CM10LABOUR FORCE SURVEY

The 2026 Gambia Labour Force Survey

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: _____ Contact number 1: __ __ __ __ __ __ __ __ __ __ Contact number 2: __ __ __ __ __ __ __ __ __ __		
HH6. *Day / Month / Year of interview:* ___ ___ /___ ___ / 2 0 2 6		**HH8**. LGA:
HH7. AREA:	URBAN 1 RURAL 2	BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8

	HH9. *Start time of Household Interview* HOURS : MINUTES __ __ : __ __

HH10. Hello. My name is [NAME]. I work for the Gambia Bureau of Statistics (GBoS). GBoS is the official government institution mandated by law to collect national statistics in The Gambia to support informed decision-making for national development. We are currently conducting the Gambia Labour Force Survey, which collects information on work, employment, and livelihoods. Your household was scientifically selected to take part in this survey. The information you provide will only be used for statistical purposes to help the Government understand employment and improve planning. Your answers will be kept strictly confidential. Your name will not appear anywhere, and no one outside GBoS will see your individual responses. This interview will take about 45 minutes. May I start the interview now?

YES	1	1⇨*HL2 (LIST OF HOUSEHOLD MEMBERS)* 2⇨*HH11*
NO/NOT ASKED	2	

HH11. *Result of Household Questionnaire interview:* *Discuss any result not completed with Supervisor.*	COMPLETED	1
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT	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 (*SPECIFY*)	96

HOUSEHOLD MEMBER ROSTER

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 is 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-HL14 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.* DK 97 DK 9997	**HL6.** How old is (***name***)? *Record in completed years.* *if age < 1-year record 00* *If age is 98 or older enter 98*	**HL7.** *Is (**name**) 12 years or older?* YES 1 NO 2 ⇨ *HL10*	**HL8.** What is the current marital status of (***name**)?* *read the options* NEVER MARRIED 1 MARRIED 2 COHABITING/LIVING TOGETHER 3 DIVORCED / SEPARATED / WIDOWED 4 **IF 1→HL10** **IF 3→HL10** **IF 4 →HL10**	**HL9.** What is (***name***)'s type of union? MONOGAMOUS 1 POLYGAMOUS 2	**HL10.** What is ***(name)***'s nationality? GAMBIAN A SENEGALESE B NIGERIAN C SIERRA LEONEAN D LIBERIAN E GHANAIAN F GUINEAN G BISSAU GUINEAN H MAURITANIAN I OTHER WEST AFRICAN J OTHER AFRICAN K NON-AFRICAN L STATELESS M MALIAN N *(if HL10≠A ⇨ 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

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	GRANDSON/DAUGHTER	5	BROTHER-IN-LAW/SISTTER-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	GRANDPARENT	16		

HL1. *Line number*	**HL12.** What is ***(name***)'s religion? ISLAM 1 CHRISTIANITY 2 TRADITIONAL 3 NO RELIGION 4 OTHER RELIGION (*SPECIFY)* 96
LINE NUMBER	
01	
02	
03	
04	
05	
06	

HOUSEHOLD SOURCES OF LIVELIHOOD

READ: Now I want to ask you a few questions about the household…

HH13.
In the last 12 months, from [MO] up to last month, which of the following sources of support did the household have?

Multiple responses possible

INCOME FROM HOUSEHOLD FARMING OR FISHING	A
INCOME FROM A HOUSEHOLD BUSINESS (OTHER THAN FARMING OR FISHING)	B
INCOME FROM A PAID JOB (HELD BY A HOUSEHOLD MEMBER OR YOURSELF)	C
FOOD PRODUCED BY THE HOUSEHOLD FROM FARMING, RAISING ANIMALS OR FISHING	D
MONEY OR SUPPORT FROM PEOPLE LIVING ABROAD	E
SUPPORT FROM OTHER HOUSEHOLDS IN THE GAMBIA	F
INCOME FROM PROPERTIES, INVESTMENTS OR SAVINGS	G
PRIVATE OR STATE PENSION OR [OTHER GOVERNMENT SUPPORT]	H
CHARITY FROM OTHER CHARITABLE ORGANIZATIONS	I
OTHER (SPECIFY):_____	J

HH14.
In the last 12 months, which of those was the MAIN source of support of this household?

Only responses/options selected in hl13 should be displayed here

INCOME FROM HOUSEHOLD FARMING OR FISHING	1
INCOME FROM A HOUSEHOLD BUSINESS (OTHER THAN FARMING OR FISHING)	2
INCOME FROM A PAID JOB (HELD BY A HOUSEHOLD MEMBER OR YOURSELF)	3
FOOD PRODUCED BY THE HOUSEHOLD FROM FARMING, RAISING ANIMALS OR FISHING	4
MONEY OR SUPPORT FROM PEOPLE LIVING ABROAD	5
SUPPORT FROM OTHER HOUSEHOLDS IN THE GAMBIA	6
INCOME FROM PROPERTIES, INVESTMENTS OR SAVINGS	7
PRIVATE OR STATE PENSION OR [OTHER GOVERNMENT SUPPORT]	8
CHARITY FROM OTHER CHARITABLE ORGANIZATIONS	9
OTHER (SPECIFY):_____	96
CANNOT SAY	997

EDUCATION **ED**

LINE NUMBER	IF AGED 3 YEARS OR OLDER		IF AGED 3 YEARS OR OLDER		
	EVER ATTENDED SCHOOL		CURRENT ATTENDANCE		REASON FOR NEVER BEEN TO SCHOOL
ED1	**ED2**	**ED3**	**ED4**	**ED5**	**ED6**
	Has **(NAME)** ever attended school? [includes conventional & madrassah]	What is the highest level of school **(NAME)** has attended? What is the highest grade **(NAME)** completed at that level?	Did **(NAME)** attend school at any time during the 2025-2026 school year?	During this school year, what level and grade is **(NAME)** attending?	What was the main reason **(NAME)** never attended school?
	YES 1 NO 2 DON'T KNOW 97 **IF 2⇨ED6** **IF 97⇨ED7**	LEVEL ☐ ECE 0 PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL 4 DIPLOMA 5 HIGHER 6 DON'T KNOW 97 **IF 97⇨ED4**	GRADE/YEAR ☐☐ DON'T KNOW 97 **RANGE FOR CAPI** ECE (1-4) PRIMARY (1-6) LOWER SECONDARY (1-3) UPPER SECONDARY (1-3) VOCATIONAL (1-2) DIPLOMA (1-3) HIGHER (1-12) At each level add 0 for no grade completed	YES 1 NO 2 DON'T KNOW 97 **IF 2⇨ED7** **IF97⇨ED7**	LEVEL ☐ ECE 0 PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL 4 DIPLOMA 5 HIGHER 6 DON'T KNOW 97 **IF 97⇨ED7**	GRADE/YEAR: ☐☐ DON'T KNOW 97 **RANGE FOR CAPI** ECE (1-4) PRIMARY (1-6) LOWER SECONDARY (1-3) UPPER SECONDARY (1-3) VOCATIONAL (1-2) DIPLOMA (1-3) HIGHER (1-12) **ENTER GRADE/YEAR⇨ED7**	WORK OBLIGATIONS 1 FINANCIAL CONSTRAINTS/TOO EXPENSIVE 2 LACK OF ACCESS TO SCHOOLS/TOO FAR 3 PARENTS DID NOT VALUE EDUCATION/NOT USEFUL 4 FAMILY RESPONSIBILITIES 5 HEALTH ISSUES/DISABILITY/ILLNESS 6 RELIGIOUS OR CULTURAL BELIEFS 7 EARLY MARRIAGE OR PREGNANCY 8 TOO YOUNG 9 ATTENDING DARA/KORANIC MEMORISATION 10 OTHER (SPECIFY) 96 DON'T KNOW 97

01							
02							
03							
04							
05							

EDUCATION	**ASK IF HL6 >= 15**	**ASK IF ED3 = [4, 5,6]**	**ASK IF ED2=[2, 97] OR ED4=[2, 97] AND AGE IS 15 YEARS OR OLDER**
LINE NUMBER	LITERACY	FIELD OF STUDY	TRAINING IN THE LAST 4 WEEKS
ED1	**ED7**	**ED8**	**ED9**
	Can **(NAME)** read and write in any language?	What was (your/NAME's) field of study?	In the last 4 weeks, did (**name**) attend any courses, seminars or other training to develop specific skills, for example languages, computer skills, plumbing etc.? This include technical and vocational trainings
	1.YES, READ AND WRITE 2.YES, READ ONLY 3. NO **CAPI: Verify if the education level is Diploma or Higher and the person cannot read and write in any language (soft check)**	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 1 NO 2 DON'T KNOW 97
01			
02			
03			
04			
05			

TRAINING 15 YEARS OR OLDER										**ED**
TR1. *Line number*	**TR2**. *Name and age.* *Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.*		**TR3**. Has (***name***) attended a training course in the last 12 months? **Interviewer:** Includes attending a trade, technical or vocational trainings YES 1 NO 2 DON'T KNOW 97 **If 2 OR 97 skip to next**	**TR4**. What is (***name***)'s sector of training? FORMAL 1 NON-FORMAL 2 DON'T KNOW 97 **If 97, skip to next person** ***Interviewer:*** *formal training has somewhat fixed curriculum leading to nationally recognized qualification*	**TR5**. Name of training Course/programme? ***Interviewer:*** *e.g. Accountancy, Nursing, Construction, Information Communication & Technology, Tailoring & Fashion Design, Tourism and Hospitality, Tie dye & Batik etc.* _____	**TR6**. Who was the main sponsor for the training? EMPLOYER 1 SELF-FINANCING / PARENTS 2 PRIVATE INSTITUTIONS/AGENCIES/PERSONS 3 NON-PROFIT ORGANIZATION/CHARITY 4 INTERNATIONAL ORGANIZATION 5 RELATIVES 6 OTHER (SPECIFY) 96 DON'T KNOW 97	**TR7**. Was the training part of **(name)**'s regular work? YES 1 NO 2 DON'T KNOW 97	**TR8**. Did (***name***) complete the training? YES, WITH CERTIFICATE 1 YES, WITHOUT CERTIFICATE 2 TRAINING IS ONGOING 3 NO/DROPPED-OUT 4	**TR9.** How many months did/does the training take? *Record in months* ***CAPI: Ask if TR8 is 1,2,3***
LINE	NAME	AGE								
01		___						__ __		
02		___						__ __		
03		___						__ __		
04		___						__ __		
05		___						__ __		
06		___						__ __		
07		___						__ __		

INTERNAL MIGRATION: IM
Respondents: ADMINISTERED FOR ALL HOUSEHOLD MEMBERS

These sets of questions should be asked for 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 has (name) lived in this village/town/city? ___ ***Interviewer:*** *Lived here" means where they usually reside, for 6 months or more per year".* **00 = LESS THAN 1 YEAR** **01-96 = RANGE FOR NUMBER OF YEARS** **99 = LIVED HERE SINCE BIRTH** **97 = DON'T KNOW** **IF IM3 = 99 → SKIP TO IM7** **ELSE → GO TO IM4** **Error:** If MIG3=2, live here since birth is an error! This person is foreign-born. If IM3 is **00-96**, calculate: (Current_Year - IM4). **Soft check:** If this calculated duration differs from IM3 by more than 1 year, show a soft warning: "***The years lived (*IM3*) and the arrival year (*IM4*) seem inconsistent. Please verify.***"	**IM4.** In what year did (name) arrive to live in this village/town/city? __ __ __ __ Year (YYYY) 9997 = Don't know	**IM5.** Which LGA did (name) move from? ***Interviewer:*** *This is the LGA of their previous usual residence. For* ***return migrants****, the previous usual residence may be* ***outside The Gambia****. In such cases, select* ***"Abroad" (Code 9)*** *and specify the country.* BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD (SPECIFY COUNTRY) 9

LINE	NAME	AGE			
01		___			
02		___			

IM1. *Line number*	**IM2**. *Name and age.* *Copy names and ages of all household members from HL2 and HL3 below*		**IM6.** What was (NAME)'s main reason for moving to this LGA? ***Interviewer:*** *Read options. Mark one only.* 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 8 CONFLICT, POLITICAL, INSECURITY, NATURAL DISASTER 9 LIFESTYLE, COST-OF-LIVING 10 FOR BETTER HOUSING 11 EVICTION BY LANDLORD (FORCED) 12 NOTICE TO VACATE/TENANCY ENDED (NON-FORCED) 13 OTHER (SPECIFY) 96	**IM7.** In which LGA was (name) born? **Interviewer:** For foreign-born respondents, select "Abroad" and specify country. BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD (SPECIFY COUNTRY) 9 → **NEXT PERSON** **Programmer to load country code valueset with search function for Code 9.**
LINE	NAME	AGE		
01		___		
02		___		

INTERNATIONAL MIGRATION STATUS (MIG)
FOR ALL HOUSEHOLD MEMBERS **MIG**

MIG1. *Line number*	**MIG2**. *Name and age.*		**MIG3** Was **(NAME**) born in The Gambia? YES 1 NO 2 If 1→**MIG8**	**MIG4** In which country was **(NAME)** born? SENEGAL 1 NIGERIA 2 SIERRA LEONE 3 LIBERIA 4 GHANA 5 GUINEA 6 BISSAU GUINEA 7 MAURITANIA 8 OTHER WEST AFRICA 9 OTHER AFRICA 10 NON-AFRICA 11 MALI 12 DON'T KNOW 97	**MIG5** When did **(NAME**) arrive to live in The Gambia? A._____ MONTH (MM) 97 DON'T KNOW B._____ → **MIG7** YEAR(YYYY) 9997 DON'T KNOW **CAPI**: IM3 (years lived in current location) should be consistent with MIG5 (arrival date in Gambia) for foreign-born (MIG3=2).	**MIG6** How long has **(NAME**) been living in The Gambia? *READ* LESS THAN 12 MONTHS 01 ONE YEAR TO LESS THAN 5 YEARS 02 FIVE YERS TO LESS THAN 10 YEARS 03 TEN YEARS OR MORE 04	**MIG7** What was **(NAME)**'s main reason for moving to The Gambia? 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 8 CONFLICT, POLITICAL, INSECURITY, NATURAL DISASTER 9 LIFESTYLE, COST-OF-LIVING 10 FOR BETTER HOUSING 11 OTHER 96 (SPECIFY):_____	**MIG8** Is **(NAME)** a citizen of…? *READ AND MARK ALL THAT APPLY* THE GAMBIA a. →**Next person** Another co ntry b. *DO NOT READ* [STATELESS] c. →**Next person** **CAPI: Option C can't be selected with other options**	**MIG9** Which other country is **(NAME)** a citizen of…? SENEGAL B NIGERIA C SIERRA LEONE D LIBERIA E GHANA F GUINEA G BISSAU GUINEA H MAURITANIA I OTHER WEST AFRICA J OTHER AFRICA K NON-AFRICA L MALI N DON'T KNOW Z
LINE	NAME	AGE							
01		___							
02		___							
03		___							
04		___							
05		___							
06		___							
07		___							

FUNCTIONING (FN): ***ALL HH MEMBERS THAT ARE 15 YEARS OR OLDER*** **FN**

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

All HH members that are 15 years or older

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 DIFFICULTY 1; YES, SOME DIFFICULTY 2; YES, A LOT OF DIFFICULTY 3; CANNOT DO IT AT ALL 4; DON'T KNOW 97; REFUSED 99	**FN4.** (Do/does) (you/NAME) have difficulty hearing, even if using a hearing aid? *READ* NO, NO DIFFICULTY 1; YES, SOME DIFFICULTY 2; YES, A LOT OF DIFFICULTY 3; CANNOT DO IT AT ALL 4; DON'T KNOW 97; REFUSED 99	**FN5.** (Do/does) (you/NAME) have difficulty walking or climbing steps? *READ* NO, NO DIFFICULTY 1; YES, SOME DIFFICULTY 2; YES, A LOT OF DIFFICULTY 3; CANNOT DO IT AT ALL 4; DON'T KNOW 97; REFUSED 99	**FN6.** (Do/does)(you/NAME) have difficulty remembering or concentrating? *READ* NO, NO DIFFICULTY 1; YES, SOME DIFFICULTY 2; YES, A LOT OF DIFFICULTY 3; CANNOT DO IT AT ALL 4; DON'T KNOW 97; REFUSED 99
LINE	NAME	AGE				
01		___				
02		___				
03		___				
04		___				
05		___				
06		___				
07		___				

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.*		**FN7.** (Do/does) (you/NAME) have difficulty with (self-care such as) washing all over or dressing? *READ* NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 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 DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 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* ___ ___ /___ ___ / 2 0 2 6

For household members aged 5 years or older	**II7**. *START TIME OF INDIVIDUAL INTERVIEW* HOURS : MINUTES __ __ : __ __

II8. Hello. My name is [NAME]. I work for the Gambia Bureau of Statistics (GBoS). GBoS is the official government institution mandated by law to collect national statistics in The Gambia to support informed decision-making for national development. We are currently conducting the Gambia Labour Force Survey, which collects information on work, employment, and livelihoods. Your household was scientifically selected to take part in this survey. The information you provide will only be used for statistical purposes to help the Government understand employment and improve planning. Your answers will be kept strictly confidential. Your name will not appear anywhere, and no one outside GBoS will see your individual responses. This interview will take about 45 minutes. May I start the interview now?

YES	1	1⇨*EMP4 (LEMPLYOMENT MODULE)*
NO/NOT ASKED	2	2⇨ *II9*

II9. *Results of individual interviews:* *Discuss any result not completed with Supervisor.*		
	COMPLETED	1
	NOT AT HOME	2
	REFUSED	3
	PARTIALLY COMPLETED	4
	INCAPACITATED (*SPECIFY*)	5
	POSTPONED	6
	OTHER (*SPECIFY*)	96

EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 5 YEARS OR OLDER **EMP**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	**EMP4**. Last calendar week, from last (Monday) up to (Sunday), did **(NAME)** work for someone else for pay, for one or more hours? (including casual or piece work for cash payment, or in-kind payment or in exchange for food or housing) YES 1 →**CM1** NO 2	**EMP5**. Last calendar week, from last (Monday) up to (Sunday), did **(NAME)** run or do any kind of business, farming or other activity to generate income? *For example: making things for sale, buying or reselling things, provided paid services, growing products, raising animals, catching fish, hunting or foraging for sale, or any other activity to generate income.* YES 1 →**EMP13** NO 2	**EMP6**. Last calendar week, from last (Monday) up to (Sunday), did **(NA**ME) help in a family business or farm? (E.g. Help a family member engaged in an activity to generate income for the family; Help to produce farm products for sale or exchange; Help to make or sell things for sale or exchange; Guarding or cleaning the family business; etc.) YES 1 →**EMP13** NO 2

LINE	NAME	AGE				
01		__ __				
02		__ __				
03		__ __				
04		__ __				
05		__ __				
06		__ __				
07		__ __				

EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 5 YEARS OR OLDER **EMP**

Now I would like to ask you questions about activities done in the last calendar week (Monday to Sunday).

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

EMP1. *Line number*	**EMP2**. *Name and age.*	**EMP7**. Did **(NAME)** have a paid job or income generating activity, but did not work last calendar week? YES 1 NO **2→EMP12**	**EMP8**. Why was **(name)** absent from your work last calendar 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 **(NAME)** has been absent, will (he/she) return to that same job or business in 3 months or less? YES 1**→EMP13** NO 2 DON'T KNOW 97	**EMP10**. Does **(NAME)** continue to receive an income from (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, does **(NAME)** continue to do some work for that job or business? YES 1**→EMP13** NO 2	**EMP12.** Last calendar week, did **(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**
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					
04		__ __					
05		__ __					
06		__ __					
07		__ __					

EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 5 YEARS OR OLDER
EMP

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

EMP 1. *Line number*	**EMP2**. *Name and age.*	**EMP12A:** Even though you didn't do any of the activities mentioned, did (NAME) do any work arranged or conducted through a digital labour platform, app, or website in the last calendar week? *For example: ride-hailing/delivery apps (Uber, Bolt); freelance platforms (Upwork, Fiverr); or any website/app matching workers with clients or tasks.* **YES** 1 →**CM1** **NO** 2 →**JS1**	**EMP13**. Was this work that **(NAME)** 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→CM** CAPI: D should not be selected with any other option. Multiple selection applies to only A, B, C.	**EMP14**. Thinking about the work in (farming, rearing animals [and/or fishing]) **(NAME)** does, are the products intended…… ? ONLY FOR SALE/EXCHANGE 1→**CM 1** MAINLY FOR SALE/EXCHANGE 2→**CM 1** MAINLY FOR OWN OR HOUSEHOLD USE 3 ONLY FOR OWN OR HOUSEHOLD USE 4	**EMP15**. Was **(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 **(NAME)** was working on? For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice] **EMP16.** _____ _ *MAIN GOODS* **EMP16a.** *ISIC CODE:* ☐☐☐☐	**EMP17.** Last calendar week, on how many days did (NAME) do this work? _____ _	**EMP18.** How many hours per day did **(NAME)** spend doing this last week? _____ → **JS1**
LINE	NAME		AGE					
01			__ __					
02			__ __					
03			__ __					

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER* **CM**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ⇩ *Next person*	**CM1**. Last calendar 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	**CM1a:** What is the name of the establishment or institution where (name) works? If the establishment has no official name, please give a description of (name)'s place of work. ***Interviewer:*** *For example: "NAWEC," "Kanifing Police Station," "Ministry of Finance",* National Petroleum Cooperation (GNPC)", "Africell". *For work without a fixed establishment, describe the activity and location, e.g., "a street seller of mobile phone credits," "a stall selling onions in Serrekunda Market," "a small shop in the family compound selling groceries."* _____	**CM2**. *IF* **CM1=2** *read:* 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? (E.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.) **CM2.**_____ *MAIN ACTIVITY* **CM2a.** _____ *GOODS OR SERVICES* **CM2b.** *ISIC CODE:*☐☐☐☐	**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? *Write the job title, if any* (example: Farmer - harvesting crops; Weaver – stitching and folding garments; Waiter – serving meals; Teacher – Primary school teacher; Domestic worker – cleaning garden) **CM3.** _____ *OCCUPATIONAL TITLE, IF ANY* **CM3b.** _____ *MAIN TASKS AND DUTIES* **CM3c.** *ISCO CODE:*☐ ☐☐☐
LINE	NAME	AGE					
01		__					
02		__					

03		__					

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY ***FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*** **CM**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	**CM5.** Does (**NAME)** work…? AS AN EMPLOYEE 1→**CM10** IN (HIS/HER) OWN BUSINESS OR 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** ***CAPI: Update only value labels***	**CM6**. Who usually makes the decisions about the running of the family business? **(NAME)** 1 **(NAME)** TOGETHER WITH OTHERS 2 OTHER FAMILY MEMBER(S) ONLY 3→**CM11** OTHER (NON-RELATED) PERSON(S) ONLY 4→**CM11** ***CAPI: Value labels updated, (NAME) should be filled automatically***	**CM7**. Does the business hire any paid employees on a regular basis? YES 1→**CM21** NO 2 *Note: The skip to CM21 is to ensure seasonality is captured for employers*
LINE	NAME	AGE				
01		__				
02		__				
03		__				

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER* **CM**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	**CM8**. Does more than half of **(NAME)**'s income from the [business/activity] come from …? *Instruction: read out categories 1 and 2* 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? *Instruction: read and select one only!* YES, ALL OF THEM 1➔**CM9B** YES, MOST OF THEM 2➔**CM9B** YES, BUT ONLY SOME OF THEM 3➔**CM25** NO 4➔**CM25**
LINE	NAME	AGE			
01		__			
02		__			
03		__			

LINE NUMBER	

CM9B. Does this client /company /intermediary /person (...)?

INSTRUCTION: READ

		CM9C.	
1. SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER	YES 1 NO 2		
2. SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE	YES 1 NO 2		
3. SET THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK	YES 1 NO 2		
4. DECIDE HOW TO ORGANIZE THE WORK	YES 1 NO 2		
5. DECIDE THE SUPPLIER(S) TO USE	YES 1 NO 2		
6. PROVIDE THE PREMISES OR MACHINES YOU USE	YES 1 NO 2		

Answer CM9B and ➔CM25

LINE	
01	
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LINE NUMBER	**CM10.** In this job, is **(NAME**) 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 does **(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 I➔**CM25**	**CM12**. Who pays **(NAME)** for that work? PLACE/UNIT WHERE THEY WORK 1 ANOTHER AGENCY/AGENT THAT ORGANIZES THE WORK 2 OTHER (SPECIFY) 96
LINE			
01			
02			
03			

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY AND INCOME **CM**

FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	**CM13.** Does **(NAME)** have a written contract or oral agreement for the work (he/she) does? YES, WRITTEN CONTRACT 1 YES, ORAL AGREEMENT 2 2 DON'T KNOW 97→**CM21**	**CM14.** Does **(NAME)**'s contract or agreement specify the number of hours he/she is supposed to work? YES 1→**CM16** NO 2	**CM15.** Is **(NAME)** at least guaranteed that (he/she) will get some work or hours in his/her job? YES, MINIMUM HOURS OR WORK GUARANTEED 1→**CM17** NO, 0-HOUR CONTRACT, CONTACTED WHEN NEEDED 2→**CM17**	**CM16**. What is **(NAME)**'s agreed or contractual working hours per week in this job? _____ HOURS PER WEEK 97 FOR DON'T KNOW
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					

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CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*					**CM**
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.					
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 or older?* 1 YES 2 NO ✩ *Next person*	**CM17.** Is **(NAME)**'s contract or agreement….? FOR A SPECIFIED PERIOD OF TIME 1 UNTIL THE DATE A TASK IS COMPLETED 2 PERMANENT OR UNTIL RETIREMENT 3→**CM22** ONGOING WITH NO SPECIFIED END DATE 4→**CM22**	**CM18.** How long in total is **(NAME)**'s current agreement? 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**	
LINE	NAME	AGE			
01		__			
02		__			
03		__			

LINE NUMBER	**CM19.** Which of the following applies to **(NAME)**'s current agreement?	**CM20.** Is **(NAME)** on a probation period to get a permanent contract?	**CM21**. Is **(NAME)**'s work seasonal?
	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 S FOR SUBSTITUTE WORK C→**CM22** NONE OF THE ABOVE E	YES 1→**CM22** NO 2→**CM22**	YES 1 NO 2 **Skip to CM25 IF CM7=1**

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*								CM
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.								
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 or older?* 1 YES 2 NO ⇩ *Next person*	**CM22.** Does **(NAME)**'s employer pay contributions to a pension fund or health insurance for him/her? *Interviewer: Pension funds in the Gambia include the Public Service Pension Scheme, the Federated Pension Fund, National Provident Fund (NPF), Special Provisions for National Assembly Members, LGA Authorities and Chiefs* YES 1 NO **2** DON'T KNOW 97	**CM23.** Does **(NAME)** get paid annual leave? YES 1 NO **2** DON'T KNOW 97	**CM24.** Would **(NAME)** get paid sick leave in case of illness or injury? YES 1 NO **2** DON'T KNOW 97	**CM25**. In what kind of place does **(NAME)** typically work? AT (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 ONLINE / REMOTE (virtual; no fixed physical worksite) 10
LINE	NAME	AGE						
01		__						
02		__						
03		__						

	CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER* **CM**			
	Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.			
EMP1. *Line Number*	**CM25A.** Was any of this work arranged or conducted through a digital labour platform, app, or website? For example: Ride-hailing or delivery apps (e.g., Uber, Bolt), Freelance or task platforms (e.g., Upwork, Fiverr), or any other website or app that matches workers with clients or tasks YES, THROUGH A DIGITAL PLATFORM/APP/WEBSITE 1 NO 2 **(Proceed to CM26 regardless of answer)**	**CM26.** How many persons including **(NAME)** work at his/her place of work? 1 1 2-4 2 5-9 3 10-19 4 20-49 5 50+ 6	**CM27.** Is the business/establishment **(NAME)** work(s) for registered with GAMBIA Revenue Authority (GRA)? YES, REGISTERED WITH GAMBIA REVENUE AUTHORITY 1 NO REGISTRATION REQUIRED WITH GRA 2➔ **CM29** IN THE PROCESS OF REGISTERING WITH GRA 3➔ **CM29** NOT REGISTERED WITH GRA 4➔ **CM29** DON'T KNOW 97➔ **CM29**	**CM27a.** Is the business/establishment **(NAME)** work(s) for registered with the Registrar of Companies under the Ministry of Justice (MoJ)? YES, REGISTERED WITH MINISTRY OF JUSTICE 1 NO REGISTRATION REQUIRED WITH MINISTRY OF JUSTICE 2➔ **CM29** IN THE PROCESS OF REGISTERING WITH MINISTRY OF JUSTICE 3➔ **CM29** NOT REGISTERED WITH MINISTRY OF JUSTICE 4➔ **CM29** DON'T KNOW 97➔ **CM29**
LINE				
01				
02				
03				

	CM28. Is the business **(NAME)** works for an incorporated business? YES 1→**CM30** NO 2 DON'T KNOW 97 Interviewer: An incorporated business is a company that is officially registered as a legal entity, separate from its owners, with rights to own property, sign contracts, and be responsible for its own debts. Examples of incorporated businesses include: 1. Limited Liability Companies - Public (called State-Owned Enterprises): GPA, NAWEC, GNPC, SSHFC, GCCA, Gamtel, Gamcel, etc., **Select YES** 2. Limited Liability Company – Private: Arab Gambian Islamic Bank Ltd. (Agib), Africell etc., **Select YES** 3. Limited Liability Company – Public & Private: Securiport, Single Window Platform, Africard, Weigh Bridge, Comfort Quality Services, Nick TC Scan and Albayrak, **Select YES** Select **No** for Sole proprietorships, General partnerships, Limited Partnerships or government excluding State-Owned Enterprises.

LINE NUMBER	**CM29.** What kind of accounts or records does the business keep? Are they…	**CM30**. Which year did **(NAME)** begin working in this business or place?	**CM31.** And which month?
	A COMPLETE SET OF WRITTEN ACCOUNTS FOR TAX PURPOSES 1 SIMPLIFIED WRITTEN ACCOUNTS NOT FOR TAX PURPOSES 2 IN ORMAL RECORDS OF ORDERS, SALES, PURCHASES 3 NO RECORDS ARE KEPT 4 DON'T KNOW 97	□□□□ YEAR DON'T KNOW 9997	JANUARY 1 FEBRUARY 2 MARCH 3 APRIL 4 MAY 5 JUNE 6 JULY 7 AUGUST 8 SEPTEMBER 9 OCTOBER 10 NOVEMBER 11 DECEMBER 12 DON'T KNOW 97
LINE			

CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST CALENDAR WEEK *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER* **CS**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 ⇨*WKT 1*	**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"* **CS1.**_____ *MAIN ACTIVITY* **CS1a.**_____ *GOODS OR SERVICES* **CS1b.** *ISIC CODE:*☐☐☐☐	**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* **CS2.**_____ *OCCUPATIONAL TITLE, IF ANY* **CS2a.**_____ *MAIN TASKS AND DUTIES* ***CS2b.*** *ISCO CODE:*☐☐☐☐	**CS3.** In this second job, does **(NAME)** work…? AS AN EMPLOYEE 1→**CS8** IN HIS/HER OWN BUSINESS ACTIVITY 2 HELPING IN A FAMILY OR HOUSEHOLD BUSINESS 3→**CS8** AS AN APPRENTICE, INTERN 5→**CS8** HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE 5→**CS8**	**CS4**. Does the business hire any paid employees on a regular basis? YE 1→**WKT1** NO **2**
LINE	NAME	AGE					
01		__					
02		__					
03		__					

CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST CALENDAR WEEK *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*					**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.** Do more than half of **(NAME)**'s 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.** Does **(NAME)** get his/her 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 1 YES, MOST OF THEM 2 2 YES, BUT ONLY SOME OF THEM 3 **WKT1** NO 4➔**WKT1**
LINE	NAME	AGE			
01		__ __			
02		__ __			
03		__ __			
04		__ __			
05		__ __			
06		__ __			

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CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST CALENDAR WEEK *FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER* **CS**

LINE NUMBER	**CS7.** Does this client/company /intermediary /person (...)? *Instruction: Read* 1. SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER — YES 1, NO 2 2. SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE — YES 1, NO 2 3. DECIDES THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK — YES 1, NO 2 4. DECIDE HOW YOU ORGANIZE THE WORK — YES 1, NO 2 5. DECIDE THE SUPPLIER(S) TO USE — YES 1, NO 2 6. PROVIDE THE PREMISES OR MACHINES YOU USE — YES 1, NO 2 **Answer CS7 and ➔WKT1**	**CS8.** Which of the following types of pay does **(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

WORKING TIME IN EMPLOYMENT ***FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*** **WKT**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	**WKT1**. How many hours does **(NAME)** usually work per week in his/her main job? _____ HOURS PER WEEK *DON'T KNOW 997*	**WKT2**. In total, how many hours did **(NAM**E) actually work in his/her main job last calendar week? _____ HOURS PER WEEK *DON'T KNOW 997*	**Ask if CM1=1, ELSE →WKT8a** **WKT3.** How many hours does **(NAME)** usually work per week in his/her second job? _____ HOURS PER WEEK *DON'T KNOW 997*	**WKT4**. How many hours did **(NAME)** actually work last calendar week in his/her second job? _____ HOU S PER WEEK *DON'T KNOW 977*	**WKT5**. Did **(NAME)** have any other jobs last calendar week? YES 1 NO **2→ WKT8a**
LINE	NAME	AGE						
01		__ __						
02		__ __						
03		__ __						
04		__ __						
05		__ __						

WORKING TIME IN EMPLOYMENT ***FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*** **WKT**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ⇩ *Next person*	**WKT6**. How many hours does **(NAME)** usually work per week in all his/her other job(s)? _____ HOURS PER WEEK *DON'T KNOW 997*	**WKT7**. How many hours did **(NAME)** actually work last calendar week in all (his/her) other job(s)? _____ HOURS PER WEEK *DON'T KNOW 997*	**WKT8a.** *TOTAL HOURS USUALLY WORKED IN ALL JOB(S)* ***(WKT1+WKT3+WKT6)*** ☐	**WKT8b**. *TOTAL HOURS ACTUALLY WORKED IN ALL JOB(S)* ***(WKT2+WKT4+WKT7)*** ☐	**WKT9.** During the last four weeks, that is from [DATE] up to [last DAY/yesterday] did **(NAME)** look for additional or other paid work? YES 1 NO 2
LINE	NAME	AGE						
01		__ __						
02		__ __						
03		__ __						
04		__ __						
05		__ __						

WORKING TIME IN EMPLOYMENT ***FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER*** **WKT**

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ✩ *Next person*	***ASK ONLY IF WKT8a<35, ELSE GO TO WKT13*** **WKT10**. Would **(NAME)** want to work more hours per week than usually worked, provided the extra hours are paid? YES 1 NO 2→**WKT13**	**WKT11**. Could **(NAME)** start working more hours within the next two weeks? YES 1 NO 2→**WKT13**	**WKT12.** How many additional hours per week could **(NAME)** work? _____ HOURS PER WEEK *DON'T KNOW 997*	**WKT13**. To what extent is **(NAME)** satisfied with his/her main job? VERY SATISFIED 1 SOMEWHAT SATISFIED 2 NEUTRAL 3 SOMEWHAT UNSATISFIED 4 VERY UNSATISFIED 5	**WKT14.** Does **(NAME)** want to change his/her current employment situation? YES 1 NO 2→**OPA1**	**WKT15.** What is the main reason why **(NAME)** want(s) to change his/her employment situation? 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 →OPG_1

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 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 in the last calendar 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→**EI1**	**OPA2**. What are the main (animals, farming, and/or [fishing]) products that (you/NAME) (are/is) working on for the family? For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice] **OPA2.** _____ MAIN CROPS **OPA2a.** ISICODE: ☐☐☐☐	**OPA3**. On how many days did (you/NAME) do this work last calendar week? _____ NUMBER OF DAYS	**OPA4.** How many hours per day did (you/NAME) spend doing this last calendar 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 or older?, 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 WANT 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 or older, 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.* *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*	**EI5**. On average, how many hours did you work per day in your main job during that period? _____ HOURS	**EI6**. Does your employer provide you with …? *(Please write all that apply)* 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→**EI10**	**EI7.** If one had to purchase those products, how much would they have cost? (Please round up) _____ DO NOT WANT TO DISCLOSE	**EI8.** Did you have to pay any amount to receive these goods? Yes 1; No 2→**EI10**	**EI9**. How much did you pay? (Please round up) _____ DO NOT WANT TO DISCLOSE	**EI10**. 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 WANT 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 aged 5 years or older 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 ⇨*OPG1*	**EI11**. Last month, how much did you make in net profit, from your main business or activity? **(Net profit = Total sales minus all business expenses, including business taxes, but before your personal income tax.)** **If the business had a loss, enter a negative value (e.g., -500).** _____ DO NOT WANT TO DISCLOSE	**EI12**. Last month, did you take any products from your main business or activity for the household's own use? YES 1 NO 2→**EI14** DON'T KNOW/ REFUSED 3→**EI14**	**EI13.** If one had to purchase those products, how much would they have cost? (Please round up) _____ DO NOT WANT 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) **Enter 0 if no additional income was received** _____ DO NOT WANT TO DISCLOSE
LINE	NAME	AGE					
01		__ __					
02		__ __					
03		__ __					
04		__ __					
05		__ __					
06		__ __					

JOB SEARCH **JS**

ASK IF EMP12A =2 OR EMP15=2

FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 15 YEARS OR OLDER

Job Search in the Last 4 weeks: This refers to the last 4 weeks before the interview week. Eligible respondents are household members aged 15 years or older.

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***) 15 *years or older?* 1 YES 2 NO ✩ *Next person*	**JS1**. During the last four weeks, from [START_DATE] up to [last END_DAY/yesterday], did (name) 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? *Interviewer: READ. Please record only the **main job search activity***) **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**
LINE	NAME	AGE				
01		__ __				
02		__ __				
03		__ __				

D

JOB SEARCH		**JS**
ASK IF EMP15=2 OR EMP12='D' ***FOR PERSONS NOT EMPLOYED IN THE LAST WEEK AND AGED 15 YEARS OR OLDER***		
	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** ATTENDING DARA/KORANIC MEMORISATION 12→**JS7** LACK OF FINANCE OR RESOURCES TO START A BUSINESS 13→**JS7** OTHER REASONS (SPECIFY) 96→**JS7**

JOB SEARCH (UNEMPLOYMENT)

FOR PERSONS NOT EMPLOYED IN THE LAST CALENDAR WEEK AND AGED 15 YEARS OR OLDER

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.

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***) 15 *years or older?* 1 YES 2 NO ✩ *Next person*	**JS6**. How long have you been without work and trying to find a job or start a business? LESS THAN 3 MONTHS 1; 3 MONTHS < 6 MONTHS 2; 6 MONTHS< 12 MONTHS 3; 1 YEAR< 3 YEARS 4; 3 YEARS< 5 YEARS 5; 5 YEARS OR MORE 6; DON'T KNOW 97	**JS7**. If a job or business opportunity had been available, could (you/NAME) have started working last calendar week? YES 1➔**OPG1** NO 2	**JS7B.** Could (you/NAME) start working within the next two weeks? YES 1➔**OPG1** NO 2	**JS8.** What is the main reason why you do not want or are not available to work? IN SCHOOL/ TRAINING 1; HOUSEWORK/ FAMILY RESPONSIBILITIES 2; ILLNESS, INJURY, DISABILITY 3; RETIRED, PENSIONER 4; TOO OLD/YOUNG 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; ATTENDING DARA/KORANIC MEMORISATION 11; OTHER (SPECIFY) 96	**JS9.** At any time in the last 12 months, that is since [MO] up to last month, did **(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 OR OLDER.

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 calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 YES 2 NO ⇩ *Next person*		**OPG1**. Last calendar week, did **(NAME)** gather wild food such as [mushrooms, herbs...]? YES 1 NO 2→ **OPG3**	**OPG2**. How many hours did **(NAME)** spend doing this last calendar week? _____ HOURS LAST WEEK DON'T KNOW 997	**OPG3**. Last calendar week, did **(NAME)** go hunting for [bush meat...]? YES 1 NO 2→ **OPG5**	**OPG4.** How many hours did **(NAME)** spend doing this last calendar 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 OR OLDER. **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 calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 Yes 2 No ✩ *Next person*		**OPG5**. Last calendar week, did **(NAME)** prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese…]? YES NO 2→ **OPG7**	**OPG6**. How many hours did **(NAME)** spend doing this last calendar week? _____ HOURS LAST WEEK DON'T KNOW 997	**OPG7**. Last calendar week, did **(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 **(NAME)** spend doing this last calendar 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 OR OLDER. **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 calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 Yes 2 No ⇩ *Next person*		**OPG9**. Last calendar week, did **(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 **(NAME)** spend doing this last calendar week? _____ HOURS LAST WEEK DON'T KNOW 997	**OPG11**. Last calendar week, did **(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 **(NAME)** spend doing this last calendar 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 OR OLDER. **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 calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 5 years or older.

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 or older?* 1 Yes 2 No ✩ *Next person*		**OPG13**. Last calendar 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 calendar 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 calendar 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 go to next module.

READ: **We would like to know more about the things that children and adolescents around the world are doing when they are at work. This 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 7 days: This refers to the period of 7 consecutive days before the interview date

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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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? YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H3.** Using powered tools (electric or gas)? e.g. drills, saws, chain/table saws, electric sanders, jackhammers YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H4.** Using sharp tools? e.g. axes, knifes, machetes YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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
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. This 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 7 days: This refers to the period of 7 consecutive days before the interview date

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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H7.** Working in very a noisy place, so that (you/NAME) had to shout to speak? e.g. very loud noisy machines, loud traffic YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H8.** Working indoors or outdoors where dust, sand, smoke or fumes make it hard to breathe or see clearly? e.g. insufficient ventilation YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H10**. Working long hours in the hot sun without a break? 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. This 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 7 days: This refers to the period of 7 consecutive days before the interview date

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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H12.** Working underwater? e.g. diving for shells, untangling nets in seas, lakes, rivers? YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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 YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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
LINE	NAME	AGE						
01		__						
02		__						
03		__						
04		__						

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. This 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 7 days: This refers to the period of 7 consecutive days before the interview date

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)? YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H17.** Doing the same task over and over again at a fast pace for long hours? <e.g., weaving, pounding rocks> YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H18.** Do (you/NAME) generally feel safe at work? YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**H19.** Have (you/NAME) ever been punished for mistakes made at work? YES 1 NO 2 DON'T KNOW 97 REFUSE 99	**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
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 7 days: This refers to the period of 7 consecutive days before the interview date

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 → **II9** DON'T KNOW 97 → **II9** REFUSE 99 → **II9** NOT APPLICABLE 98→ **II9**	**H26.** Who did this to (you/NAME)? AN ADULT 1 ANOTHER CHILD/ADOLESCENT 2 DON'T KNOW 97 REFUSE 99
LINE	NAME	AGE						
01		__ __						

BARRIERS TO EMPLOYMENT

SECTION ELIGIBILITY – ASK IF FN3= (3,4) OR FN4= (3,4) OR FN5= (3,4) OR FN6= (3,4) OR FN7= (3,4) OR FN8= (3,4)

ASK EBR1 AND EBR2 IF THE RESPONDENT IS NOT EMPLOYED I.E. EMP12A= 2 OR EMP15=2

Go to WPA1 if the respondent is employed i.e. EMP4=1 OR EMP13="D" OR EMP14= (1,2) OR EMP15=1 OR EMP12A=1

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.

	BARRIERS	
EMP1. *Line Number*	INTERVIEWER READ: The next questions ask about barriers that **(NAME)** may face in the labour market because of the functional difficulties (you/NAME) have in doing certain activities … **EBR1.** Which of the following factors would make it more likely for (you/NAME) to seek or find a job…? Getting higher qualifications, training, skills, experience A Availability of suitable transportation to and from workplace B Help in locating appropriate jobs C More positive attitudes towards persons with disabilities D Availability of special equipment or assistive devices E Availability of more flexible work schedules or work tasks arrangements F Availability of a more accommodating workplace G Availability of more jobs H Other factors *(Specify):*_____ I	**EBR2.** How supportive would family members be if **(NAME)** decide to work? Would you say… Very supportive 1 Somewhat supportive 2 Not supportive 3 DON'T KNOW 97 REFUSED 99 → **ATT1**
LINE		
01		
02		
03		

	WORKPLACE ACCOMODATION		ATTITUDES	
EMP1. *Line Number*	**WPA1**. Is **(NAME)**'s work schedule or work tasks arranged to account for difficulties (your /NAME) have in doing certain activities…? Yes, fully 1 Yes, partially 2 Not at all 3 I do not have difficulties that require special arrangements 4 DON'T KNOW 97	**WPA2.** Has **(NAME)**'s workplace been modified to account for difficulties (your /NAME) have in doing certain activities…? Yes, fully 1 Yes, partially 2 Not at all 3 I do not have difficulties that require special arrangements 4 DON'T KNOW 97	**ATT1.** In your view, how willing are employers to hire persons with disabilities? Would you say… Very willing 1 Somewhat willing 2 Unwilling 3 DON'T KNOW 97	**ATT2**. In your view, how willing are workers to work alongside persons with disabilities? Would you say… Very willing 1 Somewhat willing 2 Unwilling 3 DON'T KNOW 97
LINE				
01				
02				
03				

SOCIAL PROTECTION				
EMP1. *Line Number*	**SPR1**. Has **(NAME)'s** difficulties been officially recognized (certified) as a disability? YES 1 → **SPR2** NO 2 → **NEXT MODULE OR END**	**SPR2.** Does **(NAME)** receive any cash benefits from the government linked to [his/her] disability? YES 1 NO 2	**SPR3. Does (NAME)** receives any goods or services from the government linked to [his/her] disability? YES 1 NO 2	
LINE				
01				
02				
03				

II10: *END TIME OF INDIVIDUAL INTERVIEW*
HOURS : MINUTES __ __ __ __