**CL1.** Now I would like to ask about any work *(name)* may do.

Since last *(day of the week)*, did *(name)* do any of the following activities, even for only one hour?

[A] Did *(name)* do any work or help on **YES** **NO**
(his/her) **WORKED ON PLOT, FARM, FOOD**
own or the household’s plot, **GARDEN, LOOKED AFTER ANIMALS. 1**
farm, food **HELPED IN FAMILY / RELATIVE’S**
garden or looked after animals? **BUSINESS / RAN OWN BUSINESS……. 1**
For example, growing farm produce,
harvesting, or feeding, grazing or milking
animals?

[B] Did *(name)* help in a family business or a **YES** **NO**
relative’s business with or without pay, or run **HELPED IN FAMILY / RELATIVE’S**
(his/her) own business?

[C] Did *(name)* produce or sell articles, **YES** **NO**
handicrafts, clothes, food or agricultural
products?

[X] Since last *(day of the week)*, did *(name)* **YES** **NO**
engage in any other activity in return for
income in cash or in kind, even for only one
hour?

**CL2. Check CL1, [A]-[X]:**

AT LEAST ONE ‘YES’ ........................................
ALL ANSWERS ARE ‘NO’ .................................... 2⇒CL7

**CL3.** Since last *(day of the week)* about how **YES** **NO**
many hours did *(name)* engage in (this
activity/these activities), in total?

*If less than one hour, record ‘00’.*

**CL4.** (Does the activity/Do these activities) **YES** **NO**
require carrying heavy loads?

**CL5.** (Does the activity/Do these activities) **YES** **NO**
require working with dangerous tools such as
knives and similar or operating heavy
machinery?
### CL6. How would you describe the work environment of (name)?

[A] Is (he/she) exposed to dust, fumes or gas?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

[B] Is (he/she) exposed to extreme cold, heat or humidity?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

[C] Is (he/she) exposed to loud noise or vibration?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

[D] Is (he/she) required to work at heights?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

[X] Is (name) exposed to other things, processes or conditions bad for (his/her) health or safety?  
- YES..........................................................................................................................  
- NO ............................................................................................................................

### CL7. Since last (day of the week), did (name) fetch water for household use?  
- YES..........................................................................................................................  
- NO ............................................................................................................................  2⇒CL9

### CL8. In total, how many hours did (name) spend on fetching water for household use, since last (day of the week)?  
*If less than one hour, record ‘00’.*  
- NUMBER OF HOURS.............................................................. __

### CL9. Since last (day of the week), did (name) collect firewood for household use?  
- YES..........................................................................................................................  
- NO ............................................................................................................................  2⇒CL11

### CL10. In total, how many hours did (name) spend on collecting firewood for household use, since last (day of the week)?  
*If less than one hour, record ‘00’.*  
- NUMBER OF HOURS.............................................................. __
**CL11.** Since last (*day of the week*), did (*name*) do any of the following for this household?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A]</td>
<td>Shopping for the household?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[B]</td>
<td>Cooking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[C]</td>
<td>Washing dishes or cleaning around the house?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[D]</td>
<td>Washing clothes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[E]</td>
<td>Caring for children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[F]</td>
<td>Caring for someone old or sick?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[X]</td>
<td>Other household tasks?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CL12.** Check CL11, [A]-[X]:

- AT LEAST ONE ‘YES’ .................................................. 1
- ALL ANSWERS ARE ‘NO’ .................................................. 2 \(\Rightarrow\) End

**CL13.** Since last (*day of the week*), about how many hours did (*name*) engage in (this activity/these activities), in total?

*If less than one hour, record ‘00’*