



United Republic of Tanzania

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

CONFIDENTIAL

This information is collected under the Statistics Act of 2015 with its Amendments of 2018 and 2019
THIS INFORMATION IS STRICTLY CONFIDENTIAL
AND IS TO BE USED FOR STATISTICAL
PURPOSES ONLY.

SECTION A: IDENTIFICATION BLOCK

	CODE
1. REGION:	<input type="text"/>
2. DISTRICT	<input type="text"/>
3. WARD / SHEHIA	<input type="text"/>
4. VILLAGE/STREET	<input type="text"/>
5. ENUMERATION AREA (EA)	<input type="text"/>
6. HOUSEHOLD ID (FROM LIST) :	<input type="text"/>
7. NAME OF LOCAL LEADER/SHEHA:	<input type="text"/>
8. NAME OF HOUSEHOLD HEAD:	<input type="text"/>
9. PHONE NO. OF HOUSEHOLD HEAD:	<input type="text"/>

MARK BOX WITH AN 'X' AND NUMBER OF FORMS
BELOW IF YOU USE MORE THAN THIS SINGLE FORM
TO COLLECT INFORMATION FROM THIS HOUSEHOLD.
IF SO, BE SURE TO MARK IN THE SAME WAY THE
OTHER FORMS USED FOR THIS HOUSEHOLD

FORM _____ OF _____

QUARTER

TOTAL NUMBER OF USED QUESTIONNAIRES:

LFS WCS TUS

TOTAL NUMBER OF HOUSEHOLD MEMBERS

PERSON'S NUMBER TO BE INTERVIEWED LFS2

10b.
GPS

X	<input type="text"/>					
Y	<input type="text"/>					

10a. RESULT OF INTERVIEW:

IF CODE 2-7 GIVE
COMMENTS:

- Fully Responding..... 1
- Vacant..... 2
- Listing Error..... 3
- Refusal..... 4
- No Contact..... 5
- Family Problems..... 6

ALL INDIVIDUALS IDENTIFICATION

SECTION B: HOUSEHOLD MEMBER ROSTER

1A	2	3	4	5A	5B	6A	6B	7A. DISABILITY					7F.										
NAME	What is the relationship of [NAME] to the head of household?	Sex Is [NAME] a male or a female?	In which month and year was [NAME] born?	How old is [NAME]?	PENSION. ASK THIS QUESTION TO A PERSON AGED 45 YEARS OR ABOVE. Is [NAME] currently receiving pension?	Does [NAME] have health insurance cover?	SEEING: Does [NAME] have difficulty seeing, even if wearing glasses?	HEARING: Does [NAME] have difficulty hearing, even if using a hearing aid?	WALKING: Does [NAME] have difficulty walking or climbing steps?	REMEMBERING: Does [NAME] have difficulty remembering or concentrating?	SELF-CARE: Does [NAME] have difficulty with self-care, such as washing all over or dressing?	USING THE COMMON LANGUAGE: Does [NAME] have difficulty communicating; for example understanding or being understood?											
I N D I V I D U A L I D	Please state the names of all usual residents of the household, starting with Head of Household.	Head.....1	Male1 Female.....2	WRITE AGE IN COMPLETE YEARS WRITE 00 IF AGE < 1 YR AND WRITE "97" IF AGE ≥ 97 IF RESPONDENT DOESN'T KNOW HIS/HER AGE, USE YEAR OF BIRTH TO CALCULATE AGE.	Yes from PSSSF/ZSSF.....1 Yes from NSSF.....2 Yes from Central Government.....3 Yes from Universal Pension.....4 No.....5	Yes from NHIF.....1 Yes from CHIF.....2 Yes from NIC.....3 Yes from other Health Insurers.....4 No.....5	No Difficulty1 Some Difficulty.....2 A lot of Difficulty3 Unable to.....4 Not applicable.....5																
		Child.....3												Spouse.....2	Step child.....4	Sister/brother.....5	Grand son/daughter.....6	Parent.....7	Parent inlaw.....8	Grand parent.....9	Other relative.....10	Domestic employee.....11	Adopted child.....12
		MONTH YEAR												YEARS									

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HOUSEHOLD AMENITIES, SERVICES AND ASSETS

IDENTIFICATION

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I N D I V I D U A L I D	12A			12B													12C			12D		I N D I V I D U A L I D						
	What is the main material used for building the main dwelling of the household for roofing, walls and floor?			Does this household own the following assets? NOTE:ASSETS SHOULD BE FUNCTIONAL: MORE THAN ONE ANSWER IS ACCEPTABLE													What is the main source of energy in your household for cooking, lighting and heating/cooling?			How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?								
	<p>Roofing</p> Grass, leaves, bamboo.....1 Mud and grass.....2 Concrete/Cement....3 Metal sheets (GCI).4 Asbestos5 Tiles.....6 Other (Specify)....9			<p>Walls</p> Stones.....1 Cement bricks...2 Sun dried bricks.....3 Baked bricks...4 Poles and mud...5 Timber.....6 Grass.....7 Other (Specify).9			<p>Floor</p> Earth.....1 Concrete/cement.2 Tiles.....3 Other (Specify).9			A car.....A Tricycle.....B Motorcycle.....C A bicycle.....D A Cart.....E A refrigerator.....F An electric or gas cooker.....G A television.....H Charcoal/electric iron.....I A cellular phone.....J A radio.....K A Plough.....L A Charcoal stove/Kerosene.....M Livestock.....N Power tiller.....O													Electricity.....01 Gas (Industrial)..02 Gas (Biogas).....03 Firewood.....04 Coal.....05 Candles.....06 Animal Dung.....07 Solar Energy.....08 Kerosene.....09 Charcoal.....10 Other, Specify....11 None.....12					
1A			1B			1C			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	COOKING	LIGHTING	HEATING/ COOLING	NUMBER ROOMS
01																												

IDENTIFICATION

	<p>13G</p> <p>Last week, did [you/NAME] do any kind of business, or an activity to generate income for 1 or more hours?</p> <p>READ IF NEEDED: FOR EXAMPLE: MAKING THINGS FOR SALE; BUYING AND RESELLING THINGS; PROVIDING SERVICES FOR PAY.</p> <p>Yes.....1 (▶17) No.....2</p>	<p>13H</p> <p>Last week, did [you/NAME] help with the paid job, business or an activity of a household or family member to generate income for 1 or more hours?</p> <p>Yes.....1 (▶17) No.....2</p> <p>IF Q13E=3 OR 4 AND 13H=2 ▶13I</p>	<p>13IA</p> <p>Even though [you/NAME] did not work last week, did [you/NAME] have a paid job, any kind of business, or farming or other activity that you were absent from and definitely you will return to?</p> <p>INT: EXAMPLES OF TEMPORARY ABSENCE</p> <ul style="list-style-type: none"> • WAGE JOBS: LEAVE, STOOD DOWN, ILLNESS, STUDY LEAVE BUT STILL ATTACHED TO A JOB • BUSINESS/AGRIC: TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES DURING THAT ABSENCE; • UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT6 <p>Yes.....1 (▶13J) No.....2 (▶15A)</p>	<p>13IB</p> <p>Even though [you/NAME] did not work for paid job, or any kind of business, or farming or other activity to generate more income, do [you/NAME] have a paid job, or any kind of business, or farming or other activity that you were absent from and definitely you will return to?</p> <p>INT: EXAMPLES OF TEMPORARY ABSENCE</p> <ul style="list-style-type: none"> • WAGE JOBS: LEAVE, STOOD DOWN, ILLNESS, STUDY LEAVE BUT STILL ATTACHED TO A JOB • BUSINESS/AGRIC: TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES DURING THAT ABSENCE; • UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT6 <p>Yes.....1 No.....2 (▶15A)</p>	<p>13J</p> <p>What was the type of work that you were absent from during the last week from [DAY] up to [DAY]?</p> <p>READ CATEGORIES AND MARK ALL THAT APPLY</p> <p>Paid job.....1 Farming.....2 Rearing farm animals Fishing or fish farming....3 Another type of business.....4</p>
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13K	
For how long have you/has [NAME] been temporarily absent from work?	
Less than 1 month...1	I
1-3 months.....2	N
4-6 months.....3	D
7-12 months.....4	I
More than 12 months .5	V
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IDENTIFICATION

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25	26A	26B	26C	26D
<p>Who is the owner of this enterprise:</p> <p>Central Government.....1 Local Government.....2 Parastatal Organization.....3 NGO,religious organisation, political party,Non-profit institution.....4 International organization or foreign embassy....5 Private business(non-farm).....6 Registered partnership or cooperative.....7 Own or family farm.....8 Household(s)domestic worker.....9 Household - Other economic activities.....10</p> <p>IF QN 17=1▶30A Q17=2 ▶29A</p>	<p>Which of the following types of pay (do you /does [NAME] receive for this work?</p> <p>READ AND MARK "1" TO ALL THAT APPLY</p> <p>A wage or salary.....A Payment by piece of work completed..B Commissions.....C Tips.....D Fee for services provided.....E Payment with meals or accommodation.F Payment in products.....G Other cash payment (specify).....H Not paid.....I</p> <p>A B C D E F G H I</p>	<p>Who usually makes decisions relating to this business?</p> <p>[You/NAME].....1 [You/NAME] together with others...2 Others, or family member(s)only..3[IF 17=1▶30A Q17=2 ▶29A]</p>	<p>Is [your/NAME's] business registered and has a license from any Government authority?</p> <p>BRELA/BPRA and you have business license.....1 Tanzania Revenue Authority (TRA)/ZRB.....2 Other Government Authority with business license.....3 BRELA/BPRA without business license.....4 Other Government Authority without business License.....5 No registration.....6</p>	<p>Does [your/NAME's] business have employees who are paid on a regular basis?</p> <p>Yes.....1 No.....2</p>
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IDENTIFICATION

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27D		27E			
I N D I V I D U A L I D	Does this company, intermediary or client, set or decide on the following:		I N D I V I D U A L I D		
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> READ AND MARK "1" ON ALL ANSWERS THAT APPLY </div>			<div style="border: 1px solid red; padding: 5px; width: fit-content; margin: auto;"> 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 </div>	
	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 specifications?.....D				
	On a fee or commission that you pay to them?.....E				
	The minimum sales or operations you must carry out?.....F				
	None of the above.....G				
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SECTION D. MAIN ECONOMIC ACTIVITY

IDENTIFICATION

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.

I N D I V I D U A L I D	49A 29A Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour? Yes..... 1▶30A No.....2	49B 29B 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 future? Yes..... 1 No.....2▶40A	29C What was the type of work that you were absent from during the last week from [DAY] up to [DAY]? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">READ CATEGORIES AND MARK THE CORRECT ANSWER</div> Paid job.....1 Self employment - Farming.....2 Rearing farm animals Fishing or fish farming.....3 Another type of business.....4	29D For how long have you /has [NAME] been temporarily absent from work? Less than 1 month....1 1-3 months.....2 4-6 months.....3 7-12 months.....4 More than 12 months..5	29E What was the main reason for [you/NAME] being absent from work last week? Vacation/holidays/Family/Technical/ Environment/ Leave1 Illness, injury, temporary disability2 Maternity, paternity leave.3 Education or training.....4	29F [Do you/Does [NAME] continue to receive an income from [your/his/her] job or business during this absence? Yes.....1 No.....2 DK.....3 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	I N D I V I D U
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IDENTIFICATION

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53G	54A.	54B	57B	37B								
35A	35B	36	37A	37B								
<p>What is the main activity of the business or place where [you/NAME] work[s]?</p> <p>[[e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods]]</p> <p>WRITE ACTIVITY FULLY OR AT LEAST IN TWO WORDS</p>	<p>Who is the owner of this enterprise:</p> <p>ISIC CODES</p> <ul style="list-style-type: none"> Central Government.....1 Local Government.....2 Parastatal Organization.....3 NGO,religious organisation, political party,Non-profit institution.....4 International organization or foreign embassy.....5 Private business(non-farm).....6 Registered partnership or cooperative.....7 Own or family farm.....8 Household(s)domestic worker.....9 Household - Other economic activities.....10 Other (mention).....11 	<p>Which of the following types of pay (do you /does [NAME] receive for this work?</p> <p>READ AND MARK "1" TO ALL THAT APPLY</p> <ul style="list-style-type: none"> ProfitA A wage or salary.....B Payment by piece of work completed.....C Commissions.....D Tips.....E Fee for services provided.....F Payment with meals or accommodation.....G Payment in products.....H Other cash payment (specify)...I Not paid.....L 	<p>Who usually makes decisions about the running of the family business?</p> <ul style="list-style-type: none"> [You/NAME].....1 [You/NAME] together with others.....2 Other family member(s) only.....3 									
01			A	B	C	D	E	F	G	H	I	01
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IDENTIFICATION

55		58	59A	59B	62	63A	
37C		37D	37E	37F	38A	38B	
I N D I V I D U A L I D	Is [your/NAME] business registered in any of Government authority?	[Do/Does] [your/NAME] business have employees who are paid on a regular basis?	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] business keep?	During the last four weeks, have you had?	Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person?	
	BRELA and you have business license.....1 Tanzania Revenue Authority (TRA).....2 Other Government Authority with business license.....3 BRELA without business license.....4 Other Government Authority without business License.....5 No registration.....6	Yes.....1 No.....2	Less than 5 (employees)..1 5 and above (employees)..2 Don't know.....3	Complete set of written accounts (including assets, income and expenditure) for tax purposes.....1 Simplified written accounts not for tax purposes.....2 Only through informal records of orders, sales, purchases.....3 No records are kept.....4	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">READ THE OPTIONS</div> More than one customer, client or buyer.....1 A single customer, client or buyer....2 Have not had any clients.....3▶38C Not applicable...4▶38E	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">READ MARK ALL THE APPLY</div> Yes all of them1 Yes most of them.....2 Yes, a few of them...3 No.....4	
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IDENTIFICATION

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64B		65	66			
38C		38D	38E			
I N D I V I D U A L I D	In this job or business, do you...	Does this company, client, intermediary or person set or decide	I N D I V I D U A L I D			
	Sell products or services from only one company or person?.....1	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> READ MARK ALL THAT APPLY. MULTIPLE ANSWERS ARE ACCEPTABLE </div> The price of the products or services that you offer or make?.....1		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> IKIWA (SW 37C=1-3 AU SW 37E=2 AU SW 37F=1) ▶SW 40A </div>		
	Use products, space, equipment or product specifications provided by just one company or person?.....2	The hours that you should work?.....2 The places, routes or areas where you do your work?.....3				
	Typically sell your products services to one single company, client or person.....3 None of the above.....4▶38E	Provide you with the tools, equipment or product specifications?.....4 On a fee or commission that you pay to them?.....5 The minimum sales or operations you must carry out?.....6 None of the above.....7				
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IDENTIFICATION

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I N D I V I D U A L I D	39D	39E													39F	39G											I N D I V I D U A L I D
	Did this business/activity operate all year around?	Why did the business/activity not operate all the year around?													During the last 12 months, did you receive any loan or obtain any credit for business/activity purposes from any source?	Who gave you the loan/credit?											
	YES...1▶39F NO...2	WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)													Yes....1 No...2▶40A	WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)											
		A	B	C	D	E	F	G	H	I	J	K	L	M		A	B	C	D	E	F	G	H	I	J	K	
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IDENTIFICATION

	40E	40F	40G	40H	40I	40J	
I N D I V I D U A L I D	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> SUM HOURS WORKED IN QN 40B AND 40D </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> THE GRAND TOTAL IN Q40E IS..... </div>	What was the main reason you worked more than 40 hours during the last week? Schedule set by employer.....1 Overwork due to the strong economy..2 Overwork in order to survive/to gain more money.....3 Business/ agriculture season.....4 Other (Specify).....5 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;"> FOR ANY REPLY ▶41 </div>	What was the main reason you worked less than 40 hours during the last week? Illness or aged.....1▶41 Disability.....2▶41 In school or training.....3▶41 Leave, holiday incl. family obligations (funerals, sick/child etc.).....4▶41 Did not want to work more hours.....5▶41 Housework/family duties.....6▶41 Cannot find more work in a job, agriculture or for a business...7 No suitable agriculture land or slack period in agriculture.....8 Lack of raw materials equipment and finance.....9 Machinery/electrical breakdown/ other technical problems.....10 Stood down by employer.....11 Off season.....12 Schedule set by employer.....13 Other (Specify).....14	Were you available for more hours of work during the last week? Yes.....1 NO...2▶41	In which type of job were you available for more hours of work? Current job.....1 Paid employment - Wage Job.....2 Self Employment - Small scale business (any type).....3 Self employment - Agriculture including livestock and fishing.....4	I N D I V I D U A L I D
	TOTAL						
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IDENTIFICATION

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I N D I V I D U A L I D	41	42A			42B	42C	42D	42E	I N D I V I D U A L I D
	Are your benefits/earnings from this work appropriate in terms of hours worked under normal circumstances? Yes.....1 No.....2	How many hours per week do you usually work in...?			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> IS 42A GRAND TOTAL IS . </div> Less than 40 hours.....1▶42D 40 hours.....2▶43A More than 40 hours.....3	Why do you usually work more than 40 hours per week? <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px; text-align: center;"> WRITE CODE FOR THE MAIN REASON ONLY </div> Schedule set by employer.....1 Overwork due to the strong economy.....2 Overwork in order to survive/to gain more money.....3 Business/ agriculture season.....4 Other (Specify).....5 <div style="border: 1px solid red; padding: 2px; margin-top: 5px; text-align: center;"> FOR ANY ANSWER ▶ 43A </div>	Why do you usually work less than 40 hours per week? <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px; text-align: center;"> WRITE CODE FOR THE MAIN REASON ONLY </div> Illness or aged.....1▶43A Disability.....2▶43A In school or training.....3▶43A Likizo, sikukuu, dharura (msiba, kuhudumia wagonjwa/watoto).....4▶43A Did not want to work more hours.....5▶43A Housework duties.....6▶43A Cannot find more work in a job, agriculture or for a business.....7 No suitable agriculture land or slack period in agriculture.....8 Lack of raw materials, equipment finance.....9 Machinery/electrical breakdown/ other technical problems.....10 Not agricultural/business season.....11 Work schedule set by employer.....12 Other (Specify).....13	Are you usually available to work for more hours? Yes.....1 No.....2	
		MAIN ACTIVITY	OTHER ACTIVITIES	TOTAL					
A	B	C							
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CHILDREN AGED 5 TO 17 YEARS

IDENTIFICATION

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

I N D I V I D U A L I D	51	52A							52B								53	I N D I V I D U A L I D
	INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD?	During the last week did you do any of the tasks indicated below for this household?							How many hours have you been working per day?								INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE LFS2 Q.13D=1-7 OR Q.13F=1 OR Q.13G=1 OR Q.13H=1 OR Q.13I=1 or Q46=1 OR 52A=1	
	Yes....1 No.....2 (▶END)	READ THE OPTIONS Yes.....1 No.....2 IF "NO" TO ALL TASKS, GO TO Q.53							INT: WRITE TIME IN MINUTES								Yes..1 No...2 (END)	
	Shopping for household	Repairing any household equipment	Cooking	Cleaning utensils/ house	Washing clothes	Caring for children/ old/sick	Other household tasks	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL			
	a	b	c	d	e	f	g	a	b	c	d	e	f	g				
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TO ALL CHILDREN WHO WORKED IN
 O HAVE ANSWERED CODE 1 IN LFS 2 Q.1

IDENTIFICATION

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

I N D I V I D U A L	57D	57E	57F	57G	57H	57I						58A	I N D I V I D U A L
	Referring to the most serious injury/illness, how serious was the injury/illness consequences on school attendance? (INT: IF QN 54A= 3 GO TO QN 57E) Stopped Schooling Temporarily.....1 Prevented from Schooling Permanently.....2 Not affected.....3 Not applicable.....4	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	ISIC CODE	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	TASCO CODE	Who paid for medical treatment? (MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA) No Treatment Required....A Employer.....B Parents/ Guardians.....C Myself.....D Free.....E OtherF						How often do you carry heavy loads in your daily activities? Always/ Often....1 Sometimes.....2 Seldom / Rarely..3 Never.....4	
	01					A	B	C	D	E	F		01
													01
													02
													03
													04
													05
													06
													07
													08
													09
													10
													11
													12



IDENTIFICATION

Grid of empty boxes for identification numbers

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

Table with 5 main columns (58B, 58C, 58D, 58E, 58F) and 12 rows. Includes instructions like 'Are you required to operate any tools...' and 'Do you use any of the following protective wear/gear while working?'. Includes a grid for data entry at the bottom.

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

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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 HOUSEHOLD QUESTIONNAIRE NUMBER	TOTAL NUMBER OF RESPONDENTS QUALIFIED TO BE INTERVIEWED, AGED 5 YEARS OR ABOVE							
	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													
PERSONAL NO.					FOR OFFICIAL USE	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport
PERSONAL DIARY													
PERSONAL DIARY	DATE	MONTH	YEAR	DAY	Code of day	List of Activities from 1 to 5 Activities per time period		ICATUS	Yes.....1 No.....2			Inside....1 Outside...2	
TUS 1 What were you doing yesterday between and <i>INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD</i>						06:00 am							
TUS 2 What else were you doing during that period? <i>INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD</i>							i						
							ii						
							iii						
TUS 3 If more than one activity mentioned: Did you do the activities at the same time, or one after the other? <i>INT: WRITE CODE 1 IF THE ANSWER IS 'YES' AND CODE 2 IF THE ANSWER IS 'NO'</i>							iv						
							v						
TUS 4 Did you get any payment? (e.g. Monthly salary; Food and allowance) <i>INT: FILL IN COLUMN 5 USING CODE A -PAYMENT</i>						07:00 am							
							i						
							ii						
TUS 5a Where were you when you did the activities? <i>INT: FILL IN COLUMN 6 USING CODE B - LOCATION AND COLUMN 7 USING "1" FOR INSIDE OR "2" FOR OUTSIDE</i>							iii						
							iv						
							v						
TUS 5b Which means of transport, did you use to reach the place of this activities? <i>INT: FILL IN COLUMN 8 USING CODE C -MEANS OF TRANSPORT</i>						08:00 am							
							i						
							ii						
							iii						
							iv						
							v						

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

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PERSONAL NO.						FOR OFFICIAL USE	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport	
PERSONAL DIARY					Code of day		1	2	3	4	5	6	7	8	
DATE	MONTH	YEAR	DAY				List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside..2			
TUS 11 Which activity during the day did you enjoy the most? Activity <input type="text"/> Code <input type="text"/>							02:00PM	i <input type="text"/> ii <input type="text"/> iii <input type="text"/> iv <input type="text"/> v <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TUS 12 Which activity during the day did you enjoy the least? Activity <input type="text"/> Code <input type="text"/>								i <input type="text"/> ii <input type="text"/> iii <input type="text"/> iv <input type="text"/> v <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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..... 1 I had a comfortable amount of things to do in the day..... 2 I was not busy enough/ I did not have enough to do..... 3 I was sick..... 4							03:00 PM	i <input type="text"/> ii <input type="text"/> iii <input type="text"/> iv <input type="text"/> v <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
							04:00 pm	i <input type="text"/> ii <input type="text"/> iii <input type="text"/> iv <input type="text"/> v <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
							05:00 pm	i <input type="text"/> ii <input type="text"/> iii <input type="text"/> iv <input type="text"/> v <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

IDENTIFICATION

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PERSONAL NO.					FOR OFFICIAL Code of day	Period/ Time	Description of activity	FOR OFFICIAL USE	Same time?	Code 'A' Payment	Code "B" Location	Place	Code "C" Means of Transport									
1	2	3	4	5		6	7	8														
PERSONAL DIARY	DATE	MONTH	YEAR	DAY		List of Activities from 1 to 5 Activities per time period	ICATUS	Yes.....1 No.....2			Inside....1 Outside..2											
						11:00 pm	<table border="1"> <tr><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table>	i		ii		iii		iv		v						
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