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This survey is authorized by Commonwealth Act No. 591.
All data obtained cannot be used for taxation, investigation
or enforcement purposes.



REPUBLIC OF THE PHILIPPINES
NATIONAL STATISTICS OFFICE

INFORMAL SECTOR SURVEY (ISS)

(LISTING OF EMPLOYED PERSONS 15 YEARS OLD AND OVER)

IDENTIFICATION AND OTHER INFORMATION

Booklet ___ of ___ booklets

<p>Geographic Identification Codes</p> <p>Province _____ <input type="text"/> <input type="text"/></p> <p>Mun/City _____ <input type="text"/> <input type="text"/></p> <p>Bgy _____ <input type="text"/> <input type="text"/> <input type="text"/></p> <p>EA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SHSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HCN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Name of Household Head: _____</p> <p>Address: _____</p> <p>Number of employed person/s <input type="text"/> <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;">No.</th> <th style="width: 15%;">Line Number of Employed Person/s</th> <th style="width: 15%;">Respondent Status</th> <th style="width: 15%;">Interview Code</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2.</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3.</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>4.</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>5.</td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Respondent Status Code</p> <p>1 – Completed by the employed person</p> <p>2 – Completed by responsible member</p> <p>3 – Refusal</p> <p style="text-align: center;">Interview Code</p> <p>1 - Completed</p> <p>2 - Refusal</p> </div>	No.	Line Number of Employed Person/s	Respondent Status	Interview Code	1.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	2.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	3.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	4.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	5.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>Design Codes</p> <p>Replicate <input type="checkbox"/></p> <p>Stratum <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PSU No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Rotation Group <input type="text"/> <input type="text"/></p> <p>Number of Households in the housing unit <input type="text"/> <input type="text"/></p>	<p>Certification</p> <p>I hereby certify that the data gathered in this questionnaire were obtained/reviewed by me personally and in accordance with instructions.</p> <p>_____ Signature over Printed Name of Enumerator</p> <p>_____ Signature over Printed Name of Supervisor</p> <p>_____ Date Accomplished</p> <p>_____ Date Reviewed</p>																								

Line No.	Name of employed person	Job Number	What is your occupation? (Specify occupation, e.g. elementary teacher, palay farmer, etc.)	PSOC Code	What is your class of worker?	What is the nature of your employment? <i>If col 05 = 3, 4 or 6, go to col 14</i>	Ask cols 07-13 only if col 05 = 0, 1, 2, or 5							All things considered, are you satisfied with your job? 1 - Very Unsatisfied 2 - Unsatisfied 3 - Moderate 4 - Satisfied 5 - Very Satisfied <i>If col 05=0 or 2, go to col 29</i> (Enter code)	Place of work Where do you mainly undertake your work? (Enter code)	Industry of Enterprise What is the kind of business/ industry of this work? (Specify industry e.g. private school, palay farm, etc.)	PSIC Code
							Are the terms of your employment covered by a written contract?	Does your employer pay for your contribution to the GSIS/ SSS?	Do you benefit from paid leave/ or from compensation instead of leave?	In case of incapacity to work due to health reasons, would you benefit from paid sick leave?	In case of birth of a child, would you be given the opportunity to benefit from maternity/ paternity leave?	If there is due cause, could your employment be terminated by your employer without advance notice?	In case of termination of employment (either initiated by you or your employer) would you receive the benefits and compensation specified in the existing labor laws?				
(01)	(02)	(03)	(04)	(04a)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(16a)

Codes for Column 05 (Class of worker)

- 0 - Worked for private household
- 1 - Worked for private establishment/corporation
- 2 - Worked for gov't/gov't corporation
- 3 - Self-employed without any paid employee
- 4 - Employer in own family-operated farm or business
- 5 - Worked with pay on own family-operated farm or business
- 6 - Worked without pay on own family-operated farm or business

Codes for Column 06 (Nature of employment)

- 1 - Permanent job/business/unpaid family work
- 2 - Short-term or seasonal or casual unpaid family work
- 3 - Worked for different employer/"amo" on day-to-day or week-to-week

Codes for Column 15 (Place of work)

Fixed Premises

- 01 - At home with no special work space
- 02 - At home with work space inside/attached to the home
- 03 - Business premises with fixed location independent from home
- 04 - Farm or individual agricultural /subsidiary plot
- 05 - Home or workplace of the client
- 06 - Construction site
- 07 - Market, bazaar stall, trade fair
- 08 - Street pavement or highway with fixed post
- 09 - Employer's home

No fixed premises

- 10 - Transport vehicle
- 11 - No fixed location e.g. mobile, door-to-door; street w/o fixed post)
- 90 Others (specify) _____

Line No.	J o b N u m b e r	Legal Organization		Employment Size			Registration		Bookkeeping and accounting practices			Production	Do you have other job? If "YES", enter the number, go to page 2 col 03 If "NO", enter "0", go to next employed person/HH (Enter code)	
		What is the legal status/ organization of the enterprise where you work? (If code 2, 3, or 4 skip to col 19) (Enter code)	Type of Enterprise In which type of enterprise do you work? (Enter code)	How many persons (including yourself) usually work in the place where you work/your business/your production unit?			How many are paid employees? (Enter the total number)	Is the enterprise in which you work registered in any national/ local government agency? 1 - Yes 2 - In the process 3 - No, skip to col. 25 (Enter code)	Under which form is the enterprise registered? (Multiple entries) 1 - Local government 2 - National government 3 - Others, Specify, (Enter code)	If col 05=3,4,6		If col 05=1,5		Does the enterprise you own or where you work sell or barter its goods/ services? 1 - Yes 2 - No (Enter code)
				Total	Male	Female				How does your enterprise/ business maintain its records or account? (Enter code)	Does your business have a BIR business TIN? 1 - Yes 2 - No (Enter code)	Do you get a pay slip? (payroll) 1 - Yes with complete information 2 - Yes simple pay slip 3 - No (Enter code)		
(01)	(03)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)

Codes for Column 17 (Legal organization)

- 1 - Single proprietorship/individual business or farm
- 2 - Partnership
- 3 - Corporation (stock or nonstock; nonprofit)
- 4 - Cooperative
- 5 - Others (specify) _____
- 6 - Do not know

Codes for Column 18 (Type of enterprise)

- 1 - Factory or plantation
- 2 - Bank or insurance company
- 3 - Commercial/restaurant/service chain
- 4 - Construction company
- 5 - Private hospital or school
- 6 - Engineering firm
- 7 - Farm, small workshop/garage/shop, carinderia, mobile
- 8 - Others (specify) _____

Codes for Column 25 (Bookkeeping)

- 1 - No written accounts kept
- 2 - Informal records for personal use
- 3 - Simplified accounting format required for tax payment
- 4 - Detailed formal accounts (balance sheet)
- 5 - Others,(specify) _____

Line No.	Name of employed person	Job number	TO BE FILLED-UP BY THE ENUMERATOR					<p>What is the full name and address/location of your enterprise?</p> <p><i>If place of work is in fixed business premise outside of housing unit, write complete name and address.</i></p> <p><i>Otherwise, write "Housing Unit"</i></p> <p>Go to next job of employed person/next employed person. If this is the last person or job, proceed with ISS Form 2 interviews for each IS identified and marked in column 34.</p> <p>(Write the name of the business (if applicable) / Name of operator)</p>
			<i>If the entry in column (05) is either code 3 or 4, enter "O". otherwise enter "X".</i>	<i>If the entry in column(17) is code 1,5 or 6 and If the entry in column (18) is code 7 or 8 enter "O". otherwise enter "X".</i>	<i>If the entry in column (25) is either codes 1,2 or 3, enter "O". otherwise enter "X".</i>	<i>If the entry in column (28) is code 1 enter "O". otherwise enter "X".</i>	<i>Put a check mark (/) if the entries in cols 30 to 33 are all "O", and go to column 35</i>	
(01)	(02)	(03)	(30)	(31)	(32)	(33)	(34)	(35)
								Name:
								Address:
								Name:
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