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Republic of Zambia  
**CENTRAL STATISTICAL OFFICE/**  
**MINISTRY OF LABOUR AND SOCIAL SECURITY**

**LABOUR FORCE SURVEY 2005**

Ministry of Labour and Social Security  
 P.O. Box 32198, Lusaka, Zambia  
 Tel No. 222658  
 Fax No. 253468

Questionnaire No.  of   
 Questionnaire S/N

|                                                                                                                                                                  |                                                    |                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| <b>Household Identification Particulars</b><br>Province.....<br>Constituency Name.....<br>CSA Number.....<br>Rural..... 1 Urban ..... 2<br>Household Number..... |                                                    | District.....<br>Ward Name.....<br>SEA Number.....<br>SBN.....<br>Housing Unit Number.....                  |  |
| *RESULT CODES<br>1. Completed<br>2. Refused<br>3. Housing unit vacant<br>4. Housing unit not found                                                               |                                                    | <b>HOUSEHOLD SELECTION STATUS</b><br>1. Originally Selected Household<br>2. Replacement Household           |  |
| ENUMERATOR'S CODE<br>[ ][ ][ ][ ]                                                                                                                                | DATE OF INTERVIEW<br>DD [ ][ ] MM [ ][ ] YY [ ][ ] | SUPPLEMENTARY QUESTIONNAIRE COMPLETED?<br>1. YES <input type="checkbox"/><br>2. NO <input type="checkbox"/> |  |
| SUPERVISOR'S CODE<br>[ ][ ][ ][ ]                                                                                                                                | DATE OF CHECKING<br>DD [ ][ ] MM [ ][ ] YY [ ][ ]  |                                                                                                             |  |

**Section I**

**DEMOGRAPHIC CHARACTERISTICS**

*This questionnaire seeks to obtain information on situation of the household and all its members regarding their work and schooling activities. The questions should therefore be addressed to the most knowledgeable person in the household.*

| Person Number | Household Members | Household Members        |                          | What is (Name)'s relationship to head of the household? | Is (Name) Male or Female? | How old was (Name) at (his/her) last birthday? Enter age in completed years. | Marital Status (for persons 15 years and above)<br>What is (Name)'s current marital status? | For all children less than 19 years of age |                          |                  |                |               |
|---------------|-------------------|--------------------------|--------------------------|---------------------------------------------------------|---------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|------------------|----------------|---------------|
|               |                   | 01 Head (Husband/Wife)   | 02 Spouse                |                                                         |                           |                                                                              |                                                                                             | 03 Son/ Daughter                           | 04 Brother/Sister        | 05 Adopted Child | 06 Grand Child | 07 Step child |
| PN            | Q1                | Q2                       | Q3                       | Q4                                                      | Q5                        | Q6                                                                           | Q7                                                                                          | Q8                                         | Q9                       |                  |                |               |
| 01            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 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"/> |                  |                |               |
| 03            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 04            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 05            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 06            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 07            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 08            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 09            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 10            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 11            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 12            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 13            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |
| 14            |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>                                                     | <input type="checkbox"/>                                                                    | <input type="checkbox"/>                   | <input type="checkbox"/> |                  |                |               |

| Section II    |                                                              |                                                         |                                                                                                         |                                                              |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |                                                                                                                                        |
|---------------|--------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Person number | Can (Name) read or write in any language?<br>1. Yes<br>2. No | Has (Name) ever attended school?<br>1. Yes<br>2. No->Q6 | What was the highest grade/level (Name) completed at this level?<br>ENTER GRADE/HIGHEST LEVEL COMPLETED | Is (Name) currently attending school?<br>1. Yes<br>2. No->Q6 | What grade/level is (Name) currently attending?<br>ENTER GRADE/LEVEL CURRENTLY ATTENDING | What are/were the main reason why (Name) is not attending or never attended school?<br>1. Is/was too young<br>2. Disabled/illness<br>3. School is too far<br>4. Cannot afford school cost<br>5. Family does not allow schooling<br>6. Not interested in school<br>7. School not considered valuable<br>8. School environment not conducive<br>9. To work<br>10. Help at home with household chores<br>11. Other ..... Specify | Has (Name) ever received any skills training?<br>1. Yes<br>2. No->Section III | What type of skills training did you receive?<br>1. None Sec III<br>2. On-the-job<br>3. Adult<br>4. Literacy<br>5. Apprenticeship<br>6. Other<br>9. Don't know (specify) | The last time (Name) received skills training, how long did it last?<br>1. Less than a week<br>2. 1 week but less than 2 weeks<br>3. 2 weeks but less than 1 Month<br>4. 1 month but less than 2 months<br>5. 2 months but less than 6 months<br>6. More than 6 Months | In what field did (Name) last receive this type of training?<br>ENTER FIELD OF TRAINING IN THE SPACE PROVIDED<br>GET CODES FROM MANUAL |
| PN            | Q1                                                           | Q2                                                      | Q3                                                                                                      | Q4                                                           | Q5                                                                                       | Q6                                                                                                                                                                                                                                                                                                                                                                                                                            | Q7                                                                            | Q8                                                                                                                                                                       | Q9                                                                                                                                                                                                                                                                     | Q10                                                                                                                                    |
| 01            | <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 type="checkbox"/>                                                                                                               |
| 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 type="checkbox"/>                                                                                                               |
| 03            | <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 type="checkbox"/>                                                                                                               |
| 04            | <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 type="checkbox"/>                                                                                                               |
| 05            | <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 type="checkbox"/>                                                                                                               |
| 06            | <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 type="checkbox"/>                                                                                                               |
| 07            | <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 type="checkbox"/>                                                                                                               |
| 08            | <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 type="checkbox"/>                                                                                                               |
| 09            | <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 type="checkbox"/>                                                                                                               |
| 10            | <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 type="checkbox"/>                                                                                                               |
| 11            | <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 type="checkbox"/>                                                                                                               |
| 12            | <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 type="checkbox"/>                                                                                                               |
| 13            | <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 type="checkbox"/>                                                                                                               |
| 14            | <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 type="checkbox"/>                                                                                                               |

**Section III**

**ECONOMIC ACTIVITY IDENTIFICATION:** This section covers activities in the last seven days for all household members aged 5 years and above

Now I am going to ask some questions about activities in the last seven days for each household member aged 5 years and above

|    | What was (Name's) main activity in the last 7 days?<br>1 Working/Assisting in work of any kind-> Sec IV<br>2 Not working but available for work<br>3 Not working and not available for work<br>4 Housewife/homemaker<br>5 Fulltime Student<br>6 Sick<br>7 Retired/Aged<br>8 Other..... (Specify)<br>9. | Did (Name) help in unpaid household business of any kind in the last 7 days?<br>1:Yes->Section IV<br>2.No | Did (Name) do any work as a subsistence farmer e.g. growing crops, raising cattle, weeding, harvesting etc in the last 7 days?<br>1:Yes->Section IV<br>2.No | Did (Name) do any work as a learner or apprentice for a wage or salary in cash or kind in the last 7 days?<br>1:Yes->Section IV<br>2.No | Did (Name) catch any fish or gather any other food for sale or household consumption in the last 7 days?<br>1:Yes->Section IV<br>2.No | Did (Name) do any work for a wage, salary, commission or any payment in kind (excl. domestic work) in the last 7 days?<br>1:Yes->Section IV<br>2.No | Did (Name) do any work as a domestic worker for a wage, salary, or any payment in kind in the last 7 days?<br>1:Yes<br>2.No->Section IV Q25 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| PN | Q1                                                                                                                                                                                                                                                                                                     | Q2                                                                                                        | Q3                                                                                                                                                          | Q4                                                                                                                                      | Q5                                                                                                                                    | Q6                                                                                                                                                  | Q7                                                                                                                                          |
| 01 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 02 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 03 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 04 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 05 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 06 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 07 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 08 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 09 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 10 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 11 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 12 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 13 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |
| 14 | <input type="checkbox"/>                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                    | <input type="checkbox"/>                                                                                                                | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                    |

**Section IV EMPLOYMENT: THIS SECTION COVERS MAIN WORK ACTIVITY IN THE LAST SEVEN DAYS FOR PERSONS AGED 5 YEARS AND ABOVE**

| Person Number | What Kind of work did (NAME) do in his/her main job/business during the last seven days even if he/she was absent in the last seven days?<br>GIVE ACTUAL TASKS PERFORMED | What were the main goods and services produced at (Name's) place of work?<br>WRITE THE DESCRIPTION OF GOODS AND SERVICES THAT ARE PRODUCED OR OFFERED IN DETAIL IN THE SPACE PROVIDED | Is (Name's) work<br>1. Permanent<br>2. Fixed Period Contract<br>3. Temporary<br>4. Part-Time<br>5. Seasonal<br>6. Don't Know | Does (Name) have a contract with the employer?<br>1. Yes<br>2. No -> Q6<br>9. Don't Know -> Q6 | What type of Contract does (name) have?<br>1. Oral<br>2. Written |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| PN            | Q1                                                                                                                                                                       | Q2                                                                                                                                                                                    | Q3                                                                                                                           | Q4                                                                                             | Q5                                                               |
| 01            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 02            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 03            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 04            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 05            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 06            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 07            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 08            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 09            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 10            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 11            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 12            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 13            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |
| 14            | <input type="checkbox"/>                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                         |

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 7 DAYS CONTINUED**

| Person Number | Does (Name's) employer contribute to any social security scheme?<br>1. Yes<br>2. No<br>9. Don't Know | Is (Name) entitled to paid leave in his/her main job?<br>1. Yes<br>2. No<br>3. Don't Know | Is (Name) member of a trade union?<br>1. Yes<br>2. No<br>3. Don't Know | Is the business or enterprise where (Name) works?<br>1. Central Government<br>2. Local Government<br>3. Parastatal<br>4. Private<br>5. Ngo Or Church<br>6. International Organizations<br>7. Household | What is (Name)'s employment status?<br>1. Self Employed<br>2. Employer<br>3. Paid Employee<br>4. Unpaid Family Worker<br>5. Other Specify | Are there 5 or more persons working at (Name)'s place of work?<br>1. Yes<br>2. No | Where is (Name)'s place of work located?<br>1. Formal Business Premises<br>2. At A Market<br>3. Along The Street<br>4. No Fixed Location<br>5. At home<br>6. Other .....(Specify) |
|---------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q6                                                                                                   | Q7                                                                                        | Q8                                                                     | Q9                                                                                                                                                                                                     | Q10                                                                                                                                       | Q11                                                                               | Q12                                                                                                                                                                               |
| 01            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 02            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 03            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 04            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 05            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 06            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 07            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 08            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 09            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 10            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 11            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 12            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 13            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 14            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 7 DAYS CONTINUED**

How many have died? How many became ill? Did (Name) work more? What didn't (Name) work more?

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 7 DAYS CONTINUED**

| Person Number | How many days did (Name) work in the last 7 days?<br>ENTER NUMBER OF DAYS | How many hours did (Name) work for on average per day?<br>RECORD ROUNDED NUMBER OF HOURS E.G. 24.5 TO 24HRS, 22.4 TO 22 HRS | Did (Name) want to work more hours during the last 7 days?<br>1. Yes<br>2. No | How many hours on average would (Name) have preferred to work during the last 7 days?<br>RECORD ROUNDED NUMBER OF HOURS E.G. 78.4 TO 78 HRS | Can (Name) decide on the number of hours he/she would like to work per week?<br>1. Can Decide Fully For Him/Herself<br>2. Can decide but within a Limited range<br>3. Number Of Hours Are Fixed By His/He Employer<br>9. Don't Know | Why didn't (Name) work more hours than he/she did in the last 7 days?<br>1. Could Not Find More Work<br>2. Lack Of Finance<br>3. Of Season<br>4. Industrial Dispute<br>5. Household Duties<br>6. Student<br>7. Illness, Disability<br>8. No additional Incentive<br>9. Resting<br>10. Other..... (Specify) |
|---------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q13                                                                       | Q14                                                                                                                         | Q15                                                                           | Q16                                                                                                                                         | Q17                                                                                                                                                                                                                                 | Q18                                                                                                                                                                                                                                                                                                        |
| 01            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 02            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 03            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 04            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 05            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 06            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 07            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 08            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 09            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 10            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 11            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 12            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 13            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |
| 14            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                   |

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND OLDER IN THE LAST 7 DAYS CONTINUED**

| Person Number | 1. Yes<br>2. No          | 1 = Yes<br>2 = No > Q22<br>9 = Don't Know > Q22 | 1. Registered At Employment Agency<br>2. Enquired At Work Places<br>3. Answered Advertisements<br>4. Sought Assistance From Relatives Or Friends<br>5. Looked For Land Building, Equipment Or Applied For A Permit To Start Own Business<br>6. Waited At Street Side Where Casual Workers Are Found<br>7. Other (Specify) | 1. The Same Work With More Hours<br>2. Different Work With More Hours<br>3. Don't Know | 1. Monthly<br>2. Fort Nightly<br>3. Weekly<br>4. Daily<br>5. Hourly | ENTER THE TOTAL INCOME INCLUSIVE OF SALARIES, ALLOWANCES AND OTHER EARNINGS |
|---------------|--------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| PN            | Q19                      | Q20                                             | Q21                                                                                                                                                                                                                                                                                                                       | Q22                                                                                    | Q23                                                                 | Q24                                                                         |
| 01            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 02            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 03            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 04            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 05            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 06            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 07            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 08            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 09            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 10            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 11            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 12            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 13            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |
| 14            | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                               | <input type="checkbox"/>                                            | <input type="checkbox"/>                                                    |

**Section IV**

**EMPLOYMENT: THIS SECTION COVERS MAIN WORK ACTIVITY IN THE LAST 12 MONTHS FOR PERSONS AGED 5 YEARS AND ABOVE**

Now I am going to ask some questions about activities in the last 12 months for each household member aged 5 years and above

| PN | Q25                                                                                                                                                                                                                                                                                                      | Q26                                                                                                     | Q27                                                                                                                                                       | Q28                                                                                                                                   | Q29                                                                                                                                 | Q30                                                                                                                                               | Q31                                                                                                                                           |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|    | What was (name's) main activity in the last 12 months?<br>1. Working/Assisting in work of any kind-> Q32<br>2. Not working but available for work<br>3. Not working and not available for work<br>4. Housewife/homemaker<br>5. Fulltime Student<br>6. Sick<br>7. Retired/Aged<br>9. Other..... (Specify) | Did (Name) help in unpaid household business of any kind in the last 12 months?<br>1. Yes->Q32<br>2. No | Did (Name) do any work as a subsistence farmer e.g. growing crops, raising cattle, weeding, harvesting etc in the last 12 months?<br>1. Yes->Q32<br>2. No | Did (Name) do any work as a learner or apprentice for a wage or salary in cash or kind in the last 12 months?<br>1. Yes->Q32<br>2. No | Did (Name) catch any fish or gather any other food for sale or household consumption in the last 12 months?<br>1. Yes->Q32<br>2. No | Did (Name) do any work for a wage, salary, commission or any payment in kind (excl. domestic work) in the last 12 months?<br>1. Yes->Q32<br>2. No | Did (Name) do any work as a domestic worker for a wage, salary, or any payment in kind in the last 12 months?<br>1. Yes<br>2. No->Section VII |
| 01 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 02 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 03 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 04 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 05 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 06 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 07 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 08 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 09 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 10 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 11 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 12 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 13 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |
| 14 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                                                                                              | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                      |

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 12 MONTHS CONTINUED**

| Person Number | What kind of work did (NAME) do in his/her main job/business during the last seven days even if he/she was absent in the last 12 months?<br>GIVE ACTUAL TASKS PERFORMED | What were the main goods and services produced at (Name's) place of work?<br>WRITE THE DESCRIPTION OF GOODS AND SERVICES THAT ARE PRODUCED OR OFFERED IN DETAIL IN THE SPACE PROVIDED | Is (Name's) work<br>1. Permanent<br>2. Fixed Period Contract<br>3. Temporary<br>4. Part-Time<br>5. Seasonal<br>6. Don't Know | Does (Name) have a contract with the employer?<br>1. Yes<br>2. No -> Q30<br>9. Don't Know -> Q30 | PN | Q32 | Q33 | Q34 | Q35 |  |  |  |  | Q36 |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|--|--|--|--|-----|
| 01            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 02            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 03            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 04            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 05            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 06            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 07            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 08            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 09            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 10            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 11            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 12            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 13            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |
| 14            |                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                              |                                                                                                  |    |     |     |     |     |  |  |  |  |     |

**Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 12 MONTHS CONTINUED**

| Person Number | Does (Name's) employer contribute to any social security scheme?<br>1. Yes<br>2. No<br>9. Don't Know | Is (Name) entitled to paid leave in his/her main job?<br>1. Yes<br>2. No<br>9. Don't Know | Is (Name) member of a trade union?<br>1. Yes<br>2. No<br>9. Don't Know | Is the business or enterprise where (Name) works?<br>1. Central Government<br>2. Local Government<br>3. Parastatal<br>4. Private<br>5. Ngo Or Church<br>6. International Organizations<br>7. Household | What is (Name)'s employment status?<br>1. Self Employed<br>2. Employer<br>3. Paid Employee<br>4. Unpaid Family Worker<br>5. Other Specify | Are there 5 or more persons working at (Name)'s place of work?<br>1. Yes<br>2. No | Where is (Name)'s place of work located?<br>1. Formal Business Premises<br>2. At A Market<br>3. Along The Street<br>4. No Fixed Location<br>5. At home<br>6. Other .....(Specify) |
|---------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q37                                                                                                  | Q38                                                                                       | Q38                                                                    | Q39                                                                                                                                                                                                    | Q40                                                                                                                                       | Q41                                                                               | Q42                                                                                                                                                                               |
| 01            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 02            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 03            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 04            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 05            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 06            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 07            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 08            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 09            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 10            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 11            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 12            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 13            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |
| 14            | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                               | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                                                                                                                          |

**Section V**

**HEALTH AND SAFETY ISSUES OF PERSONS 5 YEARS AND OLDER**

| Person Number | Did (Name) suffer from any of the following illnesses in the last 12 months?<br>1. Skin problems->Q3<br>2. Lung problems->Q3<br>3. Allergies->Q3<br>4. Diarrhoea->Q3<br>5. Fatigue->Q3<br>6. None | Did (Name) suffer from any other illnesses in the last 12 months?<br>1. Yes<br>2. No >Q7 | How often did (Name) fall ill in the last 12 months?<br>1. Once or twice<br>2. 3 to 5 times<br>3. More than 5 times | How serious was (Name)'s most recent illness? (Multiple answers allowed from the two categories)<br>Consequences on work<br>1. Permanently disabled<br>2. Permanently from work<br>3. Stopped work temporarily<br>4. Changed jobs | In your opinion, what was the cause of (Name)'s illness?<br>1. Due to work<br>2. Not due to work >Q7<br>9. Don't Know >Q7 | Describe the actual tasks or occupation (Name) was performing when (s/he) fell ill.<br><br>WRITE DESCRIPTION OF OCCUPATION IN FULL AND ENTER 4 DIGIT OCCUPATIONAL CODE IN THE BOXES | Occupation Code | Does (Name) work with or under the following conditions?<br>1. Dust, fumes, gas<br>2. Noisy environment<br>3. Extreme temperatures or humidity<br>4. Dangerous tools<br>5. Work underground<br>6. Work at height<br>7. Insufficient lighting<br>8. Chemicals<br>9. Noisy environment<br>10. Carry heavy loads<br>11. Don't Know | Are you aware of any likely health problems or possible hazards, injuries or an illness connected with (Name)'s work?<br>1. Yes<br>2. No<br>9. Don't Know |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q1                                                                                                                                                                                                | Q2                                                                                       | Q3                                                                                                                  | Q4                                                                                                                                                                                                                                | Q5                                                                                                                        | Q6                                                                                                                                                                                  | Occupation Code | Q7                                                                                                                                                                                                                                                                                                                              | Q8                                                                                                                                                        |
| 01            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 02            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 03            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 04            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 05            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 06            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 07            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 08            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 09            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 10            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 11            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 12            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 13            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |
| 14            | <input type="checkbox"/>                                                                                                                                                                          | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                  |                                                                                                                                                                                     |                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                  |

Section V

HEALTHY WORKING SAFELY (HSWS) - PERSONS ON BOARD AND ABOVE GROUND

| Person Number | Did (Name) suffer from any of the following in the last 12 months?<br>1. Back/muscle pain>Q11<br>2. Wounds/deep cuts>Q11<br>3. Eye/sight problems>Q11<br>4. Hearing problems<br>5. None | Did (Name) suffer from any other injuries in the last 12 months?<br>1. Yes<br>2. No >>SECT VII<br>9. Don't know>>SECT VII | How often was (Name) injured in the last 12 months?<br>1. Once or twice<br>2. 3 to 5 times<br>3. More than 5 times | How serious was (Name's) main injury?<br>Consequences on work<br>1. Permanently disabled<br>2. Prevented from work permanently<br>3. Stopped work temporarily<br>4. Changed jobs<br>5. No consequences | In your opinion, what was the cause of (Name's) injury?<br>1. Due to work<br>2. Not due to work>SECT VII<br>9. Don't know > SECT VII | Describe the actual tasks (s/he) was performing when (s/he) was injured.<br>WRITE DESCRIPTION OF OCCUPATION IN FULL AND ENTER 4 DIGIT OCCUPATIONAL CODE IN THE BOXES | Occupation Code | Does (Name) use protective clothing when working?<br>1. Yes<br>2. No |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------|
| PN            | Q9                                                                                                                                                                                      | Q10                                                                                                                       | Q11                                                                                                                | Q12                                                                                                                                                                                                    | Q13                                                                                                                                  | Q14                                                                                                                                                                  |                 | Q15                                                                  |
| 01            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 02            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 03            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 04            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 05            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 06            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 07            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 08            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 09            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 10            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 11            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 12            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 13            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |
| 14            | <input type="checkbox"/>                                                                                                                                                                | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                           | <input type="checkbox"/>                                                                                                                                                                               | <input type="checkbox"/>                                                                                                             |                                                                                                                                                                      |                 | <input type="checkbox"/>                                             |

**Section VI ECONOMIC ACTIVITIES OF CHILDREN AGED 5-17 YEARS**

| Person Number | If (Name) stops working, what will happen?<br>1. Household's living standards decline.<br>2. Household cannot afford to survive.<br>3. Household enterprise cannot operate fully & other labour not affordable.<br>4. Nothing will change.<br>6 Other (Specify) | If currently in employment, how is (Name) paid?<br>1. Piece rate<br>2. Hourly<br>3. Weekly<br>4. Monthly<br>3. Other (Specify) | What does (Name) do with his/her earnings?<br>1. Give Parents/all through employer.<br>2. Give Parents/Guardian all by him/herself.<br>3. Give Parents part through employer.<br>4. Give Parents part by him/herself.<br>5. Spend by him / herself.<br>8. Other..... (Specify) | Has (Name) been engaged in housekeeping activities or household chores in own parents'/Guardian's home on a regular basis during the last 7 days?<br>1. Yes, Less than hrs a day.<br>2. Yes, 3 -4 hrs a day<br>3. Yes 5 -6 hrs a day.<br>4. Yes, 7 -8 hrs a day.<br>5. Yes, 9 or more hrs a day.<br>6. No->Q12 | During which time do you usually work?<br>1. Morning<br>2. Afternoon<br>3. Evening<br>4. Night<br>5. All day | What does (Name) do for fun?<br>1. Playing with friends, sisters/ brothers.<br>2. Watching TV<br>3. Listening to the Radio.<br>4. Reading<br>5. Nothing<br>6. Other..... (Specify) | Is there an aspect of (Name's) work environment that is dangerous or harmful to (Name)'s physical or mental health?<br>1. Yes<br>2. No<br>3. Don't know |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q1                                                                                                                                                                                                                                                              | Q2                                                                                                                             | Q3                                                                                                                                                                                                                                                                             | Q4                                                                                                                                                                                                                                                                                                             | Q5                                                                                                           | Q6                                                                                                                                                                                 | Q7                                                                                                                                                      |
| 01            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 02            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 03            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 04            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 05            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 06            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 07            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 08            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 09            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 10            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 11            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 12            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 13            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |
| 14            | <input type="checkbox"/>                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                |

**Survey Questionnaire**

**Section VII UNEMPLOYMENT: THIS SECTION COVERS UNEMPLOYMENT OF ALL PERSONS AGED 12 YEARS AND ABOVE**

Did (Name) look for work in \_\_\_\_\_ What sort of work did \_\_\_\_\_ Did (Name) make any \_\_\_\_\_ How did (Name) look for work last the \_\_\_\_\_ What sort of efforts did (Name) \_\_\_\_\_ How long has (Name) been \_\_\_\_\_

**Section VII UNEMPLOYMENT: THIS SECTION COVERS UNEMPLOYMENT OF ALL PERSONS AGED 12 YEARS AND ABOVE**

| Person Number | Did (Name) look for work in the last 7 days?<br>1. Yes<br>2. No-> Q3 | What sort of work did (Name) want to do in the last 7 days?<br>1. Paid Employment<br>2. Own Business (Including Commercial Farming)<br>3. Subsistence Farming<br>4. Don't know | Did (Name) make any effort to start a business of you're his/her in the last 7 days?<br>1. Yes<br>2. No->Q6 | How did (Name) look for work last the 7 days?<br>1. Registration At employment Exchange<br>2. Registration At Private Employment Agency<br>3. Direct Application To Employer<br>4. Other (Specify) | What sort of efforts did (Name) make to start a business in the last 7 days?<br>1. Contact Friends<br>2. Seeking Loans<br>3. Making Trade Inquiries<br>4. Approaching Business Association For Advise<br>5. Other (Specify) | How long has (Name) been available for work and wanting to work?<br>1. Less Than 3 Months<br>2. 3 Months But Less Than 6 Months<br>3. 6 Months But Less Than 12 Months<br>4. 12 Months But Less Than 24 Months<br>5. 24 Months And Above |
|---------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FN            | Q1                                                                   | Q2                                                                                                                                                                             | Q3                                                                                                          | Q4                                                                                                                                                                                                 | Q5                                                                                                                                                                                                                          | Q6                                                                                                                                                                                                                                       |
| 01            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 02            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 03            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 04            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 05            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 06            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 07            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 08            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 09            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 10            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 11            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 12            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 13            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |
| 14            | <input type="checkbox"/>                                             | <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/>                                                                                    | <input type="checkbox"/>                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                 |

**Section VII UNEMPLOYMENT OF ALL PERSONS AGED 12 YEARS AND ABOVE CONTINUED....**

| Person Number | Has (Name) previously worked before?<br>1. Yes<br>2. No->Q18 | How long has it been since (Name) last worked?<br>1. Less Than 6 Months<br>2. 6 Months But Less Than 12 Months<br>3. 1 Year But Less Than 5 Years<br>4. 5 Years But Less Than 10 Years<br>10 Years And Above | What type of work did (NAME) do in this last job?<br>GIVE ACTUAL TASKS PERFORMED | What were the main goods and services produced at (NAME)'s last place of work?<br>EXAMPLES: REPAIRING CARS, SELLING GROCERIES, RETAIL CLOTHING ETC. | Did this last place of work belong to?<br>1. Central Government<br>2. Local Government<br>3. Parastatal<br>4. Private<br>5. NGO Or Church<br>6. International Organization<br>7. Household |
|---------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | Q7                                                           | Q8                                                                                                                                                                                                           | Q9                                                                               | Q10                                                                                                                                                 | Q11                                                                                                                                                                                        |
| 01            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 02            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 03            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 04            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 05            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 06            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 07            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 08            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 09            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 10            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 11            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 12            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 13            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |
| 14            | <input type="checkbox"/>                                     | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                         | <input type="checkbox"/>                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                   |

**Section VII**

**UNEMPLOYMENT OF ALL PERSONS AGED 12 YEARS AND ABOVE CONTINUED**

| Person Number | In this job, did (Name) work as?<br>1. Employer<br>2. Self employed<br>3. Paid Employee<br>4. Unpaid Family Worker<br>5. Other (Specify) | Were there 5 or more people working at (Name) last place of work?<br>1. Yes<br>2. No | Did (Name's) last employer/business contribute to any social security/business scheme?<br>1. Yes<br>2. No<br>9. Don't Know | Was (Name) entitled to paid leave in his/her main job/business?<br>1. Yes<br>2. No<br>3. Don't Know | Was (name) last place of work located in...?<br>1. In Owners Home<br>2. At Some Other Fixed Place<br>3. No Fixed Place |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| PN            | Q12                                                                                                                                      | Q13                                                                                  | Q14                                                                                                                        | Q15                                                                                                 | Q16                                                                                                                    |
| 01            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 02            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 03            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 04            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 05            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 06            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 07            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 08            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 09            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 10            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 11            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 12            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 13            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |
| 14            | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                            | <input type="checkbox"/>                                                                                               |

**Section VII**

**UNEMPLOYMENT OF ALL PERSONS AGED 12 YEARS AND ABOVE CONTINUED.....**

| Person Number | Why did (Name) give up his/her last job/business?<br>1. Become A Student<br>2. Poor Working Conditions<br>3. Laid Off<br>4. Job Completed<br>5. Wanted To Establish Own Business<br>6. Wanted Paid Employment<br>7. Business unprofitable<br>8. Other Specify | Has (Name) been offered any job in the past 7 days and has he/she turned it down?<br>1. Yes<br>2. No | Does (Name) know of any available work for which he/she has relevant qualification but is not willing to apply for?<br>1. Yes<br>2. No->Section VIII | Why would (Name) not be willing to do this work?<br>1. Wages Too Low<br>2. Job Is Not Permanent<br>3. Location unstable<br>4. Working Conditions Unsuitable<br>5. Work Not Ethical<br>6. Unprofitable<br>7. Other Specify | If a suitable job is offered, will (Name) accept it?<br>1. Yes<br>2. No->Section VIII |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| PN            | Q17                                                                                                                                                                                                                                                           | Q18                                                                                                  | Q19                                                                                                                                                  | Q20                                                                                                                                                                                                                       | Q21                                                                                   |
| 01            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 02            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 03            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 04            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 05            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 06            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 07            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 08            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 09            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 10            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 11            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 12            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 13            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |
| 14            | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                  | <input type="checkbox"/>                                                              |

**END OF INTERVIEW**