

Quarterly Labour Force Survey

A. Particulars of the dwelling

Unique no.

A1. PSU number

A2. Dwelling unit Number

A3. Assignment number

A4. Survey Date

1

2

0

0

9

A5. Physical identification of the dwelling unit

A6. Telephone number for enumerated household (if any)

A7. Total number of persons in the household

A8. Total number of persons aged 15 years and above in the household

A9. Questionnaire no. for this household (for person no. 01-10=1, etc.)

B. Households at selected dwelling unit

B1. Household number for this household

B2. Total number of households at selected dwelling unit

C. Response details

Visit no.

Date (actual)

Result
code

Next visit (planned)

d

d

m

m

y

y

y

y

code

d

d

m

m

y

y

y

y

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 2-11

RESULT CODES

01 Completed

02 Non-contact

03 Refused

04 Partly completed

05 No usable information

06 Vacant/unoccupied dwelling

07 Listing error

08 Demolished

09 Change of status

10 Other non response

11 Ended at question 1.2

Comment in C6 giving full details for
result code 2-11

D. Field staff

D1. SO

Persal number

Interview date

D2. DSC

Persal number

Date checked

D3. PQM

Persal number

Date checked

SECTION 1 This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.

Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person number		
		01	02	03
1.0	Who is the <u>head</u> (or the <u>acting head</u>) of the household? (record that person in column 01)			
1.1	Record first name and surname First name: Surname:			
1.2	Has stayed in this household for at least four nights on average per week during the last four weeks? 1 = YES 2 = No → End of questions for this person			
1.3	Is a male or a female? 1 = MALE 2 = FEMALE			
1.4	What is’s date of birth and age in completed years? Day (dd) Month (mm) Year (yyyy) Age (less than 1 year = 000)			
1.5	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify in the box at the bottom			
1.6	What is’s present marital status? 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED 5 = NEVER MARRIED			

		Person number		
		01	02	03
1.7	What is the highest level of education that has successfully completed?			
	00 = NO SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = GRADE 1/ SUB A	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GRADE 2 / SUB B	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = Grade 4/ STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = GRADE 5/ STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = GRADE 10/ STANDARD 8/ FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = GRADE 11/ STANDARD 9/ FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE 12/STD 10	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24
	25 = OTHER, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25
26 = DON'T KNOW	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	

Person number						
04	05	06	07	08	09	10
<div><div></div>00</div>	<div><div></div>00</div>	<div><div></div>00</div>	<div><div></div>00</div>	<div><div></div>00</div>	<div><div></div>00</div>	<div><div></div>00</div>
<div><div></div>01</div>	<div><div></div>01</div>	<div><div></div>01</div>	<div><div></div>01</div>	<div><div></div>01</div>	<div><div></div>01</div>	<div><div></div>01</div>
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Person no.

Age

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INTERVIEW START TIME

h	h	m	m
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2

This section covers economic activities in the last week for persons aged 15 years and above

INDIVIDUAL**1**

2.0	<p><i>Interviewer to answer</i> Is the person him/herself responding to questions?</p> <p>1 = YES → Go to Q 2.2 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.1	<p>Give person number for the proxy respondent</p>	<input type="text"/> <input type="text"/>
2.2	<p>Do you have a landline or cellular telephone where you can be contacted?</p> <p>1 = YES 2 = No 3 = DON'T KNOW } → Go to Q 2.4</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.3	<p>May I please have a number where I can contact you at a later stage?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
2.4	<p>In the last week....</p> <p>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i></p> <p>(b) Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p> <p>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>If yes to any part of Q 2.4 go to Section 4, otherwise go to Q 2.5</p>	<p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

2.5	<p>In the last week, even though you did not do any work for pay, profit or did not help without pay in a household business,</p> <p>(a) Did you have a paid job that you would definitely return to?</p> <p>→ If yes, go to Q 2.7, otherwise continue</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i></p> <p>(b) Did you have a business that you would definitely return to?</p> <p>→ If yes, go to Q 2.7, otherwise continue</p> <p><i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p> <p>(c) Did you have an unpaid job in any kind of business run by your household that you would definitely return to?</p> <p>→ Go to Q 2.6</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p>	<p>Yes No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
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2.6	In the last week,	YES	No
	(a1) Did you do any work on your own or the household's plot, farm, food garden, cattle post or kraal or help in growing farm produce or in looking after animals for the household's own consumption?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: ploughing, harvesting, looking after livestock.</i>		
	(a2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(b1) Did you fetch water or collect wood/dung for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(b2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(c1) Did you produce any other goods for household use?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: clothing, furniture, clay pots, etc.</i>		
	(c2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(d1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(d2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	(e1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	(e2) If yes, for how many hours?	<input type="checkbox"/>	<input type="checkbox"/>
	→ Go to Section 3		

2.7	What was the main reason you were absent from your job/business in the last week?	
	01 = HEALTH REASONS	<input type="checkbox"/> 01
	02 = VACATION LEAVE	<input type="checkbox"/> 02
	03 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/PATERNITY LEAVE)	<input type="checkbox"/> 03
	04 = MATERNITY OR PATERNITY LEAVE	<input type="checkbox"/> 04
	05 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS)	<input type="checkbox"/> 05
	06 = STRIKE/STAY-AWAY/LOCKOUT	<input type="checkbox"/> 06
	07 = PROBLEMS WITH TRANSPORT	<input type="checkbox"/> 07
	08 = BAD WEATHER	<input type="checkbox"/> 08
	09 = STUDY OR TRAINING LEAVE	<input type="checkbox"/> 09
	10 = UNREST (VIOLENCE)	<input type="checkbox"/> 10
	11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY	<input type="checkbox"/> 11
	12 = SEASONAL WORK → Go to Q 3.1	<input type="checkbox"/> 12
	13 = START A NEW JOB/BUSINESS AT A DEFINITE DATE IN THE FUTURE → Go to Q 3.1	<input type="checkbox"/> 13
	14 = OTHER REASON, <i>specify</i>	<input type="checkbox"/> 14
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
	For all reasons, except options 12 & 13, go to Section 4	

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Person no.

Age

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SECTION 3

This section covers unemployment and economic inactivity for persons aged 15 years and above

3.1	<p>In the last four weeks,</p> <p>a) Were you looking for any kind of job?</p> <p>1 = YES → Go to Q 3.2</p> <p>2 = No</p> <p>b) Were you trying to start any kind of business?</p> <p>1 = YES</p> <p>2 = No → Go to Q 3.3</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
3.2	<p>In the last four weeks what have you done to search for work or to start a business?</p> <p><i>Mark all applicable options</i></p> <p>01 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION</p> <p>02 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS</p> <p>03 = PLACED/ANSWERED ADVERTISEMENT(S)</p> <p>04 = SEARCHED THROUGH JOB ADVERTISEMENT(S) / SEARCHED THE INTERNET</p> <p>05 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS</p> <p>06 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING</p> <p>07 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND</p> <p>08 = SOUGHT FINANCIAL ASSISTANCE TO LOOK FOR WORK OR START A BUSINESS</p> <p>09 = OTHER, <i>specify</i></p> <p><input type="text"/></p> <p>10 = NOTHING → Go back to Q 3.1</p> <p>→ Go to Q 3.6</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
3.3	<p>Was this because you had already arranged to take up a job or to start a business at some later date?</p> <p>1 = YES → Go to Q 3.6</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3.4	<p>Would you have liked to work for pay, profit or to help without pay in a household business last week?</p> <p>1 = YES → Go to Q 3.8</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

3.5	<p>What was the main reason you did not want to work last week?</p> <p>1 = SCHOLAR OR STUDENT</p> <p>2 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)</p> <p>3 = HEALTH REASONS</p> <p>4 = RETIRED OR TOO OLD FOR WORK</p> <p>5 = NO DESIRE TO WORK</p> <p>6 = TOO YOUNG TO WORK</p> <p>7 = OTHER, <i>specify</i></p> <p><input type="text"/></p> <p>→ Go to Q 3.12</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
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3.6	<p>For how long have you been without work and trying to find a job or start a business?</p> <p>01 = LESS THAN 3 MONTHS</p> <p>02 = 3 MONTHS – LESS THAN 6 MONTHS</p> <p>03 = 6 MONTHS – LESS THAN 9 MONTHS</p> <p>04 = 9 MONTHS – LESS THAN 1 YEAR</p> <p>05 = 1 YEAR – LESS THAN 3 YEARS</p> <p>06 = 3 YEARS – 5 YEARS</p> <p>07 = MORE THAN 5 YEARS</p> <p>08 = DON'T KNOW</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08
3.7	<p>What was your main activity before you started looking for work?</p> <p>1 = WORKING</p> <p>2 = MANAGING A HOME</p> <p>3 = GOING TO SCHOOL</p> <p>4 = OTHER, <i>specify</i></p> <p><input type="text"/></p> <p>→ Go to Q 3.9</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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3.8	What was the main reason why you did not try to find work or start a business in the last four weeks?	
	01 = AWAITING THE SEASON FOR WORK	<input type="checkbox"/> 01
	02 = WAITING TO BE RECALLED TO FORMER JOB	<input type="checkbox"/> 02
	03 = HEALTH REASONS	<input type="checkbox"/> 03
	04 = PREGNANCY	<input type="checkbox"/> 04
	05 = DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 05
	06 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)	<input type="checkbox"/> 06
	07 = UNDERGOING TRAINING TO HELP FIND WORK	<input type="checkbox"/> 07
	08 = NO JOBS AVAILABLE IN THE AREA	<input type="checkbox"/> 08
	09 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK	<input type="checkbox"/> 09
	10 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS	<input type="checkbox"/> 10
	11 = LOST HOPE OF FINDING ANY KIND OF WORK	<input type="checkbox"/> 11
	12 = NO TRANSPORT AVAILABLE	<input type="checkbox"/> 12
	13 = SCHOLAR OR STUDENT	<input type="checkbox"/> 13
	14 = RETIRED	<input type="checkbox"/> 14
	15 = TOO OLD / YOUNG TO WORK	<input type="checkbox"/> 15
16 = OTHER REASON, <i>specify</i>	<input type="checkbox"/> 16	
<input type="text"/>		
3.9	If a suitable job had been offered, would you have been able to start work last week?	
1 = YES → Go to Q 3.12	<input type="checkbox"/> 1	
2 = No	<input type="checkbox"/> 2	
3 = DON'T KNOW	<input type="checkbox"/> 3	
3.10	If circumstances had allowed, would you have started a business last week?	
1 = YES → Go to Q 3.12	<input type="checkbox"/> 1	
2 = No	<input type="checkbox"/> 2	
3 = DON'T KNOW	<input type="checkbox"/> 3	
3.11	What was the main reason why you were not available for work last week?	
1 = SCHOLAR OR STUDENT	<input type="checkbox"/> 1	
2 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)	<input type="checkbox"/> 2	
3 = HEALTH REASONS	<input type="checkbox"/> 3	
4 = RETIRED OR TOO OLD FOR WORK	<input type="checkbox"/> 4	
5 = NO DESIRE TO WORK	<input type="checkbox"/> 5	
6 = TOO YOUNG TO WORK	<input type="checkbox"/> 6	
7 = OTHER, <i>specify</i>	<input type="checkbox"/> 7	
<input type="text"/>		

3.12	Have you ever worked for pay or profit or helped unpaid in a household business? <i>Work could be:</i> <i>Formal work for salary, wage, profit or unpaid work in household business; informal work such as making things for sale; selling things or providing a service for payment; work on a farm or land for a wage or as part of the household's farming business</i>	
1 = YES	<input type="checkbox"/> 1	
2 = NO → Go to Q 3.18	<input type="checkbox"/> 2	
3.13	How long ago was it since you last worked?	
01 = LESS THAN 3 MONTHS	<input type="checkbox"/> 01	
02 = 3 MONTHS – LESS THAN 6 MONTHS	<input type="checkbox"/> 02	
03 = 6 MONTHS – LESS THAN 9 MONTHS	<input type="checkbox"/> 03	
04 = 9 MONTHS – LESS THAN 1 YEAR	<input type="checkbox"/> 04	
05 = 1 YEAR – LESS THAN 3 YEARS	<input type="checkbox"/> 05	
06 = 3 YEARS – 5 YEARS	<input type="checkbox"/> 06	
07 = MORE THAN 5 YEARS → Go to Q 3.18	<input type="checkbox"/> 07	
08 = DON'T KNOW	<input type="checkbox"/> 08	
3.14	What was the main reason you stopped working in your last job/business?	
01 = HEALTH REASONS	<input type="checkbox"/> 01	
02 = CARING FOR OWN CHILDREN/RELATIVES	<input type="checkbox"/> 02	
03 = PREGNANCY	<input type="checkbox"/> 03	
04 = OTHER FAMILY/COMMUNITY RESPONSIBILITIES	<input type="checkbox"/> 04	
05 = GOING TO SCHOOL	<input type="checkbox"/> 05	
06 = LOST JOB/JOB ENDED /LAID OFF /BUSINESS SOLD/CLOSED DOWN.	<input type="checkbox"/> 06	
07 = CHANGED RESIDENCE	<input type="checkbox"/> 07	
08 = DISSATISFIED WITH THE JOB	<input type="checkbox"/> 08	
09 = RETIRED	<input type="checkbox"/> 09	
10 = OTHER, <i>specify</i>	<input type="checkbox"/> 10	
<input type="text"/>		

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3.15.a	<p>What kind of work did you do in your last job/business?</p> <p><i>Work includes all the activities mentioned earlier</i> <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary School teacher, etc.</i></p>
3.15.b	<p>What were your main tasks or duties in this work?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children.</i></p>
CODE BOXES FOR OFFICE USE	
3.16.a	<p>What was the name of your place of work?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; Harmony Gold Mining – Maintenance Div. Write ‘Own house’ or ‘No fixed location’, if relevant.</i></p>
3.16.b	<p>What were the main goods or services produced at your place of work or its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes. For domestic workers write “private household”</i></p>
CODE BOXES FOR OFFICE USE	

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SECTION 4

This section covers main work activity in the last week for persons aged 15 years and above

4.1	In the last week did you have more than one job/business?	
		1 = YES
		2 = No
		3 = DON'T KNOW

If "yes", read out: The questions that follow refer to your main job/business. That is the one where you usually work the most hours per week, even if you were absent from it in the last week.

4.2.a	What kind of work do you usually do in the main job/business that you had during the last week ?	
		Work includes all the activities mentioned earlier
		Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc
4.2.b	What are your main tasks or duties in this work?	
		Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children
CODE BOXES FOR OFFICE USE		

4.3.a	What is the name of your place of work?	
		For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; Harmony Gold Mining – Maintenance Div.
		Write 'Own house' or 'No fixed location', if relevant.
4.3.b	What are the main goods or services produced at your place of work or its main functions?	
		Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail-clothing shop, Manufacture electrical appliances, Bar/restaurant, Primary Education, Delivering newspapers to homes. For domestic workers write "private household"
CODE BOXES FOR OFFICE USE		
4.4	When did you start working for this employer or started running this business? Give year and month.	
		State year in <u>four</u> figures, e.g. 2001
		State month in <u>two</u> figures, e.g. 08 for August

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Person no.

Age

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4.5	In the job/business that you had during last week, were you	
	1 = Working for someone else for pay? (including paid domestic workers, gardeners or security guards)	<input type="checkbox"/> 1
	<i>Payment in cash or in kind (e.g. food, accommodation). Option 1 includes all employees: Full-time, part-time, casual work and piecework.</i>	
	→ Go to Q 4.6	
	2 = An employer (employing one or more employees)?	<input type="checkbox"/> 2
	→ Go to Q 4.13	
	3 = Own-account worker (not employing any employees)?	<input type="checkbox"/> 3
	→ Go to Q 4.13	
	4 = Helping without pay in a household business?	<input type="checkbox"/> 4
	→ Go to Q 4.13	

4.9	Are you entitled to medical aid benefits from your employer?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	
4.10	Does your employer deduct income tax (PAYE / SITE) from your salary/ wage?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	
4.11	Are you employed on the basis of ...	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	1 = A written contract? 2 = A verbal agreement?	
4.12	Is the contract/agreement of a	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = Limited duration? 2 = Permanent nature? 3 = Unspecified duration?	
	→ Go to Q 4.15	

For employees only (option 1 in Q 4.5)

4.6	Does your employer contribute to any pension/retirement fund for you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	
4.7	Are you entitled to any paid leave?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	
4.8	Does your employer pay UIF contributions for you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	

FOR EMPLOYERS, OWN ACCOUNT WORKERS AND PERSONS HELPING UNPAID IN HOUSEHOLD BUSINESSES (Options 2, 3 and 4 in Q 4.5)

4.13	Is your business (or household business where you work) registered for VAT?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	
4.14	Is the business (or household business where you work) registered for income tax?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	1 = YES 2 = No 3 = DON'T KNOW	

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FOR ALL EMPLOYED PERSONS (employees, employers, own account workers and persons helping unpaid in household businesses)

4.15	Is your place of work	
	1 = National/Provincial/Local government?	<input type="checkbox"/> 1
	2 = Government controlled business (e.g. Eskom,/ Telkom) ?	<input type="checkbox"/> 2
	3 = A private enterprise ?	<input type="checkbox"/> 3
	4 = Non-profit organisation (NGO/CBO) ?	<input type="checkbox"/> 4
	5 = A private household?	<input type="checkbox"/> 5
	6 = DON'T KNOW	<input type="checkbox"/> 6
4.16	How many employees are there at your place of work?	
	01 = 0	<input type="checkbox"/> 01
	02 = 1	<input type="checkbox"/> 02
	03 = 2 – 4	<input type="checkbox"/> 03
	04 = 5 – 9	<input type="checkbox"/> 04
	05 = 10 – 19	<input type="checkbox"/> 05
	06 = 20 – 49	<input type="checkbox"/> 06
	07 = 50 OR MORE	<input type="checkbox"/> 07
	08 = DON'T KNOW	<input type="checkbox"/> 08

FOR ALL EMPLOYED PERSONS

Ask for those with one job (Option 2 in Q 4.1)

4.18	How many hours do you <u>usually</u> work each week?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.19	Thinking of each day last week, how many hours did you <u>actually</u> work			
	Day	Hours		
	On Monday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Tuesday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Wednesday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Thursday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Friday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Saturday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On Sunday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total hours actually worked	<input type="text"/>	<input type="text"/>	<input type="text"/>
→ Go to Q 4.22				

Ask for those with more than one job (Option 1 in Q 4.1)

4.20	How many hours do you <u>usually</u> work each week....			
	1. In your first job/business?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. In your second job/business?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3. In all other jobs/businesses?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total hours for all jobs/businesses		<input type="text"/>	<input type="text"/>	<input type="text"/>
4.21	Thinking of each day last week, how many hours did you <u>actually</u> work			
	Day	Hours in ...		
		First job/ business	Second job/ business	All other jobs/ businesses
	Monday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tuesday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Wednesday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Thursday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Friday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Saturday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sunday?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total hours		<input type="text"/>	<input type="text"/>	<input type="text"/>

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Person no.

Age

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4.22	<p>Last week, would you have liked to work more hours than you actually worked, provided the extra hours had been paid?</p> <p>1 = YES, in the current job</p> <p>2 = YES, in taking an additional job</p> <p>3 = YES, in another job with more hours</p> <p>4 = NO</p> <p>5 = DON'T KNOW</p> <p>End of interview for this person</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
4.23	<p>How many additional hours could you have worked last week?</p>	<input type="text"/> <input type="text"/>

4.24	<p>Do you want to work more hours at your current rate of pay?</p> <p>1 = YES</p> <p>2 = No</p> <p>3 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4.25	<p>If extra work became available, would you be able to start such work in the next four weeks?</p> <p>1= YES</p> <p>2= No</p> <p>3= DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

6.0 INTERVIEW END TIME

h	h	m	m
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

End of questions for individual 1**Thank the respondent for his/her co-operation**

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