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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

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

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 Can you please provide names of all persons who normally reside in this household, beginning with the Head of the Household? <i>(Including those who are temporarily absent for any reason).</i>	What is (Name)'s relationship to head of the household? 01 Head 02 Spouse (Husband/Wife) 03 Son/ Daughter 04 Brother/Sister 05 Adopted Child 06 Grand Child 07 Step child 08 Child-in-law 09 In-law 10 Parent 11 Grandparent 12 Other Relative 13 Non-relative	Is (Name) Male or Female? 1. Male 2. Female	How old was (Name) at (his/her) last birthday? Enter age in completed years.	Marital Status (for persons 15 years and above) What is (Name)'s current marital status? 1. Single and never married 2. Married 3. Separated 4. Divorced 5. Widowed 6. Cohabiting	For all children less than 19 years of age			
						Is (Name)'s natural mother alive? 1. Yes 2. No > Q8 9. Do not Know > Q8	Does (Name)'s natural mother live in this household? 1. Yes 2. No	Is (Name)'s natural father alive? 1. Yes 2. No > SII 9. Do not Know > SECTION II	Does (Name)'s natural father live in this household? 1. Yes 2. No
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"/>	
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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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"/>	
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14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section II

ENTER FIELD OF TRAINING IN THE SPACE PROVIDED

Person number	Can (Name) read or write in any language? 1. Yes 2. No	Has (Name) ever attended school? 1. Yes 2. No>>Q6	What was the highest grade/level (Name) completed at this level? ENTER GRADE/HIGHEST LEVEL COMPLETED	Is (Name) currently attending school? 1. Yes 2. No>>Q6	What grade/level is (Name) currently attending? ENTER GRADE/LEVEL CURRENTLY ATTENDING	What are/were the main reason why (Name) is not attending or never attended school? 1. Is/was too young 2. Disabled/illness 3. School is too far 4. Cannot afford school cost 5. Family does not allow schooling 6. Not interested in school 7. School not considered valuable 8. School environment not conducive 9. To work 10. Help at home with household chores 11. Other Specify	Has (Name) ever received any skills training? 1. Yes 2. No>Section III	What type of skills training did you receive? 1. None 2. Sec III 3. On-the-job 4. Adult literacy 5. Apprenticeship 6. Other (specify) 9. Don't Know	The last time (Name) received skills training, how long did it last? 1. Less than a week 2. 1 week but less than 2 weeks 3. 2 weeks but less than 1 Month 4. 1 month but less than 2 months 5. 2 months but less than 6 months 6. More than 6 Months	In what field did (Name) last receive this type of training? ENTER FIELD OF TRAINING IN THE SPACE PROVIDED 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"/>
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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"/>
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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? 1. Working/Assisting in work of any kind>> Sec IV 2. Not working but available for work 3. Not working and not available for work 4. Housewife/homemaker 5. Fulltime Student 6. Sick 7. Retired/Aged 8. Other..... (Specify)	Did (Name) help in unpaid household business of any kind in the last 7 days? 1. Yes>Section IV 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? 1. Yes>Section IV 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? 1. Yes>Section IV 2. No	Did (Name) catch any fish or gather any other food for sale or household consumption in the last 7 days? 1. Yes>Section IV 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? 1. Yes>Section IV 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? 1. Yes 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"/>
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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)? GIVE ACTUAL TASKS PERFORMED	What were the main goods and services produced at (Name's) place of work? WRITE THE DESCRIPTION OF GOODS AND SERVICES THAT ARE PRODUCED OR OFFERED IN DETAIL IN THE SPACE PROVIDED	Is (Name's) work 1. Permanent 2. Fixed Period Contract 3. Temporary 4. Part-Time 5. Seasonal 6. Don't Know	Does (Name) have a contract with the employer? 1. Yes 2. No --> Q6 9. Don't Know --> Q6	What type of Contract does (name) have? 1. Oral 2. Written
PN	Q1	Q2	Q3	Q4	Q5
01	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
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03	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
04	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
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06	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
07	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
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09	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
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11	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
12	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
13	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>
14	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div>

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? 1. Yes 2. No 9. Don't Know	Is (Name) entitled to paid leave in his/her main job? 1. Yes 2. No 3. Don't Know	Is (Name) member of a trade union? 1. Yes 2. No 3. Don't Know	Is the business or enterprise where (Name) works? 1. Central Government 2. Local Government 3. Parastatal 4. Private 5. Ngo Or Church 6. International Organizations 7. Household	What is (Name)'s employment status? 1. Self Employed 2. Employer 3. Paid Employee 4. Unpaid Family Worker 5. Other Specify	Are there 5 or more persons working at (Name)'s place of work? 1. Yes 2. No	Where is (Name)'s place of work located? 1. Formal Business Premises 2. At A Market 3. Along The Street 4. No Fixed Location 5. At home 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"/>
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Section IV EMPLOYMENT OF ALL PERSONS AGED 5 AND ABOVE IN THE LAST 7 DAYS CONTINUED

How many have died

Have women been died

Did (Name) work more

Have you collected any information

Can (Name) decide on the number

Why 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? ENTER NUMBER OF DAYS	How many hours did (Name) work for on average per day? 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? 1. Yes 2. No	How many hours on average would (Name) have preferred to work during the last 7 days? 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? 1. Can Decide Fully For Him/Herself 2. Can decide but within a Limited range 3. Number Of Hours Are Fixed By His/He Employer 9. Don't Know	Why didn't (Name) work more hours than he/she did in the last 7 days? 1. Could Not Find More Work 2. Lack Of Finance 3. Off Season 4. Industrial Dispute 5. Household Duties 6. Student 7. Illness, Disability 8. No additional Incentive 9. Resting 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"/> <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"/>
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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 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

	What was (name's) main activity in the last 12 months? 1. Working/Assisting in work of any kind>> Q32 2. Not working but available for work 3. Not working and not available for work 4. Housewife/homemaker 5. Fulltime Student 6. Sick 7. Retired/Aged 9. Other..... (Specify)	Did (Name) help in unpaid household business of any kind in the last 12 months? 1. Yes>Q32 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? 1. Yes>Q32 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? 1. Yes>Q32 2. No	Did (Name) catch any fish or gather any other food for sale or household consumption in the last 12 months? 1. Yes>Q32 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? 1. Yes>Q32 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? 1. Yes 2. No>Section VII
PN	Q25	Q26	Q27	Q28	Q29	Q30	Q31
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"/>
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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"/>
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10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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? 1. Yes 2. No 9. Don't Know	Is (Name) entitled to paid leave in his/her main job? 1. Yes 2. No 9. Don't Know	Is (Name) member of a trade union? 1. Yes 2. No 9. Don't Know	Is the business or enterprise where (Name) works? 1. Central Government 2. Local Government 3. Parastatal 4. Private 5. Ngo Or Church 6. International Organizations 7. Household	What is (Name)'s employment status? 1. Self Employed 2. Employer 3. Paid Employee 4. Unpaid Family Worker 5. Other Specify	Are there 5 or more persons working at (Name)'s place of work? 1. Yes 2. No	Where is (Name)'s place of work located? 1. Formal Business Premises 2. At A Market 3. Along The Street 4. No Fixed Location 5. At home 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"/>
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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"/>
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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? 1. Skin problems>Q3 2. Lung problems>Q3 3. Allergies>Q3 4. Diarrhoea>Q3 5. Fatigue>Q3 6. None	Did (Name) suffer from any other illnesses in the last 12 months? 1. Yes 2. No >Q7	How often did (Name) fall ill in the last 12 months? 1. Once or twice 2. 3 to 5 times 3. More than 5 times	How serious was (Name)'s most recent illness? (Multiple answers allowed from the two categories) Consequences on work 1. Permanently disabled 2. Prevented from work permanently 3. Stopped work temporarily 4. Changed jobs	In your opinion, what was the cause of (Name)'s illness? 1. Due to work 2. Not due to work >Q7 9. Don't Know >Q7	Describe the actual tasks or occupation (Name) was performing when (s/he) fell ill. WRITE DESCRIPTION OF OCCUPATION IN FULL AND ENTER 4 DIGIT OCCUPATIONAL CODE IN THE BOXES	Does (Name) work with or under the following conditions? 1. Dust, fumes, gas 2. Noisy environment 3. Extreme temperatures or humidity 4. Dangerous tools 5. Work underground 6. Work at height 7. Insufficient lighting 8. Chemicals 9. Noisy environment 10. Carry heavy loads 11. Don't Know	Are you aware of any likely health problems or possible hazards, injuries or an illness connected with (Name)'s work? 1. Yes 2. No 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"/>	<input type="checkbox"/>
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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"/>
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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 V

HEALTH AND SAFETY ISSUES OF PERSONS 5 YEARS AND ABOVE (CONTINUED)

Section V

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL PERSONS WHO HAVE BEEN INJURED

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

	If (Name) stops working, what will happen?	If currently in employment, how is (Name) paid?	What does (Name) do with his/her earnings?	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?	During which time do you usually work?	What does (Name) do for fun?	Is there an aspect of (Name's) work environment that is dangerous or harmful to (name)'s physical or mental health?
	1. Household's living standards decline. 2. Household cannot afford to survive. 3. Household enterprise cannot operate fully & other labour not affordable. 4. Nothing will change. 6 Other (Specify)	1. Piece rate 2. Hourly 3. Weekly 4. Monthly 3. Other (Specify)	1. Give Parents all through employer. 2. Give Parents/ Guardian all by him/herself. 3. Give Parents part through employer. 4. Give Parents part by him/herself. 5. Spend by him / herself. 8. Other..... (Specify)	1. Yes, Less than hrs a day. 2. Yes, 3 -4 hrs a day 3. Yes 5 -6 hrs a day. 4. Yes, 7 -8 hrs a day. 5. Yes, 9 or more hrs a day. 6. No->Q12	1. Morning 2. Afternoon 3. Evening 4. Night 5. All day	1. Playing with friends, sisters/ brothers. 2. Watching TV 3. Listening to the Radio. 4. Reading 5. Nothing 6. Other..... (Specify)	1. Yes 2. No 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"/>
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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 time 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? 1. Yes 2. No-> Q3	What sort of work did (Name) want to do in the last 7 days? 1. Paid Employment 2. Own Business (including Commercial Farming) 3. Subsistence Farming 4. Don't know	Did (Name) make any effort to start a business of you're his/her in the last 7 days? 1. Yes 2. No->Q6	How did (Name) look for work last the 7 days? 1. Registration At employment Exchange 2. Registration At Private Employment Agency 3. Direct Application To Employer 4. Other (Specify	What sort of efforts did (Name) make to start a business in the last 7 days? 1. Contact Friends 2. Seeking Loans 3. Making Trade Inquiries 4. Approaching Business Association For Advise 5. Other (Specify)	How long has (Name) been available for work and wanting to work? 1. Less Than 3 Months 2. 3 Months But Less Than 6 Months 3. 6 Months But Less Than 12 Months 4. 12 Months But Less Than 24 Months 5. 24 Months And Above
PN	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"/>
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09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	In this job, did (Name) work as? 1. Employer 2. Self employed 3. Paid Employee 4. Unpaid Family Worker 5. Other (Specify)	Were there 5 or more people working at (Name) last place of work? 1. Yes 2. No	Did (Name's) last employer/business contribute to any social security scheme? 1. Yes 2. No 9. Don't Know	Was (Name) entitled to paid leave in his/her main job/business? 1. Yes 2. No 3. Don't Know	Was (name) last place of work located in...? 1. In Owners Home 2. At Some Other Fixed Place 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"/>
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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? 1. Become A Student 2. Poor Working Conditions 3. Laid Off 4. Job Completed 5. Wanted To Establish Own Business 6. Wanted Paid Employment 7. Business unprofitable 8. Other Specify	Has (Name) been offered any job in the past 7 days and has he/she turned it down? 1. Yes 2. No	Does (Name) know of any available work for which he/she has relevant qualification but is not willing to apply for? 1. Yes 2. No-->Section VIII	Why would (Name) not be willing to do this work? 1. Wages Too Low 2. Job Is Not Permanent 3. Location unstable 4. Working Conditions Unsuitable 5. Work Not Ethical 6. Unprofitable 7. Other Specify	If a suitable job is offered, will (Name) accept it? 1. Yes 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"/>
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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