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Government of St. Kitts & Nevis  
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 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 2002

Reference Week

Day   Month   Day   Month   Year

**IMPORTANT!!!**

Transfer these codes to the top of EACH individual questionnaire

Parish   ED Number    Household Number

Phone Number

Address of Residence:

-

Number of Forms:  For households with 8 or less persons  
Number of forms will be 1, for more than 8 up to 16 it will be 2

on of Response History

Visit Number 1

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Interview Date: DD / MM   /

Interviewer Number:

Interviewer Time:   :   to   :

**Result**

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   /

Interviewer Time:   :   to   :

**Result**

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   /

Interviewer Time:   :   to   :

**Result**

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   /

Interviewer Time:   :   to   :

**Result**

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:   /

**...ING HOUSEHOLD MEMBERSHIP**



...e/sleep most nights here and share at least one daily meal with your household

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*Confidential*

**LISTING OF HOUSEHOLD MEMBERS**

	1. Surname	2. First Name		1. Surname	2. First Name
01			11		
02			12		
03			13		
04			14		
05			15		
06			16		
07			17		
08			18		
09			19		
10			20		

**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"

**2. Total number of household members:**

Number of Persons in Household:

--	--

Number of Persons 15 and older:

--	--

**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: \_\_\_\_\_



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ALL MEMBERS OF THE HOUSEHOLD

PERSON NUMBER	NAME OF PERSON	HOUSEHOLD	MIGRATION	
	3. What are the names of all those who slept four or more nights and shared at least one daily meal in this dwelling during the week ending  ...../...../.....  Enter Surname First	4. What is your / (...)'s relation to..... (name the head of the household)? 1. Head 13. Common Law 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	5. What is your / (...) place of birth?  WRITE IN NAME OF COUNTRY  If country is <b>St Kitts &amp; Nevis</b> go to <b>Q7</b>  OTHERWISE CONTINUE	6. Since what month and year have you/ (...) been in St Kitts & Nevis?  MM                  YYYY
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ALL MEMBERS OF THE HOUSEHOLD

EDUCATION

PERSON NUMBER	of any illness, accident, dental problem or any other health issue excluding emergencies and hospitalization?	8. What is the highest level of education that you have / (... has) attained?	9. What is the highest level of examination that you have/ (... has) passed?
	1. You did not ask for medical assistance 2. You went to general practioner, dentist or therapist 3. You went to a pharmacist 4. You went to a healer; herbalist 5. You used alternative therapies(acupuncture,flower essence, music therapy, homeopathy, etc.) 6. You used home-made medicine 7. You self prescribed your own treatment or medicine 8. Nothing	1. Preschool / None 2. Primary 3. Standard 6/7 4. Secondary 5. Sixth Form 6. Post Secondary/college 7. University 8. Other (Specify)	1. None 2. Common Entrance (Primary) 3. 6/7 Standard Certificate 4. High School Certificate/CCLC 5. Cambridge School Certificate 6. GCE/CXC O'Level/CSEC 7. GCE/CXC A'Level / Cape 8. Diploma (Under Graduate) 9. Diploma (Post Graduate) 10. Associate Degree 11. First Degree/Bachelor's 12. Master's Degree 13. PhD 88. Other (Specify)

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COMPLETED FOR ALL RESPONDENTS 15 YEARS OF AGE AND OLDER

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PERSON NUMBER	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 Flashcard by respondent or estimated by enumerator. C) Place X In box F if flashcard was used, or X in E if it was estimated by enumerator.	End of interview for persons under 15 years	TRAINING				
				12. What is your / (...)'s present marital status? 1. Married 2. Widowed 3. Legally Separated 4. Divorced 5. Never Married	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.	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)	
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ACTIVITY/EMPLOYMENT STATUS,  
D OCCUPATION



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AGE AND OLDER - DETERMINING EMPLOYMENT STATUS

PERSON NUMBER	ECONOMIC ACTIVITY			EMPLOYED AND ACTUALLY WORKING
	16. During the past 12 months, how many weeks were you (was...)?	17. During the past 12 months which of the following groups did you/ (...) belong to?	18. During the past 12 months did you/.... receive income from....?	19. Did you (...) actually do any form of work for pay, profit for the week ending .../.../.../?
	1. Working 2. Without work, wanting and available for work 3. Without work, not wanting work and/or not available for work?  Continue if mostly <b>ECONOMICALLY NOT ACTIVE</b> last 52 weeks Box ... (3 is greater than 26 weeks or 6 months). Otherwise go to <b>Q18</b> .	1. Student 2. Housewife/homemaker 3. Retirement, Old age 4. Disabled 8. Other (Specify)	1. Abroad 2. Government Social Support 3. Pension 4. Other income (not employment related) 5. None	1. Yes (Continue) 2. No (Go to <b>Q21</b> )

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AGE AND OLDER - DETERMINING EMPLOYMENT STATUS

EMPLOYED BUT TEMPORARILY ABSENT

PERSON NUMBER	20. Did you work for at least one (1) hour during the week ending .../.../.../?	21. During the week ending .../.../..., did you/ (...) engage in any work activities?	22. Were you/ (...) temporarily absent from the work you normally do (... does) in the last week? .../.../.../?	23. What was the main reason why you were / (... was) absent from work in the week ending .../.../.../?
	1. Yes (Go to <b>Q34</b> ) 2. No (Go to <b>Q21</b> )	1. Yes to any (Go to <b>Q34</b> ) 2. No (Go to <b>Q32</b> )  <b>Exclude own domestic work such as cooking, cleaning, etc. for ones own family.</b>	1. Yes (Continue) 2. No (Go to <b>Q29</b> )	1. Vacation 2. Maternity/Sick leave 3. Personal/ Family Responsibility 4. Study Leave/Training 5. Strike/Lock Out  6. Temporary Lay-Off 7. Sent on Unpaid Leave by Employer 8. Otherwise not at work (Specify)

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 _____
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04	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 _____
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06	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 _____
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 _____
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 _____



ACTIVITY/EMPLOYMENT STATUS,  
AND OCCUPATION

AGE AND OLDER - DETERMINING EMPLOYMENT STATUS

ED BUT TEMPORARILY ABSENT

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PERSON NUMBER	24. Why are you (is ....) on temporary lay off, 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 access or (does .... have) 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) Place in both boxes  MM      YY	27. When were you/ (...) laid-off send on extended leave or stopped operating your/ (his/ her) own business?  Enter month and year  99 Don't Know (only if proxy respondent) Place in both boxes  MM      YY
01	<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	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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AGE AND OLDER - DETERMINING EMPLOYMENT STATUS

WANTING WORK

PERSON NUMBER	<p>28. Does the employer pay part of wages or benefits while you/ (...) are/is on lay-off?</p> <p>1. Yes (Go to Q34) 2. No (Continue) 9. Don't Know (only if proxy respondent) (Continue)</p>	<p>29. Did you / (...) want work for pay, profit or family gain in the last four weeks date: .../.../.../ to .../.../.../?</p> <p>1. Yes (Continue) 2. No (Go to Q32) 9. Don't Know (only if proxy respondent) (Continue)</p>	<p>30. Did you/(...) actually look for such work during the last four weeks date: .../.../.../ to .../.../.../?</p> <p>1. Yes (Continue) 2. No (Go to Q32) 9. Don't Know (only if proxy respondent) (Continue)</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"/> 2 <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"/> 2 <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"/> 2 <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"/> 2 <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"/> 2 <input type="checkbox"/> 9
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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"/> 2 <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"/> 2 <input type="checkbox"/> 9

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AND OLDER - DETERMINING EMPLOYMENT STATUS

ACTIVELY SEEKING WORK

PERSON NUMBER

31. What steps did you/ (...) take during the last four weeks (date: . . . / . . . / . . . / to . . . / . . . / . . . /) to get such work?

*Interviewer: Do not read aloud/more than one option may be selected*

- 1. Did nothing/Undertook no (active) steps (Continue)
- 2. Registered at public employment exchange
- 3. Registered at private employment agency
- 4. Checked at work site, farms, factories
- 5. Looked up and responded to advertisements (telephone 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
- 9. Non-response (Continue)
- 88. Other (specify)
- 99. Don't Know (Only for proxy respondents) Continue

**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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____
04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" 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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____
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"/> 99	<input type="checkbox"/> 88	_____

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AGE AND OLDER - DETERMINING UNEMPLOYMENT

	SEEKING WORK	CURRENT AVAILABILITY	
PERSON NUMBER	<p><b>32. Why did you/ (....) not want or seek work the last four weeks (date: .../.../... to .../.../...)?</b>  <b>Interviewer: Do not read aloud/more than one option may be selected</b></p> <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> <p>7. Thinks he/she lacks skills</p> <p>8. Discrimination</p> <p>9. Don't know where/how to seek</p> <p><b>Response 1 to 9 Continue</b></p> <p>10. Household duties</p> <p>11. Student</p> <p>12. Illness/Disability</p> <p>13. Family Reason, pregnant</p> <p><b>Response 10 to 13 Go to Q76</b></p> <p>88. Other personal reason(Specify)</p>	<p><b>33. If you/ (....) had been offered an opportunity to work during last week, would you have been able to start?</b></p> <p><b>1. Yes Go to Q64</b></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><b>If No Go to Q76</b></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"/> 2.1 <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"/> 2.1 <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"/> 2.1 <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 checked="" 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"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____
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	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"/> 2.1 <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"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3 <input type="checkbox"/> 2.4 <input type="checkbox"/> 2.5 _____

DETAILED SPECIFICS OF EMPLOYMENT



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PERSONS 15 YEARS OF AGE AND OLDER

PERSON NUMBER	DROPOUT/TURNOVER		DETERMINING MULTIPLE JOB HOLDING	
	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. 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> )	<i>Interviewer: Explain that we need to know the total number of paid employed and self employed jobs separately.</i>  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 checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input checked="" 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"/>
08	<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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**PERSONS 15 YEARS OF AGE AND OLDER**

		ACTUAL HOURS OF WORK		
<b>PERSON NUMBER</b>	<p>41/42. What is your job title? Give a brief description of your/ (...) main duties.</p> <p>9999. Don't Know (<i>only for proxy respondent</i>)</p> <p>This section should not be left blank for employed persons.</p>	<p>43. How many hours did you/ (...) usually work per week during the last four weeks? 99. Don't Know (<i>only if proxy respondent</i>) <b>READ TO RESPONDENT IF NECESSARY:</b></p> <p>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.</p> <p><b>Enter Number of Hours Below</b></p>		
		Main	Second	All
01	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<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	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<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	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<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	<p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 41. Main job: _____</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> 42. Second job: _____</p>	<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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PERSONS 15 YEARS OF AGE AND OLDER

REASON FOR ACTUALLY WORKING LESS THAN THE THRESHOLD

<b>PERSON NUMBER</b>	<p>44. How many hours did you/ (...) actually work during the last four weeks?</p> <p>99. Don't Know (only for proxy respondent) Go to Q46</p> <p>If hours less than 35 Go to Q45 Other Go to Q46</p> <p><b>READ TO RESPONDENT IF NECESSARY:</b></p> <p>We need you to make an estimate of number of hours that you worked per week for 30 days. You must include the hours you work over and above of 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.</p> <p>Enter Number of Hours Below</p>	<p>45. Why did you work less than 35 hours during the last week?</p> <p>1. Do ( . . . does ) not want to work more than 35 hours a week. Go to Q50</p> <p>2. Own illness, injury</p> <p>3. Holiday, vacation</p> <p>4. In school, training</p> <p>5. Personal, family</p> <p>6. Strike, lock out</p> <p>7. Down time in production</p> <p>8. Slow down of business activities</p> <p>9. Reduction in economic activity</p> <p>10. Temporary disorganisation or suspension from work</p> <p>11. Job started/ended within reference period</p> <p>12. Could not find more work</p> <p>88. Other (specify) <span style="float: right;">2 to 12 &amp; 88 Continue</span></p>
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01	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
02	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
03	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
04	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
05	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
06	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
07	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>
08	<p>Main                      Second                      All</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/>                      <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><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</p> <p><input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11    <input type="checkbox"/> 12    <input type="checkbox"/> 88 _____</p>



**OF EMPLOYMENT... TIME RELATED  
EMPLOYMENT**



**AND OLDER ... WANTING MORE WORK ... UNDEREMPLOYMENT**

**ACTIVELY SEEKING ADDITIONAL WORK**

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PERSON NUMBER	46. Did you/ (...) want to work more hours per week in the last week?	47. Did you/ (...) seek additional work during the week ending .../.../...?	48. How did you/ (...) seek additional work or another job with more work hours in the week ending .../.../...?
	1. Yes ( <b>Continue</b> ) 2. No (Go to <b>Q50</b> ) 9. Don't Know ( <b>only for proxy respondents</b> ) (Go to <b>Q50</b> )	1. Yes ( <b>Continue</b> ) 2. No (Go to <b>Q50</b> ) 9. Don't Know ( <b>Only for proxy respondents</b> ) (Go to <b>Q50</b> )	1. Did Nothing (Go to <b>Q50</b> ) 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 (telephone, internet and/or letters) 6. Asked for assistance from friends, relatives, colleagues, unions 7. Tried to establish my/ (his/her) own business looked for land/workspace, tried to get credit, applied for licenses, permits etc. 8. Tried to work on a family farm or business 9. Non-response (Go to <b>Q50</b> ) 88. Other (Specify) 99. Don't Know ( <b>Only for proxy respondents</b> ) Go to <b>Q50</b> ) <b>Responses 2 to 8 and 88 Continue</b>

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"/> 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"/> 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 checked="" type="checkbox"/> 4 <input checked="" 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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 1 <input checked="" 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 checked="" type="checkbox"/> 1 <input checked="" 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"/> 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"/> 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 <input type="checkbox"/> 99
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"/> 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"/> 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 <input type="checkbox"/> 99
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"/> 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

OF EMPLOYMENT... TIME RELATED  
EMPLOYMENT



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AND OLDER ... WANTING MORE WORK ... UNDEREMPLOYMENT

PERSON NUMBER	NOT SEEKING ADDITIONAL WORK		AVAILABLE FOR MORE WORK
	49. How long have you/ ( has ...) been seeking a new job or additional work?	50. Why didn't you/ (...) want/seek additional work or another job with more work hours in the week ending .../.../... ?	51. If you/ (...) had been offered an opportunity to work more hours during last week, would you have been able to do so?
	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 99. Don't Know (only if proxy respondents)	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) <i>All Responses Continue</i>	1. Yes 2. No (Specify Reason) 2.1 Current training activity 2.2 Current job 2.3 Illness/Disability 2.4 Family Duties 2.5 Other (Specify) <i>All Responses Continue</i>

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"/> 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"/> 2.1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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 checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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"/> 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"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 88 _____	<input type="checkbox"/> 1 <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 _____



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OLDER	ONLY FOR SELF-EMPLOYED	
	UNINCORPORATED HOUSEHOLD ENTERPRISE	REGISTRATION

PERSON NUMBER	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 10. Other (Specify)  Instructions to the Interviewer: Probe for an answer. Information already provided may be useful such as : (a) Temporary absence (Q23 or Q28) (b) Q34 to Q42 - Name/ Type of Activity, Title/ Occupation	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 the National Insurance 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 9. Don't Know (only for proxy respondents)  Skip to Q59
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01	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
02	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
03	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
04	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
05	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
06	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
07	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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
08	Main job <input type="checkbox"/> Second job <input type="checkbox"/>	<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



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FOR PAID EMPLOYED

CONTACT

SOCIAL PROTECTION

PERSON NUMBER	CONTACT		SOCIAL PROTECTION	
	56. Was your/ was (...) employment based on a written contract?	57. Is your/ (...) contract or agreement for a limited time?	58. Do you/ does (...) benefit from paid annual leave?	59. Are you/ is (...) entitled to employment related social security benefits?
	1. Yes, a written contract 2. No, a verbal contract 3. Non-response 9. Don't Know ( <i>only for proxy respondents</i> )	1. Yes: - Day, if he/she is a daily labourer of casual worker - Week less than one month - Month less than 3 months - Months less than six months - Six months less than one year - One year or more - Unknown/Not Stated 2. No: permanent/ without time limit 9. Don't Know ( <i>only for proxy respondents</i> )	1. Yes 2. No 9. Don't Know ( <i>only for proxy respondents</i> )	1. Yes, from the Social Security 2. Yes, from insurance other than Social Security 3. No 9. Don't Know ( <i>only for proxy respondents</i> )

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"/>	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"/>	Main job <input type="checkbox"/> Second job <input type="checkbox"/>
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EMPLOYED PERSONS

TOR OF EMPLOYMENT

PERSON NUMBER	<p><b>60. The business where you/ (...) work is:</b></p> <ol style="list-style-type: none"> <li>1. A Government Central/ Local Unit</li> <li>2. A state enterprise/ public body</li> <li>3. A corporate business/ company</li> <li>4. A business owned by an individual, family or partners</li> <li>5. A non-governmental organization</li> <li>6. A private household (as a housekeeper, maid, cook, gardener guard)</li> </ol>	<p><b>61. What was your/ (...) gross income for the month ending . . . / . . . / . . . ?</b></p> <p>"Other" means other jobs besides Main job and Second job.</p> <p><b>Show Flash Card No. 1</b></p>	<p><b>62. What is your/ (...) main means of financial support?</b></p> <ol style="list-style-type: none"> <li>1. Self</li> <li>2. Spouse/ Partner</li> <li>3. Savings/Investment/ Pensions</li> <li>4. Friends/Relatives</li> <li>5. Social Security</li> <li>8. Other (Specify)</li> </ol>	<p><b>63. Do you receive financial support from relatives abroad?</b></p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>9. Don't Know (<i>only for proxy respondents</i>)</li> </ol> <p><b>FOR EMPLOYED PERSONS GO TO Q87</b></p>
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PERSON NUMBER	Main job	Second job	Main	Second	Other	1	2	3	4	5	8	1	2	9
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02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For Information only

**SPECIFICS OF UNEMPLOYMENT**



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**PERSONS 15 YEARS OF AGE AND OLDER**

**SPECIFICS OF LAST JOB**

PERSON NUMBER	64. How long have you/ ( has ...) been available and seeking work but without a job or own business?	65. Have you/ has (...) ever worked for others or in your own (his/her) (family) business?	66. Why did you/ (...) stop such work?	67. When did you/ (...) stop such work?	68. How many hours per week did you/ (...) USUALLY work in your (his/her) last job?
	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 )	1. Yes (Continue) 2. No (Go to Q73) 9. Don't Know (Go to Q73 (only for proxy respondents )	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 for proxy respondents )	Month/Year  If stopped working longer than 5 years go to Q73  99. Don't Know (only for proxy respondents ) <b>Place in both boxes</b>	_____ Hours 99. Don't Know (only for proxy respondents )

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**SPECIFICS OF UNEMPLOYMENT**



**PERSONS 15 YEARS OF AGE AND OLDER**

**INDUSTRY WHERE EMPLOYED IN LAST JOB**

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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. Employer 7. Own Account Worker 8. Contributing family member 9. Employer or Own Account Worker 88. Other (Specify) 99. Don't Know ( 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 worked	71. What was your/ (....) job title?
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PERSONS 15 YEARS OF AGE AND OLDER

PERSON NUMBER	LOOKED FOR WORK		FINANCIAL SUPPORT	
	72. Give a brief description of the main duties you/ (...) had	73. When did you last look for work? 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 )	74. What is your main means of financial support? 1.Savings/investments/Pensions /Inheritance 2. Spouse/Partner 3. Friends/Relatives 4. Social Security 8. Other (Specify)	75. Do you receive financial support from relatives who live abroad?  1. Yes 2. No  <b>FOR UNEMPLOYED PERSONS GO TO Q87</b>

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LABOR FORCE 15 YEARS OF AGE AND OLDER

LAST WORKED

PERSON NUMBER	<p><b>76. Have you/ (has ....) ever worked for others in your own (his/her) (family) business?</b></p> <p>1. Yes (Continue) 2. No (Go to <b>Q83</b>) 9. Don't Know (only for proxy respondents ) (Go to <b>Q83</b>)</p>	<p><b>77. Why did you (....) stop such work?</b></p> <p>1. Lost job 2. Job Completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Retired 7. Business Failed 8. Moved to other area 9. Don't Know (only if proxy respondents ) 88.Other (Specify)</p>	<p><b>78. How long ago did you/ (....) stop working?</b></p> <p>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 <b>Q83</b>) 9. Don't Know (only for proxy respondents )</p>
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BOUR FORCE 15 YEARS OF AGE AND OLDER

INDUSTRY AND OCCUPATION LAST JOB

<b>PERSON NUMBER</b>	<p><b>79. What was your employment status when you/ (....'s) last worked?</b></p> <ol style="list-style-type: none"> <li>1. Central Government Employee</li> <li>2. Employee of Statutory Board</li> <li>3. Private Employee</li> <li>4. Employee not specified</li> <li>5. Apprentice</li> <li>6. Employer</li> <li>7. Own Account Worker</li> <li>8. Contributing family member</li> <li>9. Employer or Own Account Worker</li> <li>10. Employment not specified <b>(only for proxy respondents)</b></li> <li>88. Other (Specify)</li> <li>99. Don't Know <b>(only for proxy respondents )</b></li> </ol>	<p><b>80. Describe the activities that were carried out at the workplace/ business where you/ (....) last worked.</b></p> <p style="text-align: right;">9999. Don't Know <b>(only for proxy respondents)</b></p>
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IN THE LABOUR FORCE 15 AND OLDER

	OCCUPATION LAST JOB	INTENDED ECONOMIC ACTIVITY
PERSON NUMBER	<b>81. What was your job title when you last worked?</b> 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 market 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	<b>82. Give a brief description of the main duties you/ (...) had.</b>  9999. Don't Know (only for proxy respondents )
	<b>83. Do you/ (...) expect to seek work or start your own business within the next six months?</b>  1. Yes 2. No 9. Don't Know (only for proxy respondents )	

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**LABOUR FORCE 15 YEARS OF AGE AND OLDER**

	ANNUAL INCOME	REMITTANCES
<b>PERSON NUMBER</b> <b>84. What is your/ (...)'s main means of financial support?</b> 1. Paid/Self Employment) 2. Self (Own savings/investment) 3. Pension 4. Spouse/Partner/Family 5. Former Spouse/Partner 6. Friends/Relatives 7. Social Security 8. Other (Specify) 9. Don't Know (only for proxy respondents )	<b>85. How much do you/ (does ....) receive per year?</b>  <b>Show Flash Card No. 2</b>  9. Don't Know (only for proxy respondents )	<b>86. Do you regularly receive support from relatives living abroad?</b>  1. Yes 2. No 9. Don't Know (only for proxy respondents )  <b>END OF INTERVIEW FOR PERSONS OUT OF THE LABOUR FORCE</b>

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HOUSEHOLD INFORMATION



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ALL HOUSEHOLDS

- 1. Occupied dwelling
- 2. Occupants absent
- 3. Un-occupied dwelling
- 4. Temporary dwelling
- 5. Dwelling under construction
- 6. Dwelling destroyed
- 7. No longer a dwelling
- 8. Not applicable for survey purposes
- 9. Incomplete
- 10. Refusal
- 88. Other information \_\_\_\_\_
- 99. Don't know/Not stated

90(b). If you had to rent this dwelling, how much would you charge as monthly rent?

\$    ,

91. How many rooms are there in the dwelling? ( Do not include kitchen, toilet,bathrooms or porches).

Number of Rooms

92. Of these, how many are only for sleeping?

Number of Rooms

88. What type of dwelling does this household occupy?

- 1 Separate house/ detached
- 2 Part of a private house/attached
- 3 Flat, apartment, condominium
- 4 Double house/Duplex
- 5 Townhouse
- 6 Combine business and dwelling
- 7 Barracks
- 8 Other (Specify) \_\_\_\_\_
- 9 Don't know/Not stated

93. What is the MAIN material of the outer walls?

- 1 Concrete
- 2 Concrete and Blocks
- 3 Improved/ Makeshift
- 4 Stone
- 5 Stone and brick
- 6 Wood
- 7 Wood and brick
- 8 Wood & Concrete
- 9 Wood and galvanized
- 88 Other
- 99 Don't know/not stated

94. What is the MAIN material used for roofing?

- 1 Concrete
- 2 Improved/Makeshift
- 3 Sheet metal\*
- 4 Shingle (asphalt)
- 5 Shingle (other)
- 6 Shingle (wood)
- 7 Tarpaulin
- 8 Tile
- 88 Other (Specify) \_\_\_\_\_
- 99 Don't know/Not stated

89. How would you best describe the ownership of this dwelling unit?

- 1 Owned with a mortgage (Go to Q90a)
- 2 Owned outright (Go to Q90b)
- 3 Leased (Go to Q90a)
- 4 Rent-free (Go to Q90b)
- 5 Rented gov.(paying) (Go to Q90a)
- 6 Rented private (paying) (Go to Q90a)
- 7 Squatted (Go to Q90b)
- 8 Other (Specify) \_\_\_\_\_
- 9 Don't know/Not stated

90(a)How much do you pay monthly?

\$    ,

HOUSEHOLD INFORMATION



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HOUSEHOLDS

- 1 Private not piped into dwelling
- 2 Private, piped into dwelling
- 3 Public standpipe
- 4 Public well/tank
- 5 Public piped into dwelling
- 6 Public, piped into yard
- 7 Spring/River
- 8 Cistern/Tank
- 88 Other (Specify) \_\_\_\_\_
- 99 DK/NS

97. What is your MAIN source of DRINKING water?

- 1 Bottled water
- 2 Private,not piped into dwelling
- 3 Private, piped into dwelling
- 4 Public standpipe
- 5 Public well/tank
- 6 Public, piped into dwelling
- 7 Public, piped into yard
- 8 Spring/River
- 9 Cistern/Tank
- 88 Other (Specify) \_\_\_\_\_
- 99 Don't know/Not stated

98. What is the MAIN source of lighting for this household?

- 1 Electricity - Private Generator
- 2 Electricity - Public
- 3 Gas Lantern
- 4 Kerosene
- 5 Solar
- 6 None
- 8 Other (Specify) \_\_\_\_\_
- 9 Don't know/Not stated

99. What type of toilet facility does this household have?

- 1 Pit latrine not ventilated
- 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
- 5 Water Closet (WC) (flush toilet) linked to sewer
- 6 None (Skip to 15)
- 8 Other (Specify) \_\_\_\_\_
- 9 Don't know/Not stated

100. Is this toilet shared with any other household?

- 1 Yes
- 2 No
- 9 Don't know/Not stated

101. Are your bathing facilities...

- 1 Within the dwelling, not shared?
- 2. Outside the dwelling, not shared?
- 3. Within the dwelling, shared with other dwelling?
- 4. Outside the dwelling, shared with other dwelling?
- 5. It does not have any
- 8. Other (specify) \_\_\_\_\_
- 9. Don't know/Not stated

102. What fuel is used most often for cooking?

- 1 Cooking gas/LPG
- 2 Electricity
- 3 Kerosene
- 4 Wood/charcoal
- 5 None
- 8 Other (Specify) \_\_\_\_\_
- 9 Don't know/Not stated

103. Does the dwelling have?

- 1. Television
- 2. Radio
- 3. Residential telephone
- 4. Electric/Gas stove
- 5. Refrigerator
- 6. Washing machine
- 7. Electric fan
- 8. Air conditioner
- 9. Sewing machine
- 10. Bicycle
- 11. Motorcycle
- 12. Automobile/Motor vehicle
- 13. Mobile cellular telephone With internet Access
- 14. Mobile cellular telephone Without internet Access
- 15. Personal Computer/Laptop With Internet Access
- 16. Personal Computer/Laptop Without Internet Access
- 17. Video/VCR/DVD
- 18. Electric iron

For Information only

