

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

QUESTIONNAIRE

RWANDA LABOUR FORCE SURVEY (RLFS)

IDENTIFICATION OF THE HOUSEHOLD												
PROVINCE <input style="width: 90%;" type="text"/>	DISTRICT <input style="width: 90%;" type="text"/>	SECTOR <input style="width: 90%;" type="text"/>	CELL <input style="width: 90%;" type="text"/>	VILLAGE <input style="width: 90%;" type="text"/>								
NUMBER OF QUESTIONNAIRE (No): _____			<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
STRUCTURE NUMBER :												
HOUSEHOLD NUMBER :												
NAME OF THE HEAD OF HOUSEHOLD _____			<table border="1" style="margin: auto;"> <tr><td> </td></tr> </table>									
THE SAME HOUSEHOLD VISITED LAST TIME? 1. YES 2.NO												
ROTATION				<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
NUMBER OF GROUP APPEARANCE												
NUMBER OF GROUP ACCEPTANCE												
DATE (Month and Year)				<table border="1" style="margin: auto;"> <tr> <th style="width: 50px;">MONTH</th> <th style="width: 50px;">YEAR</th> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">0 1</td> </tr> </table>	MONTH	YEAR	2	0 1				
MONTH	YEAR											
2	0 1											
VISITS												
1	2	3	D: Reason for non-interview									
DATE _____ 1. Fully completed 2. Partially completed 3. Non-interview 4. Postponed 5. Other (specify)	DATE _____ 1. Fully completed 2. Partially completed 3. Non-interview 4. Postponed 5. Other (specify)	DATE _____ 1. Fully completed 2. Partially completed 3. Non-interview 4. Postponed 5. Other (specify)	1. Temporarily absent 2. Refused 3. Unable to locate 4. Vacant 5. Converted to business, etc 6. Demolished 7. Other non-Interview									
END INTRVIEW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REASON <input type="checkbox"/>									
NEXT VISIT												
DATE _____												
HOUR _____												
TEAM LEADER <input style="width: 100%;" type="text"/>		INTERVIEWER <input style="width: 100%;" type="text"/>										

CODES

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

THE FOLLOWING ARE ALSO CONSIDERED AS HOUSEHOLD MEMBERS:

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

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

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

District codes. Question A14 and A17

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

#

TECHNICAL SKILLS CODE FOR B10

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

INTRODUCTION AND CONSENT

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

May I begin the interview now?

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

Name of the respondent: _____

Tel: _____

QUESTIONS ARE ASKED TO ALL IN THE HOUSEHOLD					
A12A	Is there any non-Rwandan living in this household? 1 Yes 2 No	List all members and ask the Nationality in 12B Make all Rwandan and Go to A13			
A12B	What is the nationality of(see list of HH members 1 Rwanda 2 Burundi 3 Congo-Kinshasa DRC 4 Kenya	5 Tanzania 6 Uganda 7 Rest of Africa 8 Other country			
A13A	Is there any person who is living in Rwanda on temporarily bases in this HH? 1 Yes 2 NO	List all member and ask the status of each member Answer No to all members, store answer on A13 and Go to A14			
A13	What is (NAME`S) Residential Status in Rwanda? (Tick) 1 Permanent Resident 2 Temporary Resident				
A14AA	Is there any HH member who born outside Rwanda? 1 Yes 2 NO	GO TO A14A AND FILL IN NATIONALITY FOR EACH MEMBER(2 TO 8) FILL IN A14A =1 for all members AND GO TO A14B for each member			
A14AB	Are all members born in this District? 1 Yes 2 NO	FILL IN THE DISTRICT CODE FOR ALL MEMBERS IN A14B GO TO A14B AND FILL IN DISTRICT CODE FOR EACH MEMBER(2 TO 8)			
A14	What is (NAME`S) Country/Area of birth? IF (1) in A, WRITE CODE OF DISTRICT IN B 1 Rwanda 2 Burundi 3 Congo-Kinshasa DRC 4 Kenya	5 Tanzania 6 Uganda 7 Rest of Africa 8 Other country	A B		
A15	Has the usual place of residence of (NAME) always been in this district? 1 Yes →A21 2 No				
A16	For how long (NAME)'s usual place of residence has been here since the last move? REGISTER 0 IF LESS THAN 1 YEAR	YEARS	Y		
A17	In which district or foreign country did (NAME) live in prior to arrival here? IF (1) in A, WRITE CODE OF DISTRICT IN B 1 Rwanda 2 Burundi 3 Congo-Kinshasa DRC 4 Kenya	5 Tanzania 6 Uganda 7 Rest of Africa 8 Other country	A B		

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

0-13 years old → NEXT PERSON
14 years old and above → NEXT PERSON

Names		_____		_ _ _ _
SECTION B. EDUCATION				
For household members 14 yrs old and above				
B01	IS [NAME] currently studying?	1 Yes 2 No		
B02	A. is [NAME] Highest level of educational attending / attended? B. How many years have you completed in that level of education?	1 None 2 Pre-primary 3 Primary education 4 Lower secondary education → B07 5 Upper secondary education 6 Tertiary education	} → B06	A. _ _ B. _ _
B03	is [NAME] highest certificate obtained ?	01 A3 02 D4 03 D5 04 A2/D6/D7 05 A1 06 A0 07 Post graduate diploma 08 Masters 09 PHD 10 None → B05		_ _ _
B04	Did [NAME] get the highest qualification from?	01 Rwanda Public school 02 Rwanda Private school 03 Rwanda Parastatal school 04 Burundi 05 Congo-Kinshasa DRC 06 Kenya 07 Tanzania 08 Uganda 09 Rest of Africa 10 Europe 11 Asia 12 America 13 Australia		_ _ _
B05	In which area did/is [NAME] specialize in the highest level? Choose/ write the area of specialization in detail Code (ESCED 4 Digit)	_____ _____		ISCED NISR _ _ _ _
B06	Is [NAME] able to read and write?	1 Yes 2 No		_
B07	Are you currently attending any trade or technical vocational course?	1 Yes → B09 2 No		_
B08	Did (NAME) learn any trade or technical vocational course?	1 Yes → B09 2 No → B15		_
B09	How long will/did this course take?	1 Less than one month 2 1-3 Months 3 3-6 Months 4 One year 5 Two years 6 Three years or more		_
B10	What type of technical skills did [NAME] learn?	_____		_ _ _
B11	Where did (NAME) acquire these skills	Check List of Training Courses 1 Vocational School Course / IPRC 2 Apprenticeship or on job Training 3 Learned from a friend or family 4 NGO 5 Community organization 6 Other (Specify): _____		_ _

B12	"Who was the main sponsor for this course?"	1 Government 2 Employer 3 Self-financing / Parents 4 Private institutions/agencies/persons 5 Non-profit organization/charity 6 International organization 7 Other"	<input type="text"/>
B13	Did [NAME] complete the course?	1 Yes with certificate 2 Yes without certificate 3 Yes with Degree / Diploma 4 No → B15	<input type="text"/>
B13A	In which year did (Name) complete this course?	Year	<input type="text"/>
B14	What happened after you completed the course?	1 Nothing 2 I was able to get a job 3 My salary increased 4 I was promoted at work 5 My job skills have improved 6 I got internship/traineeship with a company 7 Starting own business 8 Other specify _____	<input type="text"/>
B15F	IS there any person in this household know	1 Yes (Choose Household member able to use a computer 2 No (Go to B15)	<input type="text"/>
B15	At what level, Could [NAME] use a computer?	1 Very well 2 Well 3 Less 4 Don't know	<input type="text"/>
B16F	IS there any person in this household knows at	1 Yes (Choose Household member able to use a computer 2 No (Go to B17)	
B16	At what level could (Name) speak these languages?	A English B French C Swahili 1. Good 2. Fair 3. Don't know	<input type="text"/>
B17	In the last three months is [Name] able to apply any of the following ICT skills (Choose all applicable skills)	A Copying or moving file or folder	<input type="text"/>
		B Using copy and paste to duplicate or move document	<input type="text"/>
		C Sending email with attached files	<input type="text"/>
		D Using basic arithmetic formulae in a spreadsheet	<input type="text"/>
		E Connecting and installing new devices (E.g. Modem, printer, flat	<input type="text"/>
		F Transferring files between a computer and other devices	<input type="text"/>
		G None	<input type="text"/>
B18	Has [Name] in last three months used any social media (facebook, whatsapp, tweeter, instagram, other..)	1 Yes 2 No 9 DK	
B19	Has [Name] in the last three months used internet? (for individual use not for office use)	1 Yes 2 No 9 DK	

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

I am now going to ask you a series of questions on your current situation with regard to work and economic activity

These questions were asked before when your household was interviewed six months ago.

But because the work situation of people may change over time, the same questions are asked again to obtain information on your

C01	During the last 7 days, did any member of the HH do any work for wage, salary, commissions, tips or any other pay, in cash or in kind, even if only for one hour? (including paid internees)	1 Yes → (CHOOSE FROM THE LIST THOSE WHO DID A JOB) IF ALL → C10 If not all, go to next question 2 No	__
C02	During the past 7 days, did (NAME) run or do any kind of business, farming or other activity to generate income, if only for one hour?	1 Yes → C04 2 No	__
C03	During the past 7 days, did (NAME) help unpaid in a business owned by a household or family member, or help a member of household or family in his/her paid job, even if only for one hour?	1 Yes 2 No → C06	__
C04	Was this work in agriculture, farming or fishing?	1 Yes 2 No 3 Don't know } → C10	__
C05	In general, are the products obtained from this activity for sale or for family use?	1 Only for sale/barter 2 Mainly for sale/barter } → C09A 3 Mainly for family use 4 Only for family use	__
C06	During the last 7 days, did (NAME) have a paid job or a business from which he/she was temporarily absent and for which he/she expect to return?	1 Yes 2 No → C19	__
C07	What was the main reason (NAME) was absent from work during the last 7 days? [Interviewer not to read answer categories]	Check list and enter code Codes 1 to 3 → C10 Code 7 → C19 Other codes continue	__ __ __
C08	What is the expected total absence from work for (NAME)?	1 Less than 3 months → C10 2 3 months or more 3 Not sure to return to work	__
C09	Does (NAME) continue receiving an income from his/her job during absence?	1 Yes → C10 2 No → C19	__
C09A	Among the following categories, which correspond to the (NAME)'s situation	1 Entrepreneur in agriculture 2 Subsistence agricultural 3 Help without pay in agriculture	__
C10	Did [NAME] have any other paid job or business or any secondary activity to generate an income, done for at least one hour during the last 7 days?	1 Yes 2 No	__
C11	How many hours does [NAME] usually work per week?	A Main job/Activity B Secondary jobs/Activity	__ __ __
C12	During the past 7 days, how many days did (NAME) actually work?	A Main job/activity B Secondary jobs/activity	__ __
C13	During the past 7 days, how many hours did (NAME) actually work?	A Main job/Activity B Secondary jobs/Activity	__ __ __
C14	Interviewer. How many hours has [NAME] usually worked at all jobs combined during the last 7 days?	1 Less than 35 hrs → C16 2 35 hrs - 48hrs → SECTION D 3 49 hrs or more	__

CODES FOR QUESTION C07

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

7. Seasonal work
8. Strikes or lockouts
9. Reduction in hours (e.g. temporary)
10. Disorganization, weather, etc.
11. Other Special

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

CODES FOR QUESTION C 21

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Arranging for financial resources, applying for permits, licenses 2. Looking for land, premises, machinery, supplies, farming inputs 3. Seeking the assistance of friends, relatives or other types of intermediaries 4. Registering with or contacting public or private employment services 5. Applying to employers directly, checking at worksites, farms, factory gates, markets or other assembly places 6. Placing or answering newspaper or online job advertisements | <ol style="list-style-type: none"> 7. Placing sites c 8. No met 9. Other, s |
|---|--|

D. CHARACTERISTICS OF EMPLOYMENT
FOR HOUSEHOLD MEMBERS, AGED 14 YEARS OLD AND ABOVE
CHARACTERISTICS OF THE MAIN JOB/BUSINESS ACTIVITY

D01	During the last 7 days In occupational position, Is (NAME) still works as ? (ISCO NAME DISPLAYED) (Example: policeman, primary school teacher, vegetable vendor, domestic worker, truck driver, registered nurse)	1 Yes (IF YES KEEP INFORMATION FROM D02-D24) 2 No (IF NOT DELETE AND ENTER NEW INFO) _____	ISCO _ _ _ _ _
D02	What do you think could be the minimum level of education to carry out the job (NAME) does?	1 None 2 Pre-primary education 3 Primary education 4 Vocational training 5 Lower secondary education 6 Upper secondary education 7 Tertiary education	_ _
D03	A. What is the name of (NAME)'s workplace?	1 _____ (Name) 2 Domestic workers 3 No name	_ _
	B. What are the main goods or services produced at (NAME)'s place of work or its main function?	_____ (Description)	ISIC _ _ _ _ _
	C. In which district or foreign country did (NAME)'s working place located?	1 Rwanda 2 Burundi 3 Congo-Kinshasa DRC 4 Kenya 5 Tanzania 6 Uganda 7 Rest of Africa 8 Other country	A _ _ B _ _ _ _
D04	Does (NAME) work in...? READ ANSWER FOR RESPONDENT	READ 1 Public institution/enterprise 2 Mixed public and private enterprise 3 Private/ VUP 4 International NGO/International organisation 5 Local NGO/Religious organisation 6 Cooperative 7 Household 8 Others. Specify _____	_ _
D05	In this job, is [NAME] working as...? READ ANSWER FOR RESPONDENT	1 Employee 2 Paid apprentice/Internee 3 Employer (with regular employees) 4 Own account worker(without regular employees) } → D18 5 Member of cooperative 6 Contributing family worker → D20 7 Other (please specify) _____	_ _
D06	Have [NAME] been employed on the basis of...?	1 Written contract 2 Oral agreement	_ _
D07	Is[NAME]'s contract or agreement,....?	1 Permanent (without a known limited duration) → D09 2 Temporary contract	_ _
D08	What is the duration of the contract or agreement?	1 Day 2 Week 3 Month 4 Less than one year 5 One year or more	_ _
D09	Does [NAME]'s employer pay contributions on [NAME]'s behalf to.. READ ANSWER FOR RESPONDENT	A Social security fund B Health insurance fund 1.Yes, 2. No, 3. Don't know	A. _ _ B. _ _
D10	Is (NAME) entitled to the following benefits from employer?	A Paid annual leave B Paid sick leave C Paid maternity/paternity leave? 1.Yes, 2. No, 3. Don't know	A. _ _ B. _ _ C. _ _
D10D	Is (Name)'s salary subjected to deduction of tax (PAYE)	1 Yes 2 No 3 Don't know	_ _
D11	Is [NAME] member of any trade union or syndicate ?	1 Yes 2 No 3 Don't know	_ _

D12.	How much did(Name) earn at main job last time (Name) was paid in cash?	1 Enter amount FRW ____/____/____/____/____/____ 2 Refusal 3 don't know } → D17	<input type="text"/>
D13	How long did it cover?	1 Month 2 Two weeks 3 One week 4 One day 5 One Year	<input type="text"/>
D14	Does [NAME] receive in-kind payments in main job such as food, agricultural products, livestock ?	1 Yes 2 No → D20	<input type="text"/>
D15	What is the value of these in-kind payments?	1 Enter amount FRW ____/____/____/____/____/____ 2 Refusal 3 Don't know } → D17	<input type="text"/>
D16	What period did it cover?	1 Month 2 Two weeks 3 One week 4 One day 5 Year } → D20	<input type="text"/>
D17	Taking into account both cash and in kind payments,Would you say the monthly amount of (NAME)'s earnings was in the range ...?	1 Less than 20,000 RWF 2 20,000 – 29,999 RWF 3 30,000 – 49,999 RWF 4 50,000 – 99,999 RWF 5 100,000 RWF and above 6 Refusal 7 Don't know } → D20	<input type="text"/>
D18	What is the net monthly earnings of (NAME) from his/her business or activity? (Note: Net monthly earnings should be gross income minus associated total expenditures. This should include payments to contributing family workers, as well as off-take by the individual and contributing family members.)	A. Enter amount FRW 1 ____/____/____/____/____/____ → D19 2 Refusal 3 Don't know	A. <input type="text"/>
		B. 1 Less than 20,000 RWF 2 20,000 – 29,999 RWF 3 30,000 – 49,999 RWF 4 50,000 – 99,999 RWF 5 100,000 RWF and above 6 Refusal 7 Don't know } → D20	B. <input type="text"/>
D19	Was this below average, above average, or average of monthly earnings during last year?	1 Below average 2 Average 3 Above average	<input type="text"/>
D20	Is the business/establishment where [NAME] works registered with the Rwanda Revenue Authority or pay PAYE/TPR?	1 Yes 2 No 3 Don't know	<input type="text"/>
D21	In order to report to an authority, does the business/establishment where (NAME) works keep written records of accounts?	1 Yes 2 No 3 Don't know	<input type="text"/>
D22	Including (NAME), how many regular paid or unpaid workers worked at (NAME)'s place of work/ Establishment?	A. Less than 10 give exact number. Otherwise mark 0 B. Ten or more 10-30 workers 1 31-50 workers 2 51-100 workers 3 101 workers or more 4	A. <input type="text"/>
		B. <input type="text"/>	
D23	In what type of place does[NAME] usually work?	01 At home 02 Structure attached to the home 03 At the client/employer's home 04 At an office, shop, factory, or other fixed workplace 05 Fixed stall in market 06 Non-fixed stall/stand in market 07 Street 08 Land, forest, sea, mining site. 09 Verranda of commercial house 10 Construction site 11 Other (specify):_____	<input type="text"/>

D24	For how long has [NAME] been working (total experience)?	Years	___
D25	In day to day work does [NAME] need the computer to perform his/her duties?	1 Yes 2 No → D28	___
D26	Does (NAME) use computer in his/her day-to-day work?	1 Yes 2 No	___
D28	In the past 12 months, has (NAME) ever been hurt in an accident while working that caused you personal injury or illness?	1 Yes 2 No → SECTION E	___
D29	Did this injury result in (NAME) being absent or unable to work, for at least one day, apart from the day of the accident?	1 Yes 2 No → SECTION E	___
D30	How long(NAME) were away from work (or are likely to be) because of the injury?	1 Days 2 Weeks 3 Months 4 Years	U ___
D31	Did (NAME) report the injury to the management?	1 Yes 2 No	___
D32	Did you receive any financial compensation for the injury?	1 Yes 2 No	___
D27	INTERVIEWER: Check on question C10 whether a secondary paid job or business/activity is reported	1 Yes → SECTION E 2 No → SECTION G	___

E. CHARACTERISTICS OF SECONDARY ACTIVITY

E01	During the last 7 days in secondary job/activity is (NAME) occupational position still ? (ISCO NAME DISPLAYED)	1 Yes (IF YES GO TO NEXT QUESTION) 2 No (IF NOT DELETE AND ENTER NEW INFO) (Occupational title) _____	ISCO _ _ _ _
E02	A. Is the name of (NAME)'s workplace in his/her secondary job/activity?	1 _____ (Name) Domestic worker 2 No name 3 _____	_ _
	B. Are the main goods or services produced at (NAME)'s workplace in his/her secondary job/activity? (ISIC NAME DISPLAYED)	1 Yes (IF YES KEEP INFORMATION FROM E03-E13) 2 No (IF NOT DELETE AND ENTER NEW INFO) _____ (Description)	ISIC _ _ _ _
E03	In his/her secondary job/activity, does (NAME) work in ...? READ ANSWER FOR RESPONDENT	READ 1 Public institution/enterprise 2 Mixed public and private enterprise 3 Private 4 International NGO/International organisation 5 Local NGO/Religious organisation 6 Cooperative 7 Household 8 Others. Specify _____	_ _
E04	In his/her secondary job/business, does (NAME) work as ...? READ ANSWER FOR RESPONDENT	1 Employee 2 Paid apprentice/Intern 3 Employer (with regular employees) 4 Own account worker(without regular employees) } → E07 5 Member of cooperative 6 Contributing family worker → E10 7 Other (please specify) _____	_ _
E05	Does [NAME]'s employer pay contributions on [NAME]'s behalf to..	A. Social security fund B. Health insurance fund 1. Yes, 2. No, 3. Don't know	A. _ _ B. _ _
E06	Is (NAME) entitled to the following benefits from employer?	A. Paid annual leave B. Paid sick leave C. Paid maternity/paternity leave? 1. Yes, 2. No, 3. Don't know	A. _ _ B. _ _ C. _ _
E07	Is the business/establishment where [NAME] works for registered with the Rwanda Revenue Authority or pay PAYE/TPR?	1 Yes 2 No 3 Don't know	_ _
E08	In order to report to an authority, does the business/establishment where (NAME) works keep written records or accounts?	1 Yes 2 No 3 Don't know	_ _
E09	Including (NAME), how many regular paid or unpaid workers worked at _____	A. Less than 10 give exact number. Otherwise mark 0 mark 0 B. Ten or more	A. _ _

	(NAME)'s place of work?	1 10-30 workers 2 31-50 workers 3 51-100 workers 4 101 workers or more	B. __
E10	In what type of place does [NAME] usually work?	01 At home 02 Structure attached to the home 03 At the client/employer's home 04 At an office, shop factory, or other fixed workplace 05 Fixed stall in market 06 Non-fixed stall/stand in market 07 Street 08 Land, forest, sea, mining site. 09 Verranda of commercial house 10 Construction site 11 Other (specify): _____	__
E11	Apart from the main job; how many Jobs did (NAME) do in the last 7 days?		__
E12	How much did (Name) earn from other jobs or activities he/she did last week in cash?	1 Enter amount FRW ____/____/____/____/____/____/____ 2 Refusal 3 Don't know 4 No earnings, contributing family worker	__
E13	How long did it cover?	1 Month 2 Two weeks 3 One week 4 One day 5 Year → SECTION G	__

F. PAST EMPLOYMENT

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

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

G. UN PAID HOME PRODUCTION OF GOODS AND SERVICES IN LAST 7 DAYS

(Not to be asked to domestic workers who are paid)

G01A	In the last 7 days, did [NAME] spend time collecting firewood for the household?	1 Yes 2 No → G02A	___
G01	In the last 7 days, how many hours did [NAME] spend collecting firewood for the household, including travel time?	Hours	
G02A	In the last 7 days, Did [Name] spent time on fetching water for the household?	1 Yes 2 No → G03A	___
G02	In the last 7 days, how many hours did [NAME] spend fetching water for the household, including travel time?	Hours	
G03A	In the last 7 days, Did [Name] spent time on grazing or feeding household animals?	1 Yes 2 No → G04A	___
G03	In the last 7 days, how many hours did [NAME] spend searching for fodder or grazing for the household's animals?	Hours	
G04A	In the last 7 days, Did [Name] spent time on manufacturing of goods for family use?	1 Yes 2 No → G05A	___
G04	In the last 7 days, how many hours did [NAME] spend manufacturing household goods for own or family use (such as furniture, textiles, clothing, footwear, pottery, crafts or other durables, excluding foodstuff)?	Hours	
G05A	In the last 7 days, Did [Name] spent time on construction of own building?	1 Yes 2 No → G06A	___
G05	In the last 7 days, how many hours did [NAME] spend constructing your dwelling, making major repairs on it, farm buildings, private roads, or wells?	Hours	
G06A	In the last 7 days, Did [Name] spent time on doing household chores?	1 Yes 2 No → G07A	___
G06	In the last 7 days, how many hours did [NAME] spend doing household chores including shopping, preparing meals?	Hours	
G07A	In the last 7 days, Did [Name] tooktime to look under children or adults	1 Yes 2 No → Next or H00 if none.	___
G07	In the last 7 days, how many hours did [NAME] spend looking after children and elderly?	Hours	

H. CHARACTERISTICS OF SUBSISTENCE AGRICULTURE WORK LAST MONTH

H00.	How would you describe your main situation on labour market at present?	1 Working for pay or profit 2 Unemployed 3 Studying, in training 4 Household, family responsibilities 5 Farming or fishing mainly for household or family consumption 6 Long-term illness, injury or disability 7 Retired, pensioner, too old to work 8 Other specify, _____		<input type="text"/>
H01	During the last four weeks did [NAME] do any of the following work mainly for own consumption such as farm work, growing fodder, raising or tending animals Fishing, storage such flour, dry fish or other food and drink hunting, or gathering foodstuff, Preparing foodstuff for storage such flour and drinks	1 Yes 2 No → Next person If last one go to H04		<input type="text"/>
H02	How many days per week has [NAME] usually worked in these activities?		Days	<input type="text"/>
H03	How many hours per day has [NAME] usually worked in these activities?		Hours	<input type="text"/>
H04	INTERVIEWER: CHECK H01 IF NO ONE HAS DONE ANY AGRICULTURAL ACTIVITY			

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

SECTION I: HOUSING AND HOUSEHOLD ASSETS

To be Responded by the Head of Household

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

I04	I05	I06		I07																																																							
What is the main source of energy in your household for lighting?	What is the main source of energy in your household for cooking?	What is the main source of water in your household for drinking and other uses?		Does this household own the following assets? (More than one answer is acceptable) The assets should be functional																																																							
01. Electricity 02. Biogas 03. Generator 04. Oil lamp/ Candle 05. Firewood 06. Telephone/ Torche 07. Lantern 08. Solar Panel 09. Batteries+Bulb 10. Other, Specify	01. Firewood 02. Charcoal 03. Gas 04. Biogas 05. Solar power 06. Electricity 07. Oil/Kerosene 08. Crop waste 09. Animal dung 10. Other, Specify	01. Piped Into Dwelling 02. Piped To Yard/Plot 03. Public Tap/Standpipe 04. Tube Well Or Borehole 05. Protected Well 06. Unprotected Well 07. Protected Spring 08. Unprotected Spring 09. Rainwater 10. Tanker Truck 11. Surface Water (River/Lake/Pond/Stream/ Irrigation Channel) 12. Bottled water 13. Other (Specify)		<table border="0"> <tr> <td></td> <td>Yes=1/ No =2</td> <td></td> </tr> <tr> <td>Refrigerator/Freezer.....</td> <td>A. <input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Radio.....</td> <td>B. <input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>TV set.....</td> <td>C. <input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>Satellite.....</td> <td>D. <input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>Video/DVD player.....</td> <td>E. <input type="checkbox"/></td> <td>5</td> </tr> <tr> <td>Computer and accessories.....</td> <td>F. <input type="checkbox"/></td> <td>6</td> </tr> <tr> <td>Music system.....</td> <td>G. <input type="checkbox"/></td> <td>7</td> </tr> <tr> <td>Cooker.....</td> <td>H. <input type="checkbox"/></td> <td>8</td> </tr> <tr> <td>Sewing machine.....</td> <td>I. <input type="checkbox"/></td> <td>9</td> </tr> <tr> <td>Laundry machine.....</td> <td>J. <input type="checkbox"/></td> <td>10</td> </tr> <tr> <td>Electric fan.....</td> <td>K. <input type="checkbox"/></td> <td>11</td> </tr> <tr> <td>Camera.....</td> <td>L. <input type="checkbox"/></td> <td>12</td> </tr> <tr> <td>Mobile phone.....</td> <td>M. <input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>Car (for home use only).....</td> <td>N. <input type="checkbox"/></td> <td>14</td> </tr> <tr> <td>Bicycle (for home use only).....</td> <td>O. <input type="checkbox"/></td> <td>15</td> </tr> <tr> <td>Motorcycle (for home use only).....</td> <td>P. <input type="checkbox"/></td> <td>16</td> </tr> <tr> <td>Internet connection</td> <td>Q. <input type="checkbox"/></td> <td>17</td> </tr> </table>			Yes=1/ No =2		Refrigerator/Freezer.....	A. <input type="checkbox"/>	1	Radio.....	B. <input type="checkbox"/>	2	TV set.....	C. <input type="checkbox"/>	3	Satellite.....	D. <input type="checkbox"/>	4	Video/DVD player.....	E. <input type="checkbox"/>	5	Computer and accessories.....	F. <input type="checkbox"/>	6	Music system.....	G. <input type="checkbox"/>	7	Cooker.....	H. <input type="checkbox"/>	8	Sewing machine.....	I. <input type="checkbox"/>	9	Laundry machine.....	J. <input type="checkbox"/>	10	Electric fan.....	K. <input type="checkbox"/>	11	Camera.....	L. <input type="checkbox"/>	12	Mobile phone.....	M. <input type="checkbox"/>	13	Car (for home use only).....	N. <input type="checkbox"/>	14	Bicycle (for home use only).....	O. <input type="checkbox"/>	15	Motorcycle (for home use only).....	P. <input type="checkbox"/>	16	Internet connection	Q. <input type="checkbox"/>	17
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113	How many person in this Household age 10 years and able to use at least one of the following device : Smat phone, tablet na computer ?		<input type="text"/>																																																								
	NAME and Line number of the Respondent		<input type="text"/>																																																								