

INDIVIDUAL QUESTIONNAIRE - PART 1

STRICTLY CONFIDENTIAL

Quarter Division Name: _____

CB Number: Village Name: _____

Household Number: Person Number: Name of Interviewer: _____

Ask question 01 - 11.15 to every person in the household (for persons 0 - 14 ask parent or guardian)

CIRCLE the appropriate code and ENTER in the box(es) provided

01 What is this person's full name ?

02 What is this person's relationship to head of household ?

<input type="checkbox"/> 1 Head	<input type="checkbox"/> 4 Parent	<input type="text"/>
<input type="checkbox"/> 2 Spouse	<input type="checkbox"/> 5 Other relatives	
<input type="checkbox"/> 3 Son/Daughter	<input type="checkbox"/> 6 Friend/Visitor	

03 What is this person's sex ?

<input type="checkbox"/> 1 Male	<input type="text"/>
<input type="checkbox"/> 2 Female	

04 What is this person's date of birth? 05 What is this person's age at last birthday?

<input type="text"/>				
Day	Month	Year	Age	

06 What is this person's Ethnic Origin?

<input type="checkbox"/> 01 Tongan	<input type="checkbox"/> 06 Chinese	<input type="text"/>
<input type="checkbox"/> 02 Part - Tongan	<input type="checkbox"/> 07 Other Pacific Island	
<input type="checkbox"/> 03 European	<input type="checkbox"/> 08 Other Asian	
<input type="checkbox"/> 04 Fijian	<input type="checkbox"/> 09 Not elsewhere specified	
<input type="checkbox"/> 05 Fijian Indian	<input type="checkbox"/> 10 Other	

07 What is this person's Marital Status?

<input type="checkbox"/> 1 Never married	<input type="checkbox"/> 4 Widowed	<input type="text"/>
<input type="checkbox"/> 2 Married	<input type="checkbox"/> 5 Defacto	
<input type="checkbox"/> 3 Divorced or Separated		

08 Literacy status
Can this person read & write a simple sentence in:

<input type="checkbox"/> 1 English & Tongan	<input type="checkbox"/> 3 Tongan Only	<input type="text"/>
<input type="checkbox"/> 2 English Only	<input type="checkbox"/> 4 Other language	
	<input type="checkbox"/> 5 None	

09 Internet Usage:
Where does this person mostly use internet?

<input type="checkbox"/> 1 Home	<input type="checkbox"/> 4 Library	<input type="checkbox"/> 7 Other Place	<input type="text"/>
<input type="checkbox"/> 2 Work	<input type="checkbox"/> 5 Café	<input type="checkbox"/> 8 Don't Use	
<input type="checkbox"/> 3 School/Uni	<input type="checkbox"/> 6 Friends/Relatives		

10. HEALTH

10.1 Did you have a health problem or sickness in the last 3 months?

<input type="checkbox"/> 1 Yes	<input type="text"/>
<input type="checkbox"/> 2 No (GO TO 11.1)	

10.2 Did you get help or care for the health problem or sickness?

<input type="checkbox"/> 1 Yes	<input type="text"/>
<input type="checkbox"/> 2 No (GO TO 10.6)	

10.3 Where did you go to get help for the health problem or sickness?

<input type="checkbox"/> 1 Hospital	} (GO TO 10.5)	<input type="checkbox"/> 4 Traditional healer	<input type="text"/>
<input type="checkbox"/> 2 Health/Care		<input type="checkbox"/> 5 Village nurse	
<input type="checkbox"/> 3 Dispensary		<input type="checkbox"/> 6 Others	

10.4 If you got help but did not use a health facility, what was the main reason?

<input type="checkbox"/> 01 Facility is too far	<input type="checkbox"/> 08 No transport available	<input type="text"/>
<input type="checkbox"/> 02 Facility staff not friendly	<input type="checkbox"/> 09 Sick at night	
<input type="checkbox"/> 03 Facility is not nice	<input type="checkbox"/> 10 Bad weather	
<input type="checkbox"/> 04 Health staff not available	<input type="checkbox"/> 11 Too busy to go to Facility	
<input type="checkbox"/> 05 Relative works at Facility	<input type="checkbox"/> 12 Illness not serious	
<input type="checkbox"/> 06 No medication at Facility	<input type="checkbox"/> 13 Use local healer first	
<input type="checkbox"/> 07 Can't pay for transport	<input type="checkbox"/> 14 Other reasons	

10.5 What was the diagnosed health problem?

<input type="checkbox"/> 01 Skin sores	<input type="checkbox"/> 05 Conjunctivitis	<input type="checkbox"/> 09 Fever	<input type="text"/>
<input type="checkbox"/> 02 Diarrhoea	<input type="checkbox"/> 06 High blood pressure	<input type="checkbox"/> 10 Other	
<input type="checkbox"/> 03 Stomach pain	<input type="checkbox"/> 07 Diabetes	↓	(GO TO 10.7)
<input type="checkbox"/> 04 Cold/flu	<input type="checkbox"/> 08 Asthma	specify _____	

10.6 If you did not seek care for the health problem what was the main reason?

<input type="checkbox"/> 01 Facility is too far	<input type="checkbox"/> 15 No transport available	<input type="text"/>
<input type="checkbox"/> 02 Facility staff not friendly	<input type="checkbox"/> 09 Sick at night	
<input type="checkbox"/> 03 Facility is not nice	<input type="checkbox"/> 10 Bad weather	
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<input type="checkbox"/> 06 No medication at Facility	<input type="checkbox"/> 13 Use local healer first	
<input type="checkbox"/> 07 Can't pay for transport	<input type="checkbox"/> 14 Other reasons	

10.7 How long were you sick?

<input type="checkbox"/> 1 1 day	<input type="checkbox"/> 4 1-4 weeks	<input type="text"/>
<input type="checkbox"/> 2 2-3 days	<input type="checkbox"/> 5 >4 weeks	
<input type="checkbox"/> 3 4-7 days		

10.8 Did this health condition prevent you from undertaking your usual activities?

<input type="checkbox"/> 1 Yes	<input type="text"/>
<input type="checkbox"/> 2 No	

11. EDUCATION

11.1 Is this person now attending a formal education institution?

<input type="checkbox"/> 1 Yes, currently attending (GO TO 11.2)	<input type="text"/>
<input type="checkbox"/> 2 No, never attended (GO TO 11.9)	
<input type="checkbox"/> 3 No, have now left school (GO TO 11.10)	

11.2 What level and grade are you currently in?

<input type="checkbox"/> 1 Kindergarten						<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2 Primary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
<input type="checkbox"/> 3 Secondary 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
<input type="checkbox"/> 4 Secondary 2	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7				
<input type="checkbox"/> 5 University	<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"/> 6 Technical/Vocational	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	

11.3 What is your main mode of travelling to school?

<input type="checkbox"/> 1 walk	<input type="checkbox"/> 4 boat / canoe	<input type="text"/>
<input type="checkbox"/> 2 public transport	<input type="checkbox"/> 5 others	
<input type="checkbox"/> 3 private vehicle		

11.4 What is the estimated distance to get to school?

<input type="checkbox"/> 1 <100m	<input type="checkbox"/> 3 500m - 1km	<input type="checkbox"/> 5 5 - 10 km	<input type="text"/>
<input type="checkbox"/> 2 100 - 500m	<input type="checkbox"/> 4 1 - 5 km	<input type="checkbox"/> 6 10 km +	

11.5 What is the estimated time it takes to get to school?

<input type="checkbox"/> 1 < 5minutes	<input type="checkbox"/> 4 1-2 hours	<input type="text"/>
<input type="checkbox"/> 2 5-30 minutes	<input type="checkbox"/> 5 > 2 hours	
<input type="checkbox"/> 3 30-60 minutes		

11.6 How many hours each week do you attend at school?

<input type="checkbox"/> 1 < 10 hours	<input type="checkbox"/> 3 20 - 29 hours	<input type="checkbox"/> 5 40 or more hours	<input type="text"/>
<input type="checkbox"/> 2 10 - 19 hours	<input type="checkbox"/> 4 30 - 39 hours		

11.7 Do you sometimes miss school which you should be attending?

<input type="checkbox"/> 1 No (GO TO 12.1)	<input type="checkbox"/> 3 Yes sometimes	<input type="text"/>
<input type="checkbox"/> 2 Yes but rarely	<input type="checkbox"/> 4 Yes frequently	

11.8 What is the main reason for missing school?

<input type="checkbox"/> 01 School fees	<input type="checkbox"/> 05 Suspended	<input type="checkbox"/> 09 Disaster	<input type="text"/>
<input type="checkbox"/> 02 Sick	<input type="checkbox"/> 06 Family problems	<input type="checkbox"/> 10 Others	
<input type="checkbox"/> 03 Have to work	<input type="checkbox"/> 07 Bad weather		
<input type="checkbox"/> 04 Distance to travel	<input type="checkbox"/> 08 Teacher absent		

(GO TO 12.1)

<p>11.9 Why have you never attended school?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Too young</td> <td style="width:33%;"><input type="checkbox"/> 4 Family problems</td> <td rowspan="3" style="width:33%; text-align: center; vertical-align: middle;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 School fees</td> <td><input type="checkbox"/> 5 Disability</td> </tr> <tr> <td><input type="checkbox"/> 3 Distance to travel</td> <td><input type="checkbox"/> 6 Others (specify)</td> </tr> </table> <p style="text-align: right;">(GO TO 12.1)</p>	<input type="checkbox"/> 1 Too young	<input type="checkbox"/> 4 Family problems	<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 School fees	<input type="checkbox"/> 5 Disability	<input type="checkbox"/> 3 Distance to travel	<input type="checkbox"/> 6 Others (specify)	<p>12.4 What type of work does this person mainly do?</p> <p>work for pay (cash & kind)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 01 Work for pay (government)</td> <td rowspan="3" style="width:33%; text-align: center; vertical-align: middle;">} (GO TO 12.6)</td> <td rowspan="3" style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 02 Work for pay (quasi government)</td> </tr> <tr> <td><input type="checkbox"/> 03 Work for pay (private)</td> </tr> <tr> <td><input type="checkbox"/> 04 Operate own business</td> <td></td> <td>(GO TO 12.5)</td> </tr> </table> <p>unpaid family business work</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 06 Unpaid family business work</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td colspan="3">producing goods mainly for sale</td> </tr> <tr> <td><input type="checkbox"/> 07 Farming or gardening</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">} (GO TO 12.5)</td> <td rowspan="3"></td> </tr> <tr> <td><input type="checkbox"/> 08 Fishing</td> </tr> <tr> <td><input type="checkbox"/> 09 Handicrafts</td> </tr> <tr> <td colspan="3">producing goods mainly for consumption</td> </tr> <tr> <td><input type="checkbox"/> 10 Farming/gardening</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">} (GO TO 12.8)</td> <td rowspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 11 Fishing</td> </tr> <tr> <td><input type="checkbox"/> 12 Handicrafts</td> </tr> <tr> <td><input type="checkbox"/> 13 Others (specify)</td> </tr> </table>	<input type="checkbox"/> 01 Work for pay (government)	} (GO TO 12.6)		<input type="checkbox"/> 02 Work for pay (quasi government)	<input type="checkbox"/> 03 Work for pay (private)	<input type="checkbox"/> 04 Operate own business		(GO TO 12.5)	<input type="checkbox"/> 06 Unpaid family business work			producing goods mainly for sale			<input type="checkbox"/> 07 Farming or gardening	} (GO TO 12.5)		<input type="checkbox"/> 08 Fishing	<input type="checkbox"/> 09 Handicrafts	producing goods mainly for consumption			<input type="checkbox"/> 10 Farming/gardening	} (GO TO 12.8)		<input type="checkbox"/> 11 Fishing	<input type="checkbox"/> 12 Handicrafts	<input type="checkbox"/> 13 Others (specify)														
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<p>11.10 What is the highest level and grade this person completed?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Kindergarten</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 2 Primary</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table> </td> <td style="text-align: center; vertical-align: middle;">level <input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 3 Secondary 1</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> </td> <td style="text-align: center; vertical-align: middle;">grade <input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 4 Secondary 2</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>5</td><td>6</td><td>7</td></tr> </table> </td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 University</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table> </td> <td></td> </tr> <tr> <td><input type="checkbox"/> 6 Technical/Voactional</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table> </td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Kindergarten			<input type="checkbox"/> 2 Primary	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	level <input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 3 Secondary 1	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table>	1	2	3	4	grade <input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 4 Secondary 2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>5</td><td>6</td><td>7</td></tr> </table>	5	6	7		<input type="checkbox"/> 5 University	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6		<input type="checkbox"/> 6 Technical/Voactional	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6		<p>12.5 Do you employ people in this business operation?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(GO TO 11.14)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(GO TO 11.14)	
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<p>11.11 What year did you complete formal schooling?</p> <div style="text-align: center;"> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> </div>	<p>12.6 What does the person do most of the time as part of his/her work?</p> <p style="text-align: right;">occupation code → <input style="width:20px; height:20px;" type="text"/></p> <p style="text-align: right;"><small>(office use only)</small></p>																																																	
<p>11.12 Did you get any technical and vocational training after completing schooling?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(GO TO 11.14)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(GO TO 11.14)		<p>12.7 What is the main activity of the employer?</p> <p style="text-align: right;">industry code → <input style="width:20px; height:20px;" type="text"/></p> <p style="text-align: right;"><small>(office use only)</small></p>																																											
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<p>11.13 Please give details of technical and vocational training</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">LN</th> <th rowspan="2">Training</th> <th rowspan="2">Training Provider</th> <th colspan="2">Duration in months</th> <th colspan="2">Year</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	LN	Training	Training Provider	Duration in months		Year						1							2							3							4							<p>12.8 On average, how many hours a week does this person works?</p> <div style="text-align: center;"> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> </div>										
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<p>11.14 After completion of schooling or training, how long did it take you to find a job?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 never found a job</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 2 < 1 month</td> <td>(GO TO 12.1)</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 3 1 - 6 months</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 7 - 12 months</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 > 12 months</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 never found a job			<input type="checkbox"/> 2 < 1 month	(GO TO 12.1)	<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 3 1 - 6 months		<input type="checkbox"/> 4 7 - 12 months		<input type="checkbox"/> 5 > 12 months		<p>12.9 Would this person be willing & available to work additional hours?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td rowspan="2" style="width:33%; text-align: center; vertical-align: middle;">} (If 12.4 = 1 - 9, END QUESTIONS)</td> <td rowspan="2" style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> </tr> </table>	<input type="checkbox"/> 1 Yes	} (If 12.4 = 1 - 9, END QUESTIONS)	<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No																																	
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<p>11.15 What type of work was this first job?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 work for pay for government</td> <td rowspan="6" style="width:33%; text-align: center; vertical-align: middle;"><input style="width:20px; height:20px;" type="text"/></td> <td rowspan="6" style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 2 work for pay for quasi government</td> </tr> <tr> <td><input type="checkbox"/> 3 work for pay for private or operate own business</td> </tr> <tr> <td><input type="checkbox"/> 4 unpaid family business work</td> </tr> <tr> <td><input type="checkbox"/> 5 producing goods mainly for sale</td> </tr> <tr> <td><input type="checkbox"/> 6 producing goods mainly for consumption</td> </tr> </table>	<input type="checkbox"/> 1 work for pay for government	<input style="width:20px; height:20px;" type="text"/>		<input type="checkbox"/> 2 work for pay for quasi government	<input type="checkbox"/> 3 work for pay for private or operate own business	<input type="checkbox"/> 4 unpaid family business work	<input type="checkbox"/> 5 producing goods mainly for sale	<input type="checkbox"/> 6 producing goods mainly for consumption	<p>12.10 Did this person look for paid work last week? (including self employment)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(Go to 12.12)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(Go to 12.12)																																				
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<input type="checkbox"/> 2 No	(Go to 12.12)																																																	
12. LABOUR FORCE (for persons aged 10 and above)																																																		
<p>12.1 During last week, did this person do any work?</p> <p style="text-align: center;"><small>(Include subsistence activities and unpaid family business work)</small></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(GO TO 12.4)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(GO TO 12.4)		<p>12.11 Why didn't this person look for paid job last week?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Attending school</td> <td rowspan="3" style="width:33%; text-align: center; vertical-align: middle;">} (GO TO 12.14)</td> <td rowspan="3" style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 2 Retired</td> </tr> <tr> <td><input type="checkbox"/> 3 Home duties/child care</td> </tr> <tr> <td><input type="checkbox"/> 4 Not interested</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">} (GO TO 12.12)</td> <td rowspan="4"></td> </tr> <tr> <td><input type="checkbox"/> 5 Disabled</td> </tr> <tr> <td><input type="checkbox"/> 6 Weather conditions</td> </tr> <tr> <td><input type="checkbox"/> 7 Believes no work available</td> </tr> <tr> <td><input type="checkbox"/> 8 Transport costs</td> <td></td> <td>(GO TO 12.13)</td> </tr> <tr> <td><input type="checkbox"/> 9 Others</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Attending school	} (GO TO 12.14)		<input type="checkbox"/> 2 Retired	<input type="checkbox"/> 3 Home duties/child care	<input type="checkbox"/> 4 Not interested	} (GO TO 12.12)		<input type="checkbox"/> 5 Disabled	<input type="checkbox"/> 6 Weather conditions	<input type="checkbox"/> 7 Believes no work available	<input type="checkbox"/> 8 Transport costs		(GO TO 12.13)	<input type="checkbox"/> 9 Others																												
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<input type="checkbox"/> 9 Others																																																		
<p>12.2 During the last week, did this person have a job at which he/she did not work?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(GO TO 12.10)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(GO TO 12.10)		<p>12.12 During the last week, was this person willing and available to start work?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No																																							
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<p>12.3 What was the main reason this person did not work in the last week?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Illness/sickness</td> <td rowspan="7" style="width:33%; text-align: center; vertical-align: middle;"><input style="width:20px; height:20px;" type="text"/></td> <td rowspan="7" style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> 2 Temporary layoff</td> </tr> <tr> <td><input type="checkbox"/> 3 Seasonal worker</td> </tr> <tr> <td><input type="checkbox"/> 4 On holiday</td> </tr> <tr> <td><input type="checkbox"/> 5 Bad weather</td> </tr> <tr> <td><input type="checkbox"/> 6 Custom event</td> </tr> <tr> <td><input type="checkbox"/> 7 Other</td> </tr> </table>	<input type="checkbox"/> 1 Illness/sickness	<input style="width:20px; height:20px;" type="text"/>		<input type="checkbox"/> 2 Temporary layoff	<input type="checkbox"/> 3 Seasonal worker	<input type="checkbox"/> 4 On holiday	<input type="checkbox"/> 5 Bad weather	<input type="checkbox"/> 6 Custom event	<input type="checkbox"/> 7 Other	<p>12.13 How long has this person been unemployed?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 < 1 month</td> <td style="width:33%;"><input type="checkbox"/> 3 2 - <6 months</td> <td style="width:33%;"><input type="checkbox"/> 5 1 - 2 years</td> </tr> <tr> <td><input type="checkbox"/> 2 1 - <2 months</td> <td><input type="checkbox"/> 4 6 - <12 months</td> <td><input type="checkbox"/> 6 > 2 years</td> </tr> </table>	<input type="checkbox"/> 1 < 1 month	<input type="checkbox"/> 3 2 - <6 months	<input type="checkbox"/> 5 1 - 2 years	<input type="checkbox"/> 2 1 - <2 months	<input type="checkbox"/> 4 6 - <12 months	<input type="checkbox"/> 6 > 2 years																																		
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<input type="checkbox"/> 2 1 - <2 months	<input type="checkbox"/> 4 6 - <12 months	<input type="checkbox"/> 6 > 2 years																																																
<p>12.4 During the last week, did this person do more than 10 hours unpaid work for the family, church or community, not covered in questions 12.1 - 12.8?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Yes</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><input style="width:20px; height:20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> 2 No</td> <td>(END QUESTIONS)</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Yes		<input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 2 No	(END QUESTIONS)		<p>12.15 What was the main type of unpaid work that this person did?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input type="checkbox"/> 1 Home duties/child care</td> <td style="width:33%;"><input type="checkbox"/> 4 Community work</td> <td style="width:33%;"><input type="checkbox"/> 5 Relatives</td> </tr> <tr> <td><input type="checkbox"/> 2 Family</td> <td><input type="checkbox"/> 3 Church</td> <td><input type="checkbox"/> 6 Others</td> </tr> </table>	<input type="checkbox"/> 1 Home duties/child care	<input type="checkbox"/> 4 Community work	<input type="checkbox"/> 5 Relatives	<input type="checkbox"/> 2 Family	<input type="checkbox"/> 3 Church	<input type="checkbox"/> 6 Others																																					
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