



United Republic of Tanzania

Prime Minister's Office-Labour, Employment, Youth and Persons with Disability; and National Bureau of Statistics

# INTEGRATED LABOUR FORCE SURVEY 2020/21

## HOUSEHOLD AND INDIVIDUAL QUESTIONNAIRE

### CONFIDENTIAL

This information is collected under the Statistics Act of 2015 with its Amendments of 2018 and 2019  
THIS INFORMATION IS STRICTLY CONFIDENTIAL  
AND IS TO BE USED FOR STATISTICAL  
PURPOSES ONLY.

### SECTION A: IDENTIFICATION BLOCK

|                                 |   |                   |  |       |       |
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| 1. REGION:                      | <table border="1"><tr><td> </td><td> </td></tr></table>           |                   |  | _____ |       |
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| 2. DISTRICT                     | <table border="1"><tr><td> </td><td> </td></tr></table>           |                   |  | _____ |       |
|                                 |   |                   |  |       |       |
| 3. WARD / SHEHIA                | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |                   |  |       | _____ |
|                                 |   |                   |  |       |       |
| 4. VILLAGE/STREET               | <table border="1"><tr><td> </td><td> </td></tr></table>           |                   |  | _____ |       |
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| 5. ENUMERATION AREA (EA)        | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |                   |  |       | ..... |
|                                 |   |                   |  |       |       |
| 6. HOUSEHOLD ID (FROM LIST) :   | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |                   |  |       | ..... |
|                                 |   |                   |  |       |       |
| 7. NAME OF LOCAL LEADER/SHEHA:  |   | _____             |  |       |       |
| 8. NAME OF HOUSEHOLD HEAD:      |   | _____             |  |       |       |
| 9. PHONE NO. OF HOUSEHOLD HEAD: |   | _____ 10b.<br>GPS |  |       |       |

MARK BOX WITH AN 'X' AND NUMBER OF FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD

FORM \_\_\_\_\_ OF \_\_\_\_\_  
 QUARTER  
 TOTAL NUMBER OF USED QUESTIONNAIRES:  
 LFS  WCS  TUS   
 TOTAL NUMBER OF HOUSEHOLD MEMBERS    
 PERSON'S NUMBER TO BE INTERVIEWED LFS2

10a. RESULT OF INTERVIEW:

- Fully Responding..... 1
- Vacant..... 2
- Listing Error..... 3
- Refusal..... 4
- No Contact..... 5
- Family Problems..... 6
- Incomplete..... 7

IF CODE 2-7 GIVE COMMENTS:

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**SECTION A-2: SURVEY STAFF DETAILS**

IDENTIFICATION

11. NAME OF ENUMERATOR: \_\_\_\_\_

12. ENUMERATOR CODE:

13. NAME OF FIELD SUPERVISOR: \_\_\_\_\_

14. FIELD SUPERVISOR CODE:

15. DATE OF QUESTIONNAIRE INSPECTION:  /  /   
DD MM YYYY

16. NAME OF DATA EDITOR: \_\_\_\_\_

17. CODE OF DATA EDITOR:

18. DATE OF EDITING:  /  /   
DD MM YYYY

**VISIT 1**

19. TIME INTERVIEW START:  :

20. TIME INTERVIEW END:  :

21. DATE OF INTERVIEW:  /  /   
DD MM YYYY

**VISIT 2**

22. TIME INTERVIEW START:  :

23. TIME INTERVIEW END:  :

24. DATE OF INTERVIEW:  /  /   
DD MM YYYY

**VISIT 3**

25. TIME INTERVIEW START:  :

26. TIME INTERVIEW END:  :

27. DATE OF INTERVIEW:  /  /   
DD MM YYYY

**OBSERVATIONS ON THE INTERVIEW**

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.











IDENTIFICATION

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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |   | <b>What is the main source of water in your household for drinking and other uses ?</b><br><br>Rain catchments tank.....01<br>Private piped (Tap) water in housing unit .....02<br>Private piped (Tap) water outside housing unit.....03<br>Private well (protected).....04<br>Private well (unprotected).....05<br>Vendor (Person selling water) .....06<br>Piped (Tap) water on private supply.....07<br>Piped (Tap) water on community supply.....08<br>Public well (protected).....09<br>Public well (unprotected).....10<br>Private Public well (protected)...11<br>Private Public well (unprotected).....12<br>Spring (protected).....13<br>Spring (not protected).....14<br>River, Dam, Lake etc.....15<br>Bottled water.....16<br>Other (Specify).....17 | <b>How far is the main source of water from the household?</b><br><br>Less than<br>0.5 Km.....1<br>0.5 Km - Less than<br>1 Km.....2<br>1 Km - Less than<br>2 Km.....3<br>2 Km or more.....4 | <b>Are there social facilities which can be reached by walking within 30 minutes (equivalent to 2 km) from the household ?</b><br><br>Yes.....1<br>No.....2<br>Don't Know.....3<br>Not available.....4 |                |                  |                       |                                     | <b>What type of toilet does your household have?</b><br><br>No toilet/bush.....1<br>Flush toilet.....2<br>Pit latrine(traditional)..3<br>Improved pit latrine..4<br>Other (specify).....5 | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |  |
|  |   | IF (1-6)▶12G   | <b>Drinking Water</b>   | <b>Other uses</b>  | Primary school | Secondary school | Dispensary / hospital | Shop where basic food can be bought | Market  |  |  |
|  | i | ii   | i   | ii   | A              | B                | C                     | D                                   | E   |  |  |
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SECTION B. CURRENT ACTIVITY [LAST FULL WEEK] MONDAY - SUNDAY

INT: REMIND THE RESPONDENT THE LIST OF WORK ACTIVITIES ON PAGE 1. CHECK THROUGH COMPLETE

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 13A   | 13B   | 13C   | 13D  | 13E   | 13F  | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|---|---|---|--|---|--|--|
|  | INT: IS THE RESPONDENT 5 YEARS OR OLDER?<br><br>Yes..1<br>No...2 (▶NEXT PERSON) | INT: IS THIS PERSON RESPONDING FOR HIM/HER SELF?<br><br>Yes..1 ▶13D<br>No...2 | INT: RECORD THE ROSTER ID NUMBER OF THE HOUSHOELD MEMBER REPORTING FOR THIS PERSON.<br><br>ID | Last week, from [DAY] up to [DAY], did [you/NAME]...<br><br>READ AND MARK ALL THAT APPLY<br><br>Work or help in family farming activities.....1<br>Keep or help in a family [kitchen garden, orchard].....2<br>Rear or tend farm animals kept or used by the family.....3<br>Work or help in family fishing (or fish farming) activities.....4<br>Prepare or preserved food or drinks for storage such as [flour, dried fish, butter, cheese].....5<br>Construction work to build, renovate or help a family member with similar work.....6<br>Making goods such as [mats, baskets, furniture, clothing].....7<br>None of the above.....8 ▶13F | Are the [farming, animal and/or fishing] products that [you/NAME] [are/is] working on intended..?<br><br>READ CATEGORIES AND MARK ONE<br><br>Only for sale.....1▶16A<br>Mainly for sale.....2▶16A<br>Mainly for family use....3<br>Only for family use .....4 | Last week, that is from [DAY] up to [DAY/yesterday] did [you/NAME] do any work for someone else for pay for 1 or more hours?<br><br>Yes.....1 (▶16A)<br>No.....2 |  |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 13G<br>Last week, did [you/NAME] do any kind of business, or an activity to generate income for 1 or more hours?<br><br><b>READ IF NEEDED:</b><br>FOR EXAMPLE: MAKING THINGS FOR SALE; BUYING AND RESELLING THINGS; PROVIDING SERVICES FOR PAY.<br><br>Yes.....1 (▶16A)<br>No.....2 | 13H<br>Last week, did [you/NAME] help with the paid job, business or an activity of a household or family member to generate income for 1 or more hours?<br><br>Yes.....1 (▶16A)<br>No.....2<br><br><b>IF Q13E=3 OR 4 AND 13H=2 ▶14A</b> | 13I<br>Even though [you/NAME] did not work last week, did [you/NAME] have a paid job, or any kind of business, or farming or other activity to generate income that you were absent from and definitely you will return to?<br><br><b>INT: EXAMPLES OF TEMPORARY ABSENCE</b><br><br>• WAGE JOBS: LEAVE, STOOD DOWN, ILLNESS, STUDY LEAVE BUT STILL ATTACHED TO A JOB<br>• BUSINESS/AGRIC: TEMPORARY ABSENCES WHILE ACTIVITY CONTINUES DURING THAT ABSENCE;<br>• UNPAID WORKERS AND CASUAL WORKERS SHOULD NOT BE INCLUDED UNDER TEMPORARY ABSENT6<br><br>Yes.....1<br>No.....2 (▶14A) | 13J<br>What was the type of work that you were absent from during the last week from [DAY] up to [DAY]?<br><br><b>READ CATEGORIES AND MARK ALL THAT APPLY</b><br><br>Paid job.....1▶16A<br>Farming.....2<br>Rearing farm animals<br>Fishing or fish farming.....3<br>Another type of business.....5▶16A | 13K<br>For how long have you/has [NAME] been temporarily absent from work?<br><br>Less than 1 month...1<br>1-3 months.....2<br>4-6 months.....3<br>7-12 months.....4<br>More than 12 months .5 | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
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|  | <p>What was the main reason for [you/NAME] being absent from work last week?</p> <p>Leave/Family problems/technical problems/Weather/Normal leave.....1<br/>                     Illness, injury, temporary disability.....2<br/>                     Martenity/Parternity leave.....3<br/>                     Education or training.....4</p> | <p>Did [you/NAME] continue to receive an income from [your/his/her] job or business during this temporary absence?</p> <p>Yes.....1<br/>                     No.....2</p> <p>IF (13J=1 AND 13K=1 AND 13L=1 AND 13M=1) ►17<br/>                     IF (13J=1 AND 13K=1:3 AND 13L=2 AND 13M=1) ►17<br/>                     IF (13J=1 AND 13K=1:2 AND 13L=3 AND 13M=1) ►17<br/>                     IF (13J=1 AND 13K=1:5 AND 13L=4 AND 13M=1) ►17<br/>                     OTHERWISE►13N</p> | <p>Are the [farming, animal and/or fishing] products/ services that [you are / [NAME is] working on intended..?</p> <p><b>READ CATEGORIES AND MARK ONE</b></p> <p>Only for sale.....1<br/>                     Mainly for sale.....2<br/>                     Mainly for family use....3<br/>                     Only for family use .....4</p> <p>IF (13J=2:4 AND 13K=1 AND 13M=1 AND 13N=1/2) ►16A OTHERWISE GO TO NEXT SECTION</p> |  |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 14A<br>Were you/ was NAME] working before mid of March, 2020?<br><br>Yes..... 1<br>No.....2 ▶15A | 14B<br>Why were you not able to work?<br><br>PLEASE DO NOT READ OPTIONS<br><br>Closure of business/institutions due to COVID-19 .....1<br>Closure of business/institutions for other reasons.....2<br>Did not participate in business although the business was active.....3<br>Leave due to COVID-19.....4<br>Normal Leave.....5<br>COVID-19/quarantined due to COVID 19.....6<br>Needed to take care of sick relatives.....7<br>Seasonal worker.....8<br>Retired.....9<br>Couldn't go to farm due to COVID-19 quarantine .....10<br>Couldn't go to farm due to lack of inputs...11<br>None agricultural season.....12<br>Other (specify).....13 | 15A<br>Have you taken any steps during the past four weeks to look for a paid job or start a business or an activity to generate income?<br><br>YES..1<br>NO...2 (▶15C) | 15B<br>What did you mainly do during the past four weeks to look for work for pay or business for profit?<br><br>MULTIPLE ANSWERS ARE ACCEPTABLE<br><br>Applied to prospective employers, Checked at Farms, factories or work sites.....A<br>Seeking assistance of friends, relatives, unions.....B<br>Took action to start business usual small scale).....C<br>Took action to start agriculture.....D<br>Registration at employment agencies.....E<br>Registering at TaESA.....F<br>Applied to secretariat of employment.....G<br>Other (Specify).....H<br><br>FOR ANY ANSWER▶15D | 15C<br>Why didn't you look for work during the past four weeks?<br><br>MENTION THE MOST IMPORTANT REASON<br><br>Thought no work available....1<br>Awaiting reply for earlier enquires.....2<br>No jobs matching my skills....3<br>Considered too young/old by employers.....4<br>Waiting to start an arranged job,business or agriculture..5<br>I am retired.....6▶15G<br>I do not want to work.....7▶15F<br>Full time student.....8▶15F<br>Family does not approve it...9<br>My spouse would'nt allow that..10<br>Off season in agriculture....11<br>Occupied with home duties.....12<br>Temporary illness.....13 | 15D<br>At present are you available to take up a paid job,or do any kind of business, farming or any activity to generate income if such opportunity arises?<br><br>Yes.....1<br>No.....2 | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
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|  | Could you start working within the next two weeks in a paid job, or do any kind of business, farming or other activity to generate income<br><br>Yes.....1<br>No.....2 | Have you ever worked in a paid job, or had own business or an activity to generate income?<br><br>Yes.....1<br>No.....2▶15K | When did [you/ NAME] stop working in this business or activity?<br><br>MONTH AND YEAR<br>MM (99 DK)      YYYY (9999 DK) | What type of work did you do in your last job?<br><br>WRITE OCCUPATION FULLY OR AT LEAST IN TWO WORDS | TASCO CODES | Why did you stop working in your last job?<br><br>Retrenchment/ laid off/End of contract.....1<br>Expulsion from work.....2<br>Retired.....3<br>Low pay.....4<br>Business closed.....5<br>Technology change.....6<br>I started a new job.....7<br>Too many hours and low pay ...8<br>Went back to school.....9<br>Restricted by Spouse.....10<br>Got married.....11<br>Moved to different locality..12<br>Illnes.....13<br>Covid 19.....14<br>Disaster.....15<br>Other specify).....16 | For how long have you been available for work?<br><br>Less than 3 months.....1<br>More than 3 months but less than 6 month.....2<br>6 months but less than 1 year.....3<br>1 year or |  |
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**SECTION D. MAIN ECONOMIC ACTIVITY**

**IDENTIFICATION**

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INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

| 16A  | 16B   | 17 18A  | 18B   | 19                        | 20  |  |
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| <p>In the last week, were you able to work as usual at your place ?</p> <p>Yes..... 1▶Q17<br/>No.....2</p> | <p>Why were you not able to work as usual?</p> <p>PLEASE READ THE OPTIONS</p> <p>BUSINESS / GOV'T CLOSED DUE TO CORONAVIRUS LEGAL RESTRICTIONS .....1<br/>BUSINESS / GOV'T CLOSED FOR ANOTHER REASON .....2<br/>Leave due to COVID-19.....3<br/>Normal leave.....4<br/>COVID-19 Disease.....5<br/>Normal disease.....6<br/>QUARANTINED .....7<br/>NEED TO CARE FOR ILL RELATIVES.....8<br/>SEASONAL WORKER .....9<br/>NOT ABLE TO GO TO PLACE OF WORK DUE TO MOVEMENT RESTRICTIONS .....10<br/>OTHER (PLEASE SPECIFY) .....11</p> | <p>Last week did [you /NAME] do more than one economic activity?</p> <p>Yes..... 1<br/>No.....2</p> | <p><i>READ: I am now going to ask you some questions about (your/NAME's) main job or business. Your main job is the one on which you usually spend most of your working time</i></p> <p>In [your/his/her] main job, what kind of work [do/does] [you/NAME] usually do?</p> <p>WRITE OCCUPATION FULLY OR AT LEAST IN TWO WORDS</p> | <p><b>TASCO CODES</b></p> | <p>How would you rate your chance to hold this job next month?</p> <p>Absolute certainty.1<br/>High certainty.....2<br/>Low</p> | <p>Have you ever been injured at your workplace or suffered from a work-related illness in your current job for the past 12 months?</p> <p>Yes injured at work.....1<br/>Yes Illness at work....2<br/>Yes injured and illness at work.....3<br/>No.....4</p> |
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INDIVIDUAL

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|  | 26E  | 26F   | 27A   | 27B   | 27C   |  |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D<br><br>I<br>F<br>O<br>N | How many paid employees [including yourself] are working in your business/this enterprise on continuous basis?<br><br>Less than 5 (employees)...1<br>5 and above (employees)...2 | What kind of accounts or records does [your/NAME's] business keep?<br><br>Complete set of written accounts (including assets, income and expenditure) for tax purposes.....1<br>Simplified written accounts not for tax purposes.....2<br>Only through informal records of orders, sales, purchases.....3<br>No records are kept.....4<br>Dont Know.....5 | How many customers/ clients/ buyers did you have during the last four weeks? READ THE OPTIONS<br><br><br><br><br>More than one customer, client or buyer...1<br>A single customer, client or buyer.....2<br>None .....3▶27C | Do you get your customers, clients or buyers through someone else, for example through another company, intermediary or person?<br><br><div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">                         READ THE OPTIONS                     </div> Yes all of them .....1<br>Yes most of them.....2<br>Yes, a few of them.....3<br>No.....4 | In this job or business, do you: READ THE OPTIONS<br><br><br>Sell products or services from only one company or person?.....1<br>Use products, space, equipment or product specifications provided by just one company or person?.....2<br>Typically sell your products services to one single company, client or person.....3<br>None of the above.....4▶27E | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
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| 27D  |  | 27E  |   |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | <p>Does this company, intermediary or client, set or decide on the following:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>READ AND MARK "1" ON ALL ANSWERS THAT APPLY</p> </div> <p>The price of the products or services that you offer or make?...A<br/>                     The hours that you should work?.....B<br/>                     The places, routes or areas where you do your work?.....C<br/>                     Provide you with the tools, equipment or product specifications?.....D<br/>                     On a fee or commission that you pay to them?.....E<br/>                     The minimum sales or operations you must carry out?.....F<br/>                     None of the above.....G</p> | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p>IF (QN 26C = 1-3 OR QN 26E=2 OR QN26F=1) AND QN 17=1 GO TO 30A OTHERWISE IF QN 26C =1-3 OR QN 26E = 2 OR QN 26F = 1) AND QN 17 = 2 GO TO 29A</p> </div> <p style="text-align: center;">I<br/>F<br/>Q<br/>N<br/>3<br/>7<br/>A<br/>=<br/>1<br/>-</p> |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 28D   | 28E  | 28F  | 28G  | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|---|--|--|--|--|
|  | Did this business/activity operate all year around? | Why did the business/activity not operate all the year around?   | During the last 12 months, did you receive any loan or obtained any credit for business/activity purposes from any source? | Who gave you the loan/credit?  |  |
|  | YES..1▶28F<br>NO...2                                | <p style="border: 1px solid black; padding: 5px; text-align: center;">WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)</p> Business/activity established during the last 12 months...A<br>Too much competition.....B<br>Lack of customers or order.....C<br>Lack of raw materials or supplies.....D<br>Lack of workers.....E<br>Break down of vehicles, machinery or equipment.....F<br>No power.....G<br>Seasonal nature of activity (e.g.building funds).....H<br>Temporary operation to meet special objectives/expenses/Casual activity.....I<br>Owner was engaged in other work(e.g. agriculture).....J<br>Owner was busy with household or family duties.....K<br>Personal reasons (e.g. Sick).....L<br>Covid 19.....M<br>Other (Specify).....N | <p style="border: 1px solid red; padding: 5px; text-align: center;">Yes.....1<br/>No.....2 IF 17=1▶30A OR ELSE ▶29A</p>    | <p style="border: 1px solid black; padding: 5px; text-align: center;">WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)</p> Relative or friend.....A<br>Rotating savings & credit group (UPATU)...B<br>Savings & credit co - operatives (SACCOS/VICOBA).....C<br>Cooperative (Business Association).....D<br>NGO, Business Association, donor project .....E<br>Private money lender.....F<br>Customer, contractor, middle person/agent, supplier.....G<br>City/ Municipal Council .....H<br>Other Government institution.....I<br>Bank or financial institution.....J<br>Social security scheme.....K |  |
|  |   | A B C D E F G H I J K L M  |  | A B C D E F G H I J K  |  |
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**SECTION D. MAIN ECONOMIC ACTIVITY**

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INT: EXPLAIN TO RESPONDENT THAT, THE FOLLOWING SET OF QUESTIONS REFER TO THE ECONOMIC ACTIVITY ON WHICH YOU SPEND MOST OF YOUR TIME IF YOU HAVE MORE THAN ONE ACTIVITY.

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 49A   | 49B   | 29C   | 29D  | 29E  | 29F  | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|---|---|---|--|--|--|--|
|  | 29A   | 29B   |   |  |  |  |  |
|  | Did you do any other work of any type for pay, profit, barter or home use during the last week even for one hour?<br><br>Yes..... 1▶30A<br>No.....2 | Although you did not do any work during the last week, do you have a paid job or an activity in your farm or business, which you expect to return to in future?<br><br>Yes..... 1<br>No.....2▶40A | What was the type of work that you were absent from during the last week from [DAY] up to [DAY]?<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">                         READ CATEGORIES AND MARK THE CORRECT ANSWER                     </div><br>Paid job.....1<br>Self employment -<br>Farming.....2<br>Rearing farm animals<br>Fishing or fish farming.....3<br>Another type of business.....4 | For how long have you /has [NAME] been temporarily absent from work?<br><br>Less than 1 month...1<br>1-3 months.....2<br>4-6 months.....3<br>7-12 months.....4<br>More than 12 months..5 | What was the main reason for [you/NAME] being absent from work last week?<br><br>Vacation/holidays/Family/Technical/Environment/ Leave .....1<br>Illness, injury, temporary disability .....2<br>Maternity, paternity leave.3<br>Education or training.....4 | [Do you/Does [NAME] continue to receive an income from [your/his/her] job or business during this absence?<br><br>Yes.....1<br>No.....2<br>DK.....3<br><br>29C=1 AND 29D=1 AND 29E=1 AND 29F=1 ▶ 30A<br>29C=1 AND 29D=1:3 AND 29E=2 AND 29F=1 ▶ 30A<br>29C=1 AND 29D=1:2 AND 29E=3 AND 29F=1 ▶ 30A<br>29C=1 AND 29D=1:5 AND 29E=4 AND 29F=1 ▶ 30A<br>OTHERWISE GO QN 40A |  |
|  | 01  |   |   |  |  |  | 01   |
|  | 02  |   |   |  |  |  | 02   |
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SECTION D. MAIN ECONOMIC ACTIVITY - CON'T

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 29G   | 50A   | 50B                       | 60  | 61  | 51   | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|---|---|---------------------------|---|---|--|--|
|  | Are the [farming, animal and/or fishing] products that [you/NAME] [are/is] working on intended..?   | 30A   | 30B                       | 31  | 32  | 33   |  |
|  | <p><b>READ CATEGORIES AND MARK ACCORDINGLY</b></p> <p>Only for sale.....1<br/>Mainly for sale.....2<br/>Mainly for family use...3<br/>Only for family use ....4</p> | <p>In [your/his/her] secondary job, what kind of work [do you/does [NAME] usually do?</p> <p><b>WRITE OCCUPATION FULLY OR AT LEAST IN TWO WORDS</b></p> | <p><b>TASCO CODES</b></p> | <p>How would you rate your chance to hold this job next month?</p> <p>Absolute certainty.....1<br/>High Certainty.....2<br/>Low Certainty.....3<br/>No Chance.....4</p> | <p>Have you ever been injured at your workplace or suffered from a work-related illness of your current job for the past 12 months?</p> <p>Yes injured at work.....1<br/>Yes Illness at work.....2<br/>Yes injured and illness at work.....3<br/>No.....4</p> | <p>In [your/NAME's] main job, [do/does] [you/NAME] work as..?</p> <p style="text-align: center;"><b>READ OPTIONS</b></p> <p>A paid employee.....1</p> <p>A self Employed (non-agric):<br/>with employees.....2▶34H<br/>without employees.....3▶34H</p> <p>On your own farm or shamba:<br/>fishing.....4▶34H<br/>crop growing.....5▶34H<br/>livestock/animals.....6▶34H</p> <p>Member of producer cooperative..7▶34H</p> <p>Unpaid family helper (non-agriculture).....8▶35A</p> <p>Unpaid family helper (agric):<br/>fishing.....9▶35A<br/>crop growing.....10▶35A<br/>livestock/animals.....11▶35A</p> <p>Workers not classifiable by status (apprentice,intern etc).....12▶35A</p> |  |
|  | 01  |   |                           |   |   |  | 01   |
|  | 02  |   |                           |   |   |  | 02   |
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| 53G  |  | 54A.       | 54B   | 57B  |   |   |   |   |   |   |   |   |  | 37B  |    |
|--|--|------------|---|--|---|---|---|---|---|---|---|---|--|--|----|
| 35A  |  | 35B        | 36  | 37A  |   |   |   |   |   |   |   |   |  |  |    |
| What is the main activity of the business or place where [you/NAME] work[s]?<br><br>I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |  | ISIC CODES | Who is the owner of this enterprise:  | Which of the following types of pay (do you /does [NAME] receive for this work?  |   |   |   |   |   |   |   |   |  | Who usually makes decisions about the running of the family business?                                |    |
| [[e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods]]      |  |            | Central Government.....1<br>Local Government.....2<br>Parastatal Organization.....3<br>NGO,religious organisation, political party,Non-profit institution.....4<br>International organization or foreign embassy....5<br>Private business(non-farm).....6<br>Registered partnership or cooperative.....7<br>Own or family farm.....8<br>Household(s)domestic worker.....9<br>Household - Other economic activities.....10<br>Other (mention).....11 | READ AND MARK "1" TO ALL THAT APPLY<br><br>Profit .....A<br>A wage or salary.....B<br>Payment by piece of work completed.....C<br>Commissions.....D<br>Tips.....E<br>Fee for services provided.....F<br>Payment with meals or accommodation.....G<br>Payment in products.....H<br>Other cash payment (specify)...I<br>Not paid.....L |   |   |   |   |   |   |   |   |  | [You/NAME].....1<br>[You/NAME] together with others.....2<br>Other family member(s) only.....3 ▶ 40A |    |
| WRITE ACTIVITY FULLY OR AT LEAST IN TWO WORDS  |  |            |   | A  | B | C | D | E | F | G | H | I |  |  |    |
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IDENTIFICATION

| 55   |   | 58  | 59A   | 59B  | 62  | 63A   |  |  |    |
|--|---|---|---|--|---|---|--|--|----|
| 37C  |   | 37D   | 37E   | 37F  | 38A   | 38B   |  |  |    |
| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | Is [your/NAME] business registered in any of Government authority?  | <b>[Do/Does] [your/NAME] business have employees who are paid on a regular basis?</b> | <b>How many paid employees [including yourself] are working in your business/this enterprise on continuous basis?</b> | <b>What kind of accounts or records does [your/NAME] business keep?</b>  | <b>During the last four weeks, have you had.?</b>   | <b>Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person?</b>   | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |  |    |
|  | BRELA and you have business license.....1<br>Tanzania Revenue Authority (TRA).....2<br>Other Government Authority with business license.....3<br>BRELA without business license.....4<br>Other Government Authority without business License.....5<br>No registration.....6 | Yes.....1<br>No.....2   | Less than 5 (employees)..1<br>5 and above (employees)..2<br>Don't know.....3  | Complete set of written accounts (including assets, income and expenditure) for tax purposes.....1<br>Simplified written accounts not for tax purposes.....2<br>Only through informal records of orders, sales, purchases.....3<br>No records are kept.....4 | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">READ THE OPTIONS</div><br>More than one customer, client or buyer....1<br>A single customer, client or buyer....2<br>Have not had any clients.....3▶38C | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">READ MARK ALL THE APPLY</div><br>Yes all of them .....1<br>Yes most of them.....2<br>Yes, a few of them...3<br>No.....4 |  |  |    |
|  | 01  |   |   |  |   |   |  |  | 01 |
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| 64B  |  | 65   | 66   |    |
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| 38C  |  | 38D  | 38E  |    |
| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | In this job or business, do you...   |  | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |    |
|  | Sell products or services from only one company or person?.....1   |  |  |    |
|  | Use products, space, equipment or product specifications provided by just one company or person?.....2             |  |  |    |
|  | Typically sell your products services to one single company, client or person.....3<br>None of the above.....4▶38E |  |  |    |
|  | Does this company, client, intermediary or person set or decide  |  |  |    |
|  | READ MARK ALL THAT APPLY. MULTIPLE ANSWERS ARE ACCEPTABLE  |  |  |    |
|  | The price of the products or services that you offer or make?.....1  |  |  |    |
|  | The hours that you should work?.....2  |  |  |    |
|  | The places, routes or areas where you do your work?.....3  |  |  |    |
|  | Provide you with the tools, equipment or product specifications?.....4   |  |  |    |
|  | On a fee or commission that you pay to them?.....5   |  |  |    |
|  | The minimum sales or operations you must carry out?.....6  |  |  |    |
|  | None of the above.....7  |  |  |    |
|  |  | IF QN 37C=1-3 OR QN 37E =2 OR 37F=1 GO TO QN 40A |  |    |
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| 02   |  |  |  | 02 |
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| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 39D   | 39E  |   |   |   |   |   |   |   |   |   |   |   |   | 39F   | 39G   |   |   |   |   |   |   |   |   |   |    | I<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
|  | Did this business/activity operate all year around? | Why did the business/activity not operate all the year around?<br><br><b>WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)</b><br><br>Business/activity established during the last 12 months...A<br>Too much competition.....B<br>Lack of customers or order.....C<br>Lack of raw materials or supplies.....D<br>Lack of workers.....E<br>Break down of vehicles, machinery or equipment.....F<br>No power.....G<br>Seasonal nature of activity (e.g.building funds).....H<br>Temporary operation to meet special objectives/expenses/Casual activity.....I<br>Owner was engaged in other work(e.g. agriculture).....J<br>Owner was busy with household or family duties.....K<br>Personal reasons (e.g. Sick).....L<br>Covid 19.....M<br>Other (Specify).....N |   |   |   |   |   |   |   |   |   |   |   |   | During the last 12 months, did you receive any loan or obtain any credit for business/activity purposes from any source?<br><br><b>IF 17=1▶40A<br/>Yes..1<br/>No...2 NEXT SEC</b> | Who gave you the loan/credit?<br><br><b>WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA: MORE THAN ONE ANSWER IS ACCEPTABLE)</b><br><br>Relative or friend.....A<br>Rotating savings & credit group (UPATU)...B<br>Savings & credit co - operatives (SACCOS/VICOBA).....C<br>Cooperative (Business Association).....D<br>NGO, Business Association, donor project..E<br>Private money lender.....F<br>Customer, contractor, middle person/agent, supplier.....G<br>City/ Municipal Council .....H<br>Other Government institution.....I<br>Bank or financial institution.....J<br>Social security scheme.....K |   |   |   |   |   |   |   |   |   |    |   |
|  | YES..1▶39F<br>NO...2                                | A  | B | C | D | E | F | G | H | I | J | K | L | M |   | A   | B | C | D | E | F | G | H | I | J | K  |   |
| 01   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 01 |   |
| 02   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 02  |
| 03   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 03  |
| 04   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 04  |
| 05   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 05  |
| 06   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 06  |
| 07   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 07  |
| 08   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 08  |
| 09   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 09  |
| 10   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 10  |
| 11   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 11  |
| 12   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 12  |

















CHILDREN AGED 5 TO 17 YEARS

IDENTIFICATION

|  |  |  |  |  |  |  |  |  |  |
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SECTION I: NON-ECONOMIC ACTIVITY OF CHILDREN 5-17 YEARS DURING THE LAST WEEK (ASK ALL CHILDREN)

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D | 51   | 52A   |                                   |         |                          |                 |                               |                       | 52B   |     |     |      |     |     |     | 53   | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>I<br>D |
|--|--|---|-----------------------------------|---------|--------------------------|-----------------|-------------------------------|-----------------------|---|-----|-----|------|-----|-----|-----|--|--|
|  | INT: IS [NAME] BETWEEN 5 AND 17 YEARS OLD?<br><br>Yes.....1<br>No.....2 (▶END) | During the last week did you do any of the tasks indicated below for this household?<br><br>READ THE OPTIONS<br><br>Yes.....1<br>No.....2<br><br>IF "NO" TO ALL TASKS, GO TO Q.53 |                                   |         |                          |                 |                               |                       | How many hours have you been working per day?<br><br>INT: WRITE TIME IN MINUTES |     |     |      |     |     |     | INT: DID THIS CHILD WORK FOR HOUSEHOLD DUTIES OR ECONOMIC ACTIVITIES? (IF HE/SHE LFS2 Q13D=1-7 OR Q.13F=1 OR Q.13G=1 OR Q.13H=1 OR Q.13I=1 or Q46=1 OR 52A=1<br><br>Yes..1<br>No...2 (END) |  |
|  |  | Shopping for household  | Repairing any household equipment | Cooking | Cleaning utensils/ house | Washing clothes | Caring for children/ old/sick | Other household tasks | MON   | TUE | WED | THUR | FRI | SAT | SUN |  |  |
| 01   | a  | b   | c                                 | d       | e                        | f               | g                             | a                     | b   | c   | d   | e    | f   | g   |     | 01   |  |
| 01   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 01   |  |
| 02   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 02   |  |
| 03   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     | x   | 03   |  |
| 04   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 04   |  |
| 05   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 05   |  |
| 06   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 06   |  |
| 07   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 07   |  |
| 08   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 08   |  |
| 09   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 09   |  |
| 10   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 10   |  |
| 11   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 11   |  |
| 12   |  |   |                                   |         |                          |                 |                               |                       |   |     |     |      |     |     |     | 12   |  |



TO ALL CHILDREN WHO WORKED IN  
IO HAVE ANSWERED CODE 1 IN LFS 2 Q.1

IDENTIFICATION

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

| INDIVIDUAL | 57D   | 57E   | 57F              | 57G  | 57H               | 57I   |   |   |   |   |   | 58A  | INDIVIDUAL |
|------------|---|---|------------------|--|-------------------|---|---|---|---|---|---|--|------------|
|            | Referring to the most serious injury/illness, how serious was the injury/illness consequences on school attendance?<br><br>(INT: IF QN 54A= 3 GO TO QN 57E<br><br>Stopped Schooling Temporarily.....1<br>Prevented from Schooling Permanently.....2<br>Not affected.....3<br>Not applicable.....4 | What was the main activity of the establishment/ work place in which you were injured/hurt or from which you suffered serious illness?<br><br>DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS | ISIC<br><br>CODE | What was the occupation or job you were performing when the accident happened or from which you suffered serious illness?<br><br>DESCRIBE ACTIVITY FULLY OR ATLEAST IN TWO WORDS | TASCO<br><br>CODE | Who paid for medical treatment?<br><br>(MORE THAN ONE ANSWER IS ACCEPTABLE; WRITE CODE "1" FOR A GIVEN ANSWER IN A SPECIFIC AREA<br><br>No Treatment Required.....A<br>Employer.....B<br>Parents/ Guardians.....C<br>Myself.....D<br>Free.....E<br>Other .....F |   |   |   |   |   | How often do you carry heavy loads in your daily activities?<br><br>Always/ Often....1<br>Sometimes.....2<br>Seldom / Rarely..3<br>Never.....4 |            |
|            |   |   |                  |  |                   | A   | B | C | D | E | F |  |            |
| 01         |   |   |                  |  |                   |   |   |   |   |   |   |  | 01         |
| 01         |   |   |                  |  |                   |   |   |   |   |   |   |  | 01         |
| 02         |   |   |                  |  |                   |   |   |   |   |   |   |  | 02         |
| 03         |   |   |                  |  |                   |   |   |   |   |   |   |  | 03         |
| 04         |   |   |                  |  |                   |   |   |   |   |   |   |  | 04         |
| 05         |   |   |                  |  |                   |   |   |   |   |   |   |  | 05         |
| 06         |   |   |                  |  |                   |   |   |   |   |   |   |  | 06         |
| 07         |   |   |                  |  |                   |   |   |   |   |   |   |  | 07         |
| 08         |   |   |                  |  |                   |   |   |   |   |   |   |  | 08         |
| 09         |   |   |                  |  |                   |   |   |   |   |   |   |  | 09         |
| 10         |   |   |                  |  |                   |   |   |   |   |   |   |  | 10         |
| 11         |   |   |                  |  |                   |   |   |   |   |   |   |  | 11         |
| 12         |   |   |                  |  |                   |   |   |   |   |   |   |  | 12         |

Grid of boxes for identification numbers

SECTION IV: HEALTH AND SAFETY ASPECTS - CONTINUE

Table with columns 58B, 58C, 58D, 58E, 58F and rows 01-12. Includes questions about protective wear/gear and exposure to hazards.



## INTEGRATED LABOUR FORCE SURVEY, 2014

### GUIDELINES OF HOW TO SELECT RESPONDENTS THAT WILL BE ADMINISTERED TIME USE QUESTIONS (TUS)

ONLY ONE RESPONDENT PER HOUSEHOLD REQUIRED TO BE SELECTED FOR TUS QUESTIONS

USE THE TABLE BELOW TO SELECT TUS RESPONDENT FROM THE HOUSEHOLD.

NAME OF RESPONDENT SELECTED \_\_\_\_\_

HOUSEHOLD MEMBER ID. CODE FROM HOUSEHOLD QUESTIONNAIRE

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

GO TO THE COLUMN OF LIST OF HOUSEHOLD MEMBERS IN THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE HOUSEHOLD MEMBER ID. CODE SELECTED FOR TUS

#### **HOW TO USE THE TABLE BELOW TO SELECT RESPONDENTS FOR TUS**

CHECK THE LAST DIGIT OF HOUSEHOLD QUESTIONNAIRE ID. NUMBER. THIS IS THE ROWS ID. THAT YOU HAVE TO STICK TO. CHECK THE NUMBER OF INDIVIDUALS QUALIFIED TO BE INTERVIEWED (5 - YEARS OR ABOVE), IN THE HOUSEHOLDS MEMBER ROSTER. THIS IS THE COLUMN YOU SHOULD GO. WHERE ROWS AND COLUMNS INTERSECT, IS THE HOUSEHOLDS MEMBER ID. SELECTED FOR THE COMPLETION OF TUS QUESTIONNAIRE.

FOR EXAMPLE, IF THERE ARE THREE HOUSEHOLD MEMBERS AGED 5 YEARS OR ABOVE QUALIFIED (NUMBER OF LINE , 02 , 04 , 05 ) . IF THE NUMBER OF HOUSEHOLD QUESTIONNAIRE IS '16', THE LAST DIGIT IS SIX '6', THEREFORE GO TO ROW NUMBER SIX '6'. THERE ARE THREE QUALIFIED INDIVIDUALS AGED 5 + IN THE HOUSEHOLDS, SO GO TO COLUMN NUMBER THREE '3'. FOLLOW THOSE ROWS AND COLUMNS AND CHECK WHERE ARE INTERSECTING ('2') AND CIRCLE THAT BOX. NOW GO TO THE HOUSEHOLD ROSTER AND FIND THE SECOND HOUSEHOLD MEMBER WHO QUALIFIES TO BE ADMINISTERED TUS QUESTIONNAIRE (LINE NUMBER '4' IN OUR EXAMPLE). RECORD NUMBER OF THE LINE IN THE BOX SHOWN ABOVE .

#### **THE TABLE USED TO SELECT RESPONDENTS TO BE INTERVIEWED TUS QUESTIONNAIRE**

| THE LAST DIGIT IN THE<br>HOUSEHOLD<br>QUESTIONNAIRE NUMBER | TOTAL NUMBER OF RESPONDENTS QUALIFIED TO BE INTERVIEWED, AGED 5 YEARS OR ABOVE |   |   |   |   |   |   |    |
|--|--|---|---|---|---|---|---|----|
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| <b>0</b>   | 1  | 2 | 2 | 4 | 3 | 6 | 5 | 4  |
| <b>1</b>   | 1  | 1 | 3 | 1 | 4 | 1 | 6 | 5  |
| <b>2</b>   | 1  | 2 | 1 | 2 | 5 | 2 | 7 | 6  |
| <b>3</b>   | 1  | 1 | 2 | 3 | 1 | 3 | 1 | 7  |
| <b>4</b>   | 1  | 2 | 3 | 4 | 2 | 4 | 2 | 8  |
| <b>5</b>   | 1  | 1 | 1 | 1 | 3 | 5 | 3 | 1  |
| <b>6</b>   | 1  | 2 | 2 | 2 | 4 | 6 | 4 | 2  |
| <b>7</b>   | 1  | 1 | 3 | 3 | 5 | 1 | 5 | 3  |
| <b>8</b>   | 1  | 2 | 1 | 4 | 1 | 2 | 6 | 4  |
| <b>9</b>   | 1  | 1 | 2 | 1 | 2 | 3 | 7 | 5  |

**CONFIDENTIAL**

**IDENTIFICATION**

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Quest. No..... Of .....

**TIME USE**

| PERSONAL NO.   |      |       |      |     | FOR OFFICIAL USE | Period/ Time  | Description of activity | FOR OFFICIAL USE | Same time?            | Code 'A' Payment | Code "B" Location | Place                      | Code "C" Means of Transport |
|--|------|-------|------|-----|------------------|---|-------------------------|------------------|-----------------------|------------------|-------------------|----------------------------|-----------------------------|
| PERSONAL DIARY   |      |       |      |     |                  | Code of day   | 1                       | 2                | 3                     | 4                | 5                 | 6                          | 7                           |
| PERSONAL DIARY   | DATE | MONTH | YEAR | DAY | Code of day      | List of Activities from 1 to 5 Activities per time period |                         | ICATUS           | Yes.....1<br>No.....2 |                  |                   | Inside....1<br>Outside...2 |                             |
| <b>TUS 1</b> What were you doing yesterday between ..... and .....<br><i>INT: FILL IN ACTIVITY IN FIRST LINE FOR TIME PERIOD</i>   |      |       |      |     |                  | 06:00 am  |                         |                  |                       |                  |                   |                            |                             |
| <b>TUS 2</b> What else were you doing during that period?<br><i>INT: FILL IN ACTIVITIES ON THE NEXT FOUR LINES FOR THE TIME PERIOD</i>   |      |       |      |     |                  |   | i                       |                  |                       |                  |                   |                            |                             |
| <b>TUS 3</b> If more than one activity mentioned: Did you do the activities at the same time, or one after the other? <i>INT: WRITE CODE 1 IF THE ANSWER IS 'YES' AND CODE 2 IF THE ANSWER IS 'NO'</i> |      |       |      |     |                  |   | ii                      |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | iii                     |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | iv                      |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | v                       |                  |                       |                  |                   |                            |                             |
| <b>TUS 4</b> Did you get any payment? (e.g. Monthly salary; Food and allowance)<br><i>INT: FILL IN COLUMN 5 USING CODE A -PAYMENT</i>  |      |       |      |     |                  | 07:00 am  |                         |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | i                       |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | ii                      |                  |                       |                  |                   |                            |                             |
| <b>TUS 5a</b> Where were you when you did the activities?<br><i>INT: FILL IN COLUMN 6 USING CODE B - LOCATION AND COLUMN 7 USING "1" FOR INSIDE OR "2" FOR OUTSIDE</i>                                 |      |       |      |     |                  |   | iii                     |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | iv                      |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | v                       |                  |                       |                  |                   |                            |                             |
| <b>TUS 5b</b> Which means of transport, did you use to reach the place of this activities?<br><i>INT: FILL IN COLUMN 8 USING CODE C -MEANS OF TRANSPORT</i>  |      |       |      |     |                  | 08:00 am  |                         |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | i                       |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | ii                      |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | iii                     |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | iv                      |                  |                       |                  |                   |                            |                             |
|  |      |       |      |     |                  |   | v                       |                  |                       |                  |                   |                            |                             |
| <b>INT: REPEAT QUESTIONS 1 TO 5 FOR EACH CATEGORY OF TIME IN AN HOUR PERIOD FROM 6:00 AM YESTERDAY TO 6:00AM TODAY</b>   |      |       |      |     |                  |   |                         |                  |                       |                  |                   |                            |                             |

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|                |      |       |      |     |                                 |  |
|----------------|------|-------|------|-----|---------------------------------|--|
| PERSONAL NO.   |      |       |      |     |                                 |  |
| PERSONAL DIARY | DATE | MONTH | YEAR | DAY | FOR OFFICIAL USE<br>Code of day |  |
|                |      |       |      |     |                                 |  |

| Period/Time | Description of activity                                   | FOR OFFICIAL USE | Same time?            | Code 'A' Payment | Code "B" Location | Place                      | Code "C" Means of Transport |
|-------------|---|------------------|-----------------------|------------------|-------------------|----------------------------|-----------------------------|
| 1           | 2   | 3                | 4                     | 5                | 6                 | 7                          | 8                           |
|             | List of Activities from 1 to 5 Activities per time period | ICATUS           | Yes.....1<br>No.....2 |                  |                   | Inside....1<br>Outside...2 |                             |

**TUS 6** Did you spend any time during the day looking after the children?

Yes: Not mentioned all the time..... 1  
 Yes: Already mentioned all the time..... 2  
 No..... 3

**TUS 7** Did you spend any time during the day looking after the sick person?

Yes: Not mentioned all the time..... 1  
 Yes: Already mentioned all the time..... 2  
 No ..... 3

**TUS 8** Did you spend any time during the day looking after the elderly person?

Yes: Not mentioned all the time..... 1  
 Yes: Already mentioned all the time..... 2  
 No ..... 3

**TUS 9** Did you spend any time during the day looking after the disabled person?

Yes: Not mentioned all the time..... 1  
 Yes: Already mentioned all the time..... 2  
 No ..... 3

**TUS 10** Was yesterday a typical day for you?  
 (CYCLE THE CORRECT ANSWER)

Yes..... 1  
 No, because I was sick..... 2  
 No, because it was School/Holiday..... 3  
 No, because I was on leave from work/day off..... 4  
 No, because there was a funeral, wedding, etc..... 5  
 No, because there was a problem with the weath..... 6  
 No, because I was looking after another family member..... 7  
 No, because there was a public holiday..... 8  
 No, because it was a weekend day..... 9  
 No, other, specify ..... 10

INT. IF THE ANSWER IS CODE 1 IN QTUS.6 - QTUS.9, FILL THE ACTIVITY ON A PARTICULAR TIME

|          |                           |  |  |  |  |  |  |
|----------|---------------------------|--|--|--|--|--|--|
| 09:00 am | i<br>ii<br>iii<br>iv<br>v |  |  |  |  |  |  |
| 10:00 am | i<br>ii<br>iii<br>iv<br>v |  |  |  |  |  |  |
| 11:00 am | i<br>ii<br>iii<br>iv<br>v |  |  |  |  |  |  |
| 12:00 pm | i<br>ii<br>iii<br>iv<br>v |  |  |  |  |  |  |
| 01:00 pm | i<br>ii<br>iii<br>iv<br>v |  |  |  |  |  |  |

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|                |      |       |      |     |                  |  |   |                         |                       |            |                  |                   |                           |                             |
|----------------|------|-------|------|-----|------------------|--|---|-------------------------|-----------------------|------------|------------------|-------------------|---------------------------|-----------------------------|
| PERSONAL NO.   |      |       |      |     | FOR OFFICIAL USE |  | Period/ Time  | Description of activity | FOR OFFICIAL USE      | Same time? | Code 'A' Payment | Code "B" Location | Place                     | Code "C" Means of Transport |
|                |      |       |      |     |                  |  |   |                         |                       |            |                  |                   |                           |                             |
| PERSONAL DIARY | DATE | MONTH | YEAR | DAY | Code of day      |  | List of Activities from 1 to 5 Activities per time period | ICATUS                  | Yes.....1<br>No.....2 |            |                  |                   | Inside....1<br>Outside..2 |                             |
|                |      |       |      |     |                  |  |   |                         |                       |            |                  |                   |                           |                             |

TUS 11 Which activity during the day did you enjoy the most?

|          |  |      |  |
|----------|--|------|--|
| Activity |  | Code |  |
|----------|--|------|--|

TUS 12 Which activity during the day did you enjoy the least?

|          |  |      |  |
|----------|--|------|--|
| Activity |  | Code |  |
|----------|--|------|--|

TUS 13 Generally, how did you feel about yesterday's activities you have just described?

|  |   |
|--|---|
| I was too busy/ I had too many things to do.....           | 1 |
| I had a comfortable amount of things to do in the day..... | 2 |
| I was not busy enough/ I did not have enough to do.....    | 3 |
| I was sick.....  | 4 |

02:00PM

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |
| v   |  |

03:00 PM

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |
| v   |  |

04:00 pm

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |
| v   |  |

05:00 pm

|     |  |
|-----|--|
| i   |  |
| ii  |  |
| iii |  |
| iv  |  |
| v   |  |



IDENTIFICATION

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

| PERSONAL NO.   |      |       |      |     | FOR OFFICIAL USE | 1           | 2  | 3      | 4                     | 5  | 6 | 7                         | 8 |    |  |   |  |  |  |  |  |  |  |
|----------------|------|-------|------|-----|------------------|-------------|--|--------|-----------------------|----|---|---------------------------|---|----|--|---|--|--|--|--|--|--|--|
| PERSONAL DIARY | DATE | MONTH | YEAR | DAY |                  | Code of day | List of Activities from 1 to 5 Activities per time period  | ICATUS | Yes.....1<br>No.....2 |    |   | Inside....1<br>Outside..2 |   |    |  |   |  |  |  |  |  |  |  |
|                |      |       |      |     |                  | 11:00 pm    | <table border="1"> <tr><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table> | i      |                       | ii |   | iii                       |   | iv |  | v |  |  |  |  |  |  |  |
| i              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| ii             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iii            |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iv             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| v              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
|                |      |       |      |     |                  | 12 - 04am   | <table border="1"> <tr><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table> | i      |                       | ii |   | iii                       |   | iv |  | v |  |  |  |  |  |  |  |
| i              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| ii             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iii            |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iv             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| v              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
|                |      |       |      |     |                  | 04:00 am    | <table border="1"> <tr><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table> | i      |                       | ii |   | iii                       |   | iv |  | v |  |  |  |  |  |  |  |
| i              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| ii             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iii            |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iv             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| v              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
|                |      |       |      |     |                  | 05:00 am    | <table border="1"> <tr><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table> | i      |                       | ii |   | iii                       |   | iv |  | v |  |  |  |  |  |  |  |
| i              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| ii             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iii            |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| iv             |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |
| v              |      |       |      |     |                  |             |  |        |                       |    |   |                           |   |    |  |   |  |  |  |  |  |  |  |