



The Government of Antigua and Barbuda

Statistics Division

in collaboration with

Organization of Eastern Caribbean States (OECS)

LABOUR FORCE SURVEY - 2015



Good morning (afternoon, evening) Sir/Madam. My name is I am an officer of the Statistics Division. The agency is now carrying out a Labour Force Survey. You may have been informed of it on the Radio or in the Press. This survey is a sample survey during which we interview a number of persons in selected households. Your household falls among those selected and I would appreciate if you could spare a few minutes to answer some questions. I have with me my identification card if you would care to see it. Your participation is very important because the gathered information, not nominal but organized in "indicators", will be used by both the public and private sector to better understand the situation in the country in terms of employment and skills. Be assured that all the gathered information will remain confidential and strictly anonymous, and not used for commercial purposes.

Your participation in this Labor Force Survey (LFS) will provide the Statistics Division with relevant information about the relationship between employment, income and other social and economic characteristics.

**All Information Collected Will Be Held Strictly Confidential
General Statistics Act, N0.13 of 1975**

Reference Week

Day Month Day Month Year

Parish

Urban or Rural

Enumeration District

SAMPLE

Household Number

Address of Residence:

Phone Number

Number of Persons in Household:

Number of Persons 15 and older:

Number of Questionnaires (If more than 8 persons in the household):

Name of Head of the Household: _____

Name of Respondent: _____

Name of Supervisor: _____

Barcode

Specification of Response History

Visit Number 1

Interviewer: _____ Interviewer Number: [][]

Interview Date: DD [][] MM [][] Interview Time: [][] : [][] to [][] : [][]

Result start end

1 Response 2 Partial Response 3 Refusal (Reason) _____

4 Call Back (Date/Time) 5 Closed 6 Not a Dwelling

8 Other (Specify) _____

Supervisor Name: _____ Supervisor Number: [][] Date: [][] / [][]

Visit Number 2

Interviewer: _____ Interviewer Number: [][]

Interview Date: DD [][] MM [][] Interview Time: [][] : [][] to [][] : [][]

Result start end

1 Response 2 Partial Response 3 Refusal (Reason) _____

4 Call Back (Date/Time) 5 Closed 6 Not a Dwelling

8 Other (Specify) _____

Supervisor Name: _____ Supervisor Number: [][] Date: [][] / [][]

Visit Number 3

Interviewer: _____ Interviewer Number: [][]

Interview Date: DD [][] MM [][] Interview Time: [][] : [][] to [][] : [][]

Result start end

1 Response 2 Partial Response 3 Refusal (Reason) _____

4 Call Back (Date/Time) 5 Closed 6 Not a Dwelling

8 Other (Specify) _____

Supervisor Name: _____ Supervisor Number: [][] Date: [][] / [][]

Visit Number 4

Interviewer: _____ Interviewer Number: [][]

Interview Date: DD [][] MM [][] Interview Time: [][] : [][] to [][] : [][]

Result start end

1 Response 2 Partial Response 3 Refusal (Reason) _____

4 Call Back (Date/Time) 5 Closed 6 Not a Dwelling

8 Other (Specify) _____

Supervisor Name: _____ Supervisor Number: [][] Date: [][] / [][]

2.



Please give the names of ALL persons who usually live/sleep most nights here and share at least one daily meal with your household starting with the head.

LISTING OF HOUSEHOLD MEMBERS

	Surname	First Name		Surname	First Name
01			11		
02			12		
03			13		
04			14		
05			15		
06			16		
07			17		
08			18		
09			19		
10	SAMPLE				

Interviewer: Sum the total number of household members and verify if the total is correct. Probe for babies, small children and domestic servants (employees) who are "living in"

3. Total number of household members:

Interviewer say: I will now ask you some questions for each household member but to be able to relate the various members of the household to each other, please tell me who is the head of the household:

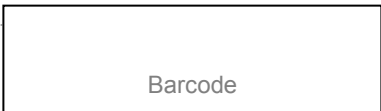
Barcode

SECTION 2: DEMOGRAPHIC CHARACTERISTICS, EDUCATION AND TRAINING

TO BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD						
PERSON NUMBER	NAME OF PERSON ENTER SURNAME FIRST	RELATIONSHIP TO HEAD OF HOUSEHOLD		MIGRATION		
		4. What is your / (...)'s relation to... (name the head of the household)?		5. What is your / (...) place of birth?	6. Since what month and year have you/ (...) been in ANTIGUA?	
		1. Head 2. Spouse 3. Married Child 4. Unmarried Child 5. Spouse of Child 6. Grandchild 7. Brother/Sister 8. Parent/Parent-In-Law 9. Brother/Sister-In-Law	10. Other Relative 11. Servant/Employee 12. Non-relative	WRITE IN NAME OF COUNTRY IF COUNTRY IS ANTIGUA Go TO Q8. OTHERWISE CONTINUE	MM Y Y Y Y	7. In the last year, what did you/...do in case of any illness, accident, dental problem or any other health issue excluding emergencies and hospitalization? 1. You did not ask for medical assistance 2. You went to general practitioner, dentist or therapist 3. You went to a pharmacist 4. You went to a healer, herbalist 5. You used alternative therapies 6. You used home-made medicines 7. You self-prescribed your own treatment or medicine 8. You did nothing

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SAMPLE



SECTION 2: DEMOGRAPHIC CHARACTERISTICS, EDUCATION AND TRAINING

TO BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD

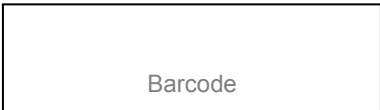
PERSON NUMBER	EDUCATION		AGE AND SEX	
	8. What is the highest level of education that you have / (..... has) attained? 1. None 2. Primary 3. Lower/Junior Secondary 4. Upper Secondary 5. Post-Secondary/Non Tertiary 6. Tertiary Non-University 7. University 8. Other (Specify)	9. What is the highest level of examination that you have/ (.... has) passed? 1. None 2. Common Entrance (Primary) 3. 6/7 Standard Certificate 4. Junior Secondary Prog. Cert 5. Cambridge School Certificate 6. GCE/CXC O' Level 7. GCE/CXC A' Level 8. Diploma (Under Graduate) 9. Diploma (Post Graduate)	10. What is your / (....'s) sex? 1. Male 2. Female	11. What was your/ (....'s) age at his/her last birthday? A) ENTER FULL AGE OR 98 FOR AGE MORE THAN OR EQUAL TO 98 IN A. AGE UNKNOWN=99 IN A) B) ENTER AGE INDICATED ON FLASH CARD BY RESPONDENT OR ESTIMATED BY ENUMERATOR C) IN BOX C PUT F IF FLASHCARD WAS USED IN B OR E IF IT WAS ESTIMATED BY ENUMERATOR
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SAMPLE

SECTION 2: DEMOGRAPHIC CHARACTERISTICS, EDUCATION AND TRAINING/ SECTION 3 ECONOMIC ACTIVITY

TO BE COMPLETED FOR ALL RESPONDENTS 15 YEARS OF AGE AND OLDER					
PERSON NUMBER	12. What is your / (...'s) present marital status? 1. Married 2. Widowed 3. Legally Separated 4. Divorced 5. Never Married	TRAINING		15. What type of training or programme did you / (...) attend? 1. Apprenticeship 2. On the job 3. Institutional (Full-time) 4. Institutional (Part-time) 5. Distance Learning with Internet 6. Distance Learning non-Internet 8. Other (Specify)	16. During the past 12 months, how many weeks were you / (was...)? 1. Working 2. Without work, wanting and available for work 3. Without work, not wanting work and/or not available for work? "Three boxes should add up to 52 WEEKS" CONTINUE IF MOSTLY ECONOMICALLY NOT ACTIVE LAST 52 WEEKS BOX ... (3 IS GREATER THAN 26 WEEKS OR 6 MONTHS). OTHERWISE GO TO Q18.
		13. Have you / (has....) received any skills training in any occupation? 1. Yes 2. No (Go to Q16) 3. Non-Response (Go to Q16)	14. For what specific occupation did you (...) receive skills training? GIVE FULL DESCRIPTION OF OCCUPATION BELOW		

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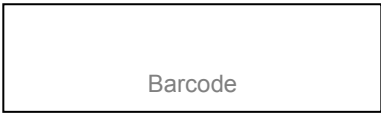


SECTION 3: ECONOMIC ACTIVITY STATUS

ALL PERSONS 15 YEARS OF AGE AND OLDER – DETERMINING EMPLOYMENT STATUS				
EMPLOYED BUT TEMPORARILY ABSENT				
PERSON NUMBER	22. Were you/ (...) temporarily absent from the work you normally do (...) does) in the last week? 1. Yes (Continue) 2. No (Go to Q29)	23. What was the main reason why you were / (...) was) absent from work in the last week? 1. Vacation(Go to Q34) 2. Maternity/Sick leave(Go to Q34) 3. Personal/ Family Responsibility(Go to Q34) 4. Study Leave/Training(Go to Q34) 5. Strike/Lock Out (Go to Q34) 6. Temporary Lay-Off(Go to Q24) 7. Sent on Unpaid Leave by Employer(Go to Q24) 8. Otherwise not at work (Specify and Go to Q24)	24. Why are you (is ...) on temporary layoff, extended leave or otherwise not at work or did you/ (...) temporarily stop operating your business? 1. Off Season (in Tourism) 2. Off Season (In Agriculture) 3. Hurricane or other natural disasters 4. Problems in employer's or own business other than 1 to 3 8. Other (Specify)	25. Do you have (does ... has) an agreement with your (his/her) employer to return to the job or will you/ (...) surely restart your business at a specific date 1. Yes (Continue) 2. No (Go to Q27) 9. Don't know (only if proxy respondent)
				26. When will you/ (...) return to work or restart your business ENTER MONTH AND YEAR 99. Don't know (only if proxy respondent) MM YY

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07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SAMPLE



SECTION 3: ECONOMIC ACTIVITY STATUS

ALL PERSONS 15 YEARS OF AGE AND OLDER – DETERMINING EMPLOYMENT STATUS				
	EMPLOYED BUT TEMP. ABSENT	WANTING WORK		
PERSON NUMBER	27. When were you/ (...) laid-off, sent on extended leave or stopped operating your/ (his/her) own business?	28. Does the employer pay part of wages or benefits while you/ (...) are/is on lay-off?	29. Did you want work for pay, profit or family gain (...) during the last 4 weeks:	30. Did you/(...) actually look for such work during the last 4 weeks
	99. Don't know (only if proxy respondent) ENTER MONTH AND YEAR	1. Yes (Go to Q34) 2. No (Continue) 9. Don't know (only if proxy respondent)	1. Yes (Continue) 2. No (Go to Q32) 9. Don't know (only if proxy respondent)	1. Yes (Continue) 2. No (Go to Q32) 9. Don't know (only if proxy respondent)

01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
08	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9

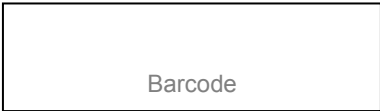
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SECTION 3: ECONOMIC ACTIVITY STATUS

15 YEARS OF AGE AND OLDER –EMPLOYMENT STATUS																	
ACTIVELY SEEKING WORK																	
PERSON NUMBER	31. What steps did you/ (...) take during the last four weeks to get such work?																
	<i>INTERVIEWER: DO NOT READ ALOUD/MORE THAN ONE OPTION MAY BE SELECTED</i>																
	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Did nothing/Undertook no (active) steps (Continue)</td> <td style="width:50%;">9. Non-response (Continue)</td> </tr> <tr> <td>2. Registered at a public employment exchange</td> <td>88. Other (Specify)</td> </tr> <tr> <td>3. Registered at a private employment agency</td> <td>99. Don't Know (<i>Only for proxy respondents</i>) (Continue)</td> </tr> <tr> <td>4. Checked at work site, farms, factories</td> <td></td> </tr> <tr> <td>5. Looked up and responded to advertisements (telephone/internet and/or letters)</td> <td></td> </tr> <tr> <td>6. Asked for assistance from friends, relatives, colleagues, unions</td> <td></td> </tr> <tr> <td>7. Tried to establish my/ (his/her) own business by looking for land/workspace, tried to get credit, applied for licenses, permits etc.</td> <td></td> </tr> <tr> <td>8. Tried to work on a family farm or business</td> <td></td> </tr> </table>	1. Did nothing/Undertook no (active) steps (Continue)	9. Non-response (Continue)	2. Registered at a public employment exchange	88. Other (Specify)	3. Registered at a private employment agency	99. Don't Know (<i>Only for proxy respondents</i>) (Continue)	4. Checked at work site, farms, factories		5. Looked up and responded to advertisements (telephone/internet and/or letters)		6. Asked for assistance from friends, relatives, colleagues, unions		7. Tried to establish my/ (his/her) own business by looking for land/workspace, tried to get credit, applied for licenses, permits etc.		8. Tried to work on a family farm or business	
	1. Did nothing/Undertook no (active) steps (Continue)	9. Non-response (Continue)															
2. Registered at a public employment exchange	88. Other (Specify)																
3. Registered at a private employment agency	99. Don't Know (<i>Only for proxy respondents</i>) (Continue)																
4. Checked at work site, farms, factories																	
5. Looked up and responded to advertisements (telephone/internet and/or letters)																	
6. Asked for assistance from friends, relatives, colleagues, unions																	
7. Tried to establish my/ (his/her) own business by looking for land/workspace, tried to get credit, applied for licenses, permits etc.																	
8. Tried to work on a family farm or business																	
IF RESPONSE IS 2 TO 8 GO TO Q33																	

01	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
02	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
03	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
05	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
06	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99
07	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	SAMPLE	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99	
08	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 88	<input type="checkbox"/> 99



SECTION 3: ECONOMIC ACTIVITY STATUS

ALL NOT EMPLOYED 15 YEARS OF AGE AND OLDER- DETERMINING UNEMPLOYMENT		
	REASONS FOR NOT SEEKING WORK	CURRENT AVAILABILITY
PERSON NUMBER	<p>32. Why did you/ (....) not seek work during the last four weeks?</p> <p align="center">INTERVIEWER: DO NOT READ ALOUD/MORE THAN ONE OPTION MAY BE SELECTED</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Already found job / made arrangements to start own business... will start work in less than 1 month from now</p> <p>2. Already found job / made arrangements to start own business...will start work in more than 1 month from now</p> <p>3. Cannot find work, lack of business opportunities</p> <p>4. Lack of finance, raw materials to start own business</p> <p>5. Awaiting busy/high season</p> <p>6. Awaiting recall from previous job</p> </div> <div style="width: 45%;"> <p>7. Thinks he/she lacks skills</p> <p>8. Discrimination</p> <p>9. Don't know where/how to seek</p> <p align="center">RESPONSE 1 TO 9 CONTINUE</p> <p>10. Household duties</p> <p>11. Student</p> <p>12. Illness/Disability</p> <p>13. Family Reason, pregnant</p> <p align="center">RESPONSE 10 TO 13 GO TO Q76</p> <p>88 Other personal reason (Specify)</p> </div> </div>	<p>33. If you/ (....) had been offered an opportunity to work during last week, would you have been able to start?</p> <p>1. Yes Go to Q64</p> <p>2. No (Specify Reason)</p> <p>2.1 In school, training</p> <p>2.2 Retirement/Old age</p> <p>2.3 Illness/Disability</p> <p>2.4 Family Duties</p> <p>2.5 Other (Specify)</p> <p align="center">IF NO Go to Q76</p>

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____

SAMPLE

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SECTION 4: SPECIFICS OF EMPLOYMENT

ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER				
	NAME BUSINESS MAIN JOB	JOB TURNOVER	DETERMINING MULTIPLE JOB HOLDING	
PERSON NUMBER	34. What is the name of the business where you have your MAIN job? (....has his/her MAIN job?)	35. How long ago did you/ (....) start working in this job?	36. Did you/ (....) work in another job during last week?	37. What is the total number of jobs you / (....) held during the last week?
	1. Name 2. No Name (Describe) 9. Don't know (<i>only if proxy respondent</i>)	1. Must start new job in less than one month 2. Less than six months 3. Six months but less than one year 4. More than one year but less than five years 5. More than five years but less than ten years 6. Ten years or more 9. Don't Know (<i>only if proxy respondent</i>)	1. Yes 2. No 9. Don't Know (<i>only if proxy respondent</i>)	EXPLAIN THAT WE NEED TO KNOW THE TOTAL NUMBER OF PAID EMPLOYED AND SELF-EMPLOYED JOBS SEPARATELY ENTER TOTAL NUMBER OF JOBS

01	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
02	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
03	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
04	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
05	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
06	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
07	<input type="checkbox"/> 1 _____ <input type="checkbox"/> 2 _____ <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Total Jobs <input type="text"/>
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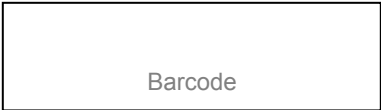
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SECTION 4: SPECIFICS OF EMPLOYMENT

FOR ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER		
	INDUSTRY	
PERSON NUMBER	38. What type of activity is carried out in the business where you/ (....) work? 9999. Don't Know (<i>only if proxy respondent</i>) THIS SECTION SHOULD NOT BE LEFT BLANK FOR EMPLOYED PERSONS	39. Give examples of the type of products/ services that are produced or sold 9999. Don't Know (only if proxy respondent) THIS SECTION SHOULD NOT BE LEFT BLANK FOR EMPLOYED PERSONS
		40. How many persons including yourself (himself/herself) worked at the place/business where you work? 1. One 5. 20-49 2. 2-4 6. 50-99 3. 5-9 7. 100 and more 4. 10-19 9. Don't Know (<i>only if proxy respondent</i>) EXPLAIN THAT ONE SHOULD ALSO COUNT THE EMPLOYER AND HIS/HER FAMILY MEMBERS WHO WORK IN THE BUSINESS.

01	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
02	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
03	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
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07	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
08	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	<input type="text"/> <input type="text"/> Main job: <input type="text"/> <input type="text"/> Second job	Main job <input type="checkbox"/> Second job <input type="checkbox"/>



SECTION 4: SPECIFICS OF EMPLOYMENT

FOR ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER	
OCCUPATION	
PERSON NUMBER	<p>41. What is your job title?</p> <p>9999. Don't Know (only if proxy respondent) THIS SECTION SHOULD NOT BE LEFT BLANK FOR EMPLOYED PERSONS</p>
	<p>42. Give a brief description of your/(....) main duties</p> <p>9999. Don't Know (only if proxy respondent) THIS SECTION SHOULD NOT BE LEFT BLANK FOR EMPLOYED PERSONS</p>

01	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
02	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
03	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
04	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
05	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
06	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
07	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job
08	<input type="text"/>	Main job:	<input type="text"/>	Main job:
	<input type="text"/>	Second job	<input type="text"/>	Second job

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SECTION 4: SPECIFICS OF EMPLOYMENT

FOR ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER

	USUAL HOURS OF WORK	ACTUAL HOURS OF WORK	REASON FOR WORKING LESS THAN THRESHOLD
PERSON NUMBER	43. How many hours did you/ (...) usually work per week during the last four weeks? 99. Don't Know (ONLY IF PROXY RESPONDENT) READ TO RESPONDENT IF NECESSARY We need you to make an estimate of number of hours that you worked per week 30 days. You must include the hours you work over and above the time you have to work based on your contractual work schedule so include your normal working hours and overtime whether paid or unpaid. Exclude time away from work for holidays or sickness, time travelling to/from work, long meal breaks, absences for shopping etc. ENTER NUMBER OF HOURS BELOW	44. How many hours did you/ (...) actually work during the last week? 99. Don't Know (only if proxy respondent) Go to Q46 If hours is less than 35 Go to Q45 Other Go to Q46 READ TO RESPONDENT IF NECESSARY This is time you spent on (a) Actually making products or providing services, (b) related time (for maintenance, transport, on "call duty", work related training, etc), (c) down time (spent waiting because of machine break down, power outages, shortage of supplies), and (d) resting such as time spent on short tea/coffee breaks. Exclude time away from work for holidays or sickness, time travelling to/from work, long meal breaks, absences for shopping etc. ENTER NUMBER OF HOURS BELOW	45. Why did you work less than 35 hours during the last week? 1. Do (. . . does) not want to work more than 35 hours a week. Go to Q50 2. Own illness, injury 3. Holiday, vacation 4. In school, training 5. Personal, family 6. Strike, lock out 7. Down time in production 8. Slowdown of business activities 9. Reduction in economic activity 10. Temporary disorganization or suspension from work 11. Job started/ended within reference period 12. Could not find more work 88. Other <p align="center">2 TO 12 & 88 CONTINUE</p>

01	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88
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03	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88
04	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88
05	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88
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07	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88
08	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Main Second All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 88

SAMPLE

Barcode

SECTION 4.1: SPECIFICS OF EMPLOYMENT TIME RELATED UNDEREMPLOYMENT

ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER... WAITING MORE WORK... UNDEREMPLOYMENT					
	WANTING MORE WORK	ACTIVELY SEEKING ADDITIONAL WORK			
PERSON NUMBER	<p>46. Did you/ (...) want to work more hours per week in the last week?</p> <p>1. Yes (Continue) 2. No (Go to Q50)</p> <p>9. Don't Know (Only for proxy respondents) (Go to Q50)</p>	<p>47. Did you/ (...) seek additional work during the last week?</p> <p>1. Yes (Continue) 2. No (Go to Q50)</p> <p>9. Don't Know (Only for proxy respondents) (Go to Q50)</p>	<p>48. How did you/ (...) seek additional work or another job with more work hours in the last week?</p> <p>1. Did Nothing (Go to Q50) 2. Registered at a public employment exchange 3. Registered at a private employment agency 4. Checked at work site, farms, factories 5. Looked up and responded to advertisements 6. Asked for assistance from friends, relatives, colleagues, unions</p> <p>7. Tried to establish my/ (his/her) own business by looking for land/workspace, tried to get credit, applied for licenses, permits etc. 8. Tried to work on a family farm business 9. Non-response (Go to Q50)</p> <p>88. Other (Specify) 99. Don't Know (Only for proxy respondents) Go to Q50</p> <p>Responses 2 to 8 & 88 go to Q49</p>		<p>49. (How long have you/ has ...) been seeking a new job or additional work?</p> <p>1. Less than a month 2. One month and less than three months 3. Three months but less than six months 4. Six months but less than twelve months 5. More than twelve</p> <p>9. Don't Know (Only for proxy respondents)</p> <p>Responses 1 - 9 go Q51</p>

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 88	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 99	<input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9

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SECTION 4.1: SPECIFICS OF EMPLOYMENT TIME RELATED UNDEREMPLOYMENT/ 4.2. INFORMALITY

ALL EMPLOYED PERSONS 15 YEARS OF AGE AND OLDER			
PERSON NUMBER	REASON FOR NOT SEEKING ADDITIONAL WORK	AVAILABLE FOR MORE WORK	STATUS IN EMPLOYMENT
50. Why didn't you/ (....) want/seek additional work or another job with more work hours in the last week? 1. Waiting to take up more work/another job 2. Cannot find more work, lack of business 3. Lack of business or finance, raw materials 4. Machinery, electrical, other breakdown 5. Off season inactivity 6. Industrial dispute (strike, lock out, other) 7. Does not want more work/ sufficient work 8. Household duties 9. Student, unpaid training 10. Illness/ disability 11. Vacation, family reason pregnant/ delivery 88. Other (Specify) ALL RESPONSES CONTINUE	51. If you/ (....) were offered an opportunity to work more hours during last week would you have been available to do so? 1. Yes 2. No (Specify Reason) 2.1 In school, training 2.2 Retirement/Old age 2.3 Illness/Disability 2.4 Family Duties 2.5 Other (Specify) ALL RESPONSES CONTINUE	52. What category of worker are you in your job?? 1. Central Government Employee 2. Employee of Statutory Board 3. Private Employee 4. Employee not specified 5. apprentice 6. Self-employed with employees 7. Self-employed without employees 8. Contributing family member 9. Self-employed not specified Go to Q56 Go to Q53 PROBE FOR AN ANSWER INFORMATION ALREADY PROVIDED MAY BE USEFUL AS: (A) TEMPORARY ABSENCE (Q23 OR Q28) (B) Q33 TO Q41 – NAME/ TYPE OF ACTIVITY, TITLE/ OCCUPATION	

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
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08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5	Main job <input type="checkbox"/> Second job <input type="checkbox"/>

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SECTION 4.2: SPECIFICS OF EMPLOYMENT ... INFORMALITY

	ONLY FOR SELF-EMPLOYED	REGISTRATION		ONLY FOR PAID EMPLOYED
	UNINCORPORATED HOUSEHOLD ENTERPRISE			EMPLOYMENT RELATION
PERSON NUMBER	53. What kind of accounts do you keep for this activity/ business? 1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept 9. Don't Know (Only for proxy respondents) ALL RESPONSES CONTINUE	54. Is your business registered with Social Security? 1. Yes 2. No (Go to Q59) 9. Don't Know (Only for proxy respondents)	55. Do you give your employees a pay slip every time you pay wages? 1. Yes 2. No (Go to Q59) 9. Don't Know (Only for proxy respondents) SKIP TO Q59	56. Was your/ was (...) employment based in a written contract? 1. Yes, a written contract 2. No, a verbal contract 3. No response 9. Don't Know (Only for proxy respondents)

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02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
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08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>

SAMPLE

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SECTION 4.2: SPECIFICS OF EMPLOYMENT ... INFORMALITY

ONLY FOR PAID EMPLOYED		
	REASON FOR NOT SEEKING ADDITIONAL WORK	SOCIAL PROTECTION
PERSON NUMBER	57. Is your/ (....) contract or agreement for a limited time? 1. Yes 2. No, permanent/ without time limit 3. Non-response 9. Don't Know (Only for proxy respondents)	58. Do you/ does (....) benefit from paid annual leave? 1. Yes 2. No 9. Don't Know (Only for proxy respondents)
		59. Are you/ is (....) entitled to employment related (social) insurance benefits? 1. Yes, from Social Security 2. Yes, from insurance other than Social Security 3. Yes, Social Security and from others 4. No 9. Don't Know (ONLY FOR PROXY RESPONDENTS)

01	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
02	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
03	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
04	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
05	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
06	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
07	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	SAMPLE	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>
08	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>

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SECTION 4.3: SPECIFICS OF EMPLOYMENT... INCOME

ALL EMPLOYED PERSONS			
SECTOR OF EMPLOYMENT			
PERSON NUMBER	60. The business where you/ (....) work is: 1. A Government Central/ Local Unit 2. A state enterprise/ public body 3. A corporate business/ company 4. A business owned by an individual family or partners 5. A non-government organization 6. A private household (as a housekeeper, maid, cook, gardener) 9. Don't Know (ONLY FOR PROXY RESPONDENTS)	61. What was your/ (....) gross income for the last four weeks? "OTHER" MEANS OTHER JOBS BESIDES MAIN JOB AND SECOND JOB SHOW FLASH CARD No. 1	62. What is your/ (....) main means of financial support? 1. Self 2. Spouse/partner 3. Saving/Investment/Pensions 4. Friends/Relatives 5. Social Security 8. Other (Specify)
			63. Do you receive financial support from relatives or friends abroad? 1. Yes 2. No 9. Don't Know (ONLY FOR PROXY RESPONDENTS) FOR EMPLOYED PERSONS GO TO Q87

01	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
02	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
03	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
04	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
05	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
06	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
07	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
08	Main Job <input type="checkbox"/> Second Job <input type="checkbox"/>	Main <input type="checkbox"/> Second <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9

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SECTION 5: SPECIFICS OF UNEMPLOYMENT

ALL UNEMPLOYED PERSONS 15 YEARS OF AGE AND OLDER							
	DURATION	EVER WORKED	SPECIFICS OF LAST JOB				
PERSON NUMBER	64. How long have you/ (has ...) been available and seeking work but without a job or own business? 1. Less than one month 2. One month and less than three months 3. Three months but less than six months 4. Six months but less than twelve months 5. More than twelve months 9. Don't Know (only if proxy respondents)	65. Have you/ has (...) ever worked for others or in your own (his/her) (family) business? 1. Yes (Continue) 2. No (Go to Q73) 9. Don't Know (Go to Q73) (only for proxy respondents)	66. Why did you/ (...) stop such work? 1. Lost Job 2. Job Completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Business Failed 7. Moved to other area 8. Retired 88. Other (Specify) 9. Don't Know (only for proxy respondents)	67. When did you/ (...) stop such work? IF STOPPED WORKING LONGER THAN 5 YEARS GO TO Q73	68. How many hours per week did you/ (...) usually work in your (his/her) last job? 99. Don't Know (only for proxy respondents)		

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 _____	MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours <input type="text"/> <input type="text"/>

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SECTION 5: SPECIFICS OF UNEMPLOYMENT

		ALL UNEMPLOYED PERSONS 15 YEARS OF AGE AND OLDER		
SPECIFICS OF LAST JOB			INDUSTRY LAST JOB	OCCUPATION
PERSON NUMBER	69. What was your status in your/ (....'s) last job? 1. Central Government Employee 2. Employee of Statutory Board 3. Private Employee 4. Employee not specified 5. Apprentice 6. Self-Employee with employees 7. Self-Employee without employees 8. Contributing family member 9. Self-Employee not specified 88. Other (Specify) 99. Don't Know (only for proxy respondents)	70. What was the name of the business where you/ (....) last worked?	70(a) Describe the activities that were carried out at the workplace/business where you/ (....) last	71. What was your/ (....) job title?

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 <input type="checkbox"/> 99 _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 <input type="checkbox"/> 99 _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____
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06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 <input type="checkbox"/> 99 _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 <input type="checkbox"/> 99 _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 88 <input type="checkbox"/> 99 _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ _____

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SECTION 5: SPECIFICS OF UNEMPLOYMENT

ALL UNEMPLOYED PERSONS 15 YEARS OF AGE AND OLDER			
	OCCUPATION	LAST LOOKED FOR WORK	FINANCIAL SUPPORT
PERSON NUMBER	72. Give a brief description of the main duties you/ (...) had	73. When did you last look for work?	74. What is your main means of financial support?
		1. Never looked for work 2. Less than one month 3. One month and less than three months 4. Three months but less than six months 5. Six months but less than twelve months 6. More than twelve months 9. Don't Know (only if proxy respondents)	1. Saving/Investment/Pensions/Inheritance 2. Spouse/Partner 3. Friends/Relatives 4. Social Security 88. Other (Specify)
01	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
02	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
03	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
04	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
05	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
06	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
07	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88
08	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 88

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SECTION 6: SPECIFICS OF ECONOMICALLY NOT ACTIVE

	UNEMPLOYED 15+	ALL PERSONS NOT IN THE LABOUR FORCE 15 YEARS OF AGE AND OLDER		
	FINANCIAL SUPPORT	EVER WORKED	LAST WORKED	
PERSON NUMBER	75. Do you receive financial support from relatives who live abroad? 1. Yes 2. No FOR UNEMPLOYED PERSONS GO TO Q87	76. Have you/ (has) ever worked for others or in your own (his/her) (family) business? 1. Yes (Continue) 2. No (Go to Q83) 9. Don't Know (Go to Q83) (Only for proxy respondents)	77. Why did you (....) stop such work? 1. Lost job 2. Job completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Business Failed 7. Moved to other area 8. Other (Specify) 9. Don't Know (only if proxy respondents)	78. How long ago did you/ (....) stop working? 1. Never Worked 2. Less than one month 3. One month and less than three months 4. Three months but less than six months 5. Six months but less than 12 months 6. One to three years 7. Three to five years 8. More than five years (Go to Q83) 9. Don't Know (only for proxy respondents)

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
04	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 _____

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6: SPECIFICS OF ECONOMICALLY NOT ACTIVE

ALL PERSONS NOT IN THE LABOUR FORCE 15 YEARS OF AGE AND OLDER	
PERSON NUMBER	LAST WORKED
	<p>79. What was your employment status when you/(...)'s last worked?</p> <p>1. Central Government Employed 2. Employed of Statutory Board 3. Private Employed 4. Employee not specified 5. Apprentice 6. Self –Employed with employees</p> <p>7. Self-Employee without employees 8. Unpaid family worker 9. Self Employed not specified 10. Employed not specified (Only for respondents) 88. Other (Specify) 99. Don't Know (only for proxy respondents)</p>
	<p>80. Describe the activities that were carried out at the workplace/business where you/ (...) last worked</p> <p>9999. Don't Know (only for proxy respondents)</p>
01	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
02	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
03	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
04	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
05	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
06	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
07	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>
08	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 88 <input type="checkbox"/> 99</p>

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6: SPECIFICS OF ECONOMICALLY NOT ACTIVE

ALL PERSONS NOT IN THE LABOUR FORCE 15 YEARS OF AGE AND OLDER			
INDUSTRY AND OCCUPATION LAST JOB			INTENDED ECONOMIC ACTIVITY
PERSON NUMBER	81. What was your/ (...) job title?		83. Do you/ (...) expect to seek work or start your own business within the next six months?
		1 Directors and managers 2 Professionals scientists and intellectuals 3 Technical and medium level professionals 4 Administrative support personnel 5 Service workers and commerce and markets sellers 6 Agriculture workers and qualified farm, forest and fisheries workers 7 Officials, operators and craftsmen of arts, mechanics and other trades 8 Operators of facilities and machines and assembly lines 9 Basic occupations 10 Military occupations	82. Give a brief description of the main duties you/ (...) had

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
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04	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9

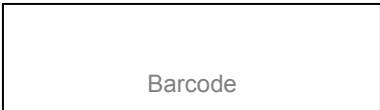
SAMPLE

Barcode

6: SPECIFICS OF ECONOMICALLY NOT ACTIVE

ALL PERSONS NOT IN THE LABOUR FORCE 15 YEARS OF AGE AND OLDER			
	SOURCES OF INCOME	ANNUAL INCOME	REMITTANCES
PERSON NUMBER	84. What is your/ (...)'s main means of financial support? 1. Savings/Investment 2. Pension 3. Spouse/Partner/Family 4. Former Spouse/Partner 5. Friends/Relatives 6. Social Security 8. Other (Specify) 9. Don't Know (Go to Q85) (only for proxy respondents)	85. How much do you/ (does) receive per year? 9. Don't Know (only for proxy respondents) SHOW FLASH CARD No. 1	86. Do you regularly receive support from relatives living abroad? 1. Yes 2. No 9. Don't Know (only for proxy respondents)

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
03	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
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05	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	SAMPLE <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <hr/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9



SECTION 7: HOUSHOLD INFORMATION

87. Information on the dwelling:		
<input type="checkbox"/> 1. Occupied Dwelling	<input type="checkbox"/> 5. Dwelling under construction	<input type="checkbox"/> 9. Incomplete
<input type="checkbox"/> 2. Occupants Absent	<input type="checkbox"/> 6. Dwelling destroyed	<input type="checkbox"/> 10. Refusal
<input type="checkbox"/> 3. Un-Occupied Dwelling	<input type="checkbox"/> 7. No longer dwelling	<input type="checkbox"/> 88. Other Information _____
<input type="checkbox"/> 4. Temporary Dwelling	<input type="checkbox"/> 8. Not applicable for survey purpose	<input type="checkbox"/>
88. What type of dwelling does this household occupy?	<input type="checkbox"/> 1. Separate house/ detached	<input type="checkbox"/> 5. Townhouse <input type="checkbox"/> 9. Don't know/Not stated
	<input type="checkbox"/> 2. Part of a private house/attached	<input type="checkbox"/> 6. Combine business and dwelling
	<input type="checkbox"/> 3. Flat, apartment, condominium	<input type="checkbox"/> 7. Barracks
	<input type="checkbox"/> 4. Double house/Duplex	<input type="checkbox"/> 8. Other (Specify) _____
89. How would you best describe the ownership of this dwelling?	<input type="checkbox"/> 1. Owned with a mortgage (Go to Q90a)	<input type="checkbox"/> 5. Rented gov.(paying) (Go to Q90a) <input type="checkbox"/> 9. Don't know/Not stated
	<input type="checkbox"/> 2. Owned outright (Go to Q90b)	<input type="checkbox"/> 6. Rented private (paying) (Go to Q90a) (Go to Q90b)
	<input type="checkbox"/> 3. Leased (Go to Q90a)	<input type="checkbox"/> 7. Squatted (Go to Q90b)
	<input type="checkbox"/> 4. Rent-free (Go to Q90b)	<input type="checkbox"/> 8. Other? _____
90. A. How much do you pay monthly?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
90. B If you had to rent this dwelling, how much would you pay as monthly rent?	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
91. How many rooms are there in the dwelling? (do not include kitchen, toilet or bath)	<input type="text"/> <input type="text"/> Number of rooms	
92. Of these, how many are only for sleeping?	<input type="text"/> <input type="text"/> Number of rooms	
93. What material was used in most of the exterior walls of the building or house?	<input type="checkbox"/> 1. Concrete	<input type="checkbox"/> 6. Wood
	<input type="checkbox"/> 2. Concrete and Blocks	<input type="checkbox"/> 7. Wood and brick
	<input type="checkbox"/> 3. Improvised/ Makeshift	<input type="checkbox"/> 8. Wood & Concrete
	<input type="checkbox"/> 4. Stone	<input type="checkbox"/> 9. Wood and galvanized
	<input type="checkbox"/> 5. Stone and brick	<input type="checkbox"/> 88. Other
		<input type="checkbox"/> 99 Don't know/not stated
94. What material was used in most of the roof of the building or house?	<input type="checkbox"/> 1. Concrete	<input type="checkbox"/> 5. Shingle (other) <input type="checkbox"/> 99 Don't know/Not stated
	<input type="checkbox"/> 2. Improvised/ Makeshift	<input type="checkbox"/> 6. Shingle (wood)
	<input type="checkbox"/> 3. Sheet Metal	<input type="checkbox"/> 7. Tarpaulin
	<input type="checkbox"/> 4. Shingle (asphalt)	<input type="checkbox"/> 8. Tile
	<i>*(zinc, aluminum, galvanise)</i>	<input type="checkbox"/> 88 Other (Specify)
95. What material was used in most of the floor of the building or house?	<input type="checkbox"/> 1. Cement	<input type="checkbox"/> 4. Wood
	<input type="checkbox"/> 2. Tiles (mosaic or ceramic, brick)	<input type="checkbox"/> 5. Earth
	<input type="checkbox"/> 3. Rubber / Vinyl Tiles	<input type="checkbox"/> 8. Other (Specify) _____
96. What is your main source of water supply?	<input type="checkbox"/> 1. Private, not piped into dwelling	<input type="checkbox"/> 6. Public, piped into yard
	<input type="checkbox"/> 2. Private, piped into dwelling	<input type="checkbox"/> 7. Spring / River
	<input type="checkbox"/> 3. Public standpipe	<input type="checkbox"/> 8. Cistern / Tank
	<input type="checkbox"/> 4. Public well / tank	<input type="checkbox"/> 88. Other _____
	<input type="checkbox"/> 5. Public, piped into dwelling	<input type="checkbox"/> 99. Don't know / Not stated
97. What is your main source of drinking water?	<input type="checkbox"/> 1. Bottled water	<input type="checkbox"/> 7. Public, piped into yard
	<input type="checkbox"/> 2. Private, not piped into dwelling	<input type="checkbox"/> 8. Spring / River
	<input type="checkbox"/> 3. Private, piped into dwelling	<input type="checkbox"/> 9. Cistern / Tank
	<input type="checkbox"/> 4. Public standpipe	<input type="checkbox"/> 88. Other _____
	<input type="checkbox"/> 5. Public well / tank	<input type="checkbox"/> 99. Don't know / Not stated
	<input type="checkbox"/> 6. Public, piped into dwelling	
98. What type of lighting does the dwelling have?	<input type="checkbox"/> 1. Electricity - Private Generator	<input type="checkbox"/> 5. Solar
	<input type="checkbox"/> 2. Electricity - Public	<input type="checkbox"/> 6. None
	<input type="checkbox"/> 3. Gas Lantern	<input type="checkbox"/> 8. Other _____
	<input type="checkbox"/> 4. Kerosene	<input type="checkbox"/> 9. Don't know/Not stated



99. What type of toilet facilities does this dwelling have... 1. Pit latrine not ventilated 5. Water Closet (WC) (flush toilet) linked to sewer 6. None (Skip to 100) 88. Other (Specify) _____ 99. Don't know/Not stated

2. Pit latrine ventilated and elevated/Ventilated Improved Pit (VIP) 3. Pit-latrine ventilated and not elevated 4. Water Closet (WC) (flush toilet) linked to septic tank/Soak-away

100. Is this toilet shared with any other household? 1. Yes 2. No

101. Are your bathing facilities... 1. Within the dwelling not shared? 5. It does not have any 8. Other (specify) _____

2. Outside the dwelling not shared? 3. Within the dwelling, shared with other dwelling? 4. Outside the dwelling, shared with other dwelling?

102. What fuel is used most often for cooking? 1. Cooking gas/LPG 5. None 8. Other (Specify) _____ 9. Don't know/Not stated

2. Electricity 3. Kerosene 4. Wood/charcoal

103. Does this dwelling have....	READ	YES	NO
a) Television?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Radio?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Residential telephone?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Electric/Gas Stove?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
e) Refrigerator?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
f) Washing machine?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
g) Electric fan?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
h) Air conditioner?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
i) Sewing machine?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
j) Bicycle?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
k) Motorcycle?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
l) Automobile/Motor Vehicle?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
m) Mobile Cellular Telephone <i>With Internet Access</i>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
n) Mobile Cellular Telephone <i>Without Internet Access</i>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
o) Personal Computer/Laptop <i>With Internet Access</i>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
p) Personal Computer/Laptop <i>Without Internet Access</i>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
q) Video/VCR		<input type="checkbox"/> 1	<input type="checkbox"/> 2
r) Electric Iron		<input type="checkbox"/> 1	<input type="checkbox"/> 2

SAMPLE

104. Has any child under the age of 5 years died in this household in the past 12 months?

1 Yes 2 No

105. In the past 30 days did you or any household member eat fewer meals in the day because there was not enough food because of a lack of resources?

1 Yes 2 No

106. How many times in the past 30 days did this happen?

SECTION 8. REMARKS OF THE ENUMERATOR

TO THE ENUMERATOR:

Please enter your comments on the interview. Include any problems you may have encountered. If there is any explanation, you can give for any responses or if there is any response or classification you are not sure of, please include that in your comments.

SAMPLE