

HOUSEHOLD- LABOUR MARKET SURVEY
OCTOBER 2000



Form ECH-1
Questionnaire N° _____

ALL INFORMATION REQUESTED IS CONFIDENTIAL
Decree - Law N° 7, February 25, 1960

I. LOCATION OF THE DWELLING

1. Province or Comarca _____

2. District _____

3. Corregimiento _____

4. Segment _____

5. Block N° _____

6. Settled Place _____
7. Barriada o Neighbourhood _____

8. Street or Avenue _____

9. Building or House _____

10. Room or Apartment N° _____

For Office Use Only

Questionnaire N°

Block N°

Settled Place

Neighbourhood or Barrio

II. INFORMATION ON THE DWELLING

- Occupied Dwelling

O 01

Dwelling under construction

O 05

Incomplete

O 09
- Occupants Absent

O 02

Dwelling destroyed

O 06

Refusal

O 10
- Un-Occupied Dwelling

O 03

No longer dwelling

O 07

Other

O 11
- Temporary Dwelling

_ 04

Not applicable for survey purposes

O 08

Informant

1. TYPE OF DWELLING
- Permanent Private.....

O 1

Semi - Permanent Private.....

O 2

Improvised.....

O 3

Apartment.....

O 4

Room in tenement.....

O 5

Premises not destined for habitation,
but used as dwelling.....

O 6

(Go to Chap. III)

2. IS YOUR HOME...
- Read:
- Mortgaged?.....

To a public creditor?.....

1

To a private creditor?.....

2

Rented?.....

3

From a public creditor?.....

4

From a private creditor?.....

5

Owned?.....

6

On loan?.....

7

Condemned?.....

8

Other?.....

9

B/.

(Monthly payment)

3. HOW MANY ROOMS ARE THERE IN THE DWELLING? (Do not include kitchen, toilet, or bath)
- Number of rooms.....
- 3a. OF THESE, HOW MANY ARE ONLY FOR SLEEPING?.....

4. WHAT MATERIAL WAS USED IN MOST OF THE EXTERIOR WALLS OF THE BUILDING OR HOUSE?
- Block, brick, stone, cement.....

1

Wood (planks, pieces).....

2

Wattle, adobe.....

3

Metal (zinc, aluminium, etc.).....

4

Straw, leaves, cane, sticks.....

5

Other materials.....

6

Without walls.....

7

5. WHAT MATERIAL WAS USED IN MOST OF THE ROOF OF THE BUILDING OR HOUSE?
- Cement.....

1

Tile.....

2

Tejalit, Panalit, Techolit (Fibre cement).....

3

Metal (zinc, aluminium, etc.).....

4

Treated wood.....

5

Straw or leaves.....

6

Other materials.....

7

6. WHAT MATERIAL WAS USED IN MOST OF THE FLOORING OF THIS DWELLING?
- Paved (cement, mosaic tiles or cement tiles,
brick).....

1

Wood.....

2

Earth.....

3

Other (cane, sticks, waste).....

4

7. WHAT IS THE MAIN SOURCE FOR DRINKING WATER ...
- Read:
- Public (IDAAN) aqueduct?.....

01

Public (community) aqueduct?.....

02

Private aqueduct?.....

03

Sanitary well?.....

04

Un-protected walled well?.....

05

Rain water?.....

06

Surface well?.....

07

River or stream?.....

08

Tank truck?.....

09

Other?.....

10

(Continue with Question 8)

(Go to Question 9)

8. ARE THE DRINKING WATER INSTALLATIONS WITHIN THE DWELLING?
- Yes 1 No 2

9. WHAT TYPE OF LIGHTING DOES THE DWELLING HAVE?
- Private electricity (Distribution Co.).....

1

Community electricity.....

2

Own electricity (generator).....

3

Kerosene or Diesel

4

Gas.....

5

Other.....

6

10. WHAT TYPE OF TOILET FACILITIES DOES THIS DWELLING HAVE...
- Read:
- Privy or latrine?.....

1

Connected to a sewer line?.....

2

Connected to a septic tank?.....

3

It does not have any.....

4

(Go to Question 12)

11. TOILET USAGE IS ...

Read: Exclusively for this dwelling? 1
Shared with other dwellings? 2

12. THE BATHING FACILITIES ARE..

Read: Within the dwelling? 1
Outside the dwelling? 2
Outside the dwelling, shared with other dwellings? 3
It does not have any 4
Other specify 5

13. WHAT FUEL IS USED MOST OFTEN FOR COOKING?

Gas 1
Firewood 2
Charcoal 3
Kerosene 4
Electricity 5
Does not cook 6

14. DOES THIS DWELLING HAVE...

Read: a. Television? Yes 1 No 2
b. Radio? Yes 1 No 2
c. Residential telephone? Yes 1 No 2
d. Stove? Yes 1 No 2
e. Refrigerator? Yes 1 No 2
f. Clothes washer? Yes 1 No 2
g. Electric fan? Yes 1 No 2
h. Air conditioner? Yes 1 No 2
i. Sewing machine? Yes 1 No 2
j. Computer? Yes 1 No 2
k. Bicycle? Yes 1 No 2
l. Motorcycle? Yes 1 No 2
m. Automobile? Yes 1 No 2

III. HOUSEHOLD INCOME AND EXPENSES

15. WHAT ARE THE CURRENT ESTIMATED MONTHLY EXPENSES OF THE HOUSEHOLD?

16. WHAT IS THE CURRENT ESTIMATED MONTHLY INCOME OF THE HOUSEHOLD?

IV. LIST OF OCCUPANTS

Indicate the names of all persons who live in this dwelling, beginning with the head of household, spouse, and children oldest first, etc.

| | Name | Does he/she habitually reside in this dwelling? | |
|---|------|---|------|
| 1 | | Yes 1 | No 2 |
| 2 | | Yes 1 | No 2 |
| 3 | | Yes 1 | No 2 |
| 4 | | Yes 1 | No 2 |
| 5 | | Yes 1 | No 2 |
| 6 | | Yes 1 | No 2 |
| 7 | | Yes 1 | No 2 |
| 8 | | Yes 1 | No 2 |

Total of persons who customarily reside in the dwelling

Total of personas from 5 to 17 years of age

How many minors aged 5 to 17 years that usually resided in this dwelling as of October of last year, no longer reside here?

50 None (Proceed to fill out Chap. V. General Characteristics)

Note their names, sex, age, whether they live or reside currently, and with whom (Father, mother, other relative, or institution).
Note what they do in this place (work for someone, self-employed, attend school, don't know, etc.):

| Name of child | | | |
|---|---|---|---|
| 1. Sex | M 1 F 2 | M 1 F 2 | M 1 F 2 |
| 2. Age | | | |
| 3. Relationship to head of household | | | |
| 4. With whom does he/she live | Father 1 Mother 2 Other relative 3 Non-relation 4 Institution 5 Alone 6 | Father 1 Mother 2 Other relative 3 Non-relation 4 Institution 5 Alone 6 | Father 1 Mother 2 Other relative 3 Non-relation 4 Institution 5 Alone 6 |
| 5. What does this person do? | Work for someone 1 Self-employed 2 Attend school 3 Work and attend school 4 Other 5 Don't know 6 | Work for someone 1 Self-employed 2 Attend school 3 Work and attend school 4 Other 5 Don't know 6 | Work for someone 1 Self-employed 2 Attend school 3 Work and attend school 4 Other 5 Don't know 6 |
| 6. Does this person contact home? | Yes 1 No 2 End | Yes 1 No 2 End | Yes 1 No 2 End |
| 7. When was the last time he/she contacted home? | Day Month Year | Day Month Year | Day Month Year |
| 8. Does he/she send money/goods home? | Yes 1 No 2 End | Yes 1 No 2 End | Yes 1 No 2 End |
| 9. When was the last time he/she sent money/goods home? | Day Month Year | Day Month Year | Day Month Year |

V. GENERAL CHARACTERISTICS:

For all persons

1. HEAD OF HOUSEHOLD....

1

2. SEX.....

Male1

Female2

3. WHAT WAS YOUR AGE AT YOUR LAST BIRTHDAY?

Years.....

VI. SOCIO-DEMOGRAPHIC CHARACTERISTICS:

For all persons

4. WHERE DID YOUR MOTHER LIVE WHEN YOU WERE BORN...

Read:

In this same place?.....

00001

In another settled place?

(Go to 5)

(specify)

District:

Province:

In another country?

(specify)

(Continue with 4a)

4a. WHEN DID YOU COME TO PANAMA...

Before 1990?.....

1

From 1990 to 1995?.....

2

From 1996 to the present?.....

3

5. WHERE DO YOU LIVE PERMANENTLY...

Read:

In this same place?.....

00001

In another settled place?

(Continue with Number 6)

(specify)

District:

Province:

In another country?

99998

(Conclude interview)

6. WHERE DID YOU LIVE BEFORE COMING TO THE PLACE WHERE YOU NOW LIVE PERMANENTLY?

In this same place.....

00001

(Go to 9)

In another settled place:

(Continue with number 6a)

(specify)

District:

Province:

In another country

(specify)

6a. WHEN DID YOU COME TO THE PLACE WHERE YOU LIVE PERMANENTLY...

Read:

Before 1990?.....

1

From 1990 to 1995?.....

2

From 1996 to the present?.....

3

7. WHAT WAS THE MAIN REASON THAT YOU CAME TO RESIDE WHERE YOU CURRENTLY RESIDE...

Job transfer?.....

1

Found work?.....

2

Looking for work?.....

3

Education?.....

4

Transfer of parents?.....

5

Other.....

6

specify

8. WHAT DID YOU DO IN THE PLACE WHERE YOU LIVED BEFORE YOU CAME TO LIVE WHERE YOU LIVE PERMANENTLY?

Worked.....

1

Attended school.....

2

Worked and attended school.....

3

Nothing (idle).....

4

Less than 5 years old.....

5

Other.....

6

specify

VII. EDUCATIONAL CHARACTERISTICS

For persons aged 5 years or more

9. ARE YOU CURRENTLY ATTENDING SCHOOL?

Yes

1 (Go to 9C)

No

2

Apply Questions 9a and 9b to those persons aged 5 to 17 years. Over 17 years of age, go to Number 10.

9a. WHAT IS THE MAIN REASON YOU ARE NOT ATTENDING SCHOOL?

No convenient primary or secondary school is available.....

01

Self-supporting.....

02

Cannot pay for studies.....

03

Low academic performance/not interested in studying.....

04

Failed at school.....

05

The family does not allow him/her to study..

06

Disease/disability.....

07

Have to assist in the household chores.....

08

To work in a business firm or farm belonging to the household.....

09

Work for income / wages.....

10

Work in own business for income.....

11

Afraid of the teachers.....

12

Other.....

13

specify

9b. HOW LONG AGO DID YOU STOP ATTENDING SCHOOL?

Less than a month

100

Months 1

Years 2

(Go to 10)

9c. HOW REGULARLY DO YOU ATTEND SCHOOL?

Every day

1

Three days a week

2

Less than three days a week

3

10. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOLING YOU HAVE COMPLETED?

No schooling

01

Pre-School

02

Special education

03

Primary School

1

Vocational School

2

Secondary School

3

Superior not University

4

Superior University

5

Graduate

6

Masters

7

Doctorate

8

V. GENERAL CHARACTERISTICS:
For all persons

1. WHAT RELATION OR RELATIONSHIP DO YOU HAVE WITH THE HEAD OF HOUSEHOLD?

- Spouse of head of household
- 2
- Son/daughter.....
- 3
- Other relative
- 4
- Domestic help.....
- 5
- Not related
- 6

2. SEX.....

- Male
- 1
- Female
- 2

3. WHAT WAS YOUR AGE AT YOUR LAST BIRTHDAY?

Years.....

VI. SOCIO-DEMOGRAPHIC CHARACTERISTICS:
For all persons

4. WHERE DID YOUR MOTHER LIVE WHEN YOU WERE BORN?

Read:

In this same place?.....

00001

In another settled place?

(specify)

(Go to 5)

District:

Province:

In another country?

(specify)

(Continue with 4a)

4a. WHEN DID YOU COME TO PANAMA?

- Before 1990?.....
- 1
- From 1990 to 1995?.....
- 2
- From 1996 to the present?.....
- 3

5. WHERE DO YOU LIVE PERMANENTLY?

Read:

In this same place?.....

00001

In another settled place?

(specify)

(Continue with Number 6)

District:

Province:

In another country? 99998

(Conclude interview)

6. WHERE DID YOU LIVE BEFORE COMING TO THE PLACE WHERE YOU NOW LIVE PERMANENTLY?

In this same place?..... 00001

(Go to 9)

In another settled place:

(specify)

District:

Province:

In another country

(specify)

(Continue with number 6a)

6a. WHEN DID YOU COME TO THE PLACE WHERE YOU LIVE PERMANENTLY...

Read:

- Before 1990?.....
- 1
- From 1990 to 1995?.....
- 2
- From 1996 to the present?.....
- 3

7. WHAT WAS THE MAIN REASON THAT YOU CAME TO RESIDE WHERE YOU CURRENTLY RESIDE?

- Job transfer?.....
- 1
- Found work?.....
- 2
- Looking for work?.....
- 3
- Education?.....
- 4
- Transfer of parents?.....
- 5
- Other.....
- 6

specify

8. WHAT DID YOU DO IN THE PLACE WHERE YOU LIVED BEFORE YOU CAME TO LIVE WHERE YOU LIVE PERMANENTLY?

- Worked.....
- 1
- Attended school.....
- 2
- Worked and attended school.....
- 3
- Nothing (idle).....
- 4
- Less than 5 years old.....
- 5
- Other.....
- 6

specify

VII. EDUCATIONAL CHARACTERISTICS
For persons aged 5 years or more

9. ARE YOU CURRENTLY ATTENDING SCHOOL?

- Yes
- 1 (Go to 9C)
- No
- 2 Apply Questions 9A and 9B to those persons aged 5 to 17 years. Over 17 years of age, go to number 10.

9a. WHAT IS THE MAIN REASON YOU ARE NOT ATTENDING SCHOOL?

- No convenient primary or secondary school is available.....
- 01
- Self-supporting.....
- 02
- Cannot pay for studies.....
- 03
- Low academic performance/not interested in studying.....
- 04
- Failed at school.....
- 05
- The family does not allow him/her to study..
- 06
- Disease/disability.....
- 07
- Have to assist in the household chores.....
- 08
- To work in a business firm or farm belonging to the household.....
- 09
- Work for income / wages.....
- 10
- Work in own business for income.....
- 11
- Afraid of the teachers.....
- 12
- Other.....
- 13

specify

9b. HOW LONG AGO DID YOU STOP ATTENDING SCHOOL?

- Less than a month
- 100
- Months
- 1
- Years
- 2

(Go to 10)

9c. HOW REGULARLY DO YOU ATTEND SCHOOL?

- Every day
- 1
- Three days a week
- 2
- Less than three days a week
- 3

10. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOLING YOU HAVE COMPLETED?

- No schooling
- 01
- Pre-School
- 02
- Special Education
- 03
- Primary
- 1
- Vocational
- 2
- Secondary School
- 3
- Superior not University
- 4
- Superior University
- 5
- Graduate
- 6
- Masters
- 7
- Doctorate
- 8

VIII. ECONOMIC CHARACTERISTICS:
For persons aged 5 years or more

11. DID YOU WORK LAST WEEK?

Yes ☐ 01
No ☐

12. DO YOU HAVE A JOB AND WERE YOU ABSENT* FROM IT LAST WEEK FOR SICKNESS, VACATIONS, LEAVE, OR OTHER MOTIVE?

Yes ☐ 02
No ☐

13. DID YOU DO SOME WORK LAST WEEK FOR WHICH YOU RECEIVED MONEY, SUCH AS SELLING LOTTERY, NEWSPAPERS, COOKING, WASHING, IRONING, OR SEWING CLOTHING, WASHING CARS, SHINING SHOES, CUTTING GRASS, ETC.

Yes ☐ 03
No ☐

14. LAST WEEK, DID YOU WORK WITH A FAMILY MEMBER IN THEIR BUSINESS, FIRM, OR FARM FOR 15 OR MORE HOURS?

Yes ☐ 04 No ☐ Go to 16

15. DID YOU RECEIVE A WAGE OR SALARY FOR THIS WORK?

Yes ☐ } (Go to 29)
No ☐

16. WERE YOU LOOKING FOR WORK LAST WEEK?

Yes ☐ 05 ☐ (Go to 27)
No ☐

17. WHY WEREN'T YOU LOOKING FOR WORK LAST WEEK?

Read:

Gets occasional work..... ☐ 06 (Go to 28)

Looked before and awaits news.. ☐ 07

Impossible to find work..... ☐ 08 (Go to 24)

Retired or pensioned..... ☐ 09

Elderly..... ☐ 10

Student only..... ☐ 11 (If the person is between 5 and 17 years, continue with 18. Over 17, go to 24)

Homemaker only..... ☐ 12

Other jobless _____ ☐ 13

specify

Enter code corresponding to Question 11 to Question 17.

ONLY FOR INDIVIDUALS FROM 5 TO 17 YEARS OF AGE

18. DID YOU WORK AT ANY TIME DURING THE LAST YEAR?

Yes ☐ 1 Continue No ☐ 2 Go to Question 21

19. WHAT WAS THE TOTAL TIME WORKED IN ALL ECONOMIC ACTIVITIES IN WHICH YOU WERE INVOLVED?

Read:

Less that one month..... ☐ 1

1 to 3 months..... ☐ 2

4 to 6 months..... ☐ 3

7 to 9 months..... ☐ 4

10 to 12 months..... ☐ 5

20. WERE YOU ATTENDING SCHOOL AT THE SAME TIME THAT YOU WERE CARRYING OUT THESE ECONOMIC ACTIVITIES?

Yes ☐ 1 No ☐ 2

21. HAVE YOU DONE HOUSEHOLD CHORES IN YOUR PARENTS' OR GUARDIAN'S HOME ON A REGULAR BASIS DURING THE LAST WEEK?

Yes ☐ 1 No ☐ 2 ☐ (Go to 24)

How much time do you use doing household chores?

Less than an hour a day ☐ 3
From 1 to 3 hours a day ☐ 4
From 3 to 4 hours a day..... ☐ 5
From 5 to 6 hours a day..... ☐ 6
From 7 to 8 hours a day..... ☐ 7
9 or more hours a day ☐ 8 (Continue with 22)

22. NORMALLY, HOW MANY DAYS A WEEK DO YOU PARTICIPATE IN THE HOUSEHOLD CHORES?

Days per week

23. WHY DO YOU PARTICIPATE IN THE HOUSEHOLD CHORES AT YOUR PARENTS' OR GUARDIAN'S HOME? (More than one response is acceptable)

Read:

Your parents have to work..... ☐ 1

There is no one else to do them..... ☐ 2

You have to learn to do them..... ☐ 3

You must cooperate at home..... ☐ 4

Other reason Which? _____ ☐ 5

FOR PERSONS OVER 5 YEARS OF AGE

24. DID YOU LOOK FOR WORK LAST MONTH?

Yes ☐ 1 Go to 27

No ☐ 2 Continue

25. HAVE YOU LOOKED FOR WORK DURING THE LAST THREE MONTHS?

Yes ☐ 1 Go to 27

No ☐ 2 Continue

26. DO YOU PLAN TO LOOK FOR WORK DURING THE COMING SIX MONTHS?

Yes ☐ 1 Go to 28

No ☐ 2 Go to 62

27. HOW LONG HAVE YOU BEEN LOOKING FOR WORK?

Less than a month.. ☐ 100

Months 2 Not seeking work.. ☐ 399

28. HOW LONG SINCE YOU HAD YOUR LAST JOB?

Months Never worked ☐ 999
Continue Go to 62

ASK THE FOLLOWING QUESTIONS OF THOSE WHO ARE EMPLOYED (RED SHADED CIRCLES MARKED), THOSE UNEMPLOYED WHO ARE LAID OFF AND POTENTIALLY ACTIVE (CIRCLE 1 IN NUMBER 26).

29. AT WHAT AGE DID YOU BEGIN TO WORK?

30. WHAT OCCUPATION, EMPLOYMENT, OR JOB DID YOU CARRY OUT LAST WEEK OR THE LAST TIME YOU WORKED? (If you have more than one job, enter your main job as your occupation. Consider your main job as the one with the greatest income.)

Main occupation


31. WHERE DID YOU WORK? (Write the name of the business, establishment, firm, Government, or Municipal Department. For those employed in the Canal Area, enter the name of the firm, office, section, division, or department where you worked)

- Name of the firm or institution..... ☐ 1
At home..... ☐ 2
On the street..... ☐ 3
On an agricultural farm..... ☐ 4
Other..... ☐ 5

32. WHAT IS THE BUSINESS OF THIS FIRM, ESTABLISHMENT, OR COMPANY? Write grocery sales, pasteurising milk, liquor sales, selling food, etc., as may be the case.

Main activity of the business or establishment

33. HOW MANY PERSONS WORK IN THE ESTABLISHMENT OR INSTITUTION WHERE YOU WORK OR WORKED?

Read: 


- Less than 5..... ☐ 1
5 – 10..... ☐ 2
11 – 19..... ☐ 3
20 – 49..... ☐ 4
50 or more ☐ 5

34. THE ESTABLISHMENT WHERE YOU WORK OR WORKED IS

Read:

- Your own?..... ☐ 1
 Your mother's or your father's?. ☐ 2
 Another relative's?..... ☐ 3
 Not a relative?..... ☐ 4

35. WHERE YOU WORK, OR WORKED THE LAST TIME, WHAT DID YOU WORK AS?

Read: 

- | | | | |
|--------------------------------|-----------------------|---|-------------------------|
| Government Employee..... | <input type="radio"/> | 1 | } (Continue with 36) |
| Private Business Employee..... | <input type="radio"/> | 2 | |
| Employee of the Canal | | | |
| Commission or Defence Sites... | <input type="radio"/> | 3 | |
| Household Service..... | <input type="radio"/> | 4 | |

- Self-Employed..... ☐ 5
 Employer (Owner)..... ☐ 6
 Family Worker..... ☐ 7
- } (Go to 39)

36. HOW IS OR WAS YOUR RELATIONSHIP WITH YOUR EMPLOYER?

- Good ○ 1
Regular ○ 2 } (Go to 38)
Bad ○ 3 → (Go to 39)

→ (Continue with 37)

37. WHAT WERE THE MAIN REASONS FOR THIS? (More than one response is allowed)

- a. Wants you to do too much work..... ☐ 1
- b. Wants you to do the work in a shorter
time..... ☐ 2
- c. Bad pay..... ☐ 3
- d. Doesn't pay on time..... ☐ 4
- e. Physical / verbal abuse..... ☐ 5
- f. Other ☐ 6

specify

38. WHICH OF THE FOLLOWING BENEFITS WERE OFFERED BY YOUR EMPLOYER? (More than one response is allowed)

Read:—

- | | | |
|---|-----------------------|----|
| a. Social Security (health, pension, etc.)..... | <input type="radio"/> | 01 |
| b. Paid vacations..... | <input type="radio"/> | 02 |
| c. Paid disability..... | <input type="radio"/> | 03 |
| d. Benefit or bonuses (frequently)..... | <input type="radio"/> | 04 |
| e. Uniforms at no cost..... | <input type="radio"/> | 05 |
| f. Subsidised uniforms..... | <input type="radio"/> | 06 |
| g. Meals at no cost..... | <input type="radio"/> | 07 |
| h. Subsidised meals..... | <input type="radio"/> | 08 |
| i. Transportation at no cost..... | <input type="radio"/> | 09 |
| j. Subsidised transportation..... | <input type="radio"/> | 10 |
| k. Housing at no cost | <input type="radio"/> | 11 |
| l. Subsidised housing..... | <input type="radio"/> | 12 |
| m. None..... | <input type="radio"/> | 13 |
| n. Other | <input type="radio"/> | 14 |

specify

ASK THE FOLLOWING QUESTIONS OF
THOSE WHO ARE EMPLOYED
(Those with any of the red shaded circles checked)

39. HOW LONG HAVE YOU BEEN WORKING IN THIS BUSINESS, FIRM, OR INSTITUTION?

- Less than a month..... ☐ 100
Months..... 1

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

Years..... 2

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

40. DO YOU WORK FOR A FIXED WAGE? (ONLY FOR THOSE EMPLOYED, CIRCLES 1, 2, AND 4 IN QUESTION 35)

- Yes ☐ 1
- No ☐ 2
- How many per month?
- (Continue with 41)
- By day?..... 1 | | | | | | | days
- By piecework? 2 | | | | | | | pieces
- By hour?..... 3 | | | | | | |

41. IS YOUR WORK SHIFT:

- Daytime ☐ 1
- Evening ☐ 2
- Night ☐ 3
- Rotating ☐ 4

42. HOW MANY HOURS DID YOU WORK LAST WEEK ON YOUR JOB?

The figure consists of two vertical bars. The left bar is labeled '1' and the right bar is labeled '2'. Both bars are of equal height, indicating that there is one study in each category.

43. WHAT WAS YOUR WAGE OR MONTHLY INCOME FROM YOUR JOB?

- a) If he/she is employed, probe gross wages and salaries (without tax or Social Security deductions).

- | | | | | | | |
|--------------------|--|--|--|--|--|--------------------------------|
| 1. Cash wages..... | B/. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | } (Continue with number 44) |
| | | | | | | |
| 2. In kind..... | B/. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | |
| | | | | | | |

- b) If he/she is “employer” or “self-employed” probe net income (revenue less business expenses).

3. Cash income for independent work.... B/. | | | | | } Go to 46

44. BESIDES YOUR HOURS WORKED, DID YOU WORK OVERTIME? (Only for persons who are employed, circles 1, 2, and 4 in Question 35)

- Yes ☐ 1 No ☐ 2 (Go to 46)

How many? | | | (Continue with 45)

1

45. HOW MUCH WERE YOU PAID FOR OVERTIME?

- a. In cash..... B/.

| | | |
|--|--|--|
| | | |
|--|--|--|
- b. Other benefits (bonuses)..... B/.

| | | |
|--|--|--|
| | | |
|--|--|--|
- c. Compensated in regular hours.....

| | |
|--|--|
| | |
|--|--|
- d. Haven't been paid for it yet ☐ 1

46. IF YOU ARE ATTENDING SCHOOL BUT ARE ALSO WORKING, DOES YOUR WORK AFFECT YOUR STUDIES? (Ask this question of those attending school, Circle 1 in Question 9, who are also employed)

Yes ☐ 1 No ☐ 2

IX. JOB RELATED INJURIES OR DISEASES
(For all employed persons)

47. HAVE YOU EVER BEEN INJURED ON THE JOB, OR HAVE YOU SUFFERED ANY DISEASE BECAUSE OF IT?

Yes ☐ 1 (Continue) No ☐ 2 (Go to 59)

48. HOW OFTEN HAVE YOU BEEN INJURED OR SUFFERED DISEASES ON THE JOB?

Often / frequently..... ☐ 1
Occasionally..... ☐ 2
Infrequently / Rarely..... ☐ 3

49. WHAT WAS YOUR OCCUPATION WHEN THE ACCIDENT HAPPENED OR WHEN YOU SUFFERED THE DISEASE OR INJURY? (Indicate occupation when the most serious injury occurred)

50. WHAT DOES THE BUSINESS, ESTABLISHMENT, OR FIRM DO, WHERE YOU WERE EMPLOYED AND AS A RESULT OF WHICH YOU WERE INJURED OR SUFFERED THE DISEASE?

51. DID YOU KNOW THAT YOU COULD HAVE HEALTH PROBLEMS, RISK OF INJURY OR DISEASE DUE TO THE JOB YOU HAVE OR HAD?

Yes ☐ 1 No ☐ 2

52. WHAT TYPE OF INJURY OR DISEASE DID YOU HAVE?

General, such as fever, cold..... ☐ 01
Eye infection..... ☐ 02
Ear infection..... ☐ 03
Skin problems..... ☐ 04
Respiratory problems..... ☐ 05
Neck pain..... ☐ 06
Back problems..... ☐ 07
Anaemia..... ☐ 08
Fracture..... ☐ 09
Blows / bruises..... ☐ 10
Burns..... ☐ 11
Wound (Cut)..... ☐ 12
Other..... ☐ 13

specify

53. DID YOU RECEIVE HEALTH CARE?

Yes ☐ 1 (Continue) No ☐ 2 ... (Go to 58)

54. WHO PROVIDED THE CARE?


Doctor ☐ 1 Nurse ☐ 2 Paramedic ☐ 3
Curandero ☐ 5 Nurse's Aide ☐ 4 Other ☐ 6

55. WHERE DID YOU RECEIVE CARE? (More than one response is allowed)

a. At home..... ☐ 01
b. In the workplace..... ☐ 02
c. In a public hospital..... ☐ 03
d. In a private hospital..... ☐ 04
e. In a clinic..... ☐ 05
f. In a Health Centre..... ☐ 06
g. Social Security Polyclinic..... ☐ 07
h. Did not receive ☐ 08
i. Other..... ☐ 09

specify

56. HOW SERIOUS WAS THE INJURY OR THE DISEASE?

Read: 

Required medical treatment and was


Released immediately..... ☐ 1
Hospitalised..... ☐ 2 _____ days
Stopped working temporarily..... ☐ 3
Permanently prevented from working. ☐ 4
Did not require any medical treatment ☐ 5
Other _____ ☐ 6
specify

57. WHO PAID FOR THE TREATMENT? (More than one response is allowed)

a. Social. Security..... ☐ 1
b. Employer..... ☐ 2
c. Parents/Guardian..... ☐ 3
d. Respondent..... ☐ 4
e. No charge..... ☐ 5
f. Other _____ ☐ 6
specify

(Go to Question 59)

58. WHY DIDN'T YOU RECEIVE HEALTH CARE?

Read: 

Did not seek for lack of funds..... ☐ 1
Was not concerned about it at the time..... ☐ 2
Had no way to get to the doctor..... ☐ 3
He/she used self-medication..... ☐ 4


59. ARE YOU AWARE OF ANY HEALTH PROBLEM RELATED TO YOUR CURRENT JOB?

Yes ☐ 1 No ☐ 2

60. DO YOU FACE PROBLEMS OR DIFFICULTIES IN THE JOB YOU CURRENTLY HOLD?


Yes ☐ 1 No ☐ 2

61. DO YOU AND YOUR COMPANIONS USE ANY OF THE FOLLOWING EQUIPMENT AT WORK? (More than one response is allowed)

Read: 

Works alone ☐ 1

Has companions... ☐ 2


| You | Read:  |
|---|---|
| a. Safety glasses..... <input type="radio"/> 01 | g. Safety glasses..... <input type="radio"/> 07 |
| b. Hard hats..... <input type="radio"/> 02 | h. Hard hats..... <input type="radio"/> 08 |
| c. Earplugs..... <input type="radio"/> 03 | i. Earplugs..... <input type="radio"/> 09 |
| d. Special shoes..... <input type="radio"/> 04 | j. Special shoes..... <input type="radio"/> 10 |
| e. None..... <input type="radio"/> 05 | k. None..... <input type="radio"/> 11 |
| f. Other _____ <input type="radio"/> 06 | l. Other _____ <input type="radio"/> 12 |

specify

specify

ASK THIS QUESTION OF ALL HOUSEHOLD MEMBERS AGED 5 OR MORE YEARS WHO HABITUALLY RESIDE IN THE DWELLING.

62. DID YOU RECEIVE INCOME LAST MONTH FOR: (Do not include incomes declared in Questions 43 and 45)

Read: 

a. Pension or retirement?.....
b. Family assistance?.....
c. Leases, annuities, interest, or benefits?.....
d. Lottery prizes or other games of chance.....
e. Scholarships or subsidies?.....
f. Agricultural income?.....
g. Other income? (odd jobs).....
h. Did not perceive any of these incomes?..... ☐ 1

X. PERCEPTIONS OF THE PARENTS OF PERSONS AGED 5 TO 17 YEARS WHO ARE EMPLOYED

COPY THE NAMES OF ALL THE MINORS FROM 5 TO 17 YEARS OF AGE WHO DECLARED THEY WERE OCCUPIED, PROCEED TO ENTER THE NUMBER OF THE CORRESPONDING PERSON FROM THE MAIN QUESTIONNAIRE WITH THEIR NAME, AND ASK THEIR PARENT OR GUARDIAN THE FOLLOWING QUESTIONS ABOUT EACH CHILD.

| | | | | |
|---|---|---|---|---|
| Name of the employed minor | PERSON N° _____ | PERSON N° _____ | PERSON N° _____ | PERSON N° _____ |
| 1. What does (name) do for entertainment when he/she isn't working? (Accept more than one response) | Plays with friends.....O 01 Plays with siblings.....O 02 Watches television.....O 03 Goes to video gaming establishments.....O 04 Plays alone at home.....O 05 Reads.....O 06 Listens to music.....O 07 Studies.....O 08 Other _____ O 09 specify | Plays with friends.....O 01 Plays with siblings.....O 02 Watches television.....O 03 Goes to video gaming establishments.....O 04 Plays alone at home.....O 05 Reads.....O 06 Listens to music.....O 07 Studies.....O 08 Other _____ O 09 specify | Plays with friends.....O 01 Plays with siblings.....O 02 Watches television.....O 03 Goes to video gaming establishments.....O 04 Plays alone at home.....O 05 Reads.....O 06 Listens to music.....O 07 Studies.....O 08 Other _____ O 09 specify | Plays with friends.....O 01 Plays with siblings.....O 02 Watches television.....O 03 Goes to video gaming establishments.....O 04 Plays alone at home.....O 05 Reads.....O 06 Listens to music.....O 07 Studies.....O 08 Other _____ O 09 specify |
| 2. Why is he / she allowed to work? | To complement the family's income.....O 1 To pay pending debts.....O 2 To help out in the household industry, business, or farmO 3 The school programme is inadequate.....O 4 School is far away.....O 5 Other _____ O 6 specify | To complement the family's income.....O 1 To pay pending debts.....O 2 To help out in the household industry, business, or farmO 3 The school programme is inadequate.....O 4 School is far away.....O 5 Other _____ O 6 specify | To complement the family's income.....O 1 To pay pending debts.....O 2 To help out in the household industry, business, or farmO 3 The school programme is inadequate.....O 4 School is far away.....O 5 Other _____ O 6 specify | To complement the family's income.....O 1 To pay pending debts.....O 2 To help out in the household industry, business, or farmO 3 The school programme is inadequate.....O 4 School is far away.....O 5 Other _____ O 6 specify |
| 3. If he / she were to cease working, what would happen? | The household standard of living would fall.....O 1 The household could not survive.....O 2 The household business could not operate completely and it is not possible to pay other manpower.....O 3 Other _____ O 4 specify | The household standard of living would fall.....O 1 The household could not survive.....O 2 The household business could not operate completely and it is not possible to pay other manpower.....O 3 Other _____ O 4 specify | The household standard of living would fall.....O 1 The household could not survive.....O 2 The household business could not operate completely and it is not possible to pay other manpower.....O 3 Other _____ O 4 specify | The household standard of living would fall.....O 1 The household could not survive.....O 2 The household business could not operate completely and it is not possible to pay other manpower.....O 3 Other _____ O 4 specify |
| 4. If he / she were allowed to select, what would he / she prefer to do in the future? | Attend school on a full-time basis.....O 01 Work full-time to earn income.....O 02 Help full-time in the household business, firm, or farm.....O 03 Work full-time on household chores or on domestic activities.. ..O 04 Attend school half-time and the other half-time work to earn income.....O 05 Part-time in the household business, firm, or farm.....O 06 Part-time on household chores.....O 07 Complete his / her education and begin to work.....O 08 Find a better job than the current oneO 09 Other _____ O 10 specify | Attend school on a full-time basis.....O 01 Work full-time to earn income.....O 02 Help full-time in the household business, firm, or farm.....O 03 Work full-time on household chores or on domestic activities.. ..O 04 Attend school half-time and the other half-time work to earn income.....O 05 Part-time in the household business, firm, or farm.....O 06 Part-time on household chores.....O 07 Complete his / her education and begin to work.....O 08 Find a better job than the current oneO 09 Other _____ O 10 specify | Attend school on a full-time basis.....O 01 Work full-time to earn income.....O 02 Help full-time in the household business, firm, or farm.....O 03 Work full-time on household chores or on domestic activities.. ..O 04 Attend school half-time and the other half-time work to earn income.....O 05 Part-time in the household business, firm, or farm.....O 06 Part-time on household chores.....O 07 Complete his / her education and begin to work.....O 08 Find a better job than the current oneO 09 Other _____ O 10 specify | Attend school on a full-time basis.....O 01 Work full-time to earn income.....O 02 Help full-time in the household business, firm, or farm.....O 03 Work full-time on household chores or on domestic activities.. ..O 04 Attend school half-time and the other half-time work to earn income.....O 05 Part-time in the household business, firm, or farm.....O 06 Part-time on household chores.....O 07 Complete his / her education and begin to work.....O 08 Find a better job than the current oneO 09 Other _____ O 10 specify |

XI. PERCEPTIONS OF THE PERSONS AGED 5 TO 17 YEARS WHO ARE EMPLOYED

COPY THE NAMES OF ALL THE MINORS FROM 5 TO 17 YEARS OF AGE WHO DECLARED THEY WERE OCCUPIED, PROCEED TO ENTER THE NUMBER OF THE CORRESPONDING PERSON FROM THE MAIN QUESTIONNAIRE WITH THEIR NAME, AND ASK EACH ONE OF THEM THE FOLLOWING QUESTIONS ON AN INDEPENDENT BASIS.

| Name of the employed minor | PERSON N° _____ _____ | PERSON N° _____ _____ | PERSON N° _____ _____ | PERSON N° _____ _____ | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Do you give part or all of your income to your parents / guardian with whom you usually live? | Yes, my employer turns everything over to them directly.....O 1 | Yes, my employer turns everything over to them directly.....O 1 | Yes, my employer turns everything over to them directly.....O 1 | Yes, my employer turns everything over to them directly.....O 1 | | | | | | | | | | | | |
| | Yes, I turn everything over to them.....O 2 | Yes, I turn everything over to them.....O 2 | Yes, I turn everything over to them.....O 2 | Yes, I turn everything over to them.....O 2 | | | | | | | | | | | | |
| | Yes, part is turned over by the employer.....O 3 | Yes, part is turned over by the employer.....O 3 | Yes, part is turned over by the employer.....O 3 | Yes, part is turned over by the employer.....O 3 | | | | | | | | | | | | |
| | Yes, I give part to them.....O 4 | Yes, I give part to them.....O 4 | Yes, I give part to them.....O 4 | Yes, I give part to them.....O 4 | | | | | | | | | | | | |
| | No.....O 5 | No.....O 5 | No.....O 5 | No.....O 5 | | | | | | | | | | | | |
| | Other _____ _ 6 specify ↓ | Other _____ _ 6 specify ↓ | Other _____ _ 6 specify ↓ | Other _____ _ 6 specify ↓ | | | | | | | | | | | | |
| | Family worker..... O 7 (Go to 4) | Family worker..... O 7 (Go to 4) | Family worker..... O 7 (Go to 4) | Family worker..... O 7 (Go to 4) | | | | | | | | | | | | |
| 2. Do you save any part of your earnings? | Yes, regularly.....O 1 | Yes, regularly.....O 1 | Yes, regularly.....O 1 | Yes, regularly.....O 1 | | | | | | | | | | | | |
| | Yes, occasionally.....O 2 | Yes, occasionally.....O 2 | Yes, occasionally.....O 2 | Yes, occasionally.....O 2 | | | | | | | | | | | | |
| | No O 3➡ (Go to 4) | No O 3➡ (Go to 4) | No O 3➡ (Go to 4) | No O 3➡ (Go to 4) | | | | | | | | | | | | |
| 3. What is your main reason for saving? | To start-up my own business.....O 1 | To start-up my own business.....O 1 | To start-up my own business.....O 1 | To start-up my own business.....O 1 | | | | | | | | | | | | |
| | To attend school.....O 2 | To attend school.....O 2 | To attend school.....O 2 | To attend school.....O 2 | | | | | | | | | | | | |
| | Other _____ O 3 specify | Other _____ O 3 specify | Other _____ O 3 specify | Other _____ O 3 specify | | | | | | | | | | | | |
| 4. Are you satisfied with your current job? | Yes O 1➡ (Go to 6) | Yes O 1➡ (Go to 6) | Yes O 1➡ (Go to 6) | Yes O 1➡ (Go to 6) | | | | | | | | | | | | |
| | No O 2➡ (Continue) | No O 2➡ (Continue) | No O 2➡ (Continue) | No O 2➡ (Continue) | | | | | | | | | | | | |
| 5. Why not? | Wages are too low.....O 1 | Wages are too low.....O 1 | Wages are too low.....O 1 | Wages are too low.....O 1 | | | | | | | | | | | | |
| | Work very hard and tiring....O 2 | Work very hard and tiring....O 2 | Work very hard and tiring....O 2 | Work very hard and tiring....O 2 | | | | | | | | | | | | |
| | Employer very hard / demanding.....O 3 | Employer very hard / demanding.....O 3 | Employer very hard / demanding.....O 3 | Employer very hard / demanding.....O 3 | | | | | | | | | | | | |
| | Income as self-employed is very low.....O 4 | Income as self-employed is very low.....O 4 | Income as self-employed is very low.....O 4 | Income as self-employed is very low.....O 4 | | | | | | | | | | | | |
| | Other _____ O 5 specify | Other _____ O 5 specify | Other _____ O 5 specify | Other _____ O 5 specify | | | | | | | | | | | | |
| 6. If you were given the opportunity, what would you like to do now and in the future? | Now _____ _____ _____ | Now _____ _____ _____ | Now _____ _____ _____ | Now _____ _____ _____ | | | | | | | | | | | | |
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| In the future _____ _____ _____ | In the future _____ _____ _____ | In the future _____ _____ _____ | In the future _____ _____ _____ | | | | | | | | | | | | | |
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CANVASSER’S OBSERVATIONS:

(Please make any comment / observation about the interviews, the interviewees, etc., which might facilitate later processing.)