

J19. In that or those jobs, has (name) been exposed to any of the following situations...

	Yes	No
...dust, smoke?	O1	O2
...fire, gas, flames?	O3	O4
...noise, vibrations?	O5	O6
...extreme heat or cold?	O7	O8
...dangerous tools?	O1	O2
...heavy machinery use?	O3	O4
...chemicals (pesticides, glue, etc.)?	O5	O6
...solid waste (garbage, excrement)?	O7	O8
...heavy loads?	O3	O4
...working at heights?	O7	O8
...working on rivers, lakes or the ocean?	O1	O2
...other conditions? _____ (specify)	O5	O6

J24a. Last week, did (name) have to take responsibility for any household chore, such as...

	Yes	No
...shop or run errands for the house?	O1	O2
...clean the room?	O3	O4
...fix any household appliances?	O5	O6
...collect water or firewood?	O7	O8
...take care of children?	O1	O2
...take care of senior citizens or sick persons?	O3	O4
...cook?	O5	O6
...clean?	O7	O8
...wash dishes?	O1	O2
...wash clothes?	O3	O4
...other household chores? _____ (specify)	O5	O6

(If he/she did not do anything skip to J25)

J20. Has (name) had any of the following problems related to his/her job in the last twelve months...?

	Yes	No
...cuts, injuries, scrapes?	O1	O2
...amputations?	O3	O4
...burns?	O5	O6
...fractures, sprains?	O7	O8
...respiratory problems?	O1	O2
...other conditions? _____ (specify)	O7	O8

(If you receive any answers as Yes continue. If not, skip to J22)

J24b. How many hours did (name) dedicate to these chores last week?

Less than one hour	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O0
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J21. As a result of any of these problems, has he/she stopped...

	Yes	No
...attending classes?	O1	O2
...going to work?	O3	O4
...daily activities?	O5	O6

J25. Last week, did (name) do any of the following activities, only for personal or household use...

	No	Yes	
...help harvest a product, care for animals, fish or do any agricultural activity?	O2	O1	_ _
...help make extensive repairs to his/her house or farm, or another activity related to construction?	O2	O1	_ _
...help knit or sew?	O2	O1	_ _

How many hours did (name) spend in this last

J22. At what age did (name) begin working?

Age |_|_|

J23. Last week, did (name) do any household chores in this or another household without receiving payment in cash or in kind...

Yes { ...in this household?

 O1

 ...in another household?

 O2

 ...in this household and in another household?

 O3

No..... O4

Comments: _____
