

United Republic of Tanzania

2015 with its Amendments of 2018 and 2019
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Prime Minister's Office-Labour, Employment, Youth and Persons with Disability; and National Bureau of Statistics

INTEGRATED LABOUR FORCE SURVEY 2020/21 HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

SECTION A: IDENTIFICATION	N BLOCK			MZ	ARK BOX WI'	TH AN 'X'	AND NUMBER	OF FORMS
	CODE			BEL	OW IF YOU	USE MORE '	THAN THIS S	SINGLE FORM
1. REGION:		_			SO, BE SU	RE TO MARK	FROM THIS IN THE SA	ME WAY THE
2. DISTRICT		_		_				
3. WARD / SHEHIA]		=				
4. VILLAGE/STREET		-		_		FORM	OF	
5. ENUMERATION AREA (EA)] .				QUAR	TER	
6. HOUSEHOLD ID (FROM LIST) :] .			L NUMBER (F USED QU	ESTIONNAIR	ES:
7. NAME OF LOCAL LEADER/SHE	HA:	-		LFS		WCS	TUS	
				TOTAL NUM	MBER OF H	OUSEHOLD	MEMBERS	
8. NAME OF HOUSEHOLD HEAD:		_		PERSON	N'S NUMBE	R TO BE 1	INTERVIEW	ED LFS2
9. PHONE NO. OF HOUSEHOLD H	HEAD:	<u>-</u>	10b. 	X				
10a. RESULT OF INTERVIEW:		IF CODE 2-7 G: COMMENTS:	IVE	Υ				
Fully Responding Vacant Listing Error Refusal No Contact Family Problems	. 2 . 3 . 4 . 5							

SECTION A-2: SURVEY STAFF	DETAILS	IDENTIFICATIO	ON NO		
		VISIT 1			
11. NAME OF ENUMERATOR:		19. TIME INTERVIEW START	:		
12. ENUMERATOR CODE:		20 TIME INTERVIEW END	:]	
13. NAME OF FIELD SUPERVISOR:		21. DATE OF INTERVIEW:	/ / DD MM YYYY]	
		VISIT 2	DD MM IIII		
14. FIELD SUPERVISOR CODE:		22. TIME INTERVIEW START	:]	
15. DATE OF QUESTIONNAIRE INSPECTION:	/ / DD MM YYYY	23. TIME INTERVIEW END	:]	
16. NAME OF DATA EDITOR:		24. DATE OF INTERVIEW:	1 1]	
17. CODE OF DATA EDITOR:		VISIT 3	DD MM YYYY		
18. DATE OF EDITING:	DD MM YYYY	25. TIME INTERVIEW START	:		
	DD FM1 III	26. TIME INTERVIEW END	:		
		27. DATE OF INTERVIEW:	/ / DD MM YYYY]	

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.

ALL	IDENTIFICATION IDENTI														
SECT	ION B: HOUSEHOLD MEMBER ROST	ER						Ī	DISABILITY						7
1A	2.	3.	4.	5A.		5B.	6A	6B	7A.	7B.	7C.	7D.	7E.	7F.	1
I N		What is the relationship of [NAME] to the head of household? Head	Sex Is [NAME] a male or a female?	In which year was born?		How old is [NAME]?	PENGION. ASK THIS QUESTION TO A PERSON AGED 45 YEARS OR ABOVE IS [NAME] CUFFERLY receiving pension?	Does [NAME] have health insurance cover?	SEEING: Does [NAME] have difficulty seeing, even if wearing glasses?	difficulty hearing, even if	difficulty walking or	difficulty in remembering or	SELF-CARE: Does [NAME] have difficulty with self-care, such as washing all over or dressing?	USING THE COMMON LANGUAGE: Does [NAME] have 3 difficulty communicating; for example understanding or being understood?	
I V I D A L	CONFIRM THAT HOUSEHOLD HEAD HERE IS THE SAME AS HOUSEHOLD EARD LESTED ON THE LISTING FORM	Sister/brother	Male1 Female2	MONTH	YEAR	COMPLETE YEARS WRITE OO IF AGE <1 YR AND WRITE "97" IF AGE > 97 IF RESPONDENT DOESN'T RION BITS/HER AGE , USE YEAR OF BIRTH TO CALCULATE YEARS	Yes from	Yes from NHIF			Some Difficul A lot of Diff Unable to	tty			V I D U A L
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02															02
0.3															03
04															04
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0.6			<u> </u>						1	1	1		+		06
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08										ļ			1		08
09									ļ						09
10															10
11											1		1		11
12															12

											PERSONS 5 YRS OR ABOVE ONL	Y				IDE	NTIFICATIO	N				
										FILTER		MIGRATION				IDE	MITICATIO	N LL				
7G.								- 1	7H	8.	9.	10A		1	.0в				10C		10D	\top
Does	, [NAME	BILITIES E] have of	ther typ	e of dis	sabilit	ties/di:	fficulti			INT:IS [NAME] AGED 5 YRS OLD OR ABOVE?	MARRIAGE STATUS: What is the current marital status of [NAME]?	[Were you/was [NAME] born in Tanzania?	In which reg [were you/wa	ion/ Country s [NAME]born				[you/NAME] ar Tanzania ?	rive to live	in this	How long [have you/has [NAME] been living in this region or in Tanzania?	,
Cle Hyd Sp: Sp: Psd Std	eft Pa droceph inal b inal co oriasis oriasis	late halus ifida ord inju:	ries	A B C D	FFICULT	FIES TO	RESPOND		Yes1 No2	Yes1 No2 ▶ NEXT	Single 1 Sangle 2 Cohabit 2 Cohabit 4 Bidowed 4 Disparated 6	Yes1 ▶1081 No 0822					REGI TAKII AND	E RESPONDEN' ON WHERE TH NG PLACE WRI' 0000 IN YEAR ' STION NUMBER	E INTERVIEW TE 00 IN MON THEN GO TO	IS	Less than 12 months1 One year to Five years2 Five years to less than 10 years 3 Ten years or more 4	11 11 11 11 11 11 11 11 11 11 11 11 11
Otl	Yes	ention).		Н							READ THE OPTIONS		▶10 10B1:NAME		▶10C2 10B2:C	COUNTRY 10B22:CODE	▶10D 10C1 10C11:MM [99 DK]	:REGION 10C12:YYYY [9999 DK]	10C2: 10C21:MM [99 DK]	TANZANIA 10C22:YYYY [9999 DK]	-	
A	В	С	D	E	F		G	H													-	
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4	1	1	1									ĺ	1	l	l		1	1	1		1	

							EDUCATION		IDENTIFICATION]
	10)E	10F	10G	10)H	11A	11B	11C	11D	
	In which area of T	Tanzania or	What was [your/NAME's]	[Are you /is [NAME]	Which other	country	Can [NAME] read and write a short	Have you/has [NAME] completed,	What was the main reason for [NAME]		\mathbf{T}
	country		main reason for moving to this	a citizen of?			sentence in Kiswahili, English,	attending, dropped or never	dropping out/never attending	[NAME] completed/attending/dropped	
		me] living before	region/ to Tanzania?		citizen of?			attended school?	school?	off? Pre School.00 Form 111	
I N	coming here?		To take up a paid job1 Job transfer2 To look for work,clients3	Tanzania1▶11A Another country.2			any other Language?		Financial Constraints1 School too far away2 Illness/Sickness3	Std 101 Form 212 Std 202 Form 313 Std 303 Form 414 Std 404 Training	I N
I V I			To study. 4 Marriage 5 Family moved/joining familly 6 Medical treatment, health 7				Kiswahili Only1 English only2 English and Kiswahili3 Other language4	ADULT EDUCATION SHOULD NOT BE CONSIDERED AS NEVER ATTENDED	Pregnancy related	Std 505 after 0 Std 606 level15 Std 707 Form 516 Std 808 Form 617 Training	v I D
U A L	TANZANIA :AREA CODE Rural Area 1 Urban Area 2	S OUTSIDE TANZANIA:	Conflict, insecurity, natural disater				Cannot5	Completed1▶11D Attending2▶11D Dropped3 Never atended4	for work	After Training arter A P/E. 09 level18 Adult Ed. 10 Tertiary Non- Uni. (Atleast for one year)19 Tertiary Uni20	U A L
	IF Q10A=1 10E1 AREA CODE	IF Q10A=2	living		COUNTRY NAME	COUNTRY CODE			IF Q11B=4▶11G	IF 11D= [00-18)]▶11G	
							-	-	-		П
01											01
02											02
0.3											0.3
04			-								04
05											0.5
06											06
07											07
08											08
09											0.9
1.0											10
11									+		11
11											- 11
12											12

						IDENTIFICATION			\perp			
	11E		11F		116	11H		11I THE C			11K	1
I N D I V I D U A L I D	what was [your/NAME's] area of study? e.g. ACCOUNTANCY, MECHANICAL ENGINEERING, NURSING, SECONDARY	INSERT SUBJECT OF TRAINING			What type of training have you attended for at least one month duration, if any? None	Please Specify Area of training attended e.g. CARPENTRY ELECTRICAL INSTALLATION, WELDING	FOR SUBJECT OF TRAINNING			In which year did [NAME] complete the training?	Now many months does the training normally take? IF Q3>1PQ13A	I N D I D D L L D D
			BJECT					RAINNI	IG	YEAR	NUMBER OF MONTHS	1
)1												01
12												0.2
3												0.3
14												0.4
15												0.5
)6												0.6
7												07
8												0.8
9												0.9
0												10
1												11
2			 	1			+	1	1			12

	HOUSEHOLD AMENITIES	, SERVICES AND AS	SETS	IDENTIFI	CATION				
I N D I V I D U A L I D	Roofing Grass, leaves, bamboo	Walls Stones1 Cement bricks2 Sun dried bricks3 Baked bricks4 Poles and mud5 Timber6 Grass7	-	Does this household own the following assets? NOTE:ASSETS SHOULD BE FUNCTIONAL: MORE THAN ONE ANSWER IS ACCEPTABLE)	What is the m household for heating/cooling as (Indus Gas (Indus Gas (Bioga Firewood	r. cooking, 1: .ng? y01 trial).02 s)03040506 g07 gy080910 cify11		How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?	I N D I V I D U A L
		Other (Specify).9		Yes1 No2	COOKING	LIGHTING	HEATING/ COOLING	NUMBER	
01	1A	1B	1C	A B C D E F G H I J K L M N O P	A	В	C	ROOMS	01

					IDENTIF	ICATION									
		12E	12F				12G			12H					
	household for dr	ank01	How far is the ma of water from th household?		reached	by walkin	g within 3	which can b 0 minutes me household		What typ	•			s	
I N D I U A L	Private piped (Ta unit	p) water outside housing03 tected)04 rotected)05 lling water)06 on private07 on community08 ected)09 otected)10 ll (protected)11 ll	Less than 0.5 Km 0.5 Km - Less th. 1 Km 1 Km - Less than 2 Km 2 Km or more	an2	No Don't	Know				No toil Flush t Pit latrine Improve Other	toilet e(trad	lition	al)3		I N D I V I D U A L
	River, Dam, Lake Bottled water	cted)	Drinking	Other	Primary	Secondary	Dispensary	Shop where basic food can be							
	DRINKING WATER	WATER FOR OTHER USES	Water	uses	school	school	/ hospital		Market	_					
	i	ii	i	ii	A	В	С	D	E						
01															01

IDENTI SECTION B. CURRENT ACTIVITY [LAST FULL WEEK] MONDAY - SUNDAY

INT: REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLET

	13A	13D	13E	13F	
I N D I V I D U A L I D	INT: IS THE RESPONDENT 5 YEARS OR OLDER? INT: RECORD THE ROSTER ID NUMBER OF THE HOUSHOELD MEMBER REPORTING FOR THIS PERSON. Yes1 No2 (▶NEXT PERSON)	Last week, from [DAY] up to [DAY], did [you/NAME] READ AND MARK ALL THAT APPLY Work or help in family farming activities	Are the [farming, animal and/or fishing] products that [you/NAME] [are/is] working on intended? READ CATEGORIES AND MARK Only for sale	Last week, that is	I N D I U A L I D
01					01
02					02
03					03
04					04
05					05
06					06
07					07
08					8 0
09					09
10					10
11					11
12					12

IDENTIFICATION

E LIST ON PAGE 1 AGAIN WITH RESPONDENT

'E LIST ON PAGE 1 AGAIN WITH	RESPONDENT			
13G	13н	13IA	13IB	13Ј
Last week, did [you/NAME] do an		Even though [you/NAME] did not work	Even though [you/NAME] did not work	What was the type of work that you
kind of business, or an activit		last week, did [you/NAME] have a	for paid job, or any kind of business,	were absent from during the last week
<pre>to generate income for 1 or mor hours?</pre>	business or an activity of a	paid job,any kind of business, or	or farming or other activity to	from [DAY] up to [DAY]?
HOULS:	household or family member	farming or other activity that you	generate more income, do [you/NAME]	
	to generate income for 1 or	were absent from and definitely you	have a paid job,or any kind of	
	more hours?	will return to?	business, or farming or other activity	•
			that you were absent from and	
I READ IF NEEDED:	¬I		definitely you will return to?	READ CATEGORIES AND MARK
N FOR EXAMPLE: MAKING THINGS FOR				ALL THAT APPLY
D SALE, BUYING AND RESELLING THINGS, PROVIDING SERVICES		INT: EXAMPLES OF TEMPORARY	INT: EXAMPLES OF TEMPORARY	
I FOR PAY.		ABSENCE	ABSENCE	
v	 	• WAGE JOBS: LEAVE, STOOD	• WAGE JOBS: LEAVE, STOOD	Paid job1
ī	~ 	DOWN,ILLNESS,STUDY LEAVE BUT	DOWN,ILLNESS,STUDY LEAVE BUT	Farming2
D		STILL ATTACHED TO A JOB	STILL ATTACHED TO A JOB	Rearing farm animals
υ		BUSINESS/AGRIC:TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES	BUSINESS/AGRIC:TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES	Fishing or fish farming3 Another type of
A		DURING THAT ABSENCE;	DURING THAT ABSENCE;	business4
L Yes1 (▶17)	Yes1 (▶17)	UNPAID WORKERS AND CASUAL	UNPAID WORKERS AND CASUAL	
No2	No2	WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT6	WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT6	
I D				
В			Yes1	
			No2 (►15A)	
	IF Q13E=3 OR 4 AND	Yes1 (▶13J)		
	13H=2▶13IB	No2 (▶15A)		
01		_		
02				
03				
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05				
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08			T	
09				
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11				
12				

13K	
For how long have you/has [NAME] been temporarily absent from work?	
Less than 1 month1 1-3 months2 4-6 months3 7-12 months4 More than 12 months5	I N D I V I D U A L
	D
	01
	02
	03
	04
	05
	06
	07
	08
	09
	10
	11
	12

IDENTIFICATION					

	13L	13M	13N	
I N D U A L I D	What was the main reason for [you/NAME] being absent from work last week? Leave/Family problems/technical problems/Weather/Normal leave	Did [you/NAME] continue to receive an income from [your/his/her] job or business during this temporary absence? Yes1 No2 IF(13J=1 AND 13K=1 AND 13L=1 AND 13M=1) ▶17 IF(13J=1 AND 13K=1:3 AND 13L=2 AND 13M=1) ▶17 IF(13J=1 AND 13K=1:2 AND 13L=3 AND 13M=1) ▶17 IF(13J=1 AND 13K=1:5 AND 13L=4 AND 13M=1) ▶17 OTHERWISE▶13N	Are the [farming, animal and/or fishing] products/ services that [you are /[NAME is] working on intended? READ CATEGORIES AND MARK	I N D I D U A L I D
01		•		01
02	2			02
0.3	3			03
0.4	1			04
0.5	5			05
0.6	5			06
07	7			07
0.8	3			08
0.9				09
10				10
11				11
12	2			12

SECTION C.UNEMPLOYMENT IDENTIFICATION 15A 15B 15D Have you taken any What did you mainly do during the past four Why didn't you look for work during the past At present are you available steps during the past weeks to look for work for pay or business four weeks? to take up a paid job,or do four weeks to look for for profit? any kind of business, MENTION THE MOST IMPORTANT REASON a paid job or start a farming or any activity to MULTIPLE ANSWERS ARE ACCEPTABLE ousiness or an generate income if such Thought no work available....1 activity to generate opportunity arises? Awaiting reply for earlier ncome? Considered too young/old by employers.....4 Waiting to start an arranged job, business or agriculture...5 I am retired............6▶15G Yes.....1 YES..1 NO...2 (▶15C) No....2 I do not want to work............7▶15F My spouse would'nt allow that..10 Off season in agriculture....11 Occupied with home duties....12 FOR ANY ANSWER1▶15D

							ı	DENTIFICATION										
	15E	15F		15G	15н	1	L5I	15J		15K		Т						
	Could you start working within the next two weeks in a paid job,or do any kind of business, farming or other activity to generate income	Have you ever worked in a paid job,or had own business or an activity to generate income?	When did [you/ working in thi activity?		What type of work did you do in your last job? WRITE OCCUPATION			Why did you stop w your last job?	orking in	For how long have y for work?	you been available	à						
I N D I D U A L	Yes1 No2	Yes1 No2▶15K			FULLY OR AT LEAST IN TWO WORDS	TASCO CODES						TASCO CODES		m 1 1		months		I N D I U A L
				AND YEAR YYYY(9999 DK)														
01												01						
02												02						
03												03						
04												04						
05												05						
06												06						
07												07						
0.8												08						
09												09						
10												10						
11												11						
12												12						

		DENTIFIC	ATION								
	15L	15M									
	What was the main reason for failing to secure work during this period?	How do 3	you suppo	ort yours	self duri	ing this	period	of unemp	loymen	t?	
I N D I V I	Stiff competition 1 Jack of experience or 2 Jack of Jobs matching my 2 Jack of Jobs matching my 3 Not having enough education for 3 Not having enough education for 4 Jack of information about available 5 Lack of information about available 6 No jobs were 6 Jobs were 6 Jack of information about available 6 Jobs were 6	Rece Rece Rece Inco Own Annu	ives a periving suptiving suptiving supmer from chousehold itant	against in mission from port from port from port from wwn proper farming,	parents/ family, family, ty animal re	s work spouse, g friends,- friends - aring, fi	uardians. Within t Outside	the countrible countrible countrible countribles.	yC ry.D E F		
U A L I D	Other (Specify)		=3 OR 4 A =2:3 AND			D 13N=3 O	R 4) ▶17	OTHERWISE G	▶46	II.	1
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of unemployment? A B the country.C the country.DE ivitiesFGH			
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OTHERWISE▶46			
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LFS 2 P	AGE 7		

SECTION D. MAIN ECONOMIC ACTIVITY	IDENTIFICATION						П		Γ
CECTION D. MAIN ECONOMIC ACTIVITY			 	 	 	,		 	 _

INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

	17	18A	400		T 40	1 00	_
I N D I V I D U A L I D	Last week did [you /NAME] do more than one economic activity? Yes	READ: I am now going to ask you some questions about (your/NAME's) main job or business. Your main job is the one on which you usually spend most of your working time In [your/his/her] main job, what kind of work [do/does] [you/NAME] usually do? WRITE OCCUPATION FULLY OR AT LEAST IN TWO	TASC CODE	:0	How would you rate your chance to hold this job next month? Absolute certainty.1 High certainty2	Awork	
0.4				_		1	0.4
01							01
03							03
04							04
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08							08
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11							11
12							12

DENTIFICATION			

SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

	21	22A	22B	22C		22D	22E	22F	22G	22H	$\overline{}$
			What is the type of your work contract?	What is duration [your/NA contract	of ME]	Do you/ Does [NAME] get a paid maternity/paternit y leave?	Would [you/NAME] get a paid sick	Do you /Does [NAME] get a paid annual leave?	Are you a member	Do you/ Does your employer deduct income tax from your salary/income?	
I N D I V I D U A L I D	A paid employee	Written1 Oral2	Permanent contract: Specific task contract			Yes1 No2	Yes1 No2	Yes1 No2	Yes1 No2	Yes	N D
-				Weeks	Months						+
01				Weeks	IVIOTILIS						01
02											02
03											03
04											04
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IDENTIFICATION					

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	221	23A What is the main activity of the		23B		-	24A	- 6-11 :		cribes the	1	Which of	h- 6-11. :	24B ng best des		- /27224771 - 3	24C	—
	Do you/ Does your employer pay contributions to social security scheme? e.g.PSSSF,NSSF,ZSSF	business or place where [you/NAME] work[s]? [[e.g.: Police Department -				s	skills need		y out tasks	eribes the . s and duties		Which of the level of s		ng best des	cribes [you:	r/NAME's]	Which of the following statement: best describes [your/NAME's] skills in relation to what is needed? READ THE OPTIONS	I N D
	Yes1	<pre>public safety; Restaurant - preparing and serving meals; Transport Company - long distance</pre>					Basic leve	.1	1			Basic 1	evel	1				v I
I N	No	transport of goods]]	ISI	IC COD	ES		Intermedia	te level	.2			Interme	diate level	2			I have the required skills1 I have higher skills than	D
D I							Advanced 1	evel	.3			Advance	d level	3			required2 My skills need to be further developed3	U A
v							Skill not	needed	. 4			Skill n	ot needed	4				L
D U A L		WRITE ACTIVITY FULLY OR AT LEAST IN TWO WORDS																I D
D						Т	echnical skills	Literacy skills	Numeracy skills	Computer	Physical skills	Technical skills	Literacy skills	Numeracy skills	Computer	Physical skills	7	
						ŀ			SKIIIS	SKIIIS				SKIIIS	SKIIIS			
							а	b	С	d	е	а	b	С	d	е		╄
01									Ι	1	1	I	I	I	I	1		01
02						+												02
03						+												03
0.4					+	+								1				04
05						+												05
06						+												06
07										1				1	1			07
08										1				1	1			08
09						-						1	1	1				09
10						-						1	1	1				10
11						+						1	1	1				11
12				+	+	+						1	-	1				12
12										I						1		12

IDENTIFICATION			

State Stat													T	1	
A		25					26A					26B	26C	26D	<u> </u>
READ AND MARK 19 TO Section 1 Sectio	I	Who is the owner of this enterprise:								you			registered and has a license from	business have employees who are	I
D D D D D D D D D D	D I V	Local Government2	ALI	L THA	T APP	LY						[You/NAME]	business license	basis?	ı v
Nousehold of elements: worker	D U A L	political party,Non-profit institution4 International organization or foreign embassy5 Private business(non-farm)6 Registered partnership or cooperative	Pay Com Tip Fee	ment missi s for	by pie ons servic	ece of	work ovided	comple	tedE				Authority with business license		
02 03 04 05 06 07 08 09 09	I D	Household(s)domestic worker9	Oth	er ca	sh pay	ment	(speci	fy)	F				business License5		I D
02 03 04 05 06 07 08 09 09															I F Q N
02 10<										ı					
02 10<															
02 10<			A	В	С	D	Ε	F	G	Н	Ι		<u> </u>	<u> </u>	+
03 10 <	01														01
04 94 95 96 <	02														02
05 Mathematical Street Mathe	03														03
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IDENTIFICATION				

	26E	26F	27A	27B	27C	$\overline{}$
N	How many paid employees [including yourself] are working in your business/this enterprise on continuous basis?	What kind of accounts or records does [your/NAME's] business keep? Complete set of written accounts (including assets, income and expenditure) for tax purposes	How many customers/ clients/ buyers did you have during the last four weeks? READ THE OPTIONS	Do you get your customers, clients or buyers through someone else, for example through another company, intermediary or person?	In this job or business, do you: READ THE OPTIONS Sell products or services from only one company or person?	I N D I V
D U A L I D		Only through informal records of orders, sales, purchases3 No records are kept4 Dont Know5	More than one customer, client or buyer1 A single customer, client or buyer2 None	Yes all of them	Use products, space, equipment or product specifications provided by just one company or person?	D U A L I D
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IDENTIFICATION			

	070	love	_
_	27D Does this company, intermediany or client, set or decide on the following:	27E	
INDU IDU ALLID	Does this company, intermediary or client, set or decide on the following: READ AND MARK "1" ON ALL ANSWERS THAT APPLY The price of the products or services that you offer or make?A The hours that you should work?B The places, routes or areas where you do your work?C Provide you with the tools, equipment or product DO na fee or commission that you pay to them?E The minimum sales or operations you must carry out?F None of the above	IF (QN 26C = 1-3 OR QN 26E=2 OR QN26F=1) AND QN 17=1 GO TO 30A IF QN 26C =1-3 OR QN 26E = 2 OR QN 26F = 1) AND QN 17 = 2 GO TO 29A	I N D I V I D U A L I D
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	28A								28B						28C	
I N D I U A L I D	When was this business/activity started? WRITE MONTH & YEAR: IF DK, WRITE 98 FOR MONTH AND 9998 FOR YEAR	Ca Resorr Res Bu Bu Ca Waa Ca Ca orr Bu	an't feleaser reductions with the seleaser reductions as incessions the seleants the communication communications considered to the selections of the selections and the selections are also the selections are also the selections are also the selections and the selections are also the selections	the r N ONE MARK find o ed from the continuent f needs ss/act the properties of the continuent for the con	ther im other of word of word of word of ivity ivity duction independent of the control of the c	AGAIN work er emporking ther etional providoes on cosendent r own ess/ac ibilit rothus ily/tr	ST EAC coloyme g time employ l inco ides g not r st low t from hours ctivit cies cing b siness ribe	choice FABLE) CH SEI ment ment med cood i requir his/ and ies w usine vusine	ncome e much	oppoin capi	onse	ABCD ies.EGHI		y?	What is the typical location of [your/NAME's]business/work? Non-permanent premises	I N D I V I D U A L I D
	MONTH YEAR													1		
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E: INFORMAL SECTOR - MAIN ACTIVITY- CONT'D

	28D							28E							28F						28G						
	Did this business/activit y operate all	W	Thy d	id th	e bus	siness		ivity aroun		opera	ate a	ll th	e yea	ar	During the last 12 months, did you receive any loan or obtained any credit for business/activity			Wl	no gav	ve you	ı the	loan/	credi	t?			
I N	year around?			WRIT SPECI ACCEI	FIC AI	REA: N									purposes from any source? Yes1	AF	REA: N	IORE	THAN	ONE A	NSW	ER IS A	CCEP	TABLE)			I N D
I V I D U A L I D	YES1▶28F 1 NO2	oo mack ack ack reak o por easo extiv wher wher ovid	uch coof coof racof work wer nal rrary ity was was nal r 19	activicompet stome aw mat porkers n of v. nature opera engage busy reasor 	tition terial teria teri	nr orddls or les,activ to m hous.g. S	er supp ity (eet s er wc ehold ick).	nery (e.g.l specia .I ork(e	or ecouild:	quipm ing f jecti gricu y dut	ent unds) ves/e	xpens	ses/C	.B .C .D .E .F .G .H asual .K .L .M	No2 IF 17=1▶30A OR Q17=2 ▶29A	(C)	Saving (SACCO Cooper NGO, E CO	gs & cos/VIC cative Busine ee mor mer, coer Munic Gover	credit COBA). e (Bus ess As ney le contra cipal rnment nancia urity	s & cr t co - siness ssocia ender actor, Counc t inst al ins schem	Assocition, middo	ciative dono	son)r pro	ject agent,	.C .D .F .G .H		I V I D U A L I D
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LFS 2 PAGE 11 2 PAGE 12

SECTION D. MAIN ECONOMIC ACTIVITY	IDENTIFICATION					I

SECTION D. MAIN ECONOMIC ACTIVITY

INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

	49A	49B	I	<u> </u>	OUR TIME IF YOU HAVE MORE THAN ONE ACTIVIT	Ĭ	
	29A	29B	29C	29D	29E	29F	
I	Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour?	Although you did not do any work during the last week, do you have a paid job or an activity in your farm or business, which you expect to return to in		For how long have you /has [NAME] been temporarly absent from work?	What was the main reason for [you/NAME] being absent from work last week? Vacation/holidays/Family/Technical/ Environment/ Leave1	[Do you/Does [NAME] continue to receive an income from [your/his/her] job or business during this absence?	I N
D U	Yes 1▶30A No2	future? Yes1 No2▶40A	READ CATEGORIES AND MARK THE CORRECT ANSWER	Less than 1 month1 1-3 months2 4-6 months3	Illness, injury, temporary disability2 Maternity, paternity leave.3 Education or training4	Yes1 No2 DK3	I V I D U
A L I D			Paid job1 Self employment - Farming2 Rearing farm animals Fishing or fish farming3	7-12 months 4 More than 12 months5		29C=1 AND 29D=1 AND 29E=1 AND 29F=1 ► 30A 29C=1 AND 29D=1:3 AND 29E=2 AND 29F=1 ► 30A 29C=1 AND 29D=1:2 AND 29E=3 AND 29F=1 ► 30A 29C=1 AND 29D=1:5 AND 29E=4 AND 29F=1 ► 30A OTHERWISE GO QN 40A	
			Another type of business4				
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IDENTIFICATION								

SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

	50A	50B	60	61	51
29G	30A	30B	31	32	33
Are the [farming, animal and/or fish that [you/NAME] [are/is] working on in READ CATEGORIES AND MARK ACCORDINGL Only for sale	tended?	TASCO CODES	How would you rate your chance to hold this job next month? Absolute certainty	Have you ever been injured at your workplace or suffered from a work related illness of your current job for the past 12 months? Yes injured at work	
			<u> </u>	illness at work3	(non-agriculture)8▶35A Unpaid family helper (agric): fishing
			†		
			+		
			<u> </u>		

IDENTIFICATION		1 11 1 1	
IDENTIFICATION		1 11 1 1	

	52A	52B	52	2C	53A	53B	53C	53D	53E	53F	\Box
	34A	<u>34B</u>	34	4C	34D	34E	34F	34G	34H	341	1
I	What is the form of your work contract?	What is the type of your work contract?	What is duration [your/NA contract	of ME]	Do/Does] [you/NAME] get paid maternity/paternity leave?	Would [you/NAME] get paid sick leave in case of illness or injury?	Do/Does] [you/NAME] get paid annual leave?		Does your employer/you deduct income tax from your salary?	Does your employer/you pay contributions to social security scheme? e.g.PSSSF, NSSF, ZSSF	I
N D U A L D	Written1 Oral2	Permanent contract: Specific task contract			Yes1 No2	Yes1	Yes1 No2	Yes1 No2	Yes	Yes	N D I V I D U A L I D
			MON	THS							
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IDENTIFICATION

	53G	5	4A.	54B					57B						
	35A	3	85B	36					37A					37B	
	What is the main activity of the business or place where [you/NAME] work[s]?			Who is the owner of this enterprise:		ch of you k?								Who usually makes decisions about the running of the family business?	
I N D I D U A L	[[e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods]] WRITE ACTIVITY FULLY OR AT LEAST IN TWO WORDS	ISIC (CODES	Central Government	Pr A Pa co Co Ti Fe Pa ac Pa	eAD A ofit wage yment mmiss ps e for yment commo yment her c t pai	or sa by redionsserv with datic in reash r	lary piece rices mea on produ	of v	work video	 l fy).	B C D E F	ī	[You/NAME]1 [You/NAME] together with others	I N D I U A L I D
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IDENTIFICATION							

	55	58	59A	59B	62	63A	П
•	37C	37D	37E	37F	38A	38B	1
I N D I V	BRELA and you have business license1 Tanzania Revenue Authority (TRA)2 Other Government Authority with business license3	[Do/Does] [your/NAME] business have employees who are paid on a regular basis? Yes	How many paid employees [including yourself] are working in your business/this enterprise on continuous basis? Less than 5(employees)1 5 and above(employees)2 bon't know3	What kind of accounts or records does [your/NAME] business keep? Complete set of written accounts (including assets, income and expenditure) for tax	During the last four weeks, have you had.? READ THE OPTIONS More than one customer, client or buyer1 A single customer, client or buyer2	Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person? READ MARK ALL THE APPLY Yes all of them	I N D
U A L I D	BRELA without business license		on c xion	purposes1 Simplified written accounts not for tax purposes2 Only through informal records of orders, sales, purchases3 No records are kept4	client or buyer2 Have not had any clients3▶38C Not applicable4▶38E	Yes most of them	U A L I D
01							01
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IDENTIFICATION								

	CAR	2-1	00	
I	64B 38C	38D 65	66 38E	
ı	In this job or business, do you	1		
I N D U A L I D	Sell products or services from only one company or 1 Use products, space, equipment or product specifications provided by just one company or person?	Does this company, client, intermediary or person set or decide READ MARK ALL THAT APPLY. MULTIPLE ANSWERS ARE ACCEPTABLE The price of the products or services that you offer or make? should work?	IKIWA (SW 37C=1-3 AU SW 37E=2 AU SW 37F=1) ►SW 40A	I N D I D D
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SECTION	E.	TNFORMAT.	SECTOR	_	MATN	ACTIVITY

IDENTIFICATION								

•	39	A							39в							39C	
	When wa business/activ			W	Vhat v			ısine	ss/ac	tivit	y?			.s		What is the typical location of your/NAME's business/ work?	
				MA	NK "1	L" AG	AINST	EACH	SELE	CTED	RESP	ONSE				Non-permanent premises Hawking/mobile	
I	WRITE MONT	-	~		c: 1											Improvised post on the shed)	I
N D I V I D U A L	IF DK WRITE AND 9998	98 FOR MONTH FOR YEAR	Recollection Recol	eleaser reductive mily usine portusine apit. apit. an kee ants an chean con an con con an con con an con con con con con con con con con co	find ed fr uctio ment need ss/ac uniti ss/ac ep pr to be oose mbine ily r	om ot n of from s add tivit es tivit oduct indehis/h busi	works other dition y pro y doe cion cepende er ow ness	emploing to employ employed to employed the emplo	yment ime loyme ncome s goo t req low rom h urs a vitie	nt d inc uire is/he nd pl s wit	muchr owr	n mas	ter	.B .C .D .E .F .G .H		roadside	N D I V I D U A L I D
	MONTH	YEAR	T:	radit. espon	cracy ional dent (ment	line or fa	e of k	ousin /trib	ess/	activ	ities	of		L			
			A	В	С	D	E	F	G	Н	I	J	K	L	М		
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E: INFORMAL SECTOR - MAIN ACTIVITY- CONT'D

	39D							39E							39F						390	;						
	Did this	Why	did t	the bu	ısines	ss/act	tivity	y not	opera	ate a	ll th	e yea	r aro	und?	During the last 12 months,			Wł	o gav	ve yo	u the	loa	n/cre	dit?				
			Why did the business/activity not operate all												did you receive any loan or obtain any credit for	WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC												
	around?	rate all year												business/activity purposes									R IS ACCEPTABLE)					
I N D I V I D U A L	Did this business/activity operate all year around? I N D I V I D V YES1▶39F NO2 I D O O O O O O O O O O O O O O O O O O	Busi Too Lack Lack Lack Brea No p Seas Temp acti Owne Owne Pers Covi	ness/much of cof roof wower.oorary vity.r was round d 19.	activ compe ustom aw ma orker n of enga busy reaso	vity established during the last 12 months. // vetition						B C D E F G H Sual J K L	from any source? Yes1 No2▶40A	Ro Să (S Co NO Pi Ci Si Ot Bă	Relative or friendA Rotating savings & credit group (UPATU)B Savings & credit co - operatives (SACCOS/VICOBA)									I N D I U A L I D					
		A	В	С	D	E	F	G	Н	I	J	K	L	М		А	В	С	D	E	F	G	Н	I	J	K		
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SECTION	H	HOTTRS	WORKET

				40A				40B				40C				40D	
						ing the	last	SUM HOURS WORKED IN MAIN ACTIVITY	How many week, in		id you w her econ			ing the l	ast.	SUM HOURS WORKED IN OTHER ACTIVITY	
I N D I V I D U A L	WEEK	w many hours did you work each day during the lack, in your main economic activity? PROBE AND WRITE HOURS WORKED EACH DAY IN THE LAST WEEK [MONDAY TO SUNDAY]; WRITE 00 IF NO HOURS WO IN A DAY. MAIN ACTIVITY						IF QN 17=2 AND 29B=2 GO TO QN 40E	OTHER			LAST WEEF	(MONDAY				I N D I U A L
								TOTAL				ER ACTIV					
	MON	TUES	WED	THUR	FRI	SAT	SUN		MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	\vdash
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IDENTIFICATION						
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	40E	40F	40G	40H	401	40J	
	100	102	What was the main reason you	What was the main reason you worked less		In which type of job were you	
	SUM HOURS	THE GRAND TOTAL	worked more than 40 hours	than 40 hours during the last week?	available for	available for more hours of	
	WORKED IN QN 40B AND 40D	IN Q40E IS	during the last week?		more hours of	work?	
				Illness or aged1▶41	work during the		
			Schedule set by	Disability	last week?	Current job1	
I			employer1	Leave, holiday icl. family		Paid employment	I
N			Overwork due to the strong	Leave, holiday icl. family obligations (funerals, sick/child etc.)		- Wage Job2	N
D			economy2	Did not want to work more hours5▶41		Self Employment - Small scale business	D
I			Overwork in order to	Housework/family		(anv	I
V		Less than 40	survive/to gain more money	Cannot find more work in a job,	Yes1	typē)3	V
D		hours1▶40H	3	agriculture or for a business7 No suitable agriculture land or	no2▶41	Self employment - Agriculture including	D
U		40 hours2▶41 More than 40 hours3	Business/ agriculture	slack period in agriculture8 Lack of raw materials equipment		livestock and fishing	σ
A		Hours	season4	and finance9 Machinery/electrical breakdown/		4	A
L				other technical problems 10			L
_			Other (Specify)5	Stood down by employer			_
I D				Schedule set by employer13			I D
l -				Other (Specify)14			
			FOR ANY REPLY ▶41				
	TOTAL						
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IDENTIFICATION			

	41	42A			42B	42C	42D	42E	$\overline{}$
I N D I V I D U A L	Are your benefits/earning s from this work appropriate in terms of hours worked under normal circumstances?	How man	y hours per sually work		Is 42A GRAND TOTAL IS . Less than 40 hours	Why do you usually work more than 40 hours per week? WRITE CODE FOR THE MAIN REASON ONLY Schedule set by employer	Why do you usually work less than 40 hours per week? WRITE CODE FOR THE MAIN REASON ONLY Illness or aged	Are you usually available to work for more hours?	I N D I U A L
			OTHER ACTIVITIES						
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12									12
	LFS 2 PAGE 19								

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SECTION I: INCOME

INT: YOU MUST REFER BACK TO Q.21 AND Q.33 FOR THESE QUESTIONS

	43A	1	43B	44A	44			4C	4	14D	
I N D I D U A L	INT: WAS THIS PERSON A PAID EMPLOYEE IN MAIN OR SECONDARY ACTIVITY DURING THE LAST WEEK? Yes1 No2▶44A QN. 21 OR 33 CODE 1	TO ESTIMA PAYMENT I	rour paid luring the last RESPONDENT	INT: WAS THIS PERSON SELF EMPLOYED (NON AGRICULTURAL ACTIVITIES) DURING THE LAST WEEK? NO	What gincome/earn get from your businesses du week/m	ing did you business or uring the last nonth?	What were th expenses ass the earned in which the earned in the earned i	sociated with come?	INT: THE REINCOME FROM BUSINESS/ACTAFTER DEDUCTEXPENSES DULAST WEEK/MITHUS;	TIVITIES TING ALL RING THE ONTH IS	I N D I D U A L
		CASH	IN-KIND		TSH	PERIOD	TSH	PERIOD	TSH	PERIOD	
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IDENTIFICATIO)											

	45A	45B		45C	45		1 1
	INT: IS THIS PERSON SELF EMPLOYED IN AGRICULTURE?	What gross income/earning your agricultural activities dweek/month?	g did you get from luring the last		What was your net i agricultural work dur week/month?	ncome from ring the last	
I N D I D U A L	Yes1 No2►46 QN. 21 OR 33 CODE 04, 05 & 6 LFS 2	PERIOD: WEEK1 MONTH2			I.E.Q.45B- Q.45C PERIOD: WEEK1 MONTH2		I N D I V I D U A L
		TSH.	PERIOD		TSH	PERIOD ii	_
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SECTION A	USUAL	ACTIVITY (I	AST 12	MONTHS

INT: EXPLAIN TO RESPONDENT THAT, WE ARE STARTING WITH THE USUAL ACTIVITIES DURING THE LAST 12 MONTHS (EXCLUDING THE SURVEY MONTH)

	46	47A	47B	48																					i		Τ
	that is from [MONTH] to	Was your work in family farming, tending/rearing animals, or family fishing?	farming or rearing animals, were the	Did you work all weeks every month during the last 12 months? (Include all types of work, paid leave and temporary absences)	THE	"X"	STAR	TING	AT '	'1" A	CING A AND EN F OF E	DING A	т "1	2" BY	START	'ING V	HTIW	THE	L IN LAST	THE FULI	BOX: L MON	ES T	O TH MON	E RI	GHT C	F SK	
I N D I V I D U A L I D	Yes1 No2(►49A.III)	Yes1 No2(▶48)	READ THE OPTIONS Only for sale	Yes1 (►50D) No2	- Th - Pa - Di INT: 49A(worl - YI - No - YI - No JUL Y	ne who art of the id not the INCLU (II). We k (in re ES - GO O - GO (III). We (III). We SES - GO O - GO	ole monthe nth, (Inth, (Int	If YES. If YES. If YES. ORAR' Illable onth)? onth and ailable at mont	Y ABS for w r nd put d put e for w th and	ou workGOGO T SENCES rork in t t "B" in t"C" in tt work m d put "E put "E AN DEC	TO that TO 49A (O 49A)	(ii)) LEAVI nth w t box box OC S	E) AS \hich yo	ORKE u didn	eD 't	MA Y	APR "20	MA R R "20 1		JAN I				SEP A "19 "			
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12										1															\vdash	1	

9B							50A	50B	50C	50D
I N	work Worked for wo. Did no. work Did no. work	Whole M part of part of rk t work a t work a t work a HC	the mo	of LET	Not Ava	iiibie iicc D E	INT: IS THERE ANY CODE "C" OR "E" IN THE BOX FOR THE LAST 12 MONTHS ? Yes1 No2 (▶50C)	What was the main reason for not doing economic activity and not being available for work during that period? Attending School	INT: THE PERSON DID NOT WORK FOR THE ALL LAST 12 MONTHS? Yes1 (▶51) No2	In which economic activity did you spend most of your time? Paid Employee Central Government
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08										08
09										09
10										10
11										11

						II	DEN	TIFIC	CAT	ION						1	
	50E		5()F	50G		50	Н		501		50J		50)K		
I N D I V I D U A L I D	What type of work/activity? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS	CODE	TAS		What type of product/service which is mainly produced/rendered by your company/business/activitie s? INT: DESCRIBE ACTIVITY FULLY OR AT LEAST TWO WORDS		IS	IC		In which year o	nomic activities self- or self	What type of work/activity were you doing at your first employment? INT: DESCRIBE ACTIVITY FULLY OR AT LEAST 2 WORDS	TA	TAS			I N D I V I D U A L I D
										i	ii						
01																	01
02																_	02
03																_	03
04																_	04
05																_	05
06																_	06
07																_	07
80																_	80
09																_	09
10																_	10
11																_	11
12																	12

CHILDREN	AGED 5 To	O 17 YEARS
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IDENTIFICATION						
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SECTION I: NON-ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS DURING THE LAST WEEK (ASK ALL CHILDREN)

	SECTION I: NON-ECONO	JWIIC ACTI	OKING IH	E LASI W	EEN (ASN A	ALL CI	IILDKI	_IN <i>)</i>	52	2B				53	٦			
	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD? Yes1 No2 (▶END)	oelow for th	is	How r	many h	ours ha			workin	ng per d	day?	INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE LFS2 Q13D=1-7 OR Q.13F=1 OR Q.13G=1 OR Q.13H=1 OR Q. 13I=1 or Q46=1 OR 52A=1	I N D I V I D U A L					
I D		Shopping for household	Repairino any	d	Cleaning utensils/ house		Caring for children/ old/sick	Other household tasks	MON	INT:	WRIT	THUR	ME IN	MINU'	TES SUN	TOTAL	Yes1 No2 (END)	I D
01		а	b	С	d	е	f	q	а	b	С	d	е	f	q			01
01																		01
02																		02
03																х		03
04																		04
05																		05
06																		06
07																		07
08																		08
09																		09
10																		10
11																		11
12																		12

WCS PAGE 1

	SECTION II: SCHOOL HOURS OF WORK	ATTENDANCE AND	CHILDREN WHO DIE (WHO HAVE ANSWE 2)	D ECONOMIC ACTIVIT RED LFS2 Q. 18a OF		CHILDREN WHO ANSWERED Qn46 LFS2		OMIC ACTIVITIES DURING 1 Q.1)	REN AGED 5-17 YEARS (APPLI THE LAST 12 MONTHS/ LAST WI	
	54A	54B	55			56	57A	57B	57C	
I N D I V		If attending school or training on a full-time or part-time, but also working, does your work affect your regular school/training attendance		·	CHILDREN WHO	school while engaged in	Have you ever been hurt at work/work place or suffered from illnesses/injuries due to work at any time?	How often were you hurt or suffered from illness/injuries?	Referring to the most serious injury/illness, how serious was the injury/illne consequences on your wo perfomance?	SS N
D U A L I D	Yes,full-time1 Yes,part-time2 No3 ▶Q55	or studies?		TIES DURING THE		Yes1 No2	Yes1 No2▶ Q58A	Always/ Often1 Sometimes2 Seldom / Rarely3	Permanently Disabled1 Prevented from Work Permanently2 Stopped Work Temporarily3 Changed Jobs4 Continued to	D U A L I D
			DAY 06:00am - 03:59pm	EVENING 04:00pm - 07:59pm	NIGHT 08:00pm - 05:59am				Work5	
01			а	b	С					0:
01										0:
02										02
03										0.3
04										04
05										0.5
06										0 (
07										0
08										08
09										0 9

O ALL CHILDREN WHO WORKED IN	
HAVE ANSWERED CODE 1 IN LES 2	0

IDENTIFICATION															
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O HAVE ANSWERED CODE 1 IN LFS 2 Q.1 SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

	57D	57E	57	F	57G		57	7H			57	1			58A	
I N D I V I D U A L	injury/illness, how serious was the injury/illness consequences on school attendence?	What was the main activity of the establishment/ work place in which you were injured/hurt or from which you suffered serious illness? DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS	ISI	C	What was the occupation or job you were performing when the accident happened or from which you suffered serious illness? DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS	7	TAS	sco	(MOR ACCEI GIVEN No T: Empl: Pare: Myse: Free	E THAN PTABLE; I ANSW reatmen byer bts/ Gu	ONE AI WRITE ER IN A	NSWER CODE ": SPECIFIC	IS L" FOR A C AREA		How often do you carry heavy loads in your daily activities? Always/ Often1 Sometimes2 Seldom / Rarely3 Never4	I N D I V I D U A L I D
	Not affected3 Not applicable4		COL	E			CO	DDE	Othe							
01									A	В	С	D	E	F		01
01																01
02																02
03																03
04																04
05																05
06																06
07																07
08																08
09																09
10																10
11																11
12																12

WCS PAGE 2

IDENTIFICATION						

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

	58B	***												58E	58F																
I	Are you required to operate any tools, equipments,	Are	you c	often (expos	sed to	any	of the	follo	wing	?		Do you use any of the following protective wear/gear while working?									Do other persons doing the same work at your work place	Which of the following protective wear/gear do they usually use?								
N D I V I	machines, etc. at your workplace or on your job/ occupation?			ACCE	PTABI N ANS	LE; WI	RITE C	ODE	"1" FC				À		BLE; WI	RITE CO	WER IS DE "1" ECIFIC A					use protective wear /gear while working?	ACCE		E; WRIT	TE CODE	R IS E "1" FO IFIC ARE			N D I V I	
D U A L I D	X65 2	Water bodies (sea, lakes, rivers, etc)A Dusts, fumes, smoke, gasesB Noise										Eye Glasses/ Googgles A Helmet B Earplugs C Special Shoes D Gloves E Dust Mask F Other G None H									Yes1 No2▶59 DK3▶59	Eye Glasses/ GogglesA HelmetB EarplugsC Special ShoesD GlovesE Dust MaskF OtherG NoneH							D U A L I D		
01		A	В	С	D	E	F	G	Н	I	J	K	A	В	С	D	E	F	G	Н	I		A	В	С	D	E	F	G	01	
01																														01	
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10																														10	
11																														11	
12																														12	

WCS PAGE 3 WCS PAGE 4

									IDENTIFICATION]	
		CHIL	D PE	RCEP	TION	>									
	59] 60A	60B	1	60C	61		ę	62	
What problems do you perceive to affect you as a result of work? (MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA Injuries/ illness or poor health			ISWER CODE	IS N	What is the main reason for you to work? To supplement household income where you are living	If you stop working, what will happen? I will lose income	Going to school ful Working for incomef Helping full-time i family enterprise o Working part-time i housheold chores or Working in househol after school hours Part-time in househ business	would you prefer to do? 1-time	At what age did you start working for the first time (i.e., in economic or non-economic activity)? WRITE AGE IN COMPLETE YEARS	What do you do for fun/hobby, when noworking? (MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA Playing			ot INDUSTRIANS		
11	Δ	В	С	D	E	F					YEARS	A	В	С	D 01
01	71	D	Ç	D											01
02															02
03															03
04															04
05															05
06															06
07															07
80															08
)9															09
10															10
11															11
12															12

INTEGRATED LABOUR FORCE SURVEY, 2014

GUIDELINES OF HOW TO SELECT RESPONDENTS THAT WILL BE ADMINISTERED TIME USE QUESTIONS (TUS)

ONLY ONE RESPONDENT PER HOUSEHOLD REQUIRED TO BE SELECTED FOR TUS QUESTIONS

USE THE TABLE BELOW TO SELECT TUS RESPONDENT FROM THE HOUSEHOLD.

NAME OF RESPONDENT SELECTED

HOUSEHOLD MEMBER ID. CODE FROM HOUSEHOLD QUESTIONNAIRE

GO TO THE COLUMN OF LIST OF HOUSEHOLD MEMBERS IN THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE HOUSEHOLD MEMBER ID. CODE SELECTED FOR TUS

HOW TO USE THE TABLE BELOW TO SELECT RESPONDENTS FOR TUS

CHECK THE LAST DIGIT OF HOUSEHOLD QUESTIONNAIRE ID. NUMBER. THIS IS THE ROWS ID. THAT YOU HAVE TO STICK TO. CHECK THE NUMBER OF INDIVIDUALS QUALIFIED TO BE INTERVIEWED (5 - YEARS OR ABOVE), IN THE HOUSEHOLDS MEMBER ROSTER. THIS IS THE COLUMN YOU SHOULD GO. WHERE ROWS AND COLUMNS INTERSECT, IS THE HOUSEHOLDS MEMBER ID. SELECTED FOR THE COMPLETION OF TUS QUESTIONNAIRE.

FOR EXAMPLE, IF THERE ARE THREE HOUSEHOLD MEMBERS AGED 5 YEARS OR ABOVE QUALIFIED (NUMBER OF LINE, 02, 04, 05). IF THE NUMBER OF HOUSEHOLD QUESTIONNAIRE IS '16', THE LAST DIGIT IS SIX '6', THEREFORE GO TO ROW NUMBER SIX '6'. THERE ARE THREE QUALIFIED INDIVIDUALS AGED 5 + IN THE HOUSEHOLDS, SO GO TO COLUMN NUMBER THREE '3'. FOLLOW THOSE ROWS AND COLUMNS AND CHECK WHERE ARE INTERSECTING ('2') AND CIRCLE THAT BOX. NOW GO TO THE HOUSEHOLD ROSTER AND FIND THE SECOND HOUSEHOLD MEMBER WHO QUALIFIES TO BE ADMINISTERED TUS QUESTIONNAIRE (LINE NUMBER '4' IN OUR EXAMPLE). RECORD NUMBER OF THE LINE IN THE BOX SHOWN ABOVE.

THE TABLE USED TO SELECT RESPONDENTS TO BE INTERVIEWED TUS QUESTIONNAIRE

THE LAST DIGIT IN THE	TOTA	L NUMBER OF	RESPONDENT	'S QUALIFIED	TO BE INTERV	IEWED, AGED	5 YEARS OR A	BOVE
HOUSEHOLD QUESTIONNAIRE NUMBER	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CONFIDENTIAL IDENTIFICATION Quest. No...... Of TIME USE Code "C" Period/ FOR Same Code 'A' Code "B" Description of activity Place Means of Time OFFICIAL USE time? Payment Location PERSONAL NO. **Transport** 3 6 7 8 2 4 5 1 OFFICIAL LISE **ICATUS** PERSONAL DATE MONTH YEAR DAY Code of day Yes....1 Inside....1 List of Activities from 1 to 5 Activities per time period **DIARY** No.....2 Outside...2 What were you doing yesterday between and TUS 1 06:00 am INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD What else were you doing during that period? TUS 2 INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD If more than one activity mentioned: Did you do the activities at the same TUS 3 time, or one after the other? INT: WRITE CODE 1 IF THE ANSWER IS 'YES' AND CODE 2 IF THE ANSWER IS 'NO' Did you get any payment? (e.g. Monthly salary; Food and allowance) INT: FILL IN COLUMN 5 USING CODE A -PAYMENT 07:00 am Where were you when you did the activities? TUS 5a INT: FILL IN COLUMN 6 USING CODE B - LOCATION AND COLUMN 7 USING "1" FOR INSIDE OR "2" FOR OUTSIDE Which means of transport, did you use to reach the place of this TUS 5b

08:00 am

activities? INT: FILL IN COLUMN 8 USING CODE C -MEANS OF TRANSPORT

INT: REPEAT QUESTIONS 1 TO 5 FOR EACH CATEGORY OF TIME IN AN HOUR PERIOD FROM 6:00 AM YESTERDAY TO 6:00AM TODAY

TUS DIARY PAGE 1

IDENTIFICATION										
PERSONAL NO.			Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
	FOR	105	1	2	3	4	5	6	7	8
PERSONAL DATE MONTH YEAR DAY DIARY	OFFICIAL U	- − 1		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes1 No2			Inside1 Outside2	
TUS 6 Did you spend any time during the day looking after the children?			09:00 am							
Yes: Not mentioned all the time	S.9, FILL ТНЕ			i ii iii iii iv v						
Yes: Not mentioned all the time	INT: IF THE ANSWER IS CODE 1 IN QTUS.6 - QTUS.9, FILL THE	ARIICULARIIME	10:00 am	i ii iii iiv						
Yes: Not mentioned all the time	SWER IS CODE	CIIVIIYONAF	11:00 am	i						
TUS 9 Did you spend any time during the day looking after the disabled person? Yes: Not mentioned all the time	INT: IF THE AN	•		ii iii iv v						
TUS 10 Was yesterday a typical day for you?			12:00 pm	i ii iii iii iv v						
No, because there was a funeral, wedding, etc			01:00 pm	i ii iii iv v						

TUS DIARY PAGE 2

IDENTIFICATION []								
PERSONAL NO.	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment		Place	Code "C" Means of Transport
FOR OFFICIAL	1	2	3	4	5	6	7	8
PERSONAL DATE MONTH YEAR DAY Code of day DIARY		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes1 No2			Inside1 Outside2	
TUS 11 Which activity during the day did you enjoy the most?	02:00PM					<u> </u>		
Activity Code		i						
TUS 12 Which activity during the day did you enjoy the least?		iv v						
Activity Code								
TUS 13 Generally, how did you feel about yesterday's activities you have just described? I was too busy/ I had too many things to do	03:00 PM	i ii iii iiv v						
	04:00 pm	i ii iii iiv v						
	05:00 pm	i ii iii iiv v						

IDENTIFICATION										
PERSONAL NO.	Period/ Time		Description of activity	_	OFFICIAL USE			Code "B" Location	Place	Code "C" Means of Transport
FOR	1		2		3	4	5	6	7	8
PERSONAL DATE MONTH YEAR DAY Code of day DIARY		List of A	activities from 1 to 5 Activities per time period	IC	CATUS	Yes1 No 2			Inside1 Outside2	
CODES FOR PAYMENT, LOCATION AND MEANS OF TRANSPORT	06:00 pm									
(CODE "A") PAYMENT	00.00 p	i i				/ I	/			
01 No Payment		ii				<i> </i>	/├──			·
02 Monthly salary only		iii					/			
03 Salary and other allowances or transport allowance.		iv				<u> </u>	/			· _
04 Salary and other allowances without transport allowance.		V				/ I	/			
05 Food and allowance (Cash payment)	l!									
06 Cash payment for Services / Sales.										
07 Food, accomodation and other needs.	07:00 pm					l'	l			
08 Allowance and all needs (Cash payment)		i					 			
09 Other, specify		ii				/	 '			
10 Not applicable		iii				/	 '			
(CODE "B") LOCATION		iv					iL '			.
01 Own household		V		سال		الـــــا ^ا				. L
02 Someone's household										
03 Field farm or other agricultural workplace within private H/Hold.	I,						·			
04 Field farm or other agricultural workplace outside private H/Hold	08:00 pm					l'	l	l		
05 Other workplace within private household		i				/ـــــــــــــــــــــــــــــــــــــ	i ├── '			.
06 Other workplace outside private household		ii				/ـــــــــــــــــــــــــــــــــــــ	 			.
07 Educational establishment		iii				/ـــــــــــــــــــــــــــــــــــــ	i			-
08 Public area i.e. not in a private household workplace or hospital		iv				(—— '	i —— '			
09 The place for fetching water		V		السا		╽└──┤	 			. []
10 The area for collecting firewood.				_				<u> </u>		
11 Traveling or waiting to travel							·			
12 Other, specify	09:00 pm			1		[l '	l		
(OODE (ON) MEANO OF TRANSPORT		1				/ـــــــــــــــــــــــــــــــــــــ	i		<u> </u>	- - -
(CODE "C") MEANS OF TRANSPORT		ii				(—— '	i ⊢— '			-
1 Traveling on foot		iii				/——	i ————————————————————————————————————			. -
2 Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)		iv				(/ ──			.
Hiring Transport (e.g. taxi, Pick-up,motocyle, e.t.c) Traveling by train		V				 			L	. L
				_						
Ü ,	40:00						·			
6 Traveling by bicycle 7 Water transport (Boat, Ship e.t.c)	10:00 pm			d 		l'	l '	l 		
		1				/	i ├──┤ '			. — —
8 Traveling by animal (e.g. Horse, Cow e.t.c)		ii				/ ──	i ————————————————————————————————————			
9 Traveling by other means (specify)		iii				(—— '	i ⊢— '			-
10 Not applicable		iv				/ـــــــــــــــــــــــــــــــــــــ	i ├── '			.
		V				41 1'	41 1 '			

PERSONAL NO.							Per Tir		Description of activity	F	OR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
	<u>.</u>		1			FOR OFFICIAL	1		2		3	4	5	6	7	8
PERSONAL DA			Υ	Code of day			List of Activities from 1 to 5 Activities per time period		ICATUS	Yes1 No2			Inside1 Outside2			
							11:00	0 pm	i ii iii iii v v							
							12 - ()4am	i ii iii iii v v							
							04:00	0 am	i ii iii iiv v							
							05:00	0 am	i ii iii iiv v							