBERS THAT ARE 5 YEARS AND ABOVE.

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.

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 YES 2 NO ⇄ Next person	OPG1. Last week, did (you/NAME) you gather wild food such as [mushrooms, herbs...]? YES 1 NO 2 → OPG3	OPG2. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997	OPG3. Last week, did (you/NAME) go hunting for [bush meat...]? YES 1 NO 2 → OPG5	OPG4. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				
07		— —				

OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 5 YEARS AND ABOVE.

OPG

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.

Last week (Monday to Sunday). This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 Yes 2 No ↘ Next person		OPG5. Last week, did (you/NAME) prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese...]? YES 1 NO 2 → OPG7	OPG6. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997	OPG7. 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 1 NO 2 → OPG9	OPG8. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					
04		__ __					
05		__ __					
06		__ __					
07		__ __					

OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 5 YEARS AND ABOVE.

OPG

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.

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 Yes 2 No → Next person	OPG9. Last week, did (you/NAME) spend any time making goods for use by your household or family such as [mats, baskets, furniture, clothing,...]? YES 1 NO 2 → OPG11	OPG10. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997	OPG11. Last week, did (you/NAME) fetch water from natural or public sources for use by your household or family? YES 1 NO 2 → OPG13	OPG12. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997	
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					
04		__ __					
05		__ __					
06		__ __					
07		__ __					

OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 5 YEARS AND ABOVE.

OPG

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.

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 5 years and above? 1 Yes 2 No ☹ Next person	OPG13. Last week, did (you/NAME) collect any firewood [or other natural products] for use as fuel by your household or family? YES 1 NO 2 → OPG15	OPG14. How many hours did (you/NAME) spend doing this last week? _____ HOURS LAST WEEK DON'T KNOW 997	OPG15. 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 1 NO 2 → H1	OPG16. How many hours did (you/NAME) spend doing this last week? INTERVIEWER Write the number of hours in 0.5 hour intervals _____ HOURS SPENT DON'T KNOW 997
LINE	NAME	AGE				
01		—				
02		—				
03		—				
04		—				
05		—				
06		—				
07		—				

HAZARDOUS WORK : FOR CHILDREN 5 TO 17

Ask if EMP4 = 1 OR EMP5= 1 OR EMP6 = 1 OR EMP7 = 1 OR (EMP12 = A OR B OR C) OR (OPA1 = A OR B OR C OR D) OR (OPG1, OPG3, OPG5, OPG7, OPG9, OPG11, OPG13, OPG15 = 1)

If any of these criteria are met, continue to H1 else end

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 question 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?

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	FW0. Is (name) between 5 and 17 years? 1 YES 2 NO ☺ Next person	H1. 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	H2. 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?	H3. Using powered tools (electric or gas)? e.g. drills, saws, chain/table saws, electric sanders, jackhammers	H4. Using sharp tools? e.g. axes, knives, machetes	H5. 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 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE					
01		—					
02		—					
03		—					
04		—					
05		—					

HAZARDOUS WORK : FOR CHILDREN 5 TO 17

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 question 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?

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	FW0. Is (name) between 5 and 17 years? 1 YES 2 NO ☺ Next person	H6. 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	H7. Working in very a noisy place, so that (you/NAME) had to shout to speak? e.g. very loud noisy machines, loud traffic	H8. Working indoors or outdoors where dust, sand, smoke or fumes make it hard to breathe or see clearly? e.g. insufficient ventilation	H9. 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	H10. Working long hours in the hot sun without a break?
			YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE					
01		—					
02		—					
03		—					
04		—					
05		—					

HAZARDOUS WORK : FOR CHILDREN 5 TO 17

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 question 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?

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		FW0. Is (name) between 5 and 17 years? 1 YES 2 NO ♂ Next person	H11. 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	H12. Working underwater? e.g. diving for shells, untangling nets in seas, lakes, rivers?	H13. 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	H14. 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	H15. 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 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE						
01		—						
02		—						
03		—						
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HAZARDOUS WORK : FOR CHILDREN 5 TO 17

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 question 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?

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	FW0. Is (name) between 5 and 17 years? 1 YES 2 NO ↷ Next person	H16. 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)?	H17. Doing the same task over and over again at a fast pace for long hours? <e.g., weaving, pounding rocks>	H18. Do (you/NAME) generally feel safe at work?	H19. Have (you/NAME) ever been punished for mistakes made at work?	H20. Would (you/NAME) be allowed to leave your workplace if (you/NAME) were very ill, injured, had a serious family problem or wanted to quit?
			YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99	YES 1 NO 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE					
01		—					
02		—					
03		—					
04		—					

WORKPLACE VIOLENCE : FOR CHILDREN 5 TO 17

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

Last week (Monday to Sunday): This module is to be administered to household members that are 5 years and above.

EMP1. Line Number	EMP2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	FW0. Is (name) between 5 and 17 years? 1 YES 2 NO → Next person	H21. 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 1 NO 2 → H23 DON'T KNOW 97 → H23 REFUSE 99 → H23 NOT APPLICABLE 98 → H23	H22. Who did this to (you/NAME)? AN ADULT 1 ANOTHER CHILD/ADOLESCENT 2 DON'T KNOW 97 REFUSE 99	H23. 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 1 NO 2 → H25 DON'T KNOW 97 → H25 REFUSE 99 → H25 NOT APPLICABLE 98 → H25	H24. Who did this to (you/NAME)? AN ADULT 1 ANOTHER CHILD/ADOLESCENT 2 DON'T KNOW 97 REFUSE 99	H25. 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 1 NO 2 → I19 DON'T KNOW 97 → I19 REFUSE 99 → I19 NOT APPLICABLE 98 → I19	H26. Who did this to (you/NAME)? AN ADULT 1 ANOTHER CHILD/ADOLESCENT 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE						
01		—						

I110: END TIME OF INDIVIDUAL INTERVIEW

HOURS : MINUTES

