

United Republic of Tanzania

Ministry of Labour and Employement and National Bureau of Statistics

INTEGRATED LABOUR FORCE SURVEY 2014 HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

CONFIDENTIAL

This information is collected under the Statistics Act No. 1 of 2002

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

SECTION A: IDENTIFICATION BLOCK			MARK BOX WITH AN 'X' AND NUMBE	ZD OF FORMS
CODE	<u></u>		BELOW IF YOU USE MORE THAN THIS TO COLLECT INFORMATION FROM THI	SINGLE FORM
1. REGION:	₫.		IF SO, BE SURE TO MARK IN THE S OTHER FORMS USED FOR THIS H	
2. DISTRICT	╛.			
3. WARD / SHEHIA				
4. VILLAGE/STREET] .		FORM OF	
5. ENUMERATION AREA (EA)			QUARTER	
6. HOUSEHOLD ID (FROM LIST) :			TOTAL NUMBER OF USED QUESTIONNAI	RES:
7. NAME OF LOCAL LEADER/SHEHA:			LFS WCS TUS	
			TOTAL NUMBER OF HOUSEHOLD MEMBERS	
8. NAME OF HOUSEHOLD HEAD:			PERSON'S NUMBER TO BE INTERVIEW	NED LFS2
9. PHONE NO. OF HOUSEHOLD HEAD:				
10. RESULT OF INTERVIEW:	IF CODE 2-7 G COMMENTS:	ZIVE		
Fully Responding 1 Vacant 2 Listing Error 3 Refusal 4 No Contact 5 Family Problems 6				

SECTION A-2: SURVEY STAFF	DETAILS	IDENTIFICATI	ON		
		VISIT 1		_	
11. NAME OF ENUMERATOR:		22. TIME INTERVIEW START	:		
12. ENUMERATOR CODE:		23 TIME INTERVIEW END	:]	
13. NAME OF FIELD SUPERVISOR:		24. DATE OF INTERVIEW:	1 1]	
		VISIT 2	DD MM YYYY		
14. FIELD SUPERVISOR CODE:		25. TIME INTERVIEW START	:		
15. DATE OF QUESTIONNAIRE INSPECTION:	DD MM YYYY	26. TIME INTERVIEW END	:]	
16. NAME OF DATA EDITOR:		27. DATE OF INTERVIEW:	1 1		
17. CODE OF DATA EDITOR:		VISIT 3	DD MM YYYY		
18. DATE OF EDITING:	1 1	28. TIME INTERVIEW START	:		
19. NAME OF DATA ENTRY CLERK:	DD MM YYYY	29. TIME INTERVIEW END	:		
20. DATA ENTRY CLERK CODE:		30. DATE OF INTERVIEW:	1 1		
21. DATE OF DATA ENTRY:	DD MM YYYY		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.

ΕŒ	CTION B: HOUSEHOLD MEMB	ER ROSTER		IDENTIFICATION							
`									DISABILITY		
D I	NAME	3. What is the relationship of (NAME) to the head of household? Head	4. Sex Is (NAME) a male or a female?	5A. In which month and year was [NAME] born? IF DON'T KNOW WRITE "98" FOR MONTH & "9998" FOR YEAR USE MAJOR HISTORICAL EVENT CODES IN MANUAL	5B. How old is [NAME]? WRITE AGE IN COMPLETE YEARS WRITE 00 IF AGE < 1 YR AND WRITE "97" IF AGE ≥ 97 IF RESPONDENT DOESN'T KNOW, USE YEAR OF BIRTH TO CALCULATE AGE.	Is [NAME] currently receiving pension?	7A. ALBINISM: Is [Name] an albino?	Does [Name] have difficultly seeing, even if wearing glasses? No Difficulty Some Difficul A lot of Diff	7C. HEARING: Does [Name] have difficultly hearing, even if using a hearing aid?	2	
			Male1 Female2	MONTH YEAR	YEARS	YES1	YES1				<u> </u>
)1											01
)2											02
)3											03
)4											04
)5											05
)6											06
7											07
8											80
9											09
0											10

Children LFS2: 5 ≤ 17

Adult LFS2 ≥ 18 Total LFS2 = LFS 1 PAGE 1

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					PERSONS 5 YRS O	R ABOVE ONLY IDENT	IFICATION									
		DISABILITY				─	MIGRATION									
I N	remembering or concentrating? No Difficul Some Diffic A lot of Di	SELF-CARE: Does [NAME] have difficulty with self- care, such as washing all over or dressing?	[NAME] have difficulty communicating; for example understanding or being understood?	8. INT: IS (NAME) 5 YRS OR ABOVE? YES1 NO2 (NEXT PERSON)	9. What is the current marital status of (NAME)? (READ THE OPTION) Single1 Married2 Cohabit3 Widowed4 Divorced/ Seperated5	10. CITIZENSHIP: [NAME] is a citizen of which country? Tanzania	11. How many months have you lived in this *Town/District? INT: IF SINCE BIRTH WRITE "000" AND GO TO Q. 14	INT: IF V REGION RECOR	TANZANIA Village City/Towr OUTSIDE T Kenya Uganda Rwanda Burundi	IZANIA REC RICT CODE Y CODE ON (AREA)	1 2 3 4 5 6	COO A L b 1 B 0 L W J f A t W	what is the ming her ming her ming her mand was ines apportu wooking work foin spramily.ttendi rainin lar/cha ther	ansfer. ed job. g for agri ss unity g for p	1 2 3 4 baid 5 6 hool/ 7 8	INDIVIDUAL
							NUMBER OF MONTHS	AREA,	/COUNTRY	(REGION	CODES	CT				
		L	l		l		MONIAS									
01									А	В	С					01
02																02
03																03
04																04
05																05
06																06
07																07
80																08
09																09
10																10
11																11
12																12

LFS 1 PAGE 2

					IDENTIFICATION			1
				EDUCATION			TRAINING	
N D I V I D U A L I	and write a short sentence in Kiswahili, English, Both English and	15. Is/has [NAME] completed, attending, dropped or never attended school? (ADULT EDUCATION SHOULD NOT BE CONSIDERED AS NEVER ATTENDED) Completed 1 (▶17A) Attending 2 (▶17A) Dropped 3 Never attended 4	Mhat was the main reason for [NAME] school dropout/never attended? Financial Constraints 1 School too far away 2 Ill/Sick 3 Pregnancy related 4 Satisfied 5 Refusal 6 Expulsion 7 To work/looking for work 8 Caring for the sick/children 9 Marriage 10 Other Too young 11 IF NEVER ATTENDED(Q15)▶Q.18	Std 1 01 Form 3 13	Please Specify subject of training attended e.g. ACCOUNTANCY, MECHANICAL ENGINEERING, NURSING, SECONDARY TEACHING	USE ONLY	What type of training have you attended for at least one month duration? If any. IF CODE 01, DON'T ASK Q.19, Q.20 & Q21. None	I N D I V I D U A L I D
01	1		I	1				01
02								02
03								03
03								03
								_
05								05
06								06
07								07
80								80
09								09
10								10

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IDENTIFICATION			

TRAINING

HOUSEHOLD ECONOMIC QUESTIONS: (ASK HEAD OF HOUSEHOLD)

TRAINING HOUSEHOLD ECONOMIC QUESTIONS: (ASK HEAD OF HOUSEHOLD)												
	19.		20.	21.	22A			22B.				
	Please Specify Subject of training		In which	How	Does this hou	usehold or any	one in this	INT: IF ANYONE IN THIS HOUSEHOLD		FOR		1 1
١.	attended		year	many		igage in any o	f the	WORKING ON OWN OR FAMILY		FICIA		1 . I
l 'n	e.g. CARPENTRY, ELECTRICAL	SUBJECT	[[i v/≺ivi∟]		following acti	vities?		BUSINESS (EXCLUDING AGRICULTURE)	USE	E ONL	LY	Ň
D	INSTALLATION, WELDING	OF TRAINING	complete	does the								D
1		CODES	Įu –		MULTIPLE A	NSWER IS A	LLOWED	Please describe at most five main business		ISIC		
٧		JODEO	training?	take?				activities(excluding Agriculture)	C	ODES	3	·
l b						YES1						, D
Ū						NO2						U
Α												Α
l L												-
1.												1,1
D							Working on own or					D
						Working on own or	family farm,					1 1
						family business	fishing					1 1
				NUMBER	Wage	(excludin g agri-	or animal keeping					1 1
				OF	Employment	culture)						1 1
		CODE	YEAR	MONTHS					(CODE		
					i	ii	iii					
01								i)				01
02								ii)				02
03								iii)				03
04								iv)				04
05								v)				05
06												06
07												07
08												08
09												09
10												10
11												11
12												12
		-									1 PA	

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Does the household have any other sources of Among the source of What is the household income of any type? income you mentioned monthly cash income from all which is the main source sources? Ν of income for household? (FOR SELF EMPLOYED (MULTIPLE ANSWER IS ALLOWED) WRITE D WRITE NET INCOME) CODE "1" FOR EACH ANSWER IN A SPECIFIC ٧ AREA Wage employment.... Remittances within the country.. Working on own or 60,000 to 119,999..... 02 D D Remittances from abroad..... family business (excl. 120,000 to 199,999..... 03 Pension.... Agric)..... 200,000 to 299,999..... 04 Rent.... Α Working on own farm, 300,000 to 499,999..... 05 Interest..... fishing or animal 500,000 to 999,999..... 06 Dividend..... keeping..... 1,000,000 to 1,499,999.. 07 None..... G Remittances.... 1,500,000 to 1,999,999.. 08 Other (Specify)..... H Pension.... 2,000,000 to 2,999,999.. 09 D 3,000,000 or above..... 10 Rent.... Interest...... Dividend..... Other (Specify).... Α D Ε Н G 01 01 02 03 03 04 04 05 05 06 06 07 08 80 09 09 10 11 12

IDENTIFICATION

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HOUSEHOLD AMENITIES, SERVICES AND ASSETS What is the main material used in building this house? (For roofing, What is the main source of Does this household own the following assets? How many rooms in your walls and floor) (MORE THAN ONE ANSWER IS ACCEPTABLE) energy in your household household are used for for cooking, lighting and THE ASSETS SHOULD BE FUNCTIONAL. sleeping (including rooms heating/cooling? outside the main dwelling)? Ν Ν Yes= D D 1 Electricity..... 01 ٧ ٧ A car..... Gas (Industrial)... Tricycle..... Gas (Biogas)..... Motocycle..... Firewood..... D D A refrigerator..... Coal.... U An electric or gas cooker..... Candles..... Α A television..... Animal Dung..... 0.7 L Charcoal/electric iron..... Solar Energy..... 0.8 A cellular phone..... Kerosene..... Walls Floor Roof A radio..... Charcoal..... 10 A bicycle..... Other, Specify.... 11 D A Plough..... None.... Grass, leaves, A Cart..... bamboo.... Cement bricks.... A Charcoal stove/Kerosene..... 2. Concrete/cement... 2 Mud and grass..... Sun dried bricks. Livestock..... Tiles.. N Concrete/Cement.... Baked bricks.... Power tiller.... Other (Specify)... 3 0 Metal sheets (GCI). Poles and mud.... Other (Specify)..... Asbestos Timber..... Tiles..... Grass..... Heating Other (Specify).... Other (Specify).. Cooking Lighting Cooling ROOMS Α В С С 01 02 02 03 03 04 04 05 05 06 06 07 07 08 80 09 09 10 10 11 12

IDENTIFICATION HOUSEHOLD AMENITIES, SERVICES AND ASSETS - CON'T 5B. What is the main source of water in your household for drinking What type of toilet does your How far is the Are there social facilities which can be reached by and other uses? household from the walking within 30 minutes (equivalent to 2 km) from the household have? household? main source of water? Rain catchments tank..... Private piped (Tap) water in housing unit Private piped (Tap) water outside housing unit..... Private well (protected)..... Private well (unprotected)..... Yes.... Pit latrine Vendor (Person selling water) No..... Piped (Tap) water on private supply..... Don't Know.... Improved pit latrine..... 4 Piped (Tap) water on community supply..... Less than Not available..... Other (specify).....5 Public well (protected)..... ⅓ Km..... 1 U Public well (unprotected)..... Private Public well (protected)..... ½ Km - Less than Private Public well (unprotected)..... 1 Km - Less than River, Dam, Lake etc.... Bottled water.... Other (Specify)..... 2 Km or more.... 4 Drinking ii)Other Primary Secondary Clinic/ Shop where Market IF THE ANSWER IS CODE 1-6 (▶6) school hospital basic food school Water uses can be bought Drinking Water Other uses Α В С D Ε 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09 10 10 11 12

IDENTIFICATION																	
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

				1	2	3		wage Jobs:	01
	INT: IS THE	INIT. IC TILIC	INT. DECORD	Desire with a least 40	Bushing to the form	D'alamana al allamana		Permanent	02
		INT: IS THIS		During the last 12	Products / services	Did you work all weeks		Temporary/Casual	03
	RESPONDEN		THE ROSTER	months, did you do any	produced/rendered from the	every month during the		Agriculture:	
1	T 5 YEARS	RESPONDING	ID NUMBER OF	work/activities for pay,	place of work	last 12 months? (Include	ı	Coffee	04
N	OR OLDER?	FOR HIM/HER	THE	profit, barter or home		all types of work, paid	N	Cotton	05
D		SELF?	HOUSHOELD	! '	(DEAD THE ODTIONS)		D	Sisal	06 07
1		CLL: .	MEMBER	use?	(READ THE OPTIONS)	leave and temporary	1	Tobacco	0.8
v						absences)	٧	TeaOther Cash Crop	09
Li			REPORTING	INT: IF THE ANSWER			1	Food Crops	
D			FOR THIS	IS NO, READ THE	Only for sale/ barter/		D	Maize	10
Ū			PERSON.	COMPLETE LIST OF	paid employment/Paid		U	Sorghum	11 12
Ā					employment		A	Cassava Fruits, Vegetables	
Ιî				ACTIVITIES.			î	Beans and Peas	14
1 -					Mainly for sale,		-	Other Food Crop	15
Ι.					but partly for own			Keeping birds/other pests away from crops	16
L					consumption 2		D	Activities related to the storage of crops	17 18
ľ					Mainly for own		ט	Herding	19
					consumption but partly			Milk, making butter, etc	
					for sale or barter 3			Activities related to poultry production	21
	YES1	YES1(▶1)		YES1		YES1 (▶6A)		Other agricultural activities including hunti	.ng,
	NO2	NO2		NO2 (▶4A (iii))	Only for own	NO2		forestry, fishing	-22
	(►NEXT	NO2		NO2 (▶4A (III))	consumption 4	102		Manufacturing/Processing:	23
	PERSON)							Making Charcoal Milling (Including hand Milling)	24
			ID					Other food processing	25
								Making baskets/hats/clay pots/	
-		ı	1					other handcraft	26 27
01							01	Spinning/Weaving/Tailoring	21
								Other manufacturing/ repair/ maintenance (not for home use)	28
02							02	Other manufacturing/ repair/	
03							03	maintenance (for home use)	29
03							03	Construction/major repair or maintenance:	30
04							04	Farm building or fences	31
<u> </u>							٥.	Access roads	
05							05	Other construction activities/mining	33
-							\vdash	Trading/Sales:	2.
06							06	Retail shop	34 35
							0-	Engaged in tea shops/street vending etc Assisting in sales of agriculture	JJ
07							07	products and other retail trade	36
08							08	Transport:	
UB							UB	Carrying loads to market for sale	37
09							09	Carrying grain to/from mil/shamba	38 39
								Other transport activities Services:	33
10							10	Giving tuition to students for payment	40
-							-1	Repair services: tool, shoes, etc.	
11							11	(not for own household)	41
								Collection of firewood, fetching water	42
12							12	Any other business or income	4.3
									PAGE 1

SECTION A. USUAL ACTIVITY (LAST 12 MONTHS) CONT'D INT: IS THERE ENUMERATOR: START BY PLACING AN "X" ABOVE THE CURRENT MONTH. FILL IN THE BOXES TO THE RIGHT OF ANY CODE "C" THE "X" STARTING AT "1" AND ENDING AT "12". STARTING WITH THE LAST FULL MONTH, MONTH "1", ASK THE OR "E" IN THE RESPONDENT FOR EACH MONTH IN THE LAST 12 MONTHS. BOX FOR THE Ν 4A(i) In.....(month) did you work LAST 12 D - The whole month GO TO that month and put "A" in that box CODES MONTHS? - Part of the month GO TO 4A(ii) ٧ Worked Whole Month.....A - Did not work at all GO TO 4A(iii) Worked part of the month and Available for work.....B D INT: INCLUDE TEMPORARY ABSENCES (E.G. LEAVE) AS WORKED Worked part of the month and Not Available for work....C U 4A(ii). Were you available for work in that month which you didn't Did not work and Available for work.....D Α Did not work and Not Available for work...... work (in reference month)? L - YES - GO to that month and put "B" in that box - NO - GO to that month and put "C" in that box D 4A(iii). Were you available for work most of......(month) D - YES - GO TO to that month and put "D" in that box - NO - GO TO to that month and put "F" in that hox YES..1 **FILL TOTAL NUMBER OF LETTERS** NO...2 (▶5B) FOR EACH HOUSEHOLD MEMBER NOVIOCT | SEP | AUG | JUL | JUN | MAY | APR | MAR | FEB | JAN | DEC | NOVIOCT | SEP | AUG | JUL JUN MAY APR MAR FEBIJAN DEC "13 В С Ε "14 "14 "14 "13 "13 "13 "13 "13 "13 "13 | "13 | "12 D TOTAL "14 01 02 02 03 03 04 04 05 05 06 06 07 07 08 80 09 09 10 10 11

IDENTIFICATION

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SECTION A. USUAL ACTIVITY (LAST 12 MONTHS)

IDENTIFICATION											
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	5A.	5B.	I6A.	6B	OF	FICI	AL	Т	٦
I N D I V I D U A L I D	What was the main reason for not doing economic activity and not being available for work during that period? Attending School	SB. INT: DID THE PERSON NOT WORK AT ALL IN ALL TWELVE MONTHS (Q4A BOXES A, B, OR D FOR ALL MONTHS) YES1 (▶7) NO2	While working what was the economic activity in which you spent most of your time? Paid Employee Central Government	GB What type of work/activity? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS		ASC(_	
	Other (Specify)		Unpaid work in family business (Agric)15(▶7) Uppaid work in family business (Non Agriculture)			CODE			
01								С)1
02								С)2
03								С	03
04								С)4
05								C	05
06								О	06
07								О	07
08								C	08
09								С	09
10								1	10
11								1	11
12								1	12

IDENTIFICATION			

	6C	(OFF	ICIA	L	6D.		6E	()FF	ICIA	L	
I N D I V I D U A L I D	What type of product/service which is mainly produced/rendered by your company/business/acti vities?			SIC		In which year start working activities for self-employm support your first time? INT: WRITE "9998" FOR KNOW	in economic wage job or nent to life for the	What type of work/activity were you doing at your first employment? INT: DESCRIBE ACTIVITY FULLY IN AT LEAST 2 WORDS		OFFICIAL			
			CC	DDE		WAGE JOB	SELF EMPLOYMENT		TA	sco	COD	E	
					1	i	ii			1	1		
01													01
02													02
03													03
04													04
05													05
06													06
07													07
08													08
09													09
10													10
11													11
12													12

IDENTIFICATION		

SECTION B. CURRENT ACTIVITY (LAST FULL WEEK) MONDAY - SUNDAY

INT: REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLETE LIST ON PAGE 1 AGAIN WITH RESPONDENT

	7.	8A.	8B.	8C.	9.	10.	
	Did you do any	O	What was the main reason for being			Why were you not available for work last	
	work of any type			work/activity?		week? (main reason)	
ı.	for pay, profit, barter or home	enterprise at which you did not work last week			work last	Attending School 01	I
D	use during the	and to which you will definitely return to work?			week?	Engaged Household Duties: Lack of capital 02 CHECK Q9	D
Ιĭ	last week even	, , , , , , , , , , , , , , , , , , ,				Bereaved/attending funteral 03	ĭ
٧	for one hour?	INT: EXAMPLES OF TEMPORARY ABSENCE	Vacation, holidays 01 Illness, injury,	YES1 (▶18A)		Unable to hire paid helper 04CHECK Q9	٧
1			temporary disability 02	NO2 [RECORD		To take care of those who need assistance/Household	1
D		WAGE JOBS – LEAVE, STOOD DOWN UP TO THREE MONTHS AND WILL DEFINITELY RETURN, 6 MONTH	Maternity, paternity leave 03 Temporary slack work for	MAIN ACTIVITY IN Q18A AND CURRENT ACTIVITY		chores including fetching	D
U		FOR ILLNESS AND FOR THE WHOLE STUDYING PERIOD	l	AS SECONDARY		water and collection firewood for home use 05	V
Ιî		• BUSINESS/AGRIC. – TEMPORARY ABSENCES UP TO	04 Bad Weather 05	ACTIVITY IN Q36A,]	YES1 (▶11)	Stopped by spouse 06	î
		ONE MONTH WHILE BUSINESS/ AGRIC. CONTINUES	Strike or labour dispute 06		NO2	Retired07	_
1		DURING ABSENCE.	Off Season (self-employed) 07			Retrechment/laid off 08 ^{CHECK} Q9 Unable to work:	1
D		UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT	Off Season (wage employment) 08 Education or training 09			Too Old 09	D
		INOT BE INCLUDED UNDER TEMPORART ABSENT	Family/community			Too young	
			responsibilities			Disabled 12	
			other (specify)			Do not want to work/ resting/income recipient 13	
	YES1 (▶8C)	YES1	FOR ANY ANSWER ► 18A			Other (Specify) 96	
	NO2	NO2 (▶9)				FND OF INTERVIEW FOR THIS DERSON	
						EVILL VE. I WILEDOVI EVIL EVIL HELL DEPOSITION	
01						ENIT TO TAMEDY I EW ETD THE TO DEDOCTA	01
01						ENIT TO TAMESTIC OF THE CONTROL OF T	01
						ENIT THE TAMBOUTER AND THE DESCEN	
02						ENIT OF TRUEDATEM AND THE DECIM	02
02						ENIT THE TRUMBUTION AND THAT C DECITION	02
02 03 04						ENIT THE TRUMBUTION WITH THE DESCRIPTION	02 03 04
02 03 04 05						ENIT THE TRUMP OF THE THE DESCRIPTION	02 03 04 05
02 03 04 05 06						ENIT THE TRIVED VIEW WID THE DECEMBER	02 03 04 05 06
02 03 04 05 06 07						ENIT THE TRIPLEDY LEW WID THEIR DEDUCTION	02 03 04 05 06
02 03 04 05 06 07						ENIT THE TRITIED/TEM NEW YEAR THAT C DECISION	02 03 04 05 06 07 08
02 03 04 05 06 07 08						ENIT THE TRITLEDY FROM WITH THE DECISION	02 03 04 05 06 07 08
02 03 04 05 06 07 08 09						ENIT THE TRIVED THE WIND THAT C DECEMBER.	02 03 04 05 06 07 08 09

IDENTIFICATION SECTION C. UNEMPLOYMENT 12. 14. 15A. 15B. **OFFICIAL** 13. For what type of Have you What did you do during the past four weeks to Why didn't you look for work during the Have you ever What type of work did you past four weeks? (WRITE MOST do in your last job? work were you taken anv look for work? worked or IMPORTANT ONLY) available during steps during having any Ν economic the last week? the past four INT: WRITE THE (MULTIPLE ANSWER IS ALLOWED) D weeks to look OCCUPATION FULLY IN activity? Thought no work available..... - 1 **INT: READ THE** for work? Awaiting reply for earlier ٧ WRITE CODE "1" FOR THE GIVEN **AT LEAST 2 WORDS** enquires..... OPTIONS ANSWER IN A SPECIFIC AREA **TASCO** Waiting to start arranged job, D D business or agriculture..... **CODES** Applied to prospective employers. U U Off season in agriculture..... Checked at farms, factories or Α Α Occupied with home duties..... work sites..... L Temporary illness (Check Q8A)..... L Seeking assistance of friends, Full time student (Check Q9)..... relatives, unions, etc..... Other (Specify)..... Took action to start business (usual small scale)..... D D Took action to start agriculture. Registration at Tanzania Employment Service Agency (TaESA). $_{\rm F}$ Full Time .. 1 YES..1 YES..1 Registration at other employement Part Time .. 2 NO...2 (▶16) NO...2 (▶14) agencies..... Other.... ▶15A DESCRIPTION G 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09 10 10

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IDENTIFICATION **SECTION C. UNEMPLOYMENT CONT'D** 15C. 16. 17A. 17B. 17C. Why did you stop working in What sort of work do you think For how long have you been What was the main reason for failing How do you support yourself during this vou last iob? vou could do now? available for work? to secure work during this period? period of unemployment? (MULTIPLE ANSWER IS ALLOWED) Ν Ν WRITE CODE "1" FOR THE GIVEN D D Stiff competition 01 **ANSWER IN A SPECIFIC AREA** lack of experience or Retrenchment/ Paid Employment Less than 3 months.... 1 Receives a pension form ٧ ν laid off/End of - Wage Job..... 1 work..... A lack of jobs matching contract..... 1 More than 3 months Support from parents/spouse, my skills..... 03 D D Retired..... 2 Self employment quardians.... B but less than 6 Not having enough U U Low pay..... 3 - Business (all Support from family, friends,months..... 2 education for Business closed. 4 Α types)..... Within the Α available jobs........... 04 Technology 6 months but less than 1 country..... C L Favoritism/corruption.... 05 change..... 5 Self employment Support from family, friends -Lack of information Too many hours - Agriculture Outside the about available jobs.... 06 and low pay 6 including 1 year or above..... 4 country..... D No jobs were available... 07 D D Restricted by Livestock and Income from own property..... E Failed to secure start up Spouse..... 7 Fishing..... 3 Annuitant..... F capital or working tools. 08 Other Savings..... G Failed to secure work Other (Specify)..... H Other (Specify)...... 96 END OF INTERVIEW FOR THIS PERSON FOR LFS 2 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 80 09 09 10 10 11 11 12

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. 18A. OFFICIAL 18B. 18C. 18D. 19A. 19B.

	18A.	OFFI	CIAL	18B.	18C.	18D.	19A.	19B.	
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	TAS		Do you have skills that enable you to perform your tasks? INT:READ THE OPTIONS Yes you can perform independently	What is the type of your work contract? Permanent contract 1 Temporary Contract: Specific task contract	form of your work contract?	How would you rate your chance to hold this job next month? Absolute Certainty 1 High 2 Low 3 No Chance 4	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 place	INDIVIDUAL ID
01									01
02									02
03									03
04									04
05									05
06									06
07									07
08									08
09									09
10									10
11									11
12									12

SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

IDENTIFICATION								

	20.	21A.	21B.	21C.	21D.	22A.	C)FFI	CIAL	П
I N D I	Are you working as: (READ THE OPTIONS)	Are you a member of any trade union?	benefiting from maternity/patern	Does your employer/you deduct income tax from your salary?	Does your employer/you pay contributions to social security?	What type of product/service which is mainly produced/rendered by your company/business/activities?				N D V
V I D U A L I D	A paid employee	YES1 NO2	YES1 NO2	INT: EXCLUDE BUSINESS TAX YES1 NO2 DON'T KNOW3	YES1 NO2 DON'T KNOW3			(CO)		U D U A L
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SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

IDENTIFICATION								

	22B.	23.			24.	25.	26.	27.	П
I N D I V I D U A L I D		Who is the owner of this enterprise: Central Government	12 13 14 15	35A) 35A) 35A) 35A) 35A) 35A) 35A) 35A)	Is this business/establishment: (INT: READ THE OPTIONS) Registered Only1 Business Licensed only.2 Registered and business licensed3(▶35A) Neither registered nor licensed4 Don't Know5	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 (▶35A Don't know	In order to be able to monitor the activities of the Enterprise, do you/does your employer keep any written records or accounts? Don't Know	Do the accounts show all of the following Balance sheets of assets and liabilities, Investment/ withdraw of capital by the Business Owner(s), withdrawals of income by the Business Owner(s), earnings Retained within the Business as saving? YES1 (>35A) NO2 DON'T KNOW3	- X D - > - 0
01					<u> </u>	<u> </u>			01
02									02
03									03
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10									Н
11									11
12								LFS 2 PAG	12

SECTION E. INFORMAL SECTOR - MAIN ACTIVITY

IDENTIFICATION					

primary business/activity owner of this started? (MORE THAN ONE ANSWER IS ACCEPTABLE) WRITE CODE "1" FOR A GIVEN	Did this susiness/activity perate all year round?	I N D I V I D U A L I D
primary business/activity started? WRITE CODE "1" FOR A GIVEN A NEWER IN A SPECIFIC AREA WRITE MONTH & YEAR (98 9938 FOR DON'T KNOW) DON'T KNOW) DON'T KNOW) WRITE MONTH A YEAR (98 1	usiness/activity perate all year	
Owner of this D D WRITE MONTH WRIT	perate all year	
WRITE MONTH V V V V V V V V V V V V V V V V V V V		
WRITE MONTH V	iounu :	U A L
V Section		V I D U A L
Of working time. 9998 FOR DON'T KNOW) Pamily needs additional income. Don't know or business/activity partner's house. Od Structure attached to/outside Own or business/activity space. Od Structure attached to/outside Own or business partner's house. Od Fixed stall/kiosk - market. Of Vehicle, cart, temporary start of the private of the pamily knows of		I D U A L
DON'T KNOW) Family needs additional income		D U A L I
Business/activity provides good income opportunities E Structure attached to/outside own or business partner's house 03 Permanent building other than house 04 Fixed stall/kiosk - market 05 Wants to be independent from his/her own master H Can choose his/her own hours and place of work I Can combine business/activities with household or family responsibilities		U A L I D
income opportunities Business/activity does not require much capital Can keep production cost low Wants to be independent from his/her own master Can choose his/her own hours and place of work YES1 NO2 (▶35A) MONTH YEAR Income opportunities Business/activity does not require much capital		A L I D
Business/activity does not require much capital		L I D
Can keep production cost low		I D
Wants to be independent from his/her own master		I D
Can choose his/her own hours and place of work. Can combine business/activities with household or family responsibilities. YES1 NO2(▶35A) MONTH YEAR Can choose his/her own hours and place of work. Can combine business/activities with household or family responsibilities. J Other temporary - street. OR Other temporary structure. OB Other temporary structure. OB OCONSTRUCTION Site. I Customer's/employer's house. I No fixed location/mobile. I No fixed location/mobile. I Farm/fishing area/ grazing area. II OCUSTOMER'S/employer's house. II No fixed location/mobile. II No fixed location/mobile. II OCUSTOMER'S/employer's house. II No fixed location/mobile. II No fixed location/mobile. II OCUSTOMER'S/employer's house. II No fixed location/mobile. II No fixed location/mobile. II OCUSTOMER'S/employer's house. II No fixed location/mobile. II No fixed locat		D
household or family responsibilities		
Bureaucracy in formalizing business/activity.		
YES1 NO2(▶35A) MONTH YEAR Traditional line of business/ activities of respondent or family/tribe A B C D E F G H I J K L M O1		1 1
NO2 (▶35A) activities of respondent or family/tribe		
MONTH YEAR A B C D E F G H I J K L M O1	YES1 (▶33)	1 /
A B C D E F G H I J K L M 01	NO2	
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11		10
12		H

E: INFORMAL SECTOR - MAIN ACTIVITY- CONT'D

IDENTIFICATION								
	34.							

I N D I V I D U A L I D	Bu To La La Br No Se Tee ob Ca Ow Pe	sinesso much ck of ck of ck of eak do power approximate a mer wa ner warsonal	s/actin compousto raw m worke bwn of r of l natury oper ves/exactivia as bus l reas	vity etitic mers cateria rs re of ration penses ty agged ty with ons (%)	estable on	ished	during du	mg the	N A SP	12 mc	AREA		A B C D E F G H I J K L M	33. During the last 12 months, have you received any loan or obtained any credit for business/activity purposes from any source? YES1 NO2 (▶35A)	Rela Rota Savi Coop Busi Priv Cust supp Gove Bank Soci	RETH WRI ANS tive of tings & eration ness a ate moomer, lier. rnemen or final second s	AN ON TE COI WER III or fri saving credi ve associoney 1 contr tins in anic curity	DE "1" N A SP end IS & C. t co ation ender actor titut. cal inc	FOR A ECIFIC redit - oper, NGO, , mido sititu	R IS A	(UPATS (SAC	CCOS/V ect e	ICOBA)		A B C D E F G H I J K	
	Α	В	С	D	E	म	G	н	Т	J	K	T.	М		A	В	C	D	E	F	G	Н	т	,T	K	
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																										11

	IDENTIFICATION							
SECTION F. OTHER ECONOMIC ACTIVITY	IDENTIFICATION							

THE FOLLOW	VING SET OF QU	ESTIONS REFER TO THE	SECONDAR	Y ECONOMIC ACTIVITY IF YO	OU HAVE MORE THAN ONE	E ACTIVITY	
							å

		35B.	36A.		FICIA		36B.	36C.	36D.	37A.	37B.	
	Did vou do anv	Although you	What type of work/activity?				Do you have skills that	What is the type of your		•	Have you ever been	
١.	other work of any	did not do any]				enable you to perform your	work contract?	form of	rate your	injured at your	١. ١
	type for pay, profit, barter or	work during the	INT: DESCRIBE				tasks?		your work		workplace or suffered	I I
	home use during	last week, did	ACTIVITY FULLY IN AT						contract?		from a work-related	D
		you have a job	LEAST 2 WORDS				INT: READ THE OPTIONS			month?	illness of your current	1
٧	even for one hour?	or own farm or						Permanent			job for the past 12	V
l' _D		enterprise at			SCO			contract1			months?	l b
Ū		which you did not work last		CC	DDES	•	Yes, can perform	Temporary Contract:				Ū
Α		week and to					independently	Specific task			Yes, injured at	Α
		which you will					Yes, can perform with	contract2 Fixed time		71 7	work place 1	-
ı		definitely return					assistance and I am on training	contract3		Absolute Certainty1	Yes, work-related illness 2	1
D		to work?						Casual4 5(►37A)	Written. 1	uiah -		D
1							Yes, can perform with assistance but I am not	5 (P3/A)	Oral 2	High2	Yes, both injured and illness 3	
	YES1 (►36A) NO2						on training	В	Oral 2	Low3		
1							No, I am on training	1		No Chance4	No 4	
		YES1					No, I am not on					
		NO2 (▶Q53A)					training	5				
H		l							<u>I</u>	ı		-
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IDENTIFICATION SECTION F. OTHER ECONOMIC ACTIVITY CONT' 39B. 39C. 39D. 40A. **OFFICIAL** Are you working as Does your What type of product/service which is mainly Are you a Are you Does your member of benefiting employer/you employer/ you produced/rendered by your company/business/activities? any trade from deduct income pay Ν Ν union? tax from your contributions maternity/pate D D rnity leave? salary? to social 1 security? ν ٧ A self Employed (non-agric): ISIC D D with employees..... 02 (▶39C) INT: U without employees..... 03(▶39C) U **EXCLUDE** Unpaid family helper Α Α (non-agriculture).......... 04 (▶40A) **BUSINESS** L TAX Unpaid family helper (agric): D D crop growing..... 06(►40A) livestock/animals..... 07 (▶40A) On your own farm or shamba: YES...1 YES...1 fishing..... 08 (▶39D) YES..1 YES..1 NO...2 NO...2 crop growing..... 09 (▶39D) NO...2 DON'T DON'T NO...2 livestock/animals..... 10 (▶39D) KNOW..3 KNOW..3 CODE 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 08 09 09 10 10 11 11 12 12

IDENTIFICATION 40B. 41. 42. 43. 44. 45. Is this enterprise:-The products/service Is this How many paid Do the accounts In order to be able to produced/rendered from employees (including business/establishment: monitor the activities of show all of the the workplace were; (INT: READ THE yourself) are working the Enterprise, do following Balance (READ THE OPTIONS) OPTIONS) in your business/this you/does your employer sheets of assets and keep any written records liabilities. enterprise on continuous basis? or accounts? Investment/ withdraw ٧ Only for sale/ Registered barter/ paid of capital by the Only..... 1 employment.... 1 D Non-Governmental Organization...... 06 (▶53A) Business Owner(s), Mainly for U Don't Know... 1 (▶53A) U Business sale, but withdrawals of No..... 2 (►46A) Cooperative - Registered................. 08 (▶53A) Licensed only.. 2 Α partly for own Yes, Order income by the International/Regional Organization..... 09 (▶53A) consumption.... Private own account/family (agriculture). 10 (▶53A) Book/record.. 3 Registered and Business Owner(s), Mainly for own Yes, Sales Private Sector employed (agriculture).... 11 (▶53A) business Less than 5 earnings Retained consumption but book/record.. 4 Household - Fetching water/collecting licensed..... 3 (▶53A) (employees). 1 partly for sale Yes, within the Business or barter..... Accountancy Household - Other economic activities.... 13 Neither 5 and above as saving? registered nor book..... 5 Only for own (employees). 2(►53A) Yes, Final Private own account (Non-agriculture).... 15 licensed..... 4 consumption.... accounts for Private sector employed Don't YES...1 (▶53A) Business Don't Know.... 5 know..... 3 NO...2 year..... 6 DON'T KNOW..3 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 80 09 09 10 10 11 12

IDENTIFICATION SECTION G. INFORMAL SECTOR - SECONDARY ACTIVITY CONT'D 46A. 46B. 47. 49. 48. Are vou the When was the Why do you condiuct this kind of business/activity? Where do you conduct your present Did this primary owner business/activity business/activity? business/activity (MORE THAN ONE ANSWER IS ACCEPTABLE) of this started? operate all year Ν business? around? WRITE CODE "1" FOR EACH ANSWER IN A SPECIFIC AREA D Within own or business/activity Can't find other work..... A ٧ WRITE MONTH & ν partner's home - with special Released from other employment or reduction YEAR (98 99 98 of working time......B D Within own or business/activity D FOR DON'T partner's home - without special U U Family needs additional income..... D KNOW) business/activity space...... 2 Business/activity provides good Α Α Structure attached to/outside income opportunities..... E L L dwn or business partner's house...... 3 Business/activity does not Hermanent building other than house..... 4 require much capital..... F ixed stall/kiosk - market..... 5 Vehicle, cart, temporary stall - market.. 6 D Wants to be independent from his/her own master..... H Hixed stall/kiosk - street..... 7 Can choose his/her own hours and place of work..... I Vehicle, cart, temporary - street...... 8 Can combine business/activities with Other temporary structure..... 9 household or family responsibilities...... J Bureaucracy in formalizing business/activity..... K YES..1 Traditional line of business/ YES..1 (▶51) NO...2 (►53A) activities of respondent or family/tribe..... L NO...2 Other (Specify)..... D E F G H I J в с А 01 01 02 02 03 03 04 04 05 05 06 06 07 07 08 80 09 09 10 10 11 12

													IDENTIFICATION										IJL.		
I N D I V I D U A L I D	Bu To La La Br No Se Te ob Ca Ow Pe	write warsona.	E THAN E CODI s/acti h comp custo raw m worke own of r 1 natu rry ope ves/ex activi as bus as bus 1 reas	vity operation with the second	establonor ordals orcles,active n to ms/in oth house.g. S.	CH ANS Lished der supplement supplement spendled meet spendled mer won sehold sick).	SWER durin lies nery c e.g.bu pecial rk(e.g.bu or fa	ng the or equuildin 1amily	e last	12 mo	A ponths.		51. During the last 12 months, have you received any loan or obtained any credit for business/activity purposes from any source? YES1 NO2 (▶53A)	Rela Rota Savi Coop Busi Priv Cust supp Gove Bank Soci	tive of ting sngs & erativness a ate moomer, lier. rnemer or fi al seor r Sour	or frisaving crediveassocioney locontrinsinalicontrinsicavity cce (S	ends & crt coation, ender.actor,titutial ins schempecify	redit - oper, NGO, , midd, sititu me, y)	group patives donor	(UPAT s (SAC r proj rson/a	SPECIF TU) CCOS/V: ject et	ICOBA)		ABCDEF GHIJK	N D V D U A L D
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	SECTION	N H. HOUI	RS WORK	<u>(ED</u>							IDENTIFIC	CATION						
N D V D U A L D	INT: * PR	ROBE HO	JRS WOR	RKED IN E	ACH DAY	FOR LA	ST WEEK	Main and (MONDA	Y TO SUN	DAY)	activity?						53B. INT: WHAT IS THE TOTAL HOURS WORKED FOR [NAME] IN THE LAST WEEK. (ADD TOTAL MAIN ACTIVITY AND TOTAL OTHER ACTIVITY).	I N D I V I D U A L I D
				MAIN A	CTIVITY							OTHER A	CTIVITY					
	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL		
01	1				1					1	1		1					01
02	-									+								01
03	.									+		<u> </u>						02
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09										†								09
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11																		11
12																		12

SECTION	H: HOI	JRS WO	ORKED	CONT

IDENTIFICATION

			_				
I N D I V I D U A L I D	54A. INT: IS Q53B GRAND TOTAL Less than 40 hours	54B. What was the main reason you worked more than 40 hours during the last week? Schedule set by employer	What was the main reason you worked less than 40 hours during the last week? Illness or aged	55. Were you available for more hours of work during the last week? YES1 NO2 (▶57)	56. In which type of job were you available for more hours of work? Current job	57. Are your benefits/earnings from this work appropriate in terms of hours worked under normal circumstances?	INDIVIDUAL ID
01							01
02							02
03							03
04							04
05							05
06							06
07							07
80							80
09							09
10							10

SECTION H: HOURS WORKED CON'T USUAL WORKING HOURS

IDENTIFICATION															
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Season									$\overline{}$
### than 40 hours per week? (INT: WRITE THE CODE OF MAIN REASON ONLY) No	1								
WRITE THE CODE OF MAIN (INT: WRITE THE CODE OF MAIN REASON ONLY) Control Cont				do you	INT: IS Q58 GRAD TOTAL;				
REASON ONLY Schedule set by employer	Ι.	usually work	in;					work for more hours?	١. ١
D	l 'n					WRITE THE CODE OF MAIN	· ·		N
Note						REASON ONLY)	ONLY)		D
MAIN BOTHER ACTIVITY ACTIVITYS TOTAL ACTIVITYS TOTAL ACTIVITY ACTI	I V I D U A L				hours 1 (▶59C) 40 hours 2 (▶61A) More than 40	employer	Disability		I V I D U A L I D
01 0						FOR ANY ANSWER > 61A			
01 02 03 04 04 05 06 07 08 09 10 04 11 05	-								Н
03 9	01			U					01
04 65 06 60 07 60 08 60 10 60 11 60	02								-
05 6 06 6 07 7 08 7 10 7 11 7	03	+							02
06 07 08 09 10 09 11 09									02
07 68 09 60 10 60 11 60	04								
08 09 10 09 11 09									03
09 10 11	05								03 04
10 11	05 06								03 04 05
11	05 06 07								03 04 05 06
	05 06 07 08								03 04 05 06 07
12	05 06 07 08								03 04 05 06 07
	05 06 07 08 09								03 04 05 06 07 08

SECTION I: INCOME INT: YOU MUST REFER BACK TO Q.20 AND Q.38 FOR THESE QUESTIONS 61A. 61B. 62A. 62B. 62C. 62D. 62E. 63A. 63B. 63C. 63D. INT: WAS WHAT WAS YOUR INT: What were the INT: THE How many INT: IS What were W

	(61A.	61B.		62A.	62B.		62C.		62D.		62E.	63A.	63B.		63C.	63D.		
	l	INT: WAS	WHAT WAS	S YOUR		What gross		What wer		INT: THE		How many		What gro		What were	What was y	ou net	
	ď	THIS	GROSS CA			income/ear		total expe		REMAININ		months did		income/ea	arning	the total	income forr	n your	١. ا
١,	, l	PERSON A	INCOME FF			you get fro		associate	a with	INCOME F	FORM	this	PERSON	did you ge	et from	expenses	agricultural		N
ľ	D I	PAID	PAID EMPL	OYMENT.		business o		the earne	d	THE	0/4 OTN/I	business/ent		your agric		associated	during the I		D
	ı	EMPLOYEE	DURING TH	IE LAST		businesses	during	income?		BUSINES:	S/ACTIVI	erprise	EMPLOYE	work durii	ng the	with the	week/montl	h?	1
١	۷Į	IN MAIN OR	MONTH?		EMPLOY	the last				DEDUCTI	NC ALL	operate	D IN AGRI-	last week	month?	earned			٧
Ι.	֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֓֡֓	SECONDARY			ED (NOT	week/mont	h?			EXPENSE		during the	CULTURE			income?			I D
Ιċ	U 1	ACTIVITY			AGRICU					DURING 1	THE	last 12	?						u
	Ā	DURING THE			LTURE)					LAST		months?					I.E.Q.63B	- Q.63C	A
1	L II	LAST WEEK?			DURING					WEEK/MC	NTH IS	INIT OUTOU					DEDIOD.		L
	.				THE	PERIOD: WEEK	1	PERIOD:	<u>:</u> 1	THUS;		INT: CHECK Q.31 OR					PERIOD: WEEK		
Ι,	וי				LAST	MONTH		MONTH.	2			Q.49TO					MONTH	. 2	D
1.	١				WEEK?					i.e. Q.62b	– Q.62c	COMPARE		PERIOD:		PERIOD:			
												THE		WEEK MONTH		WEEK1 MONTH2			
		YES1 NO2			YES1					PERIOD:		BUSSINESS/E					END OF INTE	RVIEW	
	((►62A)			NO2 (▶63A)					WEEK		NTERPRISE	NO2(END)				FOR THIS PE	RSON	
			T	SH	,					110111111111111111111111111111111111111		PERIOD					FOR LFS 2		
			CASH	IN-KIND		TSH	PERIOD	TSH	PERIOD	TSH	PERIOD	MONTHS		TSH.	PERIOD		TSH	PERIOD	
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C	-		i			i	ii	1		i	ii			i			i	ii	
C)2		i			i	ii	i		i	ii			i			i	ii	02
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	02 03 04 05 06		i			i	ii	i		i	ii			i			i	ii	02 03 04 05 06
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)2 0)3 0)4 0)5 0 06 0)77 0 08 0 99 0		i				ii			i	ii			i			İ	ii	02 03 04 05 06 07 08
)2 02 03 03 04 04 05 05 06 07 08 09 09 01 01 01 01 01 01		i				ii			i	ii			i			İ	ii	02 03 04 05 06 07 08 09

СПП	DRFN	VCED	$E T \cap$	17 VE	ADG

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

N D V D U A L D	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD?	1. During the household	?		y of the tasks YES1 NO2		below for th		2. How ma	ny hours	have yo	u been v	vorking p	er day?			3A. INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE ANSWERED YES LFS2 Q.1 OR Q.7 OR Q.8(a) OR WCS Q.1)	I N D I V I D U A L I D
	YES1 NO2(►END)	Shopping for household	Repairing and household equipment	Cooking	Cleaning utensils/ house	Washing clothes		Other household tasks	MON	II II TUE	NT: WRI N MIN WED	TTE TIM	E FRI	SAT	SUN	TOTAL	YES1 NO2 (END)	
		а	b	С	d	е	f	g	а	b	С	d	е	f	g			
1																		1
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ATTENDANCE AND HOURS OF CODE 1 OR Q.38 CODE 1 FROM LFS 2) **ANSWERED** 12 MONTHS/ LAST WEEK/ WHO HAVE ANSWERED CODE 1 IN LFS 2 Q.1 OR Q. 7 or Q. 8 (a) OR WCS WORK Qn6A LFS2 3B. 5. 6. 7. 8. 9A 9B. Are you currently If attending During which time and how many hours do Were you How often were you Referring to the most Referring to the most Have you ever serious injury/illness, attending school or school or vou usually work? attending been hurt at hurt or suffered from serious injury/illness, training institution? training (FILL APPROPRIATE ANSWER) school while work/work place illness/injuries? how serious was the how serious was the Ν institution on a engaged in or suffered from injury/illness injury/illness D D full-time or part- (INT: ASK THIS QUESTION TO ALL economic illnesses/injuries consequences on your consequences on 1 ٧ ٧ time, but also CHILDREN WHO HAVE INDICATED TO activities due to work at work perfomance? sschool attendence? working, does during the any time? BE ENGAGED IN ECONOMIC D Full-time.1 D your work last 12 **ACTIVITY/ACTIVITIES DURING THE** U U Permanently Stopped Schooling affect your months? LAST WEEK i.e. Q.18a OR Q. 36a FROM Yes. Temporarily..... 1 Α Often/ Part-time.2 regular LFS 2) frequently... 1 L Prevented from Prevented from school/training No.....3 (▶Q5) Work Permanently.. 2 Occasionally.. 2 chooling attendance or ermanently..... 2 D Stopped Work D studies? YES..1 Seldom/ NO...2(▶13) Rarely...... 3 Seldom/ Temporarily..... 3 Not affected..... 3 Changed Jobs.... 4 Not applicable 4 NUMBER OF HOURS YES..1 YES..1 NO...2 Continued to NO...2 EVENING NIGHT DAY ork..... 5 06:00am -04:00pm -08:00pm -07:59pm 05:59am 03:59pm 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11

CHILDREN

SECTION IV: HEALTH AND SAFETY ASPECTS OF CHILDREN AGED 5-17 YEARS (APPLICABLE TO

ALL CHILDREN WHO WORKED IN ECONOMIC AND NON-ECONOMIC ACTIVITIES DURING THE LAST

CHILDREN WHO DID ECONEMIC ACTIVITIES

LAST WEEK (WH0 HAVE ANSWERED LFS2 Q. 20 WHO

SECTION II: SCHOOL

IDENTIFICATION					

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

	10.	0	FFI	CIA	 11.	FFI	CIAL	_	12.						13.	14.	
١.	What was the main activity of the establishment/ industry in				What was the occupation or job you were performing when the accident happened			ľ	Who _l	paid fo	or med	dical ti	eatme		How often do you carry heavy loads in	Are you required to operate any tools,	
N D	which you were injured/hurt or from which you suffered				or from which you suffered serious illness?						N ONE	ANSW	ER IS		your daily activities?	equipments, machines, etc. at	N D
-1	serious illness?									TABLE	-					your workplace or	ī
V											: "1" F(A SPEC					on your job/ occupation?	V
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IDENTIFICATION			

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

	15.											16.									17.	18.							\neg
	Are y	you of	ten ex	posed	l to an	y of th	ne follo	owing1	?			Do yo	u use	any o	f the f	ollowir	ng prot	ective	wear/	/gear	Do other persons doing	Whicl	h of th	e follo	wing	protec	tive		
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WCS PAGE 4

									IDENTIFICATION						
							CHILD PERCEPTION								
INDIVIDUAL ID	IS A WR GIV SPE Injur or po Poor School Physi Emoti Sexua None.	DRE T CCEP ITE CCEP ITE COEN AIR CIFIC Grade conal 11 Abi	o affevork? HAN C TABLE NSWE AREA illn es inAbuse	ONE A	R A	A B C C D E E F	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 1 I will not be able to support family/ parents financially 2 My parents will lose someone to assist 3 I will fail to meet school expenses 4 Nothing will happen 5 Other (specify) 6	If given a choice, what would you prefer to do? Going to school full-time 01 Working for income full-time 02 Helping full-time in household enterprise or business 03 Working full-time in housheold chores or housekeeping 04 Going to school part-time and working part-time for income 05 Part-time in household enterprise or business 06 Part-time in household chores or housekeeping 07 Complete education/ training and start to work 08 Find a better job/work than the presentwork 09 Continue with current work 10 Other (Specify) 96	At what age did you start working for the first time (i.e., in economic or non-economic activity)? (Age in complete years)	fun/h worki (MOF ANSV ACCE WRIT GIVEI SPECI Play Watc: Stud	ing? RE THA WER IS PTABL FE COD N ANSV IFFIC AF Pring Ching T dying EX (Spectary) EX (Spectary	when N ONE E) E "1" F WER IN REA Sify). F THIS RVIEW	OR A	INDIVIDUAL ID
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02											+	+			02
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09											T	T			09
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11															11
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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	rs 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 OFFICIAL USE Time time? **Payment** Location PERSONAL NO. Transport 6 8 2 3 5 7 1 4 **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 INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD 06:00 am 2 What else were you doing during that period? INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD 3 If more than one activity mentioned: Did you do the activities at the same time, iv 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 5a Where were you when you did the activities? INT: FILL IN COLUMN 6 USING CODE B - LOCATION AND COLUMN 7 iv **USING "1" FOR INSIDE OR "2" FOR OUTSIDE** Which means of transport, did you use to reach the place of this activities? 08:00 am 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

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
I ENGONAL NO.	FOR	1	2	3	4	5	6	7	8
	OFFICIAL USE	<u>-</u>		 		 		·	
PERSONAL DATE MONTH YEAR DAY DIARY	Code of day		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes1 No2			Inside1 Outside2	
6 Did you spend any time during the day looking after the children?		09:00 am							
Yes: Not mentioned all the time	<i>FILL THE ACTIVITY</i>		i i ii iii iii v v						
7 Did you spend any time during the day looking after the sick person?	1						-		
Yes: Not mentioned all the time	.6 - Q.9, FIL AR TIME	10:00 am	i ii						
Did you spend any time during the day looking after the elderly person? Yes: Not mentioned all the time11	IF THE ANSWER IS CODE 1 IN Q.6 - Q.9, ON A PARTICULAR TIME		iv v						
Yes: Already mentioned all the time	S CC								
No	ON	11:00 am				l—	\mathbf{l}	l	1
9 Did you spend any time during the day looking after the disabled person?	IE ANSWI		ii iii						
Yes: Not mentioned all the time	F 7.		iv						
Yes: Already mentioned all the time	INT: I		V						
No	#								
_		12:00 pm			l —	l	<u> </u>	1	1
10 Was yesterday a typical day for you? (CYCLE THE CORRECT ANSWER)			i ii					1	
Yes									
No, because I was sick			iv						
No, because it was School/Holiday			V						
No, because I was on leave from work/day off4									
No, because there was a funeral, wedding, etc5		01:00 pm							
No, because there was a problem with the weath			i						
No, because I was looking after another family member			ii					[]	
No, because there was a public holiday 8			iii					الــــــــا ا	
No, because it was a weekend day 9			iv					الــــــــــــــــــــــــــــــــــــ	
No, other, specify			V					41 - 11	41 1 1

IDENTIFICATION [] [] [] [] [] [] [] [] [] [
PERSONAL NO.	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?		Code "B" Location	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	
11 Which activity during the day did you enjoy the most? Activity Code 12 Which activity during the day did you enjoy the least? Activity Code	02:00PM	i ii iii iv v						
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 iii v v						
	05:00 pm	i ii iii iii iv v						

IDENTIFICATION								
PERSONAL NO.	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Paymen	Code "B" Location	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	
CODES FOR PAYMENT, LOCATION AND MEANS OF TRANSPORT	06:00 pm							
(CODE "A") PAYMENT	06.00 pm	i l						
01 No Payment		i						
02 Monthly salary only		iii						
03 Salary and other allowances or transport allowance.		iv						
04 Salary and other allowances without transport allowance.		V						
05 Food and allowance (Cash payment)								
06 Cash payment for Services / Sales.								
07 Food, accomodation and other needs.	07:00 pm				l	l		
08 Allowance and all needs (Cash payment)		1						
09 Other, specify		ii				I 		
(CODE "B") LOCATION		iv						H
01 Own household		v		-				
02 Someone's household								
03 Field farm or other agricultural workplace within private H/Hold.								
04 Field farm or other agricultural workplace outside private H/Hold	08:00 pm							
05 Other workplace within private household		i						
06 Other workplace outside private household		ii						
07 Educational establishment		iii						
08 Public area i.e. not in a private household workplace or hospital		iv						
09 The place for fetching water		V						
10 The area for collecting firewood.								
11 Traveling or waiting to travel								
12 Other, specify	09:00 pm				l——	l — —		
(OODE (OW) MEANO OF TRANSPORT		1						\vdash
(CODE "C") MEANS OF TRANSPORT		ii						\vdash
1 Traveling on foot 2 Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)		iii		-				\vdash
Hiring Transport (e.g. taxi, Pick-up,motocyle, e.t.c)		V V						
4 Traveling by train								<u> </u>
5 Traveling by bus								
6 Traveling by bicycle	10:00 pm							1
7 Water transport (Boat, Ship e.t.c)		i						
8 Traveling by animal (e.g. Horse, Cow e.t.c)		ii						
9 Traveling by other means (specify)		iii						
10 Not applicable		iv						
		V						

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 OFFICIAL	1	2	3	4	5	6	7	8
PERSONAL DATE MONTH YEAR DAY Code of day		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes1 No2			Inside1 Outside2	
	11:00 pm	i ii iii iii iv v						
	12 - 04am	i ii iii iiv v						
	04:00 am	i ii iii iiv v						
	05:00 am	i ii iii iii iv v						

	NAME	AGE	
1			01
2			02
3			03
4			04
5			05
6			06
7			07
8			08
9			09
10			10
11			11
12			12

CODES FOR PAYMENTS, LOCATION AND MEANS OF TRANSPORT CODE A - PAYMENTS

01	No Payment
02	Monthly salary only
03	Salary and other allowances or transport allowance.
04	Salary and other allowances without transport allowance.
05	Food and allowance (Cash payment)
06	Cash payment for Services / Sales.
07	Food, accomodation and other needs.
08	Allowance and all needs (Cash payment)
09	Other, specify
10	Not applicable

CODE B - LOCATION

01	Own household
02	Someone's household
03	Field farm or other agricultural workplace within private H/Hold.
04	Field farm or other agricultural workplace outside private H/Hold
05	Other workplace within private household
06	Other workplace outside private household
07	Educational establishment
08	Public area i.e. not in a private household workplace or hospital
09	The place for fetching water
10	The area for collecting firewood.
11	Traveling or waiting to travel
12	Other, specify

GERESHO C - MEANS OF TRANSPORT

01	Traveling on foot
02	Traveling by private transport (e.g. car, van, bicycle, motorcycle e.t.c)
03	Hiring Transport (e.g. taxi, Pick-up,motocyle, e.t.c)
04	Traveling by train
05	Traveling by bus
06	Traveling by bicycle
07	Water transport (Boat, Ship e.t.c)
08	Traveling by animal (e.g. Horse, Cow e.t.c)
09	Traveling by other means (specify)
10	Not applicable