

Strictly Confidential



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

LABOUR FORCE SURVEY 2005

Central Statistical Office
P.O. Box 31908, Lusaka, Zambia
Tel No. 251377/251380/252575
Fax No. 253468

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Questionnaire No. of

FORM

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

Household Identification Particulars

Province.....

Constituency Name.....

CSA Number.....

Rural.....1 Urban 2

Household Number.....

District.....

Ward Name.....

SEA Number.....

Housing Unit Number.....

***RESULT CODES**

1. Completed
2. Refused
3. Dwelling vacant or address not a dwelling
4. Dwelling not found

HOUSEHOLD SELECTION STATUS

1. Originally Selected Household

2. Replacement Household

ENUMERATOR'S NAME..... DATE OF INTERVIEW

DD MM YY

SUPERVISOR'S NAME..... DATE OF CHECKING

DD MM YY

SUPPLEMENTARY QUESTIONNAIRE COMPLETED?

1. YES

2. NO

Section I BACKGROUND 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.*

Household Members		What is (Name)'s relationship to head of the household?	Is (Name) Male or Female?	How old was (Name) at (his/her) last birthday?	Marital Status (for persons 15 years and above) What is (Name)'s current marital status?	For all children less than 19 years of age			
Person Number	Can you please provide (first) names of all persons who normally reside in this household, beginning with the Head of the Household? (Including children who are temporarily absent for any reason).	01 Head 02 Spouse (Husband/Wife) 03 Son 04 Daughter 05 Brother 06 Sister 07 Adopted/foster son 08 Adopted/foster daughter 09 Grandson 10 Granddaughter 11 Daughter-in-law 12 Son-in-law 13 Mother-in-law 14 Father-in-law 15 Mother 16 Father 17 Grandfather 18 Grandmother 19 Other Relative 20 Non-relative	1. Female 2. Male	Enter age in completed years.	1. Single and never married 2. Married 3. Separated 4. Divorced 5. Widowed 6. Cohabiting	Is (Name)'s natural mother alive? 1. Yes 2. No >A11 9. Do not Know >A11	Does (Name)'s natural mother live in this household? 1. Yes 2. No 9. Do not Know	Is (Name)'s natural father alive? 1. Yes 2. No >A13 9. Do not Know >A13	Does (Name)'s natural father live in this household? 1. Yes 2. No 9. Do not Know
PN	Q1	2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
01									
02									
03									
04									
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13									
14									

Section II
EDUCATION AND SCHOOL ATTENDANCE OF ALL PERSONS AGED 5 AND OLDER

Person Number	Can (Name) read or write in any language? 1. YES 2. NO	Has (Name) ever attended school? 1.Yes 2.No>>Q A14	What is the highest level of school (Name) attended? 1. Pre-school 2. Primary 3. Secondary 4. Trades School 5. College 6. University	What is the highest grade (Name) completed at this level? ENTER GRADE/HIGHEST LEVEL COMPLETED	Is (Name) currently attending school? 1. Yes 2. No>>Q	Since last (day of the week), how many days did (Name) attend school? <i>Write number of days</i>	Which level is (Name) currently attending? 1.Pre-school 2.Primary 3.Secondary 4.Trades School 5.College 6.University	What grade/level is (Name) currently attending? ENTER GRADE/HIGHEST LEVEL CURRENTLY ATTENDING	During the last school year, did (Name) attend school at any time? 1.Yes 2. No >Q	Which level of school did (Name) attend last year? 1. Pre-school 2. Primary 3. Secondary 4. Trades School 5. College 6. University	At what grade/level was (Name) attending school last year? ENTER GRADE/LEVEL ATTENDING
PN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section II
EDUCATION AND SCHOOL ATTENDANCE OF ALL PERSONS AGED 5 AND ABOVE CONTINUED....

Transfer Person Number and Age	What are/were the main reasons why (Name) is not attending or never attended school? (Rank the three answers beginning with the most important). 1. Is/was too young 2. Disabled/illness 3. School is too far 4. Cannot afford schooling 5. Family does not allow schooling 6. Poor in studies/not interested in school 7. School not considered valuable 8. School not safe 9. To work for pay or family business or farm. 10. Help at home with household chores 11. Other Specify			Has (Name) ever received any skills training? (Multiple answers allowed) 1. None >Go to SECTION III 2. On-the-job 3. Adult literacy 4. Certificate after 1-2 years 5. Certificate after 2+ years 6. Formal Apprenticeship 7. Informal Apprenticeship 8. Other (specify) 9. Don't Know	<i>Vocational Training for all persons aged 12+ (therefore including adults.)</i>	
					The last time (Name) received skills training, how long did it last? 1. Less than a week 2. 1 week – 2 Weeks 3. 2 Weeks to 1 Month 4. 1 – 2 Months 5. 2 – 6 Months 6. More than 6 Months 7. Other (specify)	In what field did (Name) last receive this type of training? ENTER FIELD OF TRAINING IN THE SPACE PROVIDED GET CODES FROM MANUAL At what age did (Name) receive skill training?
PN	Q12 Most Medium Low			Q13	Q14	Q15
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section III ECONOMIC ACTIVITY IDENTIFICATION: This section covers activities in the last seven days for all household members aged 15 years and above Try to ask these questions of each person themselves if at all possible READ OUT: Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above In the last seven days, did (Name) do any of the following activities, even for only one hour?							
<i>Transfer Person Number and Age</i>	a) Operate or do any kind of business, big or small, for himself/herself or with one or more partner? 1 = YES 2 = NO	b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? 1 = YES 2 = NO	c) Do any work as a domestic worker for a wage, salary, or any payment in kind? 1 = YES 2 = NO	d) Help unpaid in a household business of any kind? 1 = YES 2 = NO	e) Do any work on his/her 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? 1 = YES 2 = NO	f) Do any work as a learner or apprentice for a wage or salary in cash or kind? 1 = YES 2 = NO	g) Catch any fish or gather any other food for sale or household consumption? 1 = YES 2 = NO
PN	Q1	Q2	Q3	Q4	Q5	Q6	Q7
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF “YES” FOR A PERSON TO ANY PART OF QUESTION IN SECTION III GO TO SECTION IV FOR THAT PERSON

Section IV UNEMPLOYMENT: THIS SECTION COVERS UNEMPLOYMENT AND NON-ECONOMIC ACTIVITIES OF ALL PERSONS AGED 15 YEARS AND ABOVE

Transfer Person Number	What sort of work did you want to do last week?	Did you look for work last week?	Did you make any effort to start a business of your own last week?	Why did you not look for work last week?	What were you doing most of last week?
	1 PAID EMPLOYMENT 2 OWN BUSINESS (INCLUDING COMMERCIAL FARMING) 3 SUBSISTENCE FARMING	1 = YES 2 = NO	1 = YES 2 = NO	1. NOT AVAILABLE TO WORK (E.G. STUDENT, HOUSEWIFE) 2. DUE TO TEMPORARY ILLNESS 3. AWAITING RESULT OF PREVIOUS APPLICATION 4. NO SUITABLE VACANCY 5. NO PARTICULAR REASON 6. OTHER (SPECIFY)	1. STUDENT 2. DOING HOME DUTIES 3. UNABLE TO WORK, SICK, DISABLED, OLD) 4. RETIRED 5. OTHER (SPECIFY)
PN	Q1	Q2	Q3	Q4	Q5
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV
UNEMPLOYMENT OF ALL PERSONS AGED 15 YEARS AND ABOVE CONTINUED....

Transfer Person Number	How did you look for work last week?	What sort of efforts did you make to start a business last week?	How long have you been available for work and wanting to work?	Have you previously mainly worked as a subsistence farmer in a job or business or other?	What type of work did (NAME) do in this last job? GIVE OCCUPATION OR JOB TITLE
	1. REGISTRATION AT LABOUR EXCHANGE 2. REGISTRATION AT PRIVATE EMPLOYMENT AGENCY 3. DIRECT APPLICATION TO EMPLOYER 4. OTHER (SPECIFY)	1. CONTACT FRIENDS 2. SEEKING LOANS 3. MAKING TRADE INQUIRIES 4. APPROACHING BUSINESS ASSOCIATION FOR ADVISE 5. OTHER (SPECIFY)	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	1. SUBSISTENCE FARMER 2. JOB OR BUISINESS 3. NEVER WORKED 4. OTHER (Specify)	
PN	Q6	Q7	Q8	Q9	Q10
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>

Section IV
UNEMPLOYMENT OF ALL PERSONS AGED 15 YEARS AND ABOVE CONTINUED....

Transfer Person Number	How long was it since (NAME) last worked?	What was the name of (NAME)'s last employer?	What were the main goals and services produced at (NAME)'s last place of work?	Did this establishment belong to?	In this job, did (NAME) work as?
	1. LESS THAN 6 MONTHS 2. 6 MONTHS BUT LESS THAN 12 MONTHS 3. 1 YEAR BUT LESS THAN 5 YEARS 4. 5 YEARS BUT LESS THAN 10 YEARS 5. 10 YEARS AND ABOVE		EXAMPLES: REPAIRING CARS, SELLING GROCERIES, RETAIL CLOTHING ETC.	1. CENTRAL GOVERNMENT 2. LOCAL GOVERNMENT 3. PARASTATAL 4. PRIVATE	1. EMPLOYER 2. OWN ACCOUNT WORKER 3. PAID EMPLOYEE 4. UNPAID FAMILY WORKER 5. OTHER (SPECIFY)
PN	Q11	Q12	Q13	Q14	Q15
01	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Section IV
UNEMPLOYMENT OF ALL PERSONS AGED 15 YEARS AND ABOVE CONTINUED...

Transfer Person Number	Were there 5 or more people working in this establishment?	Was this job/business located?	Why did (NAME) give up his/her job/business?	Has (NAME) been offered any job in the past 7 days and has he/she turned it down?	Does (NAME) know of any available work for which he/she has relevant qualification but is not willing to do so?
	1 = YES 2 = NO	1. IN OWNERS HOME 2. AT SOME OTHER FIXED PLACE 3. NO FIXED PLACE	1. BECOME A STUDENT 2. POOR WORKING CONDITIONS 3. LAID OFF 4. JOB COMPLETED 5. WANTED TO ESTABLISH OWN BUSINESS 6. WANTED PAID EMPLOYEMENT 7. OTHER SPECIFY	1 = YES 2 = NO	1 = YES 2 = NO
PN	Q16	Q17	Q18	Q19	Q20
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV
UNEMPLOYMENT OF ALL PERSONS AGED 15 AND OLDER CONTINUED....

Transfer Person Number	Why would (NAME) not be willing to do this work? 1 = WAGES TOO LOW 2 = JOB IS NOT PERMANENT 3 = LOCATION 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>>	How soon can (NAME) start work? 1 = IN A WEEK 2 = IN TWO WEEKS 3 = IN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW	During the past 7 days, has (NAME) taken any action	
				a) To look for any kind of work? 1 = YES 2 = NO	b) To start any kind of business? 1 = YES 2 = NO
PN	Q21	Q22	Q23	Q24	Q25
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V EMPLOYMENT: THIS SECTION COVERS MAIN WORK ACTIVITY IN THE LAST SEVEN DAYS FOR PERSONS AGED 15 YEARS AND ABOVE

Transfer Person Number	What kind of work did (NAME) do in his/her main job during the last seven days (or usually does, even if he/she was absent in the last seven days)? GIVE OCCUPATION OR JOB TITLE	What were the main goods and services produced at 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 3 = DON'T KNOW	What type of Contract? 1 = ORAL 2 = WRITTEN
	Q1	Q2	Q3	Q4	Q5
01	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	_____ <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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V EMPLOYMENT OF ALL PERSONS AGED 15 AND OLDER CONTINUED						
Transfer Person Number	Does (NAME'S) employer contribute to any pension scheme? 1 = YES 2 = NO 3 = 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 = SELF EMPLOYED 8 = HOUSEHOLD	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 = PRIVATE PLACE 2 = INSIDE A FORMAL BUSINESS PREMISES 3 = AT A MARKET 4 = ON THE STREET 5 = NO FIXED LOCATION 6 = OTHER (SPECIFY)
PN	Q6	Q7	Q8	Q9	Q10	Q11
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V EMPLOYMENT OF ALL PERSONS AGED 15 AND OLDER CONTINUED							
Transfer Person Number	What is (NAME)'s skill level? 1 = PROFESSIONAL 2 = SKILLED 3 = SEMI-SKILLED 4 = UNSKILLED	How many hours did (NAME) work for in the past 7 days? RECORD ROUNDED NUMBER OF HOURS E.G. 74.5 TO 75HRS, 78.4 TO 78 HRS	Did (NAME) want to work more hours during the last 7 days? 1 = YES 2 = NO	How many hours 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 per week during which he/she works? 1 = HE/SHE CAN DECIDE FULLY FOR HIM/HERSELF 2 = HE/SHE CAN DECIDE BUT WITHIN A LIMITED RANGE 3 = NUMBER OF HOURS ARE FIXED BY HIS/HER EMPLOYER 4 = DON'T KNOW	Why didn't (NAME) work more hours 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 = OTHER (SPECIFY)	If extra work was available, would (NAME) be able to start such immediately? 1 = YES 2 = NO
PN	Q12	Q13	Q14	Q15	Q16	Q17	Q18
01	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V EMPLOYMENT OF ALL PERSONS AGED 15 AND OLDER CONTINUED					
Transfer Person Number	During the past four weeks, has (NAME) taken any action to look for any extra work? 1 = YES 2 = NO 3 = DON'T KNOW	What activities did (NAME) do to look for extra work? 1 = REGISTERED AT EMPLOYMENT AGENCY 2 = ENQUIRED AT WORK PLACES 3 = ANSWERED ADVERTISEMENTS 4 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS 5 = LOOKED FOR LAND BUILDING, EQUIPMENT OR APPLIED FOR A PERMIT TO STARTS OWN BUSINESS 6 = WAITED AT STREET SIDE WHERE CASUAL WORKERS ARE FOUND 7 = OTHER (SPECIFY)	Was (NAME) Mostly looking for 1 = THE SAME WORK WITH MORE HOURS 2 = DIFFERENT WORK WITH MORE HOURS 3 = DON'T KNOW	What is the frequency of your earnings? 1 = MONTHLY 2 = FORT NIGHTLY 3 = WEEKLY 4 = DAILY 5 = HOURLY	What were your total earnings (salaries, allowances etc)? ENTER THE TOTAL INCOME INCLUSIVE OF SALARIES, ALLOWANCES AND OTHER EARNINGS
PN	Q19	Q20	Q21	Q22	Q23
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Section VI HEALTH AND SAFETY ISSUES OF PERSONS 5 YEARS AND OLDER												
Transfer Person Number	Did (Name) have any of the following illnesses in the last 12 months? (Multiple answers allowed) 1. Skin problems>Q 2. Lung problems>Q 3. Allergies>Q 4. Diarrhoea>Q 5. Fatigue>Q 6. None	Did (Name) suffer from any other illnesses in the last 12 months? 1. Yes 2. No >A63	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) <u>Consequences on work</u> 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. Due to poor living conditions >A63 3. Travelling long distance under adverse conditions >A63 4. Outbreak of disease in the village/area >A63 5. None of the above >A63 9. Don't Know >A63	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 (oxygen, ammonia) 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	
								Most	Medium	Low		
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Section VI		HEALTH AND SAFETY ISSUES OF PERSONS 5 YEARS AND OLDER CONTINUED								
Transfer Person Number	Did (Name) have any of the following in the last 12 months? (Multiple answers allowed)	Did (Name) suffer from any other injuries in the last 12 months?	How often was (Name) injured in the last 12 months?	How serious was (Name)'s most recent injury? (Multiple answers allowed from the two categories)	In your opinion, what was the cause of (Name)'s injury?	Describe the actual tasks or occupation (s/he) was performing when (s/he) was injured.				
	1. Back/muscle pain>A65 2. Wounds/deep cuts>A65 3. Broken bones>A65 4. None	1. Yes 2. No >>A69 3. Don't know>>A69	1. Once or twice 2. 3 to 5 times 3. More than 5 times	<u>Consequences on work</u> 1. Permanently disabled 2. Prevented from work permanently 3. Stopped work temporarily 4. Changed jobs	1. Due to work 2. Due to poor living conditions >A69 3. Playing/sports >A69 4. Travelling long distance under adverse conditions >A69 5. None of the above >A69 9. Don't Know >A69	WRITE DESCRIPTION OF OCCUPATION IN FULL AND ENTER 4 DIGIT OCCUPATIONAL CODE IN THE BOXES				
PN	Q9	Q10	Q11	Q12	Q13	Q14	Occupation Code			
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Section VII

ECONOMIC ACTIVITIES OF CHILDREN AGED 5-17 YEARS

PN	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Transfer Person	If "yes" in Q.45, What was (name) doing while staying with the last household? 1. Working/ had a job but not attending school. 2. Attending school/training institute but not working. 3. Working/ had a job & attending school. 4. Nothing <i>Other (specify)</i>	Was (name) engaged in any economic activity at any time during the last 12 months? 1. Yes, less than 1 month. 2. Yes, 1-3 months. 3. Yes, 4-6 months. 4. Yes, 7-9 months. 5. Yes, 10-12 months. 6. No.	What kind of work did (NAME) do in his/her main job during the last seven days (or usually does, even if he/she was absent in the last seven days)? <i>WRITE DESCRIPTION OF OCCUPATION IN FULL</i>	What were the main goods and services produced at place of work? <i>WRITE DESCRIPTION OF GOODS AND SERVICES PRODUCED OR OFFERED IN FULL</i>	For codes 1 -5 in Q. 47, If (name) stops working, what will happen? 1. Household's living standards decline. 2. Household cannot afford to live. 3. Household enterprise cannot operate fully & other labour not affordable. 4. Nothing will change. 5. Other (Specify) -----	If currently in employment, how is (name) paid? 1. Piece rate 2. Hourly 3. Weekly 4. Monthly 6. Other (Specify) -----	What does (name) do with his/her earnings? 1. Give Parents/ Guardian all through employer. 2. Give Parents/ Guardian all by him/herself. 3. Give Parents/ Guardian part through employer. 4. Give Parents/ Guardian part by him/herself. 5. Spend by him/herself. 7. Other (Specify)
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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VII

ECONOMIC ACTIVITIES OF CHILDREN AGED 5-17 YEARS CONTINUED

Transfer Person Number and Age	Has <i>(name)</i> been engaged in housekeeping activities or household chores in own parents'/ Guardian's home on a regular basis during the last 7 days? 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	At what age did you start to work for the <u>first time</u> ? <i>Enter age in completed years</i>	During which time do you usually work? 1. Morning 2. Afternoon 3. Evening 4. Night 5. All day	For how many hours do you usually work per day? <i>(Record to the nearest hour)</i>	What does <i>(name)</i> do for fun? 1. Playing with friends,sisters/ brothers. 2. Watching TV 3. Listening to the Radio. 4. Reading 5. Nothing 6. Other (Specify)-	Is there an aspect of <i>(name)</i> 's work environment that is dangerous or harmful to <i>(name)</i> 's physical or mental health? 1. Yes 2. No 3. Don't know
PN	Q8	Q9	Q10	Q11	Q12	Q13
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII

TIME USE FOR HOUSEHOLD MEMBERS AGED 5 YEARS AND OLDER

A. PAID AND UNPAID WORK ACTIVITIES

B. STUDENT

Transfer Person Number	Yesterday, did you work in a company or institution, farm or plot in exchange for income, salary, wages or daily fee in cash or in-kind?		Yesterday, did you work in your business, farm or plot in exchange for income, benefits or earnings in cash or in-kind?		Yesterday, did you work in helping in the activities of the farm, plot or household business or for other persons without receiving income?		Yesterday, did you weave, embroider, make or process articles of clothing for household members?		Yesterday, did you take care of animals?		Yesterday, did you make repairs to your dwelling of any type: electrical, plumbing, bricklaying, etc.		Yesterday, how much time did you spend getting yourself to and from the place where you work?		Yesterday, did you attend school, carry out any other type of studies, do homework, and/or go to the place where you study?	
	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?	1. Yes 2. No	How much time did it take yesterday?
PN	Q1	Hour/Min	Q2	Hour/Min	Q3	Hour/Min	Q4	Hour/Min	Q5	Hour/Min	Q6	Hour/Min	Q7	Hour/Min	Q8	Hour/Min
01	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
02	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
03	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
04	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
05	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
06	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
07	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
08	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
09	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
12	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
13	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
14	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Section VIII

TIME USE FOR HOUSEHOLD MEMBERS AGED 5 YEARS AND OLDER CONTINUED

C. HOUSEHOD MAINTENANCE ACTIVITIES

D. PURCHASE/PAYMENTS

Transfer Person Number	Yesterday, did you clean the house?		Yesterday, did you cook or prepare breakfast, lunch or dinner?		Yesterday, did you wash dishes?		Yesterday, did you wash or iron clothing?		Yesterday, did you throw out the trash?		Yesterday, did you fetch water?		Yesterday, did you collect firewood?		Yesterday, did you serve and/or look after children?		Yesterday, did you make any household purchases? (go to the corner store the supermarket, etc.)	
	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No	1. Yes	2. No
	How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?		How much time did it take yesterday?	
PN	Q9	Hour/Min	Q10	Hour/Min	Q11	Hour/Min	Q12	Hour/Min	Q13	Hour/Min	Q14	Hour/Min	Q15	Hour/Min	Q16	Hour/Min	Q17	Hour/Min
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"/>	
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"/>	
03	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
04	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
05	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
06	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
07	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
08	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
09	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>	
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"/>	
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"/>	

Section VIII

TIME USE FOR HOUSEHOLD MEMBERS AGED 5 YEARS AND OLDER CONTINUED

E. OTHER ACTIVITIES

Transfer Person Number	Yesterday, did you spend time in care, attention and personal activities? (doing your hair, shaving, putting on makeup etc.) 1. Yes 2. No How much time did it take yesterday?		Yesterday, did you participate in any sporting activities, cultural activities, and/or relaxation? 1. Yes 2. No How much time did it take yesterday?		Yesterday, did you provide any free services or participate in community work or meetings? 1. Yes 2. No How much time did it take yesterday?		Yesterday, how much time did you spend in eating, sleeping, reading, and or resting? 1. Yes 2. No How much time did it take yesterday?		Yesterday did you spend time in any activity not already mentioned? 1. Yes 2. No How much time did it take yesterday?		Of the activities mentioned, which were done simultaneously or at parallel times? None = 00 Nothing else = 97 LIST THE ACTIVITIES IN THE SPACE PROVIDED AND ENTER THE HOURS IN THE APPROPRIATE BOXES		
	PN	Q18	Hour/Min	Q19	Hour/Min	Q20	Hour/Min	Q21	Hour/Min	22	Hour/Min	Q23	Hour/Min
01	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
02	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
03	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
04	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
05	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
06	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
07	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
08	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
09	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
10	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
11	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
12	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
13	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
14	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

SECTION IXA: INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) –HOUSEHOLD QUESTIONS

INTRODUCTION: I would like to ask questions about the household computer and Internet usage

NO.	QUESTIONS	CODE	Number of Items
1.	<p>Does the household, or any member of it, have any of the following permanently in the dwelling? (Multiple choice)</p> <p>NOTE: Laptops brought home temporarily from work not included</p> <p>NOTE: A handheld or palmtop computer is a battery powered wallet-sized computer that can be held in one hand, including electronic organizers</p> <p>NOTE: Option 14 implies no other option is selected</p> <ul style="list-style-type: none"> 1- Land phone 2- Internet enabled mobile phone 3- Other mobile phone 4- Radio 5- Conventional Analogue TV 6- Digital terrestrial TV 7- Satellite dish connected to TV 8- Cable TV 9- DVD player 10- Personal computer 11- Portable laptop computer 12- Handheld computer (palm held) 13- Car with a traffic navigation system 14- Other Secify 	<p>YES...1 NO.....2</p> <div> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<div> <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"/> <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"/> <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"/> <input type="text"/><input type="text"/> </div>
2.	<p>Is the computer used for...? (<i>multiple choice</i>)</p> <ul style="list-style-type: none"> 1- Work purposes 2- Educational purposes 3- Leisure purposes 4- Any other purpose (e.g. letter writing, bills etc.) 	<p>YES...1 NO.....2</p> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<p>YES...1 NO.....2</p> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>

3.	<p>Does any member of this household have access to the Internet at home? (regardless of whether it is used)</p> <p>1- Yes 2- No</p>	<div style="text-align: center;"> <input type="checkbox"/> </div>
4.	<p>On which of these devices is the Internet accessed at home? (multiple choice)</p> <p>NOTE: A handheld or palmtop computer is a battery powered wallet-sized computer that can be held in one hand, including electronic organizers</p> <p>1- Personal computer 2- Handheld computer 3- TV set (digital TV or set top box) 4- Mobile phone alone (WAP, GPRS, UMTS) 5- Games console 6- Other means 7- Don't know</p>	<p>YES...1 NO....2</p> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
5.	<p>What types of Internet connection are used? (multiple choice)</p> <p>1- Dial-up telephone line (analogue, ISDN) 2- TV set-top box/modem 3- Broadband connection 4- LAN (wireless or cable) 5- Don't know</p>	<p>YES...1 NO....2</p> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>

6.	<p>What are the main reasons for this household not having access to the Internet at home? (multiple choice)</p> <p>1- Have access to Internet elsewhere</p> <p>2- Don't want Internet (because content, harmful, not useful etc.)</p> <p>3- Equipment costs too high</p> <p>4- Access costs too high</p> <p>5- Lack of skills</p> <p>6- Language barriers</p> <p>7- Physical disability</p> <p>8- Privacy or security concerns</p> <p>9- Other</p>	<p>YES....1</p> <p>NO.....2</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
7.	<p>What are the main reasons for this household not owning/having access to the computer at home? (multiple choice)</p> <p>1- Have access to Computer elsewhere</p> <p>2- Don't want Computer (because not useful etc.)</p> <p>3- Equipment costs too high</p> <p>4- Lack of skills</p> <p>5- Language barriers</p> <p>6- Physical disability</p> <p>7- No electricity</p> <p>9- Other secify.....</p>	<p>YES...1</p> <p>NO...2</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

SECTION IXB: INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) – INDIVIDUAL QUESTIONS

	Q1	Q2	Q3
PID	Have you ever used a computer? 1- Yes 2- No	Have you taken any training courses (of ½ day or longer) on any aspect of computer use? NOTE: This includes any type of training course, including work-related courses lessons or courses undertaken privately. 1- In the last 12 months 2- More than 1 year ago 3- No training courses taken	On average, how often have you used a computer in the last 3 months? 1- At least once a day 2- At least once a week (but not every day) 3- At least once a month (but not every week) 4- Less than once a month 5- Not used in last 3 months
<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"/>
<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"/>
<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"/>
<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"/>
<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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<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"/>
<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"/>
<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"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9B: INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) – INDIVIDUAL QUESTIONS [Cont'd]

[illegible]

SECTION 9B: INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) – INDIVIDUAL QUESTIONS [Cont'd]

[illegible]

SECTION 9B: INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) – INDIVIDUAL QUESTIONS [Cont'd]

	Q12	Q13	Q14
PID	What types of goods and services did you buy or order over the Internet for private use in the last 12 months? (multiple choice) 1- Food/Groceries 2- Films/music 3- Books/magazines/E-learning material 4- Clothes/sports goods 5- Computer software (incl. Video games) 6- Computer hardware 7- Electronic equipment (incl. Cameras) 8- Share purchases/Financial services/Insurance 9- Travel and holiday accommodation 10- Tickets for events 11- Lotteries or betting 12- Vehicles (motor) 13- Other specify (1. Yes 2. No)	What was the approximate total value of goods and services (excluding financial investments) you bought or ordered for private use over the Internet in the last 3 months?	Did you buy or order goods over the Internet from: (multiple choice) 1- Outside Zambia 2- Within the country 1. Yes 2. No)
	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> </div>		<div> <div>1</div> <div>2</div> </div>
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Section X

HOUSEHOLD SOCIO-ECONOMIC STATUS

Has the household faced any of the following economic shocks in the last 12 months? <i>(Multiple Answers)</i>		How was it possible for the household to get food and shelter following this event/ these events? <i>(Multiple answers)</i>		If you borrowed money <i>(from whatever sources Codes 5 to 7 in A100), how are you to pay back?</i>		If you are providing labour to the creditor <i>(Code 3 in A101), do children take part?</i>																																								
Q1		Q2		Q3		Q4																																								
1. Death of a household member/income earner 2. Illness/injuries that prevented person from usual work 3. Crop failure 4. Flood or drought 5. Loss or destruction of property 6. None >A104 7. Otherspecify	<input type="checkbox"/>	1. Assistance from Government agencies 2. Assistance from NGOs 3. Assistance from religious organisations 4. Assistance from local community organisations 5. Borrowed money from bank or other institutions 6. Borrowed money from friend/relatives 7. Borrowed money from non-relatives 8. Took children away from school as could not afford 9. Set children to work 10. Increased used of children in household work 11. Sold property 12. Reduced household expenditures 13. Other (specify)	<input type="checkbox"/> <input type="checkbox"/>	1. No repayment 2. Raise the money from own sources and pay within agreed period. 3. Provide direct labour for specified period 4. Other (specify)	<input type="checkbox"/>	1. Regularly 2. Sometimes 3. Seldom 4. Never	<input type="checkbox"/>																																							
Q5		Q6																																												
If children were withdrawn from school <i>(Code 8 in A99), do you intend to send them back after the situation improves?</i> 1. Yes 2. No 3. Don't know		Household expenditure on various items like education for the children, food, fuel for cooking, lighting, rent etc.																																												
		<table border="1"> <thead> <tr> <th>No.</th> <th>Questions</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td>How much was spent on the following during the first school term?</td> <td></td> </tr> <tr> <td>(a)</td> <td>.... school fees including examination fees?</td> <td></td> </tr> <tr> <td>(b)</td> <td>.....school uniforms?</td> <td></td> </tr> <tr> <td>(c)</td> <td>.....contribution top school/PTA?</td> <td></td> </tr> <tr> <td>(d)</td> <td>... private tuition?</td> <td></td> </tr> <tr> <td>(e)</td> <td>How much was spent on transport during the past 1 month to and from school?</td> <td></td> </tr> <tr> <td>(f)</td> <td>What was the estimated average expenditure on food for this household during last month?</td> <td></td> </tr> <tr> <td>(g)</td> <td>What was the estimated amount spent on electricity/charcoal/firewood/candles/paraffin in the past month?</td> <td></td> </tr> <tr> <td>(h)</td> <td>What was the estimated amount spent on water in the past month?</td> <td></td> </tr> <tr> <td>(i)</td> <td>What was the estimated monthly average amount spent on rent in the past month?</td> <td></td> </tr> <tr> <td>(j)</td> <td>How much was spent on Cable/pay TV in the past month?</td> <td></td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> </tr> </tbody> </table>				No.	Questions	Amount		How much was spent on the following during the first school term?		(a) school fees including examination fees?		(b)school uniforms?		(c)contribution top school/PTA?		(d)	... private tuition?		(e)	How much was spent on transport during the past 1 month to and from school?		(f)	What was the estimated average expenditure on food for this household during last month?		(g)	What was the estimated amount spent on electricity/charcoal/firewood/candles/paraffin in the past month?		(h)	What was the estimated amount spent on water in the past month?		(i)	What was the estimated monthly average amount spent on rent in the past month?		(j)	How much was spent on Cable/pay TV in the past month?			TOTAL			
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END OF INTERVIEW