

QUESTIONNAIRES

APPENDIX E

TRCHS-1

TANZANIA REPRODUCTIVE AND CHILD HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

4 JAN 2000

IDENTIFICATION															
REGION _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
DISTRICT _____															
WARD															
E.A. NUMBER															
TRCHS CLUSTER NUMBER															
HOUSEHOLD NUMBER															
DAR ES SALAAM=1, SMALL CITY* =2, TOWN=3, RURAL/VILLAGE=4															
NAME OF HOUSEHOLD HEAD _____															

* Small cities are: Mwanza, Arusha, Morogoro, Dodoma, Moshi, Tanga, Iringa, Mbeya, and Tabora. All other urban areas are towns.

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td></tr></table> _____	1	9						
1	9											
INTERVIEWER'S NAME	_____	_____	_____	INTER. ID NO. _____								
RESULT*	_____	_____	_____	RESULT _____								
NEXT VISIT: DATE _____ TIME _____	_____	_____		TOTAL NO. OF VISITS <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____	<table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT

07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEPCHILD
 12 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	IF AGE 3 OR OLDER		IF AGE 3-24 YEARS				
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	YES NO DK		YES NO DK		YES NO	STD/FRM	YES NO	YES NO	STD/FRM	YES NO	STD/FRM
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	1 2 NEXT LINE ↕	<input type="text"/>

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20:
00= NURSERY SCHOOL, KINDERGARTEN
01= STANDARD 1
02= STANDARD 2
03= STANDARD 3
04= STANDARD 4
05= STANDARD 5
06= STANDARD 6
07= STANDARD 7
08= STANDARD 8

09= FORM 1
10= FORM 2
11= FORM 3
12= FORM 4
13= FORM 5
14= FORM 6
15= UNIVERSITY
96= OTHER
98= DOES NOT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
			M F	YES NO	YES NO	IN YEARS			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

*** CODES FOR Qs. 15, 18 AND 20:
00= NURSERY SCHOOL, KINDERGARTEN
01= STANDARD 1
02= STANDARD 2
03= STANDARD 3
04= STANDARD 4
05= STANDARD 5
06= STANDARD 6
07= STANDARD 7
08= STANDARD 8

09= FORM 1
10= FORM 2
11= FORM 3
12= FORM 4
13= FORM 5
14= FORM 6
15= UNIVERSITY
96= OTHER
98= DOES NOT KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 3 OR OLDER		IF AGE 3-24 YEARS				
		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest standard or form (NAME) has completed? ***	Is (NAME) currently attending school (including pre-school)?	During the current school year, did (NAME) attend school at any time?	During the current school year, what standard or form is (NAME) attending?	During the previous school year, did (NAME) attend school at any time?	During that school year, what standard or form did (NAME) attend?
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	STD/FRM	YES NO	YES NO	STD/FRM	YES NO	STD/FRM
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 ↳ GO TO ↕ 19	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WATER FROM OPEN OR UNPROTECTED WELL 21 WATER FROM COVERED WELL OR BOREHOLE PROTECTED DUG WELL 31 BOREHOLE OR TUBEWELL 32 SURFACE WATER PROTECTED SPRING 41 UNPROTECTED SPRING 42 POND, RIVER, STREAM 43 RAINWATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER _____ 96	→ 23 → 23 → 23															
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																
23	What kind of toilet facility do most members of your household use?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96	→ 25															
24	Do you share this facility with other households?	YES 1 NO 2																
25	Does your household have: Electricity? A radio? A television? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	REFRIGERATOR	1	2	
	YES	NO																
ELECTRICITY	1	2																
RADIO	1	2																
TELEVISION	1	2																
REFRIGERATOR	1	2																
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES, CARPET 33 CEMENT 34 OTHER _____ 96 (SPECIFY)																
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2				
	YES	NO																
BICYCLE	1	2																
MOTORCYCLE/SCOOTER ...	1	2																
CAR/TRUCK	1	2																
29	Does your household have any bednets that can be used while sleeping?	YES 1 NO 2	→ 34															
30	CHECK COLUMNS (6) AND (7): NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE <input type="text"/> </div> <div style="text-align: center;"> NONE <input type="text"/> </div> </div>		→ 34															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
31	Did any of the children under age 5 who slept in the household last night sleep under a bednet? IF YES: Did all or only some sleep under a bednet?	ALL CHILDREN 1 SOME CHILDREN 2 NONE 3	→ 34
32	Were any of these bednets ever treated with a chemical (dawa) to avoid mosquito bites?	YES 1 NO 2 DOES NOT KNOW 8	→ 34 → 34
33	How long ago was the bednet last treated?	MONTHS AGO <input type="text"/> <input type="text"/> DOES NOT KNOW 98	
34	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 25 PPM 2 50 PPM 3 75 PPM 4 100 PPM 5 NOT TESTED 8	

35. HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN

CHILDREN UNDER AGE 5				WEIGHT AND HEIGHT OF CHILDREN UNDER AGE 5				
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING?	BCG SCAR (ON RIGHT SHOULDER)	RESULT
FROM COL.(1)	FROM COL.(2)	FROM COL.(7)						
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

36. CHILD LABOUR MODULE FOR CHILDREN AGES 5-14

LINE NO.	NAME	AGE	Has (NAME) ever done any kind of work for pay?	Is (NAME) currently doing any kind of work for pay?	For how many hours a week does (NAME) work for pay?	Does (NAME) regularly do unpaid family work on the farm or in a family business?	For how many hours a week does (NAME) do unpaid work?	Does (NAME) regularly help with household chores at home, like cleaning, caring for animals, cooking?	How many hours per day does (NAME) help with household chores?
FROM COL.(1)	FROM COL.(2)	FROM COL.(7)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<input type="text"/>		<input type="text"/>	YES NO 1 2	YES NO 1 2 GO TO 7*	<input type="text"/>	YES NO 1 2 GO TO 9*	<input type="text"/>	YES NO 1 2 NEXT LINE *	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2 GO TO 7*	<input type="text"/>	1 2 GO TO 9*	<input type="text"/>	1 2 NEXT LINE *	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2 GO TO 7*	<input type="text"/>	1 2 GO TO 9*	<input type="text"/>	1 2 NEXT LINE *	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2 GO TO 7*	<input type="text"/>	1 2 GO TO 9*	<input type="text"/>	1 2 NEXT LINE *	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2 GO TO 7*	<input type="text"/>	1 2 GO TO 9*	<input type="text"/>	1 2 NEXT LINE *	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2 GO TO 7*	<input type="text"/>	1 2 GO TO 9*	<input type="text"/>	1 2 END *	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED