



Republic of Rwanda



Rwanda Labour Force Survey (R-LFS) -Questionnaire-

March 2025

Rwanda Labor Force Survey

INFORMATION PROVIDED TO INTERVIEWERS			
PSU_NO	PSU NUMBER	<input type="text"/>	<input type="text"/>
HL1	PROVINCE	<input type="text"/>	<input type="text"/>
HL2	DISTRICT	<input type="text"/>	<input type="text"/>
HL3	SECTOR	<input type="text"/>	<input type="text"/>
HL4	CELL	<input type="text"/>	<input type="text"/>
HL5	VILLAGE	<input type="text"/>	<input type="text"/>
CODE_UR	URBAN OR RURAL?	URBAN	01 <input type="text"/>
		RURAL	02 <input type="text"/>
HHLSTRUCT	STRUCTURE NUMBER	<input type="text"/>	<input type="text"/>
HHLNO	HOUSEHOLD NUMBER	<input type="text"/>	<input type="text"/>
QH_NO	QUESTIONNAIRE NUMBER	<input type="text"/>	<input type="text"/>
NAME_HEAD	NAME OF THE HEAD OF HOUSEHOLD	<input type="text"/>	
PHONEN	HEAD OF HOUSEHOLD PHONE NUMBER	<input type="text"/>	<input type="text"/>
SAMEHH	THE SAME HOUSEHOLD VISITED LAST TIME?	YES	01 <input type="text"/>
		NO	02 <input type="text"/>
HHRG	ROTATION	<input type="text"/>	<input type="text"/>
HHGAP	NUMBER OF GROUP APPEARANCE	<input type="text"/>	<input type="text"/>
HHGAC	NUMBER OF GROUP ACCEPTANCE	<input type="text"/>	<input type="text"/>
RDAY	DAY	<input type="text"/>	<input type="text"/>
RMONTH	MONTH	<input type="text"/>	<input type="text"/>
RYEAR	YEAR	<input type="text"/>	<input type="text"/>
CONSENT	HOUSEHOLD ECCEPTED INTERVIEW?	YES	01 <input type="text"/>
		NO	02 <input type="text"/>
REASON	REASON FOR NON-INTERVIEW <i>(After filling reason for non-interview, Take GPS and End questionnaire)</i>	Temporally absent	01 <input type="text"/>
		Refused	02 <input type="text"/>
		Unable to locate	03 <input type="text"/>
		Vacant	04 <input type="text"/>
		Converted to business, etc.	05 <input type="text"/>
		Demolished	06 <input type="text"/>
		Other non-Interview	07 <input type="text"/>
START_TIME	Time of interview start	DD-MM-YYYY hh:mm:ss	
END_TIME	Time of interview start	DD-MM-YYYY hh:mm:ss	
COMP_QSE	HOUSEHOLD COMPLETED?	YES	01 <input type="text"/>
		NO	02 <input type="text"/>
GPS_LATITUDE	latitude	<input type="text"/>	
GPS_LONGITUDE	longitude	<input type="text"/>	

FOR ALL HOUSEHOLD MEMBERS			
	FOR INTERVIEWER : List the usual Household members starting from the Household head, followed by his wife and children from the eldest to the youngest. Include other relatives and domestic workers if they are considered as household members. Do not forget babies.		
PID	Personal ID		
SNO	Serial number		
NAMES	Names of household members		
A01	What is (NAME) 's sex?	MALE 01 <input type="checkbox"/> FEMALE 02 <input type="checkbox"/>	
A02	What is the relationship of (NAME) to head of household?	Household Head 01 <input type="checkbox"/> Spouse (Wife/Husband) 02 <input type="checkbox"/> Child (Son/daughter) 03 <input type="checkbox"/> Adopted/Foster/step child 04 <input type="checkbox"/> Parent(Father/Mother) 05 <input type="checkbox"/> Parent-in-law 06 <input type="checkbox"/> Brother or Sister-In law 07 <input type="checkbox"/> Brother or Sister 08 <input type="checkbox"/> Grandchild 09 <input type="checkbox"/> Son/Daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Domestic worker 12 <input type="checkbox"/> Non-relative 13 <input type="checkbox"/> Unknown relationship 14 <input type="checkbox"/>	
A03M	(NAME)'s month of birth?	_____	
		M	
A03Y	(NAME)'s YEAR of birth?	_____	
		Y	
A04	Is (NAME)'s age at last birthday? (confirm age)	_____	CAPI
		Years	
A05	What is (NAME'S) present marital status? (Asked those people 12 years and above) For interviewer: (COMFIRM THE STATUS)	Married monogamously 01 <input type="checkbox"/> Married polygamous 02 <input type="checkbox"/> Living together 03 <input type="checkbox"/> Divorced 04 <input type="checkbox"/> Separated 05 <input type="checkbox"/> Single 06 <input type="checkbox"/> Widow/Widower 07 <input type="checkbox"/>	

Sub-section A2: Migration			
QUESTIONS ASKED ALL HOUSEHOLD MEMBERS			
A12A	Is there any non-Rwandan living in this household? <i>If No, Autofill A12 with Rwanda(1) and Go to A13A</i>	Yes 01 <input type="checkbox"/> No 02 <input type="checkbox"/>	
A12B	Who is not a Rwandan?	<i>Select all from list of HH members</i>	
A12	What is (NAME'S) nationality?	Rwanda 01 <input type="checkbox"/> Burundi 02 <input type="checkbox"/> Congo-Kinshasa DRC 03 <input type="checkbox"/> Kenya 04 <input type="checkbox"/> Tanzania 05 <input type="checkbox"/> Uganda 06 <input type="checkbox"/> South Sudan 07 <input type="checkbox"/> Rest of Africa 08 <input type="checkbox"/> Other country 09 <input type="checkbox"/>	
A13A	Is there any person who is living in Rwanda on temporarily basis in this Household? <i>If No, Autofill A13 with Permanent resident (1) and Go to A14AA</i>	Yes 01 <input type="checkbox"/> No 02 <input type="checkbox"/>	filter
A13B	Who is not permanent in Rwanda?	<i>Choose from list of HH members</i>	
A13	What is (NAME'S) Residential Status in Rwanda?	Permanent resident 01 <input type="checkbox"/> Temporary resident 02 <input type="checkbox"/>	
A14AA	Is there any household member who was born outside Rwanda? <i>If No, Autofill A14A with Rwanda (1) and Go to A14B</i>	Yes 01 <input type="checkbox"/> No 02 <input type="checkbox"/>	filter
A14AAZ	Who was not born in Rwanda?	<i>Choose from list of HH members</i>	
A14A	What is (NAME'S) Country/Area of birth?	Rwanda 01 <input type="checkbox"/> Burundi 02 <input type="checkbox"/> Congo-Kinshasa DRC 03 <input type="checkbox"/> Kenya 04 <input type="checkbox"/> Tanzania 05 <input type="checkbox"/> Uganda 06 <input type="checkbox"/> South Sudan 07 <input type="checkbox"/> Rest of Africa 08 <input type="checkbox"/> Other country 09 <input type="checkbox"/>	→A15 →A15 →A15 →A15 →A15 →A15 →A15 →A15
A14B	What is (NAME) ' S district of birth	<i>Choose district code for Rwandan-born members</i>	<input type="checkbox"/>
A15	Since birth has (NAME) lived in another district or foreign country for at least 6 consecutive months?	Yes 01 <input type="checkbox"/> No 02 <input type="checkbox"/>	→A06A
A16Y	For how long (NAME)'s usual place of residence has been here since the last move? Register 0 if less than one year	_____ Years	

A17A	In which country did (NAME) live in prior to arrival here?	Rwanda	01	<input type="checkbox"/>
		Burundi	02	<input type="checkbox"/>
		Congo-Kinshasa DRC	03	<input type="checkbox"/>
		Kenya	04	<input type="checkbox"/>
		Tanzania	05	<input type="checkbox"/>
		Uganda	06	<input type="checkbox"/>
		South Sudan	07	<input type="checkbox"/>
		Rest of Africa	08	<input type="checkbox"/>
		Other country	09	<input type="checkbox"/>
A17B	In which district did (NAME) live in prior to arrival here?	<i>Choose district code for Rwandan-born members</i>		
A19	How long did (Name) live in the previous location prior to arriving here? Register 0 if less than one year	_____	Years	
A20	What was (your/NAME)'s main reason for moving to the current location?	Parents moved	01	<input type="checkbox"/>
		To live with relatives	02	<input type="checkbox"/>
		To attend school	03	<input type="checkbox"/>
		Marriage	04	<input type="checkbox"/>
		Family quarrel	05	<input type="checkbox"/>
		Divorce	06	<input type="checkbox"/>
		Found job	07	<input type="checkbox"/>
		Job transfer	08	<input type="checkbox"/>
		To look for work	09	<input type="checkbox"/>
		Looking for land to farm	10	<input type="checkbox"/>
		Loss of employment	11	<input type="checkbox"/>
		Employment of spouse	12	<input type="checkbox"/>
		Coming back in country/ own building/ Renting	13	<input type="checkbox"/>
		Other	14	<input type="checkbox"/>

Sub-section A3: Disability				
<i>QUESTIONS FROM A06 TO A11 ARE ASKED TO THOSE AGED 5 YEARS AND ABOVE</i>				
A06A	Is there any household member who have difficulty seeing, even if wearing glasses? <small>If No, Autofill A06 with No difficulty (1) and Go to A07A. If Yes, select from household members and Answer A06</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A06	Level of difficulty of seeing, even if wearing glasses for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	
A07A	Is there any household member who have difficulty hearing, even if using a hearing aid? <small>If No, Autofill A07 with No difficulty (1) and Go to A08A. If Yes, select from household members and Answer A07</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A07	Level of difficulty of hearing, even if using a hearing aid for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	
A08A	Is there any household member who have difficulty walking or climbing steps? <small>If No, Autofill A08 with No difficulty (1) and Go to A09A. If Yes, select from household members and Answer A08</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A08	Level of difficulty of walking or climbing steps for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	
A09A	Is there any household member who have difficulty remembering or concentrating? <small>If No, Autofill A09 with No difficulty (1) and Go to A10A. If Yes, select from household members and Answer A09</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A09	Level of difficulty of remembering or concentrating for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	
A10A	Is there any household member who have difficulty with self-care such as washing all over or dressing? <small>If No, Autofill A10 with No difficulty (1) and Go to A11A. If Yes, select from household members and Answer A10</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A10	Level of difficulty of self-care such as washing all over or dressing for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	
A11A	Is there any household member who have difficulty communicating, for example understanding or being understood? <small>If No, Autofill A11 with No difficulty (1) and Go to section B. If Yes, select from household members and Answer A11</small>	Yes	01 <input type="checkbox"/>	filter
		No	02 <input type="checkbox"/>	
A11	Level of difficulty of understanding or being understood for [Name]?	No - no difficulty	01 <input type="checkbox"/>	
		Yes - some difficulty	02 <input type="checkbox"/>	
		Yes – a lot of difficulty	03 <input type="checkbox"/>	
		Yes- cannot do at all	04 <input type="checkbox"/>	

FOR HOUSEHOLD MEMBERS 14 YRS OLD AND ABOVE			
B01	IS [NAME] a student? (Is he/she attending school or would be attending one if schools were not closed due to holidays)	Yes 01 <input type="checkbox"/>	No 02 <input type="checkbox"/>
B02A	What is [NAME] Highest level of educational attending / attended?	None 01 <input type="checkbox"/>	→B07
		Pre-primary 02 <input type="checkbox"/>	
		Primary education 03 <input type="checkbox"/>	
		Lower secondary education 04 <input type="checkbox"/>	
		Upper secondary education 05 <input type="checkbox"/>	
		Tertiary education 06 <input type="checkbox"/>	
B02B	How many years have [NAME] completed successfully in that level of education? <i>(After answering this question, those who answered B02A 02-04 skip to B07)</i>	Number of Years <input type="text"/> <input type="text"/>	
B05A	In which area did/is [NAME] specialize in the highest level?	Write _____ in _____ words	
B05B		ISCED CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
B05C		_____ Write in _____ words <i>Auto-filled</i>	
B07	Are (you/name) currently attending any trade or technical vocational courses	Yes 01 <input type="checkbox"/>	No 02 <input type="checkbox"/>
B08	Did (you/NAME) learn any trade or technical vocational course in the past?	Yes 01 <input type="checkbox"/>	No 02 <input type="checkbox"/>
B09	How long will/did this course take?	Less than one month 01 <input type="checkbox"/>	→B09
		1-3 Months 02 <input type="checkbox"/>	
		3-6 Months 03 <input type="checkbox"/>	
		One year 04 <input type="checkbox"/>	
		Two years 05 <input type="checkbox"/>	
		Three years or more 06 <input type="checkbox"/>	
B10	What type of technical skills did [NAME] learn? (<i>Choose from list of Technical skills</i>)	TECHNICAL SKILLS CODE _____	
B11	Where did (NAME) acquire these skills	Vocational School Course / IPRC 01 <input type="checkbox"/>	
		Apprenticeship or on job Training 02 <input type="checkbox"/>	
		Learned from a friend or family 03 <input type="checkbox"/>	
		NGO 04 <input type="checkbox"/>	
		Community organization 05 <input type="checkbox"/>	
		Other (Specify) 06 <input type="checkbox"/>	
B13	Did [you/NAME] complete the course?	Yes with certificate 01 <input type="checkbox"/>	
		Yes without certificate 02 <input type="checkbox"/>	
		Yes with Degree / Diploma 03 <input type="checkbox"/>	
		No 04 <input type="checkbox"/>	→Sec C
B13B	In which year did (you/Name) complete this course?	YEAR _____	
B14	What happened after you completed the course?	Nothing 01 <input type="checkbox"/>	→Sec. C
		I was able to get a job 02 <input type="checkbox"/>	
		My salary increased 03 <input type="checkbox"/>	→Sec. C
		I was promoted at work 04 <input type="checkbox"/>	→Sec. C
		My job skills have improved 05 <input type="checkbox"/>	→Sec. C

		I got internship/traineeship with a company	06 <input type="checkbox"/>	→Sec. C
		Starting own business	07 <input type="checkbox"/>	
		Other specify	08 <input type="checkbox"/>	→Sec. C
B15	How long did take (Name/you) to get a job or start own business after completing the course	Less than one month	01 <input type="checkbox"/>	
		1-3 Months	02 <input type="checkbox"/>	
		3-6 Months	03 <input type="checkbox"/>	
		One year	04 <input type="checkbox"/>	
		Two years	05 <input type="checkbox"/>	
		Three years or more	06 <input type="checkbox"/>	

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FOR HOUSEHOLD MEMBERS AGED 14 YEARS AND ABOVE			
	<p>Read for respondent :</p> <p>I am now going to ask you a series of questions on your current situation with regard to work and economic activity. These questions were asked before when your household was interviewed last time. But because the work situation of people may change over time, the same questions are asked again to obtain information on your current situation even if it has not changed since last interview.</p>		
C01	During the last 7 days, did [NAME] do any work for wage, salary, commissions, tips or any other pay, in cash or in kind, even if only for one hour? (including paid interns)	Yes <input type="checkbox"/> 01 No <input type="checkbox"/> 02	→C10
C02	During the past 7 days, did (NAME) run or do any kind of business activity other than farming, Rearing farm animals, Fishing or fish farming to generate income, even if only for one hour?	Yes <input type="checkbox"/> 01 No <input type="checkbox"/> 02	→C10
C02A	During the past 7 days, did (NAME) run or do any farming, Rearing farm animals, Fishing or fish farming to generate income, if only for one hour?	Yes <input type="checkbox"/> 01	→C05
		No <input type="checkbox"/> 02	→C03
C05	In general, are the products obtained from this activity for sale or for family use?	Only for sale/barter <input type="checkbox"/> 01	→C09A
		Mainly for sale/barter <input type="checkbox"/> 02	→C09A
		Mainly for family use <input type="checkbox"/> 03	
		Only for family use <input type="checkbox"/> 04	
C03	During the past 7 days, did (NAME) help unpaid in a business owned by a household or family member, or help a member of household or family in his/her paid job, even if only for one hour?	Yes <input type="checkbox"/> 01	→C10
		No <input type="checkbox"/> 02	→C06
C06	During the last 7 days, did (NAME) have a paid job or a business from which he/she was temporarily absent and for which he/she expect to return?	Yes <input type="checkbox"/> 01	
		No <input type="checkbox"/> 02	→C19
C07	What was the main reason (NAME) was absent from work during the last 7 days?		
	[Interviewer: Do not to read answer categories]		
	Sick leave due to own illness or injury → C10	<input type="checkbox"/> 01	→C10
	Public holidays, vacation or annual leave → C10	<input type="checkbox"/> 02	→ C10
	Maternity or paternity leave as specified by legislation → C10	<input type="checkbox"/> 03	→ C10
	Parental leave	<input type="checkbox"/> 04	
	Educational leave	<input type="checkbox"/> 05	
	Care for others and other personal absences	<input type="checkbox"/> 06	
	Seasonal work	<input type="checkbox"/> 07	→C19
	Strikes or lockouts	<input type="checkbox"/> 08	
	Reduction in economic activity (e.g. temporary lay-off, slack work)	<input type="checkbox"/> 09	
Disorganization or suspension of work (e.g. due to bad weather, mechanical, electrical or communication breakdown	<input type="checkbox"/> 10		

		Other Specify	16 <input type="checkbox"/>	
C08	What is the expected total absence from work for (NAME)?	Less than 3 months	01 <input type="checkbox"/>	→C10
		3 months or more	02 <input type="checkbox"/>	
		Not sure to return to work	03 <input type="checkbox"/>	
C09	Does (NAME) continue receiving an income from his/her job during absence?	Yes	01 <input type="checkbox"/>	→C10
		No	02 <input type="checkbox"/>	→C19
C09A	Among the following categories, which correspond to the (NAME)'s situation	Entrepreneur in agriculture	01 <input type="checkbox"/>	
		Subsistence agricultural	02 <input type="checkbox"/>	
		Help without pay in agriculture	03 <input type="checkbox"/>	
C10	Did [NAME] have any other paid job or business or any secondary activity to generate an income, done for at least one hour during the last 7 days?	Yes	01 <input type="checkbox"/>	
		No	02 <input type="checkbox"/>	
C10A	How many jobs other than main job do [YOU/NAME] Possess?	NUMBER OF JOBS: <input type="text"/> <input type="text"/>		
C11A	How many hours does [NAME] usually work per week in Main job/Activity?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		
C11B	How many hours does [NAME] usually work per week in secondary job/Activity?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		Ask if C10=1
C12A	During the past 7 days, how many days did (NAME) actually work in Main job/Activity?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		
C12B	During the past 7 days, how many days did (NAME) actually work in all secondary jobs/Activities?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		Ask if C10=1
C13A	During the past 7 days, how many hours did (NAME) actually work in Main job/Activity?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		
C13B	During the past 7 days, how many hours did (NAME) actually work in all secondary jobs/Activities?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>		Ask if C10=1
C14	How many hours has [NAME] usually worked at all jobs combined during the last 7 days? <i>Auto-filled by CAPI</i>	Less than 35 hrs	01 <input type="checkbox"/>	→C16
		35 hrs - 48hrs	02 <input type="checkbox"/>	→Sec. D
		49 hrs or more		
C15	What was the main reason (NAME) usually worked long hours per week?	Nature of work	01 <input type="checkbox"/>	→Sec. D
		To earn more money	02 <input type="checkbox"/>	→Sec. D
		Lack of employees	03 <input type="checkbox"/>	→Sec. D
		Meet deadlines	04 <input type="checkbox"/>	→Sec. D
		Other specify	05 <input type="checkbox"/>	→Sec. D
C16	During the last 4 weeks, did (NAME) look for additional or other paid work?	Yes	01 <input type="checkbox"/>	→C18
		No	02 <input type="checkbox"/>	
C17		Yes	01 <input type="checkbox"/>	

	Would (NAME) want to work more hours per week than usually worked provided the extra hours are paid or profitable?	No	02 <input type="checkbox"/>	→Sec. D
C18	If an opportunity for additional work became available, could (NAME) start working more hours within the next two weeks?	Yes	01 <input type="checkbox"/>	→Sec. D
		No	02 <input type="checkbox"/>	→Sec. D
C19	During the last four weeks, from [START_DATE] up to [last END_DAY/yesterday] did (you/NAME) do anything to find a paid job?	Yes	01 <input type="checkbox"/>	→C21
		No	02 <input type="checkbox"/>	
C19A	During the last four weeks, from [START_DATE] up to [last END_DAY/yesterday] did (you/NAME) try to start a business?	Yes	01 <input type="checkbox"/>	→C21
		No	02 <input type="checkbox"/>	
C20	Has [NAME] already found a job or arranged to start a business in the next 4 weeks?	Yes	01 <input type="checkbox"/>	
		No	02 <input type="checkbox"/>	→C23
C20A	How soon (do/does) (you/NAME) expect to start working in this new job or business	ONE MONTH OR LESS	1	→C25
		MORE THAN ONE MONTH AND UP TO THREE MONTHS	2	→C25
		MORE THAN THREE MONTHS	3	→C23
C21	What did [NAME] do in the last 4 weeks to find a paid job or start a business?			
	"Check list and mark up to four codes			
	Apply to prospective employers		A <input type="checkbox"/>	
	Place or answer job advertisements		B <input type="checkbox"/>	
	Post/update resume on professional/social networking sites online		C <input type="checkbox"/>	
	Register with employment center (public/private)		D <input type="checkbox"/>	
	Take a test or interview		E <input type="checkbox"/>	
	Seek help from relatives, friends, others		F <input type="checkbox"/>	
	Check at factories, work sites		G <input type="checkbox"/>	
	Wait on the street to be recruited		H <input type="checkbox"/>	
	Seek financial help to start a business		I <input type="checkbox"/>	
	Look for land, building, equipment, materials to start a business		J <input type="checkbox"/>	
	Apply for permit or license to start a business		K <input type="checkbox"/>	
No method		L <input type="checkbox"/>	→C23	
Other, specify		M <input type="checkbox"/>		
C22	For how long has [NAME] been without work and trying to find a paid job or start a business?	MONTHS: <input type="text"/> <input type="text"/>		→C25
C23	Would [NAME] want to work if a paid job or business opportunity became available?	Yes	01 <input type="checkbox"/>	
		No	02 <input type="checkbox"/>	→Sec. F
C24	What was the main reason (NAME) did not try to find a paid job or start a business in the last 4 weeks?			

		Own illness	01 <input type="checkbox"/>	
		Disability	02 <input type="checkbox"/>	
		Studies	03 <input type="checkbox"/>	
		Pregnancy	04 <input type="checkbox"/>	
		Presence of small children/ elders / sick people	05 <input type="checkbox"/>	
		Refusal by family	06 <input type="checkbox"/>	
		Past failure to find suitable job	07 <input type="checkbox"/>	
		Lack of experience, qualification or jobs matching skills	08 <input type="checkbox"/>	
		Lack of jobs in the area	09 <input type="checkbox"/>	
		Considered too young or too old by prospective employers	10 <input type="checkbox"/>	
		Lack of infrastructure (assets, roads, transportation, employment services)	11 <input type="checkbox"/>	
		Other sources of income (pension, rent)	12 <input type="checkbox"/>	
		Estrangement	13 <input type="checkbox"/>	
C25	If a paid job or business opportunity become available, could [NAME] have started work during the last 7 days or within the next two weeks?	Yes	01 <input type="checkbox"/>	→Sec. F
		No	02 <input type="checkbox"/>	
C26	What is the main reason why (NAME) could not start working in the last 7 days or next two weeks?	In Study, training	01 <input type="checkbox"/>	→Sec. F
		Maternity leave, child care	02 <input type="checkbox"/>	→Sec. F
		Injury, illness, disability	03 <input type="checkbox"/>	→Sec. F
		Family member(s) consider that (NAME) should stay home	04 <input type="checkbox"/>	→Sec. F
		In agriculture / fishing for family use	05 <input type="checkbox"/>	→Sec. F
		Retired, pensioner	06 <input type="checkbox"/>	→Sec. F

FOR HOUSEHOLD MEMBERS, AGED 14 YEARS OLD AND ABOVE			
D00	INTERVIEWER TO READ: I am now going to ask you some questions about characteristics of you main job/income generating activity in which (you/NAME) usually work the most hours.		
D01A	In (your/NAME's) job, what kind of work (do/does) (you/he/she) do?	_____ WRITE OCCUPATIONAL TITLE	
D01B2	(Example: policeman, primary school teacher, vegetable vendor, domestic worker, truck driver, registered nurse)	ISCO CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D01B3		_____ MAIN TASKS AND DUTIES	
D03A	Does the place or business where (you/NAME) work(s) have a name?	Name of workplace 01 <input type="checkbox"/> Domestic worker 02 <input type="checkbox"/> No name 03 <input type="checkbox"/>	→ D03B → D03B
D03A1	What is the name?	_____ (NAME OF ESTABLISHMENT)	
D03B	What is the main activity of the place or business where (you/NAME) work(s) or its main function?	_____ WRITE MAIN ACTIVITY	
D03B1		ISIC CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D03B2		_____ GOODS OR SERVICES	
D04	(Do/does) (You/NAME) work in?	READ ANSWER FOR RESPONDENT	
		Public institution/enterprise	01 <input type="checkbox"/>
		Mixed public and private enterprise	02 <input type="checkbox"/>
		Private/farm	03 <input type="checkbox"/>
		International NGO/International organisation	04 <input type="checkbox"/>
		Local NGO/Religious organisation	05 <input type="checkbox"/>
		Cooperative	06 <input type="checkbox"/>
		Household	07 <input type="checkbox"/>
		VUP/community based jobs	08 <input type="checkbox"/>
D05A	How many persons including (you/NAME) work at (your/NAME's) place of work?		
		Less than 10	01 <input type="checkbox"/>
		10-30 workers	02 <input type="checkbox"/> → DS07
		31-50 workers	03 <input type="checkbox"/> → DS07
		51-100 workers	04 <input type="checkbox"/> → DS07
		101 workers or more	05 <input type="checkbox"/> → DS07

D05A1	Number of persons including (you/NAME) working at (your/NAME's) place of work if less than ten?		
		Write the number <input type="text"/> <input type="text"/>	
DS07	(Do/does) (You/NAME) work...? <i>READ ANSWER FOR RESPONDENT</i>		
	As an [employee]	01 <input type="checkbox"/>	→DS10a
	In (your/his/her) own business activity	02 <input type="checkbox"/>	→DS09
	Helping in a family or household business	03 <input type="checkbox"/>	
	As an paid apprentice, paid intern	04 <input type="checkbox"/>	→DS10a
	Helping a family member who works for someone else	05 <input type="checkbox"/>	→DS10a
	Member of cooperative	06 <input type="checkbox"/>	→DS09
ASKED for self-identified contributing family workers			
DS08	Who usually makes the decisions about the running of the family/Household business? <i>READ</i>		
	(You/NAME)	01 <input type="checkbox"/>	
	(You/NAME) together with others	02 <input type="checkbox"/>	
	Other family member(s) only	03 <input type="checkbox"/>	→DS10a
	Other (non-related) person(s) only	04 <input type="checkbox"/>	→DS10a
ASKED for those identified as self-employed			
DS09	Does the business hire/ have any paid employees on a regular basis?	YES 01 <input type="checkbox"/> NO 02 <input type="checkbox"/>	
DS09AA	Is [NAME] 'S business registered with Rwanda Development Board(RDB)?	YES 01 <input type="checkbox"/> NO 02 <input type="checkbox"/> Do not know 97 <input type="checkbox"/>	→DS09_A →DS09_A
DS09AAA	Is [Name]'s business registered as...? Read the answers for respondent SKIP TO D10_E if DS09==1 SKIP TO D10_E if DS09==2 & inlist(DS09AAA,2,3,4) & DS09AA==1	Sole proprietorship/individual 01 <input type="checkbox"/> Limited by shares 02 <input type="checkbox"/> Limited by guarantee 03 <input type="checkbox"/> Limited by shares and guarantee 04 <input type="checkbox"/> unlimited 05 <input type="checkbox"/> Do not know 06 <input type="checkbox"/>	

DS09_A	Does more than half of the income from [NAME]'s business/activity come from?	One single client/customer	01 <input type="checkbox"/>	→ DS09_D
	Read the answers to the respondent.	Multiple clients/customers	02 <input type="checkbox"/>	
		Have not had any clients yet	03 <input type="checkbox"/>	→ DS09_C
DS09_B	Does [NAME] get customers, clients or buyers through someone else, for example from another company, intermediary or person?	Yes, all of them	01 <input type="checkbox"/>	→ DS09_D
		Yes, most of them	02 <input type="checkbox"/>	→ DS09_D
		Yes, but only some of them	03 <input type="checkbox"/>	
		No	04 <input type="checkbox"/>	
DS09_C	In this business /activity Does [NAME]...? READ THE ANSWERS FOR RESPONDENTS	Make products or provide services for only one company	A <input type="checkbox"/>	
		Sell products or services from only one company	B <input type="checkbox"/>	
		Work with materials or equipment provided by just one company	C <input type="checkbox"/>	
		NONE OF THE ABOVE	D <input type="checkbox"/>	
DS09_D	In [NAME]'s business/activity does client/company/intermediary/or other person...? READ AND MARK ALL THAT APPLY			
	Set the price of the products or services that you offer	a. <input type="checkbox"/>	→ D10_E	
	Decide the minimum amount of sales or tasks you must complete	b. <input type="checkbox"/>	→ D10_E	
	Decide the places, routes or areas where you do your work	c. <input type="checkbox"/>	→ D10_E	
	Decide how to organize the work such as supervising or deciding on working time	d. <input type="checkbox"/>	→ D10_E	
	Decide the supplier(s) to use	e. <input type="checkbox"/>	→ D10_E	
	Provide the premises or machines you use	f. <input type="checkbox"/>	→ D10_E	
	NONE OF THE ABOVE	g. <input type="checkbox"/>	→ D10_E	
Asked for those identified as employees, apprentices or assisting family members. Questions from DS10a are also addressed to contributing family workers				
DS10a	Which of the following types of pay (do/does) (you/NAME) receive for this work? READ AND MARK ALL THAT APPLY			
	A wage or salary	a. <input type="checkbox"/>		
	Payment by piece of work completed	b. <input type="checkbox"/>		
	Commissions	c. <input type="checkbox"/>		
	Tips	d. <input type="checkbox"/>		
	Fees for services provided	e. <input type="checkbox"/>		

		Payment with meals or accommodation	f.	<input type="checkbox"/>	
		Payment in products	g.	<input type="checkbox"/>	
		Profit sharing from cooperative	h.	<input type="checkbox"/>	
		OTHER CASH PAYMENT (Specify): _____	i.	<input type="checkbox"/>	
		NOT PAID	j.	<input type="checkbox"/>	→ D10_E
D06	(Do/does)(you/NAME) have a written contract or oral agreement for the work (you/he/she) (do/does)?	YES, WRITTEN CONTRACT	01	<input type="checkbox"/>	
		YES, ORAL AGREEMENT	02	<input type="checkbox"/>	
D07	Is [your/ NAME]'s contract or agreement,....? READ	Permanent (without a known limited duration)	01	<input type="checkbox"/>	→ D09A
		Temporary with a specific period of time	02	<input type="checkbox"/>	
		Valid until date a task is completed	03	<input type="checkbox"/>	
		Ongoing , until futher notice	04	<input type="checkbox"/>	
D08	What is the duration of the contract or agreement?	Daily contract/agreement	01	<input type="checkbox"/>	
		Less than one month	02	<input type="checkbox"/>	
		1 to less than 3 months	03	<input type="checkbox"/>	
		3 to less than 6 months	04	<input type="checkbox"/>	
		6 to less than 12 months	05	<input type="checkbox"/>	
		12 to less than 24 months	06	<input type="checkbox"/>	
		Two years or more	07	<input type="checkbox"/>	
D08A	Does [NAME] have a minimum amount of hours or work agreed with his/her employer?	Yes, Minimum hours to be worked	01	<input type="checkbox"/>	
		Yes, Tasks or work to do	02	<input type="checkbox"/>	
		No, Contacted when needed	03	<input type="checkbox"/>	
D09A	Does [NAME]'s employer pay contributions on [NAME]'s behalf to Social security fund (RSSB)?	YES	01	<input type="checkbox"/>	→ D10A
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
D10	Has [NAME] registered his/her economic activity with the Rwanda Revenue Authority(RRA)? Or Does [name] have a TIN connected to his/her economic activity? ASK IF DS07==1 & DS10a NOT EQUAL TO 1 & D09A=2,3	Yes	01	<input type="checkbox"/>	
		No	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
D10A	Is (NAME) entitled to Paid annual leave benefits from employer?	NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
D10B	Is (NAME) entitled to Paid sick leave benefits from employer?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
D10C	Is (NAME) entitled to Paid maternity/ paternity leave?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	

D10D	Is (Name)'s salary subjected to deduction of tax (PAYE)	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	
		DON'T KNOW	03 <input type="checkbox"/>	
D10_E	Does "name" make contributions to the Ejo Heza scheme?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	
		DON'T KNOW	03 <input type="checkbox"/>	
D12_1	How much did (You/ Name) earn at main job last time (NAME) was paid in cash? ASK IF DS07=1 DS07==4 (DS07==5 & DS10A!=J(NON PROFIT)) (DS07==3 & inrange(DS08,3,4) & DS10A!=J)	AMOUNT	01 <input type="checkbox"/>	
		REFUSAL	02 <input type="checkbox"/>	→D17_1
		DON'T KNOW	03 <input type="checkbox"/>	→D17_1
D12_1A	Enter amount in FRW, Ask if D12_1=1	□□□□□□□□		
D13_1	How long did it cover? ASK IF D12_1A IS NOT EQUAL TO MISSING	Month	01 <input type="checkbox"/>	
		Two weeks	02 <input type="checkbox"/>	
		One week	03 <input type="checkbox"/>	
		One day	04 <input type="checkbox"/>	
		One Year	05 <input type="checkbox"/>	
D14_1	On average, how much money did "NAME" earn from main job/business per month? Ask if DS07==2 (DS07==3 & inrange (DS08,1,2)) DS07==6	AMOUNT	01 <input type="checkbox"/>	
		REFUSAL	02 <input type="checkbox"/>	→D17_1
		DON'T KNOW	03 <input type="checkbox"/>	→D17_1
D14_1A	Enter amount in FRW , Ask if D14_1=1	□□□□□□□□		
D17_1	Taking into account both cash and in kind payments, would you say the monthly amount of (NAME)'s earnings was in the range? Ask if (Inrange(D12_1,2,3) inrange(D14_1,2,3))	Less than 30,000 RWF	01 <input type="checkbox"/>	
		30,000 – 49,999 RWF	02 <input type="checkbox"/>	
		50,000 – 79,999 RWF	03 <input type="checkbox"/>	
		80,000-99,999 RWF	04 <input type="checkbox"/>	
		100,000 RWF-199,999 FRW	05 <input type="checkbox"/>	
		200,000 RWF-399,999 RWF	06 <input type="checkbox"/>	
		400,000 RWF -599,999 RWF	07 <input type="checkbox"/>	
		600,000RWF-999,999 RWF	08 <input type="checkbox"/>	
		1,000,000RWF AND ABOVE	09 <input type="checkbox"/>	
REFUSAL	10 <input type="checkbox"/>			
D18A	How did [you/Name] obtain your current employment? Ask if DS07=1 DS07==4 (DS07==5 & DS10A!=J(NON PROFIT))			
		Apply to prospective employers	01 <input type="checkbox"/>	
		Place or answer job advertisements	02 <input type="checkbox"/>	
		Post/update resume on professional/social networking sites online	03 <input type="checkbox"/>	
		Register with [public employment center]	04 <input type="checkbox"/>	
		Register with private employment center	05 <input type="checkbox"/>	

	Take a test or interview	06	<input type="checkbox"/>		
	Seek help from relatives, friends, others	07	<input type="checkbox"/>		
	Check at factories, work sites	08	<input type="checkbox"/>		
	Wait on the street to be recruited	09	<input type="checkbox"/>		
	Check in households	10	<input type="checkbox"/>		
	Through appointments of elections	11	<input type="checkbox"/>		
	VUP/community-based jobs	12	<input type="checkbox"/>		
	Other	13	<input type="checkbox"/>		
The following set of questions is for all respondents in employment					
D20	Is the business/establishment where [NAME] works registered with the Rwanda Revenue Authority or pay PAYE/TPR? DO NOT ASK IF (D04=1,2) and D09A==1 but fill in yes (1)	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
D21	In order to report to an authority, does the business/establishment where (NAME) works keep written records of accounts? DO NOT ASK IF (D04=1,2) and D09A==1 but fill in yes (1)	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	03	<input type="checkbox"/>	
				→D23	
				→D23	
D21A	What kind of accounts or records does the (business/farm) keep? Are they...				
	DO NOT ASK IF (D04=1,2) and D09A==1 but fill in yes (1)				
	<i>READ</i>	A complete set of written accounts for tax purposes	01	<input type="checkbox"/>	
		Simplified written accounts to be submitted for tax purposes	02	<input type="checkbox"/>	
		Simplified written accounts not for tax purposes	03	<input type="checkbox"/>	
		Informal records of orders, sales, purchases	04	<input type="checkbox"/>	
No records are kept		05	<input type="checkbox"/>		
D23	Where is the business where [NAME] work located? <i>READ</i>				
	AT (MY/NAME'S) OWN HOME		01	<input type="checkbox"/>	
	Structure attached to the home		02	<input type="checkbox"/>	
	At the client/employer's home		03	<input type="checkbox"/>	
	At an office, shop, factory, or other fixed workplace		04	<input type="checkbox"/>	
	Fixed stall in market		05	<input type="checkbox"/>	
	Non-fixed stall/stand in market		06	<input type="checkbox"/>	
	Street or another public space without a fixed structure		07	<input type="checkbox"/>	
	Land, forest, fishing site, mining site.		08	<input type="checkbox"/>	
	Verranda of commercial house		09	<input type="checkbox"/>	
Construction site		10	<input type="checkbox"/>		

	In/On a vehicle(without daily work base)	11	<input type="checkbox"/>		
	Door to door	12	<input type="checkbox"/>		
	Other (specify):	13	<input type="checkbox"/>		
D23A	What means of transportation do you mainly use to commute to your place of work?	walk	01	<input type="checkbox"/>	
		Public buses/ cars/ taxis	02	<input type="checkbox"/>	
		Public motorcycle	03	<input type="checkbox"/>	
		Public Bicycle	04	<input type="checkbox"/>	
		Private car	05	<input type="checkbox"/>	
		Private Monobike	06	<input type="checkbox"/>	
		Private bicycle	07	<input type="checkbox"/>	
		boat	08	<input type="checkbox"/>	
D23B	How long does it normally take you to get to work? <i>Write 0 if working at home</i>	Time in minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
D24	For how long has [NAME] been working (total experience)? <i>Write 0 if less than 1 year</i>	Number of Years	<input type="checkbox"/> <input type="checkbox"/>		
D24B	In your main job or business, How many months did [NAME] work over the last 12 months?	Number of Months	<input type="checkbox"/> <input type="checkbox"/> 1<=D24A<=12		
D25A	Is this district the same as the district where (NAME) performs his/her main job/business?	YES	01	<input type="checkbox"/>	→ Sec G
		NO	02	<input type="checkbox"/>	
D25B	In which district do (you/mame) mainly perform this work?	Choose district code			

F01a	(Have/Has) (you/NAME) ever had a paid job or another income-generating activity, even if for a short period?	YES	01 <input type="checkbox"/>	→F05
		NO	02 <input type="checkbox"/>	
F01B	How long ago was it that (you/NAME) last stop working?			
	Less than one month ago		01 <input type="checkbox"/>	
	1 to less than 3 months ago		02 <input type="checkbox"/>	
	3 to less than 6 months ago		03 <input type="checkbox"/>	
	6 to less than 12 months ago		04 <input type="checkbox"/>	
	1 to less than 3 years ago		05 <input type="checkbox"/>	
	3 to less than 5 years ago		06 <input type="checkbox"/>	
	5 to less than 8 years ago		07 <input type="checkbox"/>	
	8 years and more ago		08 <input type="checkbox"/>	
	Don't know		09 <input type="checkbox"/>	
F02	What was the main reason why [NAME] stopped working in his/her last paid job / business?			
	Dismissal or staff reduction.		01 <input type="checkbox"/>	
	Breakup of the enterprise, bankruptcy		02 <input type="checkbox"/>	
	Place of work closed down		03 <input type="checkbox"/>	
	Retirement		04 <input type="checkbox"/>	
	Illness, injury or disability		05 <input type="checkbox"/>	
	Beginning of studies or preparing for studies		06 <input type="checkbox"/>	
	Pregnancy, family responsibilities		07 <input type="checkbox"/>	
	Family member(s) consider that s/he should stay at home		08 <input type="checkbox"/>	
	To look for better job		09 <input type="checkbox"/>	
	Working conditions (low pay, late Payment, far location, difficult work.)		10 <input type="checkbox"/>	
	Temporary/seasonal job/project ended		11 <input type="checkbox"/>	
F03A	What was the main job (you/NAME) when he/she was working?	<hr/> <p style="text-align: center;"><i>WRITE Occupation</i></p>		
F03B1		<p style="text-align: center;">ISCO CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		
F03B2		<hr/> <p style="text-align: center;"><i>ISCO Description</i></p>		
F04A	Does the place or business where (you/NAME) worked have a name?	Name of workplace	01 <input type="checkbox"/>	
		Domestic worker	02 <input type="checkbox"/>	
		No name	03 <input type="checkbox"/>	
F04A1	What is the name?	<hr/> <p style="text-align: center;">(NAME OF ESTABLISHMENT)</p>		

F04B	What was the main activity of the place or business where (you/NAME) work(s) or its main function?	<hr/> <p style="text-align: center;"><i>WRITE MAIN ACTIVITY</i></p>																																								
F04B1		<p style="text-align: center;">ISIC CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>																																								
F04B2		<hr/> <p style="text-align: center;"><i>GOODS OR SERVICES</i></p>																																								
F05	What is [NAME] main source of income at present?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Parents</td> <td style="text-align: right;">01</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Husband/Wife</td> <td style="text-align: right;">02</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Child</td> <td style="text-align: right;">03</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Other family members</td> <td style="text-align: right;">04</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Pension</td> <td style="text-align: right;">05</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Own production</td> <td style="text-align: right;">06</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Assistance received [VUP]</td> <td style="text-align: right;">07</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Assistance received [FARG]</td> <td style="text-align: right;">08</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Assistance received [Church, Other NGO]</td> <td style="text-align: right;">09</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Assistance from friends</td> <td style="text-align: right;">10</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Revenue from own property/Savings</td> <td style="text-align: right;">11</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Past work</td> <td style="text-align: right;">12</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Scholarship</td> <td style="text-align: right;">13</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Parents	01	<input type="checkbox"/>	Husband/Wife	02	<input type="checkbox"/>	Child	03	<input type="checkbox"/>	Other family members	04	<input type="checkbox"/>	Pension	05	<input type="checkbox"/>	Own production	06	<input type="checkbox"/>	Assistance received [VUP]	07	<input type="checkbox"/>	Assistance received [FARG]	08	<input type="checkbox"/>	Assistance received [Church, Other NGO]	09	<input type="checkbox"/>	Assistance from friends	10	<input type="checkbox"/>	Revenue from own property/Savings	11	<input type="checkbox"/>	Past work	12	<input type="checkbox"/>	Scholarship	13	<input type="checkbox"/>	
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FOR HOUSEHOLD MEMBERS AGED 14 YEARS AND ABOVE EXCEPT DOMESTIC WORKERS			
G01A	In the last 7 days, did [NAME] spend time collecting firewood for the household?	Yes 01 <input type="checkbox"/>	→G02A
		No 02 <input type="checkbox"/>	
G01	In the last 7 days, how many hours did [NAME] spend collecting firewood for the household, including travel time?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G02A	In the last 7 days, Did [Name] spent time on fetching water for the household?	Yes 01 <input type="checkbox"/>	→G03A
		No 02 <input type="checkbox"/>	
G02	In the last 7 days, how many hours did [NAME] spend fetching water for the household, including travel time?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G03A	In the last 7 days, Did [Name] spent time on grazing or feeding household animals?	Yes 01 <input type="checkbox"/>	→G04A
		No 02 <input type="checkbox"/>	
G03	In the last 7 days, how many hours did [NAME] spend searching for fodder or grazing for the household's animals?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G04A	In the last 7 days, Did [Name] spent time on manufacturing of goods for family use?	Yes 01 <input type="checkbox"/>	→G05A
		No 02 <input type="checkbox"/>	
G04	In the last 7 days, how many hours did [NAME] spend manufacturing household goods for own or family use (such as furniture, textiles, clothing, footwear, pottery, crafts or other durables, excluding foodstuff)?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G05A	In the last 7 days, Did [Name] spent time on construction of own building?	Yes 01 <input type="checkbox"/>	→G04A
		No 02 <input type="checkbox"/>	
G05	In the last 7 days, how many hours did [NAME] spend constructing your dwelling, making major repairs on it, farm buildings, private roads, or wells?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G06A	In the last 7 days, Did [Name] spent time on doing household chores?	Yes 01 <input type="checkbox"/>	→G04A
		No 02 <input type="checkbox"/>	
G06	In the last 7 days, how many hours did [NAME] spend doing household chores including shopping, preparing meals?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
G07A	In the last 7 days, Did [Name] took time to look after children or adults	Yes 01 <input type="checkbox"/>	→G04A
		No 02 <input type="checkbox"/>	
G07	In the last 7 days, how many hours did [NAME] spend looking after children and elderly?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	

FOR HOUSEHOLD MEMBERS AGED 14 YEARS AND ABOVE			
H01	During the last four weeks did [NAME] do any of the following work mainly for own consumption such as farm work, growing fodder, raising or tending animals Fishing, storage such flour, dry fish or other food and drink hunting, or gathering foodstuff, Preparing foodstuff for storage such flour and drinks.	Yes	01 <input type="checkbox"/>
		No	02 <input type="checkbox"/> →Sec. S
H02	How many days per week has [NAME] usually worked in these activities?	NUMBER OF DAYS: <input type="text"/> <input type="text"/>	
H03	How many hours per day has [NAME] usually worked in these activities?	NUMBER OF HOURS: <input type="text"/> <input type="text"/>	
H04	INTERVIEWER: CHECK H01 IF AT LEAST ONE HAS DONE ANY AGRICULTURAL ACTIVITY	Yes	01 <input type="checkbox"/>
		No	02 <input type="checkbox"/> →H05
THE FOLLOWING QUESTIONS ARE ASKED AT HOUSEHOLD LEVEL			
H05	In general, did the household sell or barter any part of the goods obtained from this work?	No, never sell	01 <input type="checkbox"/> →H09
		Sell excess from time to time	02 <input type="checkbox"/> →H09
		Yes, regularly	03 <input type="checkbox"/>
H06	About how much does the household regularly sell?	¼ or less	01 <input type="checkbox"/>
		More than ¼ but less than half	02 <input type="checkbox"/>
		More than half (>50%)	03 <input type="checkbox"/>
H09	Do you regularly or sometimes engage paid employee in the farming activity?	Yes regularly	01 <input type="checkbox"/>
		Yes sometimes	02 <input type="checkbox"/>
		No, never	03 <input type="checkbox"/> Finish or go to IT01Aif Q3
H10	Excluding family members, how many paid employees do you usually engage in these agricultural activities?	1 - 3	01 <input type="checkbox"/> Finish or go to IT01A if Q3
		4 - 5	02 <input type="checkbox"/> Finish or go to IT01Aif Q3
		More than 5	03 <input type="checkbox"/> Finish or go to IT01Aif Q3
Household main source of energy for lighting-Asked at household level			
EN01	What is the main source of energy that your household uses for lighting?	Electricity from National Grid (EUCL)	01 <input type="checkbox"/>
		Electricity from Mini Grid (Other distributors)	02 <input type="checkbox"/>
		Private Solar Mini Grid	03 <input type="checkbox"/>
		Standalone solar system	04 <input type="checkbox"/>
		Solar lantern	05 <input type="checkbox"/>
		Rechargeable lantern	06 <input type="checkbox"/>
		Biogas	07 <input type="checkbox"/>
		Generator (Own, Neighbor, Community)	08 <input type="checkbox"/>
		Kerosene/paraffin Lamp	09 <input type="checkbox"/>
		Firewood	10 <input type="checkbox"/>
		Candle	11 <input type="checkbox"/>
		Traditional Lantern	12 <input type="checkbox"/>
		Batteries+ bulb	13 <input type="checkbox"/>
		Rechargeable battery	01 <input type="checkbox"/>
Torch (rechargeable or not)/Phone flashlight	02 <input type="checkbox"/>		
Other (specify)	03 <input type="checkbox"/>		

Phone ownership and ICT skills-Administered in Quarter 3-All persons aged 10 years and above			
IT01A	Does any member of this household owns mobile phone? If No(02) autofill S01 with None(03)	Yes No	01 <input type="checkbox"/> 02 <input type="checkbox"/> → IT02A
IT01B	Who owns mobile phone Choose from list of HHs members	_____	
IT01	What type of mobile phone does (you/Name) have?	Smart phone Ordinary phone None	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>
IT02A	Have (you/Name) used the Internet from any location in the last three months?	Yes No Don't know	01 <input type="checkbox"/> 02 <input type="checkbox"/> → IT03 03 <input type="checkbox"/>
IT02B	Have (you/Name) used any social media (facebook, whatsapp, tweeter, instagram, tiktok, telegram, other..) from any device in the last three months?	Yes No Don't know	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>
IT03	Are (you/Name) able to apply any of the following digital skills? (Read to respondent and choose all applicable skills)		
	Use only USSD code to access E-services or information	A <input type="checkbox"/>	
	Use application-based system to access E-services or information	B <input type="checkbox"/>	
	Use mobile financial services (MOMO/AIRTEL MONEY/MOCASH/PUSH AND PULL...)	C <input type="checkbox"/>	
	Use any socila media	D <input type="checkbox"/>	
	Access information through web browser	E <input type="checkbox"/>	
	Access IREMBO services	F <input type="checkbox"/>	
	Use any E-commerce plaforms	G <input type="checkbox"/>	
	Access E-learning platforms	H <input type="checkbox"/>	
	None	I <input type="checkbox"/>	
	Don't know	J <input type="checkbox"/>	

Appendix

A. Districts codes

Code	District	Code	District	Code	District	Code	District	Code	District
11	Nyarugenge	21	Nyanza	31	Karongi	41	Rulindo	51	Rwamagana
12	Gasabo	22	Gisagara	32	Rutsiro	42	Gakenke	52	Nyagatare
13	Kicukiro	23	Nyaruguru	33	Rubavu	43	Musanze	53	Gatsibo
		24	Huye	34	Nyabihu	44	Burera	54	Kayonza
		25	Nyamagabe	35	Ngororero	45	Gicumbi	55	Kirehe
		26	Ruhango	36	Rusizi			56	Ngoma
		27	Muhanga	37	Nyamasheke			57	Bugesera
		28	Kamonyi						

B. Technical skills code

CODE	SKILLS	CODE	SKILLS
01	Masonry	24	Milk processing
02	Carpentry	25	Livestock
03	Automotive technology.	26	Horticulture production
04	Culinary arts	27	Food & Beverage services
05	Domestic Electricity	28	Front office
06	Welding	29	House keeping
07	Plumbing	30	Concrete masonry
08	Food processing	31	Leather craft
09	Animal health	32	Hairdressing
10	Auto- Electricity	33	Biding and Jewelries
11	Automotive body repair	34	Software Development
12	Computer maintenance	35	NCDs and Palliative Care Community Health
13	Crop production	36	Agriculture Mechanization
14	Engine mechanics	37	Agri-Business
15	Forestry	38	Bee Keeping
16	Music	39	Manicure and Pedicure
17	Painting and decoration	40	Beauty therapy
18	Multimedia	41	Screen printing
19	Networking	42	Sport and Medical Massage
20	Tailoring	43	Crochet embroidery
21	Industrial electricity	44	Pottery
22	Civil construction	45	Motor vehicle engine mechanics
23	nursery growing	46	Film making