

MINISTRY OF PLANNING AND INVESTMENT
GENERAL STATISTIC OFFICE

CONFIDENTIAL

QUESTIONNAIRE OF LABOUR FORCE SURVEY 2010

RESULTS OF INTERVIEW						IDENTIFICATION						
	DATE OF INTERVIEW	RESULT (*)	SCHEDULED TIME/DATE TO COME BACK	SIGNATURE OF THE INTERVIEWER	SIGNATURE OF THE HOUSEHOLD'S HEAD							
THE 1ST	_____	<input type="checkbox"/>	_____	_____	_____	PROVINCE/CITY: _____	<input type="text"/> <input type="text"/>					
THE 2ND	_____	<input type="checkbox"/>	_____	_____	_____	DISTRICT/QUARTER: _____						
THE 3RD	_____	<input type="checkbox"/>	_____	_____	_____	COMMUNE/WARD: _____						
(*) CODE OF RESULT: 1 = FINISHED 2 = NOT FINISHED YET 3 = ALL MEMBERS OF THE HOUSEHOLD REFUSE TO ANSWER/BE ABSENT/NOT CONSIDERED AS RESPONDENT/NOBODY ANSWER 4 =HOUSE WAS DESTROYED/NOT ABLE TO BE FOUND 5 = OTHER _____ (SPECIFY)						EA NUMBER:	<input type="text"/> <input type="text"/>					
						EA'S NAME: _____						
						HOUSEHOLD NUMBER:.....						<input type="text"/> <input type="text"/> <input type="text"/>
						HEAD'S NAME: _____						
						TOTAL OF HH'S MEMBERS:						<input type="text"/> <input type="text"/>
						OF WHICH: NUM. OF FEMALES	<input type="text"/> <input type="text"/>					
						NUM. OF MALES AGED 15+:	<input type="text"/> <input type="text"/>					
						NUM OF FEMALES AGED 15+:.....	<input type="text"/> <input type="text"/>					
						NUM. OF EMPLOYED PERSONS:.....	<input type="text"/> <input type="text"/>					
						NUM. OF UNEMPLOYED PERSONS	<input type="text"/> <input type="text"/>					
						NUM. OF UNDER-EMPLOYED PERSONS.....	<input type="text"/> <input type="text"/>					
							<input type="text"/> <input type="text"/>					

THIS IS SET ☐ IN TOTAL OF ☐ SETS

PART 1: HOUSEHOLD SCHEDULE

QUESTION	SERIAL NUM... 0 1	SERIAL NUM... 0 2	SERIAL NUM... 0 3	SERIAL NUM... 0 4	SERIAL NUM... 0 5	SERIAL NUM... 0 6	
1. Please let me know the full name of each member usually residing in your household, starting with the household's head?	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
2. What is [NAME]'s relationship to the head of household?	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD .. 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD... 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD... 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD .. 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD... 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD... 3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/>	
3. Is [NAME] male or female?	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	MALE..1 <input type="checkbox"/> FEMALE.2 <input type="checkbox"/>	
4. In what solar month and year was [NAME] born?	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>	MONTH YEAR..... <div style="text-align: right; margin-right: 20px;">Q.6 ←</div> NOT STATED 9998 <input type="checkbox"/>
5. What is [NAME]'s age as of his/her last birthday? WRITE '95' IF AGE IS 95 OR OVER	AGE 	AGE 	AGE 	AGE 	AGE 	AGE 	
6. To what ethnic group does [NAME] belong?	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY) 	KINH 1 <input type="checkbox"/> OTHERS 2 <input type="checkbox"/> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> (SPECIFY)
7. RESPONDENT FOR INDIVIDUAL INFORMATION (AGED 15+)	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT . 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT.. 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT .. 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT . 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT .. 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT .. 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>	BE RESPONDENT 1 <input type="checkbox"/> NON RESPONDENT .. 2 <input type="checkbox"/> <div style="text-align: right; margin-right: 20px;">THE NEXT ←</div>

HOUSEHOLD N^o:

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PART 2: INDIVIDUAL INFORMATION

<div style="text-align: right;">NAME AND SERIAL NUM.</div> <div style="text-align: left;">QUESTION</div>	<div style="text-align: right;">_____</div> <div style="text-align: left;">_____</div>	<div style="text-align: right;">_____</div> <div style="text-align: left;">_____</div>	<div style="text-align: right;">_____</div> <div style="text-align: left;">_____</div>	<div style="text-align: right;">_____</div> <div style="text-align: left;">_____</div>
8. What is [NAME]'s current marital status?	SINGLE.....1 <input type="checkbox"/> MARRIED2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED/SEPARATED4 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> MARRIED2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED/SEPARATED4 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> MARRIED2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED/SEPARATED4 <input type="checkbox"/>	SINGLE1 <input type="checkbox"/> MARRIED2 <input type="checkbox"/> WIDOWED3 <input type="checkbox"/> DIVORCED/SEPARATED4 <input type="checkbox"/>
9. What is the highest grade of education (including official and non official education) that [NAME] has finished or graduated?	NEVER ATTENDED SCHOOL ..00 <input type="checkbox"/> NOT GRADUATED PRIMARY SCHOOL YET01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> ELEMENTARY VOCATIONAL TRAINING.....04 <input type="checkbox"/> UPPER SECONDARY.....05 <input type="checkbox"/> SECONDARY VOCATIONAL TRAINING.....06 <input type="checkbox"/> VOC. HIGH SCHOOL.....07 <input type="checkbox"/> VOCATIONAL TRAINING COLLEGE.....08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> GRADUATE OR ABOVE10 <input type="checkbox"/>	NEVER ATTENDED SCHOOL ..00 <input type="checkbox"/> NOT GRADUATED PRIMARY SCHOOL YET01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> ELEMENTARY VOCATIONAL TRAINING.....04 <input type="checkbox"/> UPPER SECONDARY.....05 <input type="checkbox"/> SECONDARY VOCATIONAL TRAINING.....06 <input type="checkbox"/> VOC. HIGH SCHOOL.....07 <input type="checkbox"/> VOCATIONAL TRAINING COLLEGE.....08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> GRADUATE OR ABOVE10 <input type="checkbox"/>	NEVER ATTENDED SCHOOL ..00 <input type="checkbox"/> NOT GRADUATED PRIMARY SCHOOL YET01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> ELEMENTARY VOCATIONAL TRAINING04 <input type="checkbox"/> UPPER SECONDARY.....05 <input type="checkbox"/> SECONDARY VOCATIONAL TRAINING06 <input type="checkbox"/> VOC. HIGH SCHOOL.....07 <input type="checkbox"/> VOCATIONAL TRAINING COLLEGE08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> GRADUATE OR ABOVE10 <input type="checkbox"/>	NEVER ATTENDED SCHOOL ..00 <input type="checkbox"/> NOT GRADUATED PRIMARY SCHOOL YET01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> ELEMENTARY VOCATIONAL TRAINING.....04 <input type="checkbox"/> UPPER SECONDARY05 <input type="checkbox"/> SECONDARY VOCATIONAL TRAINING.....06 <input type="checkbox"/> VOC. HIGH SCHOOL07 <input type="checkbox"/> VOCATIONAL TRAINING COLLEGE08 <input type="checkbox"/> COLLEGE09 <input type="checkbox"/> GRADUATE OR ABOVE10 <input type="checkbox"/>
Now, I would like to ask about work/job related to activities you did in the last 7 days				
10. In the last 7 days, did [NAME] do any work for pay or profit?	YES.....1 <input type="checkbox"/> → Q.14a NO.....2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q.14a NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q.14a NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q.14a NO.....2 <input type="checkbox"/>
11. Although [NAME] did not work in the last 7 days, did [NAME] still receive wage, salaries or profits from work or business?	YES.....1 <input type="checkbox"/> → Q.13 NO.....2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q.13 NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> → Q.13 NO2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q.13 NO.....2 <input type="checkbox"/>

NAME AND SERIAL NUM. QUESTION				
12. Will [NAME] return to work at any time during the next 30 days?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.29	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.29	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.29	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.29
13. How long did [NAME] temporarily stop work?	LESS THAN 1 MONTH.....1 <input type="checkbox"/> FROM 1 TO LESS THAN 2 MONTHS2 <input type="checkbox"/> FROM 2 MONTHS OR MORE.....3 <input type="checkbox"/> <div style="text-align: right;">Q.14b ←</div>	LESS THAN 1 MONTH.....1 <input type="checkbox"/> FROM 1 TO LESS THAN 2 MONTHS2 <input type="checkbox"/> FROM 2 MONTHS OR MORE.....3 <input type="checkbox"/> <div style="text-align: right;">Q.14b ←</div>	LESS THAN 1 MONTH.....1 <input type="checkbox"/> FROM 1 TO LESS THAN 2 MONTHS2 <input type="checkbox"/> FROM 2 MONTHS OR MORE3 <input type="checkbox"/> <div style="text-align: right;">Q.14b ←</div>	LESS THAN 1 MONTH1 <input type="checkbox"/> FROM 1 TO LESS THAN 2 MONTHS2 <input type="checkbox"/> FROM 2 MONTHS OR MORE.....3 <input type="checkbox"/> <div style="text-align: right;">Q.14b ←</div>
14a. In the last 7 days, what was the main type of work [NAME] did and what position did [NAME] hold for the mentioned work (If available)?	_____	_____	_____	_____
14b. Before temporarily stopping work, what was the main type of work [NAME] did?	_____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	_____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	_____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	_____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>
15. With the above mentioned job, was [NAME] an employer, own account worker, unpaid family worker, wage worker, member of cooperative or in job trainee?	EMPLOYER.....1 <input type="checkbox"/> OWN ACCOUNT WORKER.....2 <input type="checkbox"/> UNPAID FAMILY WORKER.....3 <input type="checkbox"/> WAGE WORKER.....4 <input type="checkbox"/> MEMBER OF COOPERATIVE ..5 <input type="checkbox"/> IN JOB TRAINEE.....6 <input type="checkbox"/>	EMPLOYER1 <input type="checkbox"/> OWN ACCOUNT WORKER2 <input type="checkbox"/> UNPAID FAMILY WORKER3 <input type="checkbox"/> WAGE WORKER.....4 <input type="checkbox"/> MEMBER OF COOPERATIVE ..5 <input type="checkbox"/> IN JOB TRAINEE.....6 <input type="checkbox"/>	EMPLOYER1 <input type="checkbox"/> OWN ACCOUNT WORKER2 <input type="checkbox"/> UNPAID FAMILY WORKER3 <input type="checkbox"/> WAGE WORKER4 <input type="checkbox"/> MEMBER OF COOPERATIVE ..5 <input type="checkbox"/> IN JOB TRAINEE6 <input type="checkbox"/>	EMPLOYER.....1 <input type="checkbox"/> OWN ACCOUNT WORKER.....2 <input type="checkbox"/> UNPAID FAMILY WORKER.....3 <input type="checkbox"/> WAGE WORKER.....4 <input type="checkbox"/> MEMBER OF COOPERATIVE...5 <input type="checkbox"/> IN JOB TRAINEE6 <input type="checkbox"/>
16. Does the establishment where [NAME] worked belong to household/individual, business household, collective, private, state or foreign investment sector?	A-F-F HOUSEHOLD/ INDIVIDUAL1 <input type="checkbox"/> <div style="text-align: right;">Q.19 ←</div> BUSINESS HOUSEHOLD.....2 <input type="checkbox"/> <div style="text-align: right;">Q.18 ←</div> COLLECTIVE3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE.....5 <input type="checkbox"/> FOREIGN INVESTMENT6 <input type="checkbox"/>	A-F-F HOUSEHOLD/ INDIVIDUAL1 <input type="checkbox"/> <div style="text-align: right;">Q.19 ←</div> BUSINESS HOUSEHOLD.....2 <input type="checkbox"/> <div style="text-align: right;">Q.18 ←</div> COLLECTIVE3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE.....5 <input type="checkbox"/> FOREIGN INVESTMENT6 <input type="checkbox"/>	A-F-F HOUSEHOLD/ INDIVIDUAL1 <input type="checkbox"/> <div style="text-align: right;">Q.19 ←</div> BUSINESS HOUSEHOLD2 <input type="checkbox"/> <div style="text-align: right;">Q.18 ←</div> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE4 <input type="checkbox"/> STATE5 <input type="checkbox"/> FOREIGN INVESTMENT6 <input type="checkbox"/>	A-F-F HOUSEHOLD/ INDIVIDUAL.....1 <input type="checkbox"/> <div style="text-align: right;">Q.19 ←</div> BUSINESS HOUSEHOLD.....2 <input type="checkbox"/> <div style="text-align: right;">Q.18 ←</div> COLLECTIVE3 <input type="checkbox"/> PRIVATE4 <input type="checkbox"/> STATE5 <input type="checkbox"/> FOREIGN INVESTMENT6 <input type="checkbox"/>

HOUSEHOLD N⁰:

<div><div>NAME AND SERIAL NUM.</div><div>QUESTION</div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
17. What is the name of the establishment (and the name of its direct supervision organization if available) where [NAME] worked?	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
18. What is the main activity or the main type of goods produced or services provided by the establishment where [NAME] worked?	<div></div> <div></div> <div>(SPECIFY)<div><div></div><div></div><div></div></div></div>	<div></div> <div></div> <div>(SPECIFY)<div><div></div><div></div><div></div></div></div>	<div></div> <div></div> <div>(SPECIFY)<div><div></div><div></div><div></div></div></div>	<div></div> <div></div> <div>(SPECIFY)<div><div></div><div></div><div></div></div></div>
19. How many laborers usually work in the establishment where [NAME] worked with the above mentioned job?	1-20.....1 <div><div></div><div></div></div> <div>21-UNDER 3002<div></div></div> <div>300 OR MORE3<div></div></div>	1-201 <div><div></div><div></div></div> <div>21-UNDER 3002<div></div></div> <div>300 OR MORE3<div></div></div>	1-201 <div><div></div><div></div></div> <div>21-UNDER 3002<div></div></div> <div>300 OR MORE3<div></div></div>	1-201 <div><div></div><div></div></div> <div>21-UNDER 3002<div></div></div> <div>300 OR MORE3<div></div></div>
20. How long has [NAME] been working with the above mentioned job?	LESS THAN 1 YEAR.....1 <div></div> <div>1 – UNDER 5 YEARS2<div></div></div> <div>5 – UNDER 10 YEARS3<div></div></div> <div>10 YEARS OR MORE4<div></div></div>	LESS THAN 1 YEAR1 <div></div> <div>1 – UNDER 5 YEARS2<div></div></div> <div>5 – UNDER 10 YEARS3<div></div></div> <div>10 YEARS OR MORE4<div></div></div>	LESS THAN 1 YEAR1 <div></div> <div>1 – UNDER 5 YEARS2<div></div></div> <div>5 – UNDER 10 YEARS3<div></div></div> <div>10 YEARS OR MORE4<div></div></div>	LESS THAN 1 YEAR.....1 <div></div> <div>1 – UNDER 5 YEARS2<div></div></div> <div>5 – UNDER 10 YEARS3<div></div></div> <div>10 YEARS OR MORE4<div></div></div>
21. In the last 7 days, excluding the above mentioned main job, did [NAME] have any other job/work for pay or profit?	YES.....1 <div></div> <div>NO.....2<div></div></div>	YES1 <div></div> <div>NO2<div></div></div>	YES1 <div></div> <div>NO2<div></div></div>	YES.....1 <div></div> <div>NO.....2<div></div></div>
22. In the last 7 days, how many hours did [NAME] work in all jobs (including the main job and other jobs) ?	TOTAL ACTUAL HOURS WORKED/WEEK..... <div><div></div><div></div></div>	TOTAL ACTUAL HOURS WORKED/WEEK..... <div><div></div><div></div></div>	TOTAL ACTUAL HOURS WORKED/WEEK..... <div><div></div><div></div></div>	TOTAL ACTUAL HOURS WORKED/WEEK..... <div><div></div><div></div></div>

NAME AND SERIAL NUM.				
QUESTION				
23. CHECK Q.22: IF Q.22 < 35 HOURS → Q.24; OTHERWISE → Q.27				
24. Would [NAME] want to work more hours?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.27	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.27	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.27	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.27
25. If finding a suitable job, was [NAME] available to work more hours?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.27	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.27	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.27	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.27
26. How many additional hours would [NAME] want to work per week?	HOURS/WEEK <input type="text"/>	HOURS/WEEK <input type="text"/>	HOURS/WEEK <input type="text"/>	HOURS/WEEK..... <input type="text"/>
27. CHECK Q.15: IF Q.15 = 4 → Q.28; OTHERWISE → Q.40				
28. Including all deductions and taxes, how many VNDONG did [NAME] receive in average per month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VND)
29. During the last 30 days, has [NAME] been doing anything to look for a job?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.32	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.32	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.32	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.32
30. Which way has [NAME] done to seek work during the last 30 days?	APPLIED FOR JOB1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE.....2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACED ADS4 <input type="checkbox"/> LOOKED AT ADS.....5 <input type="checkbox"/> ACTIVITIES RELATED TO SETTING UP A BUSINESS/ OWN ACCOUNT WORK6 <input type="checkbox"/> OTHERS7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOB1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE.....2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACED ADS4 <input type="checkbox"/> LOOKED AT ADS.....5 <input type="checkbox"/> ACTIVITIES RELATED TO SETTING UP A BUSINESS/ OWN ACCOUNT WORK6 <input type="checkbox"/> OTHERS7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOB1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE.....2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACED ADS4 <input type="checkbox"/> LOOKED AT ADS.....5 <input type="checkbox"/> ACTIVITIES RELATED TO SETTING UP A BUSINESS/ OWN ACCOUNT WORK6 <input type="checkbox"/> OTHERS7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOB.....1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACED ADS.....4 <input type="checkbox"/> LOOKED AT ADS5 <input type="checkbox"/> ACTIVITIES RELATED TO SETTING UP A BUSINESS/ OWN ACCOUNT WORK.....6 <input type="checkbox"/> OTHERS7 <input type="checkbox"/> (SPECIFY)

HOUSEHOLD N⁰:

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NAME AND SERIAL NUM. QUESTION				
31. From what solar month and year did [NAME] start looking for job?	MONTH..... YEAR.....	MONTH..... YEAR.....	MONTH..... YEAR.....	MONTH..... YEAR.....
32. In the last 7 days, if finding a job, would [NAME] work?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
33. CHECK Q.29 AND Q.32: IF Q.29 = 1 AND Q.32 = 1 → Q.36; OTHERWISE → Q.34				
34a. IF Q.29 = 2: What was the main reason that [NAME] did not seek work in the last 30 days?	NO SUITABLE WORK/ DO NOT KNOW WHERE TO FIND WORK.....01 WAIT FOR JOB APPLICATION'S RESULT/ OFF SEASON.....02 ILLNESS/ PERSONAL MATTER.....03 BAD WEATHER.....04	NO SUITABLE WORK/ DO NOT KNOW WHERE TO FIND WORK.....01 WAIT FOR JOB APPLICATION'S RESULT/ OFF SEASON.....02 ILLNESS/ PERSONAL MATTER.....03 BAD WEATHER.....04	NO SUITABLE WORK/ DO NOT KNOW WHERE TO FIND WORK.....01 WAIT FOR JOB APPLICATION'S RESULT/ OFF SEASON.....02 ILLNESS/ PERSONAL MATTER.....03 BAD WEATHER.....04	NO SUITABLE WORK/ DO NOT KNOW WHERE TO FIND WORK.....01 WAIT FOR JOB APPLICATION'S RESULT/ OFF SEASON.....02 ILLNESS/ PERSONAL MATTER.....03 BAD WEATHER.....04
34b. IF Q.32 = 2: What was the main reason that [NAME] was not available for work? NOTE: IF Q.29 = 2 AND Q.32 = 2, ASK Q.34a.	SCHOOLING.....05 HOUSEWORK.....06 DISABLED/ TOO OLD/TOO YOUNG.....07 DO NOT WANT TO WORK.....08 OTHERS.....09 (SPECIFY)	SCHOOLING.....05 HOUSEWORK.....06 DISABLED/ TOO OLD/TOO YOUNG.....07 DO NOT WANT TO WORK.....08 OTHERS.....09 (SPECIFY)	SCHOOLING.....05 HOUSEWORK.....06 DISABLED/ TOO OLD/TOO YOUNG.....07 DO NOT WANT TO WORK.....08 OTHERS.....09 (SPECIFY)	SCHOOLING.....05 HOUSEWORK.....06 DISABLED/ TOO OLD/TOO YOUNG.....07 DO NOT WANT TO WORK.....08 OTHERS.....09 (SPECIFY)
35. What was the main reason that [NAME] did not work in the last 7 days?	STUDENT/PUPIL.....1 HOME MAKER.....2 ILLNESS/DISABLED.....3 TOO YOUNG/TOO OLD.....4 CTHERS.....5 (SPECIFY)	STUDENT/PUPIL.....1 HOME MAKER.....2 ILLNESS/DISABLED.....3 TOO YOUNG/TOO OLD.....4 CTHERS.....5 (SPECIFY)	STUDENT/PUPIL.....1 HOME MAKER.....2 ILLNESS/DISABLED.....3 TOO YOUNG/TOO OLD.....4 CTHERS.....5 (SPECIFY)	STUDENT/PUPIL.....1 HOME MAKER.....2 ILLNESS/DISABLED.....3 TOO YOUNG/TOO OLD.....4 CTHERS.....5 (SPECIFY)

36. Has [NAME] ever worked?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.40	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.40	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.40	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q.40
37. From what solar month and year did [NAME] leave the mentioned job?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. CHECK Q.37: IF YEAR ≥ 2008 → Q.39; OTHERWISE → Q.40				
39. What was the main reason that [NAME] left the mentioned job?	WORKFORCE CUT DOWN.....1 <input type="checkbox"/> ENTERPRISE DISSOLVED/ RESTRUCTURED2 <input type="checkbox"/> WORKING PLACE CLOSED3 <input type="checkbox"/> DISMISSED.....4 <input type="checkbox"/> CONTRACT EXPIRED5 <input type="checkbox"/> RESIGNING/LOW SALARY6 <input type="checkbox"/> LOOSING FARM LAND.....7 <input type="checkbox"/> OTHERS8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN.....1 <input type="checkbox"/> ENTERPRISE DISSOLVED/ RESTRUCTURED2 <input type="checkbox"/> WORKING PLACE CLOSED3 <input type="checkbox"/> DISMISSED.....4 <input type="checkbox"/> CONTRACT EXPIRED5 <input type="checkbox"/> RESIGNING/LOW SALARY6 <input type="checkbox"/> LOOSING FARM LAND.....7 <input type="checkbox"/> OTHERS8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN.....1 <input type="checkbox"/> ENTERPRISE DISSOLVED/ RESTRUCTURED2 <input type="checkbox"/> WORKING PLACE CLOSED3 <input type="checkbox"/> DISMISSED.....4 <input type="checkbox"/> CONTRACT EXPIRED5 <input type="checkbox"/> RESIGNING/LOW SALARY6 <input type="checkbox"/> LOOSING FARM LAND7 <input type="checkbox"/> OTHERS8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN.....1 <input type="checkbox"/> ENTERPRISE DISSOLVED/ RESTRUCTURED2 <input type="checkbox"/> WORKING PLACE CLOSED3 <input type="checkbox"/> DISMISSED4 <input type="checkbox"/> CONTRACT EXPIRED.....5 <input type="checkbox"/> RESIGNING/LOW SALARY6 <input type="checkbox"/> LOOSING FARM LAND7 <input type="checkbox"/> OTHERS8 <input type="checkbox"/> (SPECIFY)
40. CHECK: INFORMATION WAS SHOWN IN Q.14, CROSS X INTO BOX OF CODE 1 (EMPLOYED) CHECK: Q.29 = 1 AND Q.32 = 1, OR Q.34 = 2/3/4, CROSS X INTO BOX OF CODE 2 (UNEMPLOYED) CHECK: Q.24 = 1 AND Q.25 = 1, CROSS X INTO BOX OF CODE 3 (UNDER-EMPLOYED) CHECK: Q.34 = 1, CROSS X INTO BOX OF CODE 4 (DISCOURAGED)	EMPLOYED.....1 <input type="checkbox"/> UNEMPLOYED.....2 <input type="checkbox"/> UNDER-EMPLOYED3 <input type="checkbox"/> DISCOURAGED4 <input type="checkbox"/>	EMPLOYED1 <input type="checkbox"/> UNEMPLOYED.....2 <input type="checkbox"/> UNDER-EMPLOYED3 <input type="checkbox"/> DISCOURAGED4 <input type="checkbox"/>	EMPLOYED1 <input type="checkbox"/> UNEMPLOYED.....2 <input type="checkbox"/> UNDER-EMPLOYED3 <input type="checkbox"/> DISCOURAGED4 <input type="checkbox"/>	EMPLOYED.....1 <input type="checkbox"/> UNEMPLOYED2 <input type="checkbox"/> UNDER-EMPLOYED.....3 <input type="checkbox"/> DISCOURAGED4 <input type="checkbox"/>
41. CHECK Q.7: IF THERE IS NO OTHER HOUSEHOLD MEMBER AGED 15 YEARS AND OVER, END THE INTERVIEW AND BACK THE COVER PAGE TO COMPLETE				