SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number

SL2. Check the number of children age 1-17 years in SL1:

 \Box Zero \Rightarrow Go to HOUSEHOLD CHARACTERISTICS module.

 \Box One \Rightarrow Go to SL9 and record the rank number as '1', enter the line number, child's name and age.

 \Box Two or more \Rightarrow Continue with SL2A.

SL

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3.	SL4.	SL5.	SL6.		SL7.
Rank	Line	Name from HL2		from	Age from
number	number		H	L4	HL6
	from				
	HL1				
Rank	Line	Name	М	F	Age
1			1	2	
2			1	2	
3			1	2	
4			1	2	
5			1	2	
6			1	2	
7			1	2	
8			1	2	

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

	Total	Total Number of Eligible Children in the Household (from SL1)					
Last Digit of Household Number (from HH2)	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5
Record the rank number (SL3, SL5) and age (SL7) of the selec		per (SL4), n		ink numbe ie number			
			Na	me			

SL

Age

CHILD LABOUR CL1. Check selected child's age from SL9:		CL
GET. Check selected child's uge from 513.		
□ 1-4 years ⇔ Go to Next Module.		
\Box 5-17 years \Rightarrow Continue with CL2.		
CL2 . NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.		
SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?		
[A] DID (name) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	Yes No Worked on plot / farm / food garden / looked after animals1 2	
[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	Helped in family / relative's business/ran own business1 2	
[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	Produce / sell articles / handicrafts / clothes / food or agricultural products	
 [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYEE, OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM. 	Any other activity1 2	
CL3. Check CL2, A to D		
☐ There is at least one 'Yes' ⇔ continue	with CL4	
$\square All answers are `No \Rightarrow Go to CL8$		
CL4 . SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?	Number of hours	
If less than one hour, record "00"		
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes1 No2	1⇔ CL8
CL6 . DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes	1⇔ CL8

CL7 . HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?				
[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?	Yes1 No2	1⇔ CL8		
[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?	Yes1 No2	1⇔ CL8		
[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?	Yes1 No2	1⇔ CL8		
[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?	Yes1 No2	1⇔ CL8		
[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?	Yes1 No2	1⇔ CL8		
[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?	Yes1 No2			
CL8 . SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes1 No2	2⇔ CL10		
CL9 . IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?	Number of hours			
If less than one hour, record "00"				
CL10 . SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?	Yes No			
[A] SHOPPING FOR HOUSEHOLD?	Shopping for household1 2			
[B] REPAIR ANY HOUSEHOLD EQUIPMENT?	Repair household equipment1 2			
[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?	Cooking / cleaning utensils /house1 2			
[D] WASHING CLOTHES?	Washing clothes1 2			
[E] CARING FOR CHILDREN?	Caring for children1 2			
[F] CARING FOR THE OLD OR SICK?	Caring for old / sick1 2			
[G] OTHER HOUSEHOLD TASKS?	Other household tasks1 2			
CL11. Check CL10, A to G				
\Box There is at least one 'Yes' \Rightarrow Continue with CL12				
□ All answers are 'No' ⇔ Go to Next Module				
CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?				

If less than one hour, record "00"	