

CODES

THOSE WHO ANSWERED “6MONTHS” OR LESS ON QUESTION A22 OF SECTION A ARE HOUSEHOLD MEMBERS.

THE FOLLOWING ARE ALSO CONSIDERED AS HOUSEHOLD MEMBERS:

- . Children less than 6 months
- . People who recently joined the household and will reside there permanently
- . New husbands or wives

IF THE ANSWER ON QUESTION A22 OF SECTION A IS “MORE THAN 6 MONTHS” ONLY THE FOLLOWING INDIVIDUALS ARE HOUSEHOLD MEMBERS;

- . The head of the household (dejure)
- . Those who answered ‘no’ on question A23 of section A
- . Persons who are absent but not living in another household

District codes. Question A14 and A17

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

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TECHNICAL SKILLS CODE FOR B10

- | | |
|-----------------------------|---|
| 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 |

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting the labour force survey in all districts. The information we collect will help the government to plan for employment in the country. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 25 to 35 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. I hope you will accept to cooperate as your answers are very important for this reaserch

May I begin the interview now?

1. RESPONDENT AGREES TO BE INTERVIEWED	→ Continue the interview
2. RESPONDENT DOES NOT AGREE TO BE INTERVIEWED	→ END

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT: Preferably every member aged 14 year and above should respond on his/her behalf. If unavailable the head of household should respond. In the case of the absence of head of household: the wife, or any other knowledgeable adult member of the household can provide information on other members.

Name of the respondent: _____

Tel: _____

A18	In Which place did (NAME) live prior to arriving here? READ ANSWER 1 Capital City 2 District City 3 Country Side 4 Other (Specify)					
A19	How long did (Name) live in the previous location prior to arriving here? REGISTER 0 IF LESS THAN 1 YEAR					
A20	What is the main reason Why did (NAME) move away from previous location? 01 Parents moved 02 To live with relatives 03 To attend school 04 Marriage 05 Family quarrel 06 Divorce 07 Found job 08 Job transfer 09 To look for work 10 Looking for land to farm 11 Loss of employment 12 Employment of spouse 13 Coming back in country/ building/ Renting 14 Other					
A21	Has (NAME) been away from home for more than one month last 12 months? 1 Yes 2 No → A24					
A22	For how many months during the past 12 months has (NAME) been away from this household? (IF LESS THAN 6 MONTHS → A24)					
A23	While absent, is/was (NAME) a member of another household? (Including single person household) 1 Yes 2 No					
A24	HOUSEHOLD MEMBER (Check instruction) 1 Yes 2 No					

0-4 years old → NEXT PERSON
5-13 years old → A25
14 years old and above → NEXT PERSON

ACTIVITIES OF CHILDREN AGED 5 TO 13 YEARS OLD

A25	Is (NAME) currently studying or working? READ ANSWERS 1 Studying only → A29 2 Studying and working 3 Working only 4 Not studying, nor working → A29					
A26	What type of work does (NAME) do? READ ANSWERS 1 Work for pay. 2 Work without pay in non-agriculture family/ household enterprise 3 Work without pay in family farm or fishing 4 Self-employed 5 Other					
A27	How many days per week did [NAME] usually work in these activities?	days				
A28	How many hours per day did [NAME] usually work in these activities?	hours				
A29	In the last 7 days, how many hours did [NAME] spend collecting firewood for the household, including travel time?	hours				
A30	In the last 7 days, how many hours did [NAME] spend fetching water for the household, including travel time?	hours				
A31	In the last 7 days, how many hours did [NAME] spend searching for fodder or grazing for the household's animals?	hours				
A32	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)?	hours				
A33	In the last 7 days, how many hours did [NAME] spend constructing your dwelling, making major repairs on it, farm buildings and private roads?	hours				
A34	In the last 7 days, how many hours did [NAME] spend doing household chores including shopping, preparing meals?	hours				
A35	In the last 7 days, how many hours did [NAME] spend looking after children and elderly?	hours				
→NEXT PERSON						

Names		
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SECTION B. EDUCATION

For household members 14 yrs old and above

B01	IS [NAME] currently studying?	1 Yes 2 No		1 Yes 2 No	
B02	A. What is the Highest educational level is/ has [NAME] attending / attended? B. How many years have you completed in that level of education?	1 None 2 Pre-primary 3 Primary education 4 Lower secondary education → B07 5 Upper secondary education 6 Tertiary education	A. <input type="text"/> B. <input type="text"/>	1 None 2 Pre-primary 3 Primary education 4 Lower secondary education → B07 5 Upper secondary education 6 Tertiary education	A. <input type="text"/> B. <input type="text"/>
B03	What is the highest certificate [NAME] obtained ?	01 A3 02 D4 03 D5 04 A2/D6/D7 05 A1 06 A0 07 Post graduate diploma 08 Masters 09 PHD 10 None → B05	<input type="text"/>	01 A3 02 D4 03 D5 04 A2/D6/D7 05 A1 06 A0 07 Post graduate diploma 08 Masters 09 PHD 10 None → B05	<input type="text"/>
B04	In which country (place) was [NAME]'S highest qualification obtained?	01 Rwanda Public school 02 Rwanda Private school 03 Rwanda Parastatal school 04 Burundi 05 Congo-Kinshasa DRC 06 Kenya 07 Tanzania 08 Uganda 09 Rest of Africa 10 Europe 11 Asia 12 America 13 Australia	<input type="text"/>	01 Rwanda Public school 02 Rwanda Private school 03 Rwanda Parastatal school 04 Burundi 05 Congo-Kinshasa DRC 06 Kenya 07 Tanzania 08 Uganda 09 Rest of Africa 10 Europe 11 Asia 12 America 13 Australia	<input type="text"/>
B05	In which area did/is [NAME] specialize in the highest level? Choose/ write the area of specialization in detail Code (ESCED 4 Digit)	<input type="text"/> ISCED <input type="text"/> NISR Fill → B07	<input type="text"/>	<input type="text"/> ISCED <input type="text"/> NISR Fill → B07	<input type="text"/>
B06	Is [NAME] able to read and write?	1 Yes 2 No	<input type="text"/>	1 Yes 2 No	<input type="text"/>
B07	Is [NAME] currently attending any trade or technical vocational course?	1 Yes → B9 2 No	<input type="text"/>	1 Yes → B9 2 No	<input type="text"/>
B08	Did [NAME] learn any trade or technical vocational course?	1 Yes 2 No → B15	<input type="text"/>	1 Yes 2 No → B15	<input type="text"/>
B09	How long will/did this course take?	1 Less than one month 2 1-3 Months 3 3-6 Months 4 One year 5 Two years 6 Three years or more	<input type="text"/>	1 Less than one month 2 1-3 Months 3 3-6 Months 4 One year 5 Two years 6 Three years or more	<input type="text"/>
B10	What type of technical skills did [NAME] learn?	<input type="text"/> Check List of Training Courses	<input type="text"/>	<input type="text"/> Check List of Training Courses	<input type="text"/>
B11	Where did (NAME) acquire these skills	1 Vocational School Course / IPRC 2 Apprenticeship or on job Training 3 Learned from a friend or family 4 NGO 5 Community organization 6 Other (Specify): <input type="text"/>	<input type="text"/>	1 Vocational School Course / IPRC 2 Apprenticeship or on job Training 3 Learned from a friend or family 4 NGO 5 Community organization 6 Other (Specify): <input type="text"/>	<input type="text"/>
B12	"Who was the main sponsor for this course?"	1 Government 2 Employer 3 Self-financing / Parents 4 Private institutions/agencies/persons 5 Non-profit organization/charity 6 International organization 7 Other"	<input type="text"/>	1 Government 2 Employer 3 Self-financing / Parents 4 Private institutions/agencies/persons 5 Non-profit organization/charity 6 International organization 7 Other"	<input type="text"/>
B13	Did [NAME] complete the course?	1 Yes with certificate 2 Yes without certificate 3 Yes with Degree / Diploma 4 No → B15	<input type="text"/>	1 Yes with certificate 2 Yes without certificate 3 Yes with Degree / Diploma 4 No → B15	<input type="text"/>
B13A	In which year did (Name) complete this course?	Year	<input type="text"/>	Year	<input type="text"/>
B14	What happened after you completed the course?	1 Nothing 2 I was able to get a job 3 My salary increased 4 I was promoted at work 5 My job skills have improved 6 I got internship/traineeship with a company 7 Starting own business 8 Other specify <input type="text"/>	<input type="text"/>	1 Nothing 2 I was able to get a job 3 My salary increased 4 I was promoted at work 5 My job skills have improved 6 I got internship/traineeship with a company 7 Starting own business 8 Other specify <input type="text"/>	<input type="text"/>
B15	At what level, Could [NAME] use a computer?	1 Very well 2 Well 3 Less 4 Don't know	<input type="text"/>	1 Very well 2 Well 3 Less 4 Don't know	<input type="text"/>
B16	At what level could (Name) speak these languages?	A English B French C Swahili 1. Good 2. Fair 3. Don't know	<input type="text"/> <input type="text"/> <input type="text"/>	A English B French C Swahili 1. Good 2. Fair 3. Don't know	<input type="text"/> <input type="text"/> <input type="text"/>

SECTION C. IDENTIFICATION OF EMPLOYED, TIME-RELATED UNDEREMPLOYED, UNEMPLOYED, AND PERSONS IN POTENTIAL LABOUR FORCE

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 internees)	1 Yes → C10 2 No	<input type="checkbox"/>	1 Yes → C10 2 No	<input type="checkbox"/>
C02	During the past 7 days, did (NAME) run or do any kind of business, farming or other activity to generate income, if only for one hour?	1 Yes → C04 2 No	<input type="checkbox"/>	1 Yes → C04 2 No	<input type="checkbox"/>
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?	1 Yes 2 No → C06	<input type="checkbox"/>	1 Yes 2 No → C06	<input type="checkbox"/>
C04	Was this work in agriculture, farming or fishing?	1 Yes 2 No 3 Don't know } → C10	<input type="checkbox"/>	1 Yes 2 No 3 Don't know } → C10	<input type="checkbox"/>
C05	In general, are the products obtained from this activity for sale or for family use?	1 Only for sale/barter } → C09A 2 Mainly for sale/barter } 3 Mainly for family use } 4 Only for family use }	<input type="checkbox"/>	1 Only for sale/barter } → C09A 2 Mainly for sale/barter } 3 Mainly for family use } 4 Only for family use }	<input type="checkbox"/>
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?	1 Yes 2 No → C19	<input type="checkbox"/>	1 Yes 2 No → C19	<input type="checkbox"/>
C07	What was the main reason (NAME) was absent from work during the last 7 days? [Interviewer not to read answer categories]	Check list and enter code Codes 1 to 3 → C10 Code 7 → C19 Other codes continue	<input type="checkbox"/>	Check list and enter code Codes 1 to 3 → C10 Code 7 → C19 Other codes continue	<input type="checkbox"/>
C08	What is the expected total absence from work for (NAME)?	1 Less than 3 months → C10 2 3 months or more 3 Not sure to return to work	<input type="checkbox"/>	1 Less than 3 months → C10 2 3 months or more 3 Not sure to return to work	<input type="checkbox"/>
C09	Does (NAME) continue receiving an income from his/her job during absence?	1 Yes → C10 2 No → C19	<input type="checkbox"/>	1 Yes → C10 2 No → C19	<input type="checkbox"/>
C09A	Among the following categories, which correspond to the (NAME)'s situation	1 Entrepreneur in agriculture 2 Subsistence agricultural 3 Help without pay in agriculture	<input type="checkbox"/>	1 Entrepreneur in agriculture 2 Subsistence agricultural 3 Help without pay in agriculture	<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?	1 Yes 2 No	<input type="checkbox"/>	1 Yes 2 No	<input type="checkbox"/>
C11	How many hours does (NAME) usually work per week?	A Main job/Activity B Secondary jobs/Activity	<input type="checkbox"/>	A Main job/Activity B Secondary jobs/Activity	<input type="checkbox"/>
C12	During the past 7 days, how many days did (NAME) actually work?	A Main job/activity B Secondary jobs/activity	<input type="checkbox"/>	A Main job/activity B Secondary jobs/activity	<input type="checkbox"/>
C13	During the past 7 days, how many hours did (NAME) actually work?	A Main job/Activity B Secondary jobs/Activity	<input type="checkbox"/>	A Main job/Activity B Secondary jobs/Activity	<input type="checkbox"/>
C14	Interviewer. How many hours has (NAME) usually worked at all jobs combined during the last 7 days?	1 Less than 35 hrs → C16 2 35 hrs - 48hrs → SECTION D 3 49 hrs or more	<input type="checkbox"/>	1 Less than 35 hrs → C16 2 35 hrs - 48hrs → SECTION D 3 49 hrs or more	<input type="checkbox"/>

CODES FOR QUESTION C07

1. Sick leave due to own illness or injury → C10
2. Public holidays, vacation or annual leave → C10
3. Maternity or paternity leave as specified by legislation → C10
4. Parental leave
5. Educational leave
6. Care for others and other personal absences

7. Seasonal work → C19
8. Strikes or lockouts
9. Reduction in economic activity (e.g. temporary lay-off, slack work)
10. Disorganization or suspension of work (e.g. due to bad weather, mechanical, electrical or communication breakdown)
11. Other Specify

C15	What was the main reason (NAME) usually worked long hours per week?	1 Nature of work 2 To earn more money 3 Lack of employees 4 Meet deadlines 5 Other specify } → Section D	<input type="checkbox"/>	1 Nature of work 2 To earn more money 3 Lack of employees 4 Meet deadlines 5 Other specify } → Section D	<input type="checkbox"/>
C16	During the last 4 weeks, did (NAME) look for additional or other work?	1 Yes → C18 2 No	<input type="checkbox"/>	1 Yes → C18 2 No	<input type="checkbox"/>
C17	Would (NAME) want to work more hours per week than usually worked provided the extra hours are paid or profitable?	1 Yes 2 No → SECTION D	<input type="checkbox"/>	1 Yes 2 No → SECTION D	<input type="checkbox"/>
C18	If an opportunity for additional work became available, could (NAME) start working more hours within the next two weeks?	1 Yes 2 No } → SECTION D	<input type="checkbox"/>	1 Yes 2 No } → SECTION D	<input type="checkbox"/>
C19	During the last 4 weeks, did [NAME] look for any kind of paid job or try to start any kind of business?	1 Yes → C21 2 No	<input type="checkbox"/>	1 Yes → C21 2 No	<input type="checkbox"/>
C20	Has [NAME] already found a job or arranged to start a business in the next 4 weeks?	1 Yes → C25 2 No → C23	<input type="checkbox"/>	1 Yes → C25 2 No → C23	<input type="checkbox"/>
C21	What did [NAME] do in the last 4 weeks to find a paid job or start a business?	<i>Check list and mark up to four codes</i> If "No method" (code 8) → C23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>Check list and mark up to four codes</i> If "No method" (code 8) → C23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C22	For how long has [NAME] been without work and trying to find a paid job or start a business?	→ C25 Months <input type="text"/>	<input type="text"/>	→ C25 Months <input type="text"/>	<input type="text"/>
C23	Would [NAME] want to work if a paid job or business opportunity became available?	1 Yes 2 No → SECTION F	<input type="checkbox"/>	1 Yes 2 No → SECTION F	<input type="checkbox"/>
C24	What was the main reason (NAME) did not try to find a paid job or start a business in the last 4 weeks?	Check list and enter code _____	<input type="text"/>	Check list and enter code _____	<input type="text"/>
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?	1 Yes → SECTION F 2 No	<input type="checkbox"/>	1 Yes → SECTION F 2 No	<input type="checkbox"/>
C26	What is the main reason why (NAME) could not start working in the last 7 days or next two weeks?	1 In Study, training 2 Maternity leave, child care 3 Injury, illness 4 Family member(s) consider that (NAME) should stay home 5 Other } → SECTION F	<input type="checkbox"/>	1 In Study, training 2 Maternity leave, child care 3 Injury, illness 4 Family member(s) consider that (NAME) should stay home 5 Other } → SECTION F	<input type="checkbox"/>

CODES FOR QUESTION C 21

- | | |
|--|--|
| 1. Arranging for financial resources, applying for permits, licenses | 7. Placing or updating resumes on professional or social networking sites online |
| 2. Looking for land, premises, machinery, supplies, farming inputs | 8. No method → C23 |
| 3. Seeking the assistance of friends, relatives or other types of intermediaries | 9. Other, specify _____ |
| 4. Registering with or contacting public or private employment services | |
| 5. Applying to employers directly, checking at worksites, farms, factory gates, markets or other assembly places | |
| 6. Placing or answering newspaper or online job advertisements | |

E. CHARACTERISTICS OF SECONDARY ACTIVITY

E01	What was (NAME)'s occupational position in his/her secondary job/activity during the last 7 days?	_____ _____ (Occupational title)	ISCO	_____ _____ (Occupational title)	ISCO
E02	A. What is the name of (NAME)'s workplace at his/her secondary job/activity?	1 _____ (Name) 2 Domestic worker 3 No name	<input type="checkbox"/>	1 _____ (Name) 2 Domestic worker 3 No name	<input type="checkbox"/>
	B. What are the main goods or services produced at (NAME)'s workplace in his/her secondary job/activity?	_____ (Description)	ISIC _ _ _ _	_____ (Description)	NISR _ _ _ _
E03	In his/her secondary job/activity, does (NAME) work in ...? READ ANSWER FOR RESPONDENT	READ 1 Public institution/enterprise 2 Mixed public and private enterprise 3 Private 4 International NGO/International organisation 5 Local NGO/Religious organisation 6 Cooperative 7 Household 8 Others. Specify _____	<input type="checkbox"/>	READ 1 Public institution/enterprise 2 Mixed public and private enterprise 3 Private 4 International NGO/International organisation 5 Local NGO/Religious organisation 6 Cooperative 7 Household 8 Others. Specify _____	<input type="checkbox"/>
E04	In his/her secondary job/business, does (NAME) work as ...? READ ANSWER FOR RESPONDENT	1 Employee 2 Paid apprentice/Intern 3 Employer (with regular employees) 4 Own account worker(without regular employees) } → E07 5 Member of cooperative 6 Contributing family worker → E10 7 Other (please specify) _____	<input type="checkbox"/>	1 Employee 2 Paid apprentice/Intern 3 Employer (with regular employees) 4 Own account worker(without regular employees) } → E07 5 Member of cooperative 6 Contributing family worker → E10 7 Other (please specify) _____	<input type="checkbox"/>
E05	Does [NAME]'s employer pay contributions on [NAME]'s behalf to..	A. Social security fund B. Health insurance fund 1.Yes, 2.No, 3. Don't know	A. <input type="checkbox"/> B. <input type="checkbox"/>	A. Social security fund B. Health insurance fund 1.Yes, 2.No, 3. Don't know	A. <input type="checkbox"/> B. <input type="checkbox"/>
E06	Is (NAME) entitled to the following benefits from employer?	A. Paid annual leave B. Paid sick leave C. Paid maternity/paternity leave? 1.Yes, 2.No, 3. Don't know	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/>	A. Paid annual leave B. Paid sick leave C. Paid maternity/paternity leave? 1.Yes, 2.No, 3. Don't know	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/>
E07	Is the business/establishment where [NAME] works for registered with the Rwanda Revenue Authority or pay PAYE/TPR?	1 Yes 2 No 3 Don't know	<input type="checkbox"/>	1 Yes 2 No 3 Don't know	<input type="checkbox"/>
E08	In order to report to an authority, does the business/establishment where (NAME) works keep written records or accounts?	1 Yes 2 No 3 Don't know	<input type="checkbox"/>	1 Yes 2 No 3 Don't know	<input type="checkbox"/>
E09	Including (NAME), how many regular paid or unpaid workers worked at (NAME)'s place of work?	A. Less than 10 give exact number. Otherwise mark 0 B. Ten or more 1 10-30 workers 2 31-50 workers 3 51-100 workers 4 101 workers or more	A. <input type="checkbox"/> B. <input type="checkbox"/>	A. Less than 10 give exact number. Otherwise mark 0 B. Ten or more 1 10-30 workers 2 31-50 workers 3 51-100 workers 4 101 workers or more	A. <input type="checkbox"/> B. <input type="checkbox"/>
E10	In what type of place does [NAME] usually work?	01 At home 02 Structure attached to the home 03 At the client/employer's home 04 At an office, shop factory, or other fixed workplace 05 Fixed stall in market 06 Non-fixed stall/stand in market 07 Street 08 Land, forest, sea, mining site. 09 Verranda of commercial house 10 Construction site 11 Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	01 At home 02 Structure attached to the home 03 At the client/employer's home 04 At an office, shop factory, or other fixed workplace 05 Fixed stall in market 06 Non-fixed stall/stand in market 07 Street 08 Land, forest, sea, mining site. 09 Verranda of commercial house 10 Construction site 11 Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E11	Apart from the main job; how many Jobs did (NAME) do in the last 7 days?		<input type="checkbox"/>		<input type="checkbox"/>

E12	How much did (Name) earn from other jobs or activities he/she did last week in cash?	1 Enter amount FRW ____/____/____/____/____/____/____ 2 Refusal 3 Don't know 4 No earnings, contributing family worker SECTION G	<input type="checkbox"/>	1 Enter amount FRW ____/____/____/____/____/____/____ 2 Refusal 3 Don't know 4 No earnings, contributing family worker SECTION G	<input type="checkbox"/>
E13	How long did it cover?	1 Month 2 Two weeks 3 One week 4 One day 5 Year → SECTION G	<input type="checkbox"/>	1 Month 2 Two weeks 3 One week 4 One day 5 Year → SECTION G	<input type="checkbox"/>

F. PAST EMPLOYMENT
FOR PERSONS NOT IN EMPLOYMENT, AGED 14 YEARS OLD AND OVER

F01.	Has [NAME] ever worked previously 15 consecutive days for a wage, salary or for other income in cash or in kind, including in his/her own business or in a family business ?	1 Yes 2 No → F05	<input type="checkbox"/>	1 Yes 2 No → F05	<input type="checkbox"/>
F02.	What was the main reason why [NAME] stopped working in his/her last paid job / business?	01 Dismissal or staff reduction. 02 Breakup of the enterprise, bankruptcy 03 Place of work closed down 04 Retirement 05 Illness, injury or disability 06 Beginning of studies or preparing for studies 07 Pregnancy, family responsibilities 08 Family member(s) consider that s/he should stay at home 09 To look for better job 10 Working conditions (low pay, late Payment, far location, difficult work.) 11 Temporary/seasonal job/project ended 12 Physical/ social harassment 13 Other (Please specify)_____	<input type="checkbox"/>	01 Dismissal or staff reduction. 02 Breakup of the enterprise, bankruptcy 03 Place of work closed down 04 Retirement 05 Illness, injury or disability 06 Beginning of studies or preparing for studies 07 Pregnancy, family responsibilities 08 Family member(s) consider that s/he should stay at home 09 To look for better job 10 Working conditions (low pay, late Payment, far location, difficult work.) 11 Temporary/seasonal job/project ended 12 Physical/ social harassment 13 Other (Please specify)_____	<input type="checkbox"/>
F03	What was (NAME)'s occupational position ?	_____ _____ (Occupational title) ISCO		_____ _____ (Occupational title) ISCO	
F04	A. What was the name of (NAME)'s workplace at his/her job/activity?	1 _____ (Name) 2 Domestic worker 3 No name	<input type="checkbox"/>	1 _____ (Name) 2 Domestic worker 3 No name	<input type="checkbox"/>
	B. What were the main goods or services produced at (NAME)'s workplace in his/her job/activity?	_____ _____ (Description) ISIC	<input type="checkbox"/>	_____ _____ (Description) ISIC	<input type="checkbox"/>
F05	What is [NAME] main source of income at present?	01 Parents 02 Husband/Wife 03 Child 04 Other family members 05 Pension 06 Own production 07 Assistance received [VUP] 08 Assistance received [FARG] 09 Assistance received [Church, Other NGO] 10 Assistance from friends 11 Revenue from own property/Savings 12 Past work 13 Scholarship 14 Others (Please specify)	<input type="checkbox"/>	01 Parents 02 Husband/Wife 03 Child 04 Other family members 05 Pension 06 Own production 07 Assistance received [VUP] 08 Assistance received [FARG] 09 Assistance received [Church, Other NGO] 10 Assistance from friends 11 Revenue from own property/Savings 12 Past work 13 Scholarship 14 Others (Please specify)	<input type="checkbox"/>
F06	In your opinion, which of the following best describes your main status at present?	1 Unemployed 2 Performing job such as unpaid work in a family business or apprenticeship or Traineeship 3 Pupil, student, post graduate 4 Retirement or early retirement or given up business activity 5 Permanently unable to work due to longstanding health problems 6 In compulsory military or civilian service 7 Person fulfilling domestic task in own household 8 Finished school, waiting for results 9 Other status, specify → G01	<input type="checkbox"/>	1 Unemployed 2 Performing job such as unpaid work in a family business or apprenticeship or Traineeship 3 Pupil, student, post graduate 4 Retirement or early retirement or given up business activity 5 Permanently unable to work due to longstanding health problems 6 In compulsory military or civilian service 7 Person fulfilling domestic task in own household 8 Finish school, waiting for results 9 Other status, specify → G01	<input type="checkbox"/>
F07	What Competencies do [NAME] need to increase employment opportunities?	1 Technical skills 2 Soft Skills 3 Industrial attachment (practical skills) 4 Other (Please specify)_____ 5 None	<input type="checkbox"/>	1 Technical skills 2 Soft Skills 3 Industrial attachment (practical skills) 4 None 5 Other (Please specify)_____	<input type="checkbox"/>

G. UN PAID HOME PRODUCTION OF GOODS AND SERVICES IN LAST 7 DAYS
(Not to be asked to domestic workers who are paid)

G01	In the last 7 days, how many hours did [NAME] spend collecting firewood for the household, including travel time?	Hours		Hours	
G02	In the last 7 days, how many hours did [NAME] spend fetching water for the household, including travel time?	Hours		Hours	
G03	In the last 7 days, how many hours did [NAME] spend searching for fodder or grazing for the household's animals?	Hours		Hours	
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)?	Hours		Hours	
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?	Hours		Hours	
G06	In the last 7 days, how many hours did [NAME] spend doing household chores including shopping, preparing meals?	Hours		Hours	
G07	In the last 7 days, how many hours did [NAME] spend looking after children and elderly?	Hours		Hours	

H. CHARACTERISTICS OF SUBSISTENCE AGRICULTURE WORK LAST MONTH

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	1 Yes 2 No → Next person If last one go to H04		1 Yes 2 No → Next person If last one go to H04	
H02	How many days per week has [NAME] usually worked in these activities?	Days		Days	
H03	How many hours per day has [NAME] usually worked in these activities?	Hours		Hours	
H04	INTERVIEWER: CHECK H01 IF NO ONE HAS DONE ANY AGRICULTURAL ACTIVITY			1 Yes → H05 2 No → Section I	

INFORMATION ON SUBSISTENCE AGRICULTURE INCOME			
H05	In general, did the household sell or barter any part of the goods obtained from this work?	1 No, never sell → H07 2 Sell excess from time to time → H07 3 Yes, regularly	<input type="checkbox"/>
H06	About how much does the household regularly sell?	1 ¼ or less 2 More than ¼ but less than half 3 More than half (>50%)	<input type="checkbox"/>
H07	What was the net Value in FRW the household get from agricultural activities during the last season? <i>(Include both agricultural items sold for cash and own consumption from all crop, livestock, hunting, and fishing activities in the last four months, net of associated costs.)</i>	1 0- 9,999 RWF 2 10,000 - 39,999 3 40,000 - 89,999 4 90,000 - 179,999 5 180,000 - 239,999 6 240,000 and above	<input type="checkbox"/>
H08	Compared to previous season was the production below/above or an average season for your household?	1 Above average 2 Average 3 Below average	<input type="checkbox"/>
H09	Do you regularly or sometimes engage paid employee in the farming activity?	1 Yes regularly 2 Yes sometimes 3 No, never → H11	<input type="checkbox"/>
H10	Excluding family members, how many paid employees do you usually engage in these agricultural activities?	1 1 - 3 2 4 - 5 3 More than 5	<input type="checkbox"/>
H11	How did you get access to the land for the agricultural work? (More than one answer is acceptable) Read modalities and give answer for each	a leasing (have land title)/own/Household land b Renting (share-cropping) c Renting (fixed rent) d Renting (free of charge) e Communal rights/public 1. Yes, 2. No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION I: HOUSING AND HOUSEHOLD ASSETS

To be Responded by the Head of Household

I01			I02	I03
What is the main material used in building this house? (For roof, exterior walls, and floor)			How many rooms in your household are used for sleeping? (excluding rooms extensively occupied by other HH)	What type of toilet does your household have?
I01A. Roof	I01B. Exterior walls	I01C. Floor	Rooms _ _	1. Flush toilet 2. Pit Latrine with constructed floor slab 3. Pit latrine without constructed floor slab 4. No toilet (bush, channeled water, river, etc.) 5. Other (specify)
1. Metal sheets/corrugated iron 2. Tiles clay 3. Concrete 4. Bamboo 5. Plastic/plywood/ impermanent material 6. Other (specify) _	01. Mud bricks 02. Mud bricks with cement (stucco) 03. Oven fired bricks 04. Cement blocks 05. Wooden planks 06. Stones 07. Tree trunks with mud 08. Tree trunks with cement 09. Plastic Sheeting 10. Other (specify) _ _	1. Beaten earth 2. Dung hardened 3. Wooden floor 4. Clay tiles 5. Cement/ pavement 6. Bricks / stones 7. Other (specify) _		

I04	I05	I06		I07
What is the main source of energy in your household for lighting?	What is the main source of energy in your household for cooking?	What is the main source of water in your household for drinking and other uses?		Does this household own the following assets? (More than one answer is acceptable) The assets should be functional
01. Electricity 02. Biogas 03. Generator 04. Oil lamp/ Candle 05. Firewood 06. Telephone/ Torche 07. Lantern 08. Solar Panel 09. Batteries+Bulb 10. Other, Specify _ _	01. Firewood 02. Charcoal 03. Gas 04. Biogas 05. Solar power 06. Electricity 07. Oil/Kerosene 08. Crop waste 09. Animal dung 10. Other, Specify _ _	01. Piped Into Dwelling 02. Piped To Yard/Plot 03. Public Tap/Standpipe 04. Tube Well Or Borehole 05. Protected Well 06. Unprotected Well 07. Protected Spring 08. Unprotected Spring 09. Rainwater 10. Tanker Truck 11. Surface Water (River/Lake/Pond/Stream/ Irrigation Channel) 12. Bottled water 13. Other (Specify) Drinking Water I06a _	Other Uses I06b _	Yes=1/ No =2 Refrigerator/Freezer..... A. _ Radio..... B. _ TV set..... C. _ Satellite..... D. _ Video/DVD player..... E. _ Computer and accessories..... F. _ Music system..... G. _ Cooker..... H. _ Sewing machine..... I. _ Laundry machine..... J. _ Electric fan..... K. _ Camera..... L. _ Mobile phone..... M. _ Car (for home use only)..... N. _ Bicycle (for home use only)..... O. _ Motorcycle (for home use only)..... P. _ Internet connection..... Q. _