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LFS-CWIQ 2010

LIBERIA

LABOUR FORCE SURVEY

Note : This survey is being conducted jointly by LISGIS, under the authority of the National Statistics and Geo-Information Act of 2004, and by the Ministry of Labour under the authority of the powers vested in it by Chapter 34 of the Executive Law. Under these Acts and regulations, all data collected is confidential, and there are penalties for non-compliance.

County	U/R	EA	Household
<div></div>	<div></div>	<div></div>	<div></div>

Total household members	<div></div>	<div></div>
Total eligible members	<div></div>	<div></div>

SECTION A. IDENTIFICATION PARTICULARS

A.1 Name of head of household	
A.2 County name	
A.3 District name	
A.4 Clan/township	
A.5 Name of city/town/village	
A.6 Full EA number	
A.7 Household number on listing sheet	

IMPORTANT: Make sure that the ID codes from the sampling sheet are recorded in the upper right hand corner of all pages.

SUMMARY OF THE INTERVIEW

Interviews started:	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>	Day	Month	Year	<div></div>	<div></div>	<div></div>	<table><tr><td>Hour</td><td>Min</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>	Hour	Min	<div></div>	<div></div>	AM 1 PM 2
Day	Month	Year											
<div></div>	<div></div>	<div></div>											
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Interviews ended:	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><div></div></td><td><div></div></td><td><div></div></td></tr></table>	Day	Month	Year	<div></div>	<div></div>	<div></div>	<table><tr><td>Hour</td><td>Min</td></tr><tr><td><div></div></td><td><div></div></td></tr></table>	Hour	Min	<div></div>	<div></div>	AM 1 PM 2
Day	Month	Year											
<div></div>	<div></div>	<div></div>											
Hour	Min												
<div></div>	<div></div>												

Interview result:	
Household fully responding	1
Household partially responding	2
Diplomatic / listing error	3
Refusal	4
Non-contact	5
Other (SPECIFY)	6

Interviewer - If you had any problems in collecting information from this household, please describe them.

Supervisor comment -

Interviewer:	Supervisor:	Editor	Data entry officer
Name.....	Name.....	Name.....	Name.....
Signature.....	Signature.....	Signature.....	Signature.....
Date.....	Date.....	Date.....	Date.....

The following information must be obtained for every person who normally lives and eats together with this household. If there are more than 15 persons in the household, use a second questionnaire, and number the persons 11, 12, 13, etc.

B.0 Who is the head (or the acting head) of the household? (*Record that person in row 01*)
*Record first name and surname for **all household members** and show relationship to HOH, sex, age, marital status, nationality, etc.*

[illegible]

County U/R EA Household

<div></div>	<div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>
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<div>Person ID number</div>	<div>B.9</div> <div>During the last 4 weeks, did you spend at least 4 nights per week in this household?</div> <div>1 Yes</div> <div>2 No</div>	<div>B.10</div> <div>Eligibility for LFS ?</div> <div>B.4 ≥ 5 and B.9 = 1</div> <div>1 Yes</div> <div>2 No END</div>	<div>B.11</div> <div>Do you have any difficulty in seeing, moving, hearing, speaking or learning?</div> <div>1 Yes</div> <div>2 No ⇒ C.1</div>	<div>B.12</div> <div>What kind of disability do you have?</div> <div>01 Legs</div> <div>02 Arms</div> <div>03 Both arm and leg</div> <div>04 Hearing</div> <div>05 Speech</div> <div>06 Deaf &dumb</div> <div>07 Sight</div> <div>08 Mental</div> <div>09 Other (SPECIFY)</div>	<div>B.13</div> <div>What is the cause of your disability?</div> <div>01 From birth</div> <div>02 Polio</div> <div>03 Stroke</div> <div>04 Epilepsy</div> <div>05 War</div> <div>06 Accident</div> <div>07 Aging</div> <div>08 Trachoma</div> <div>09 Measles</div> <div>10 River blindness</div> <div>11 Other (SPECIFY)</div>
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

County		U/R	EA		Household	

SECTION C EDUCATION, TRAINING AND MIGRATION

[illegible]

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11

7

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[illegible]

County		U/R	EA		Household	

[illegible]

County		U/R	EA		Household	

SECTION E. MAIN ECONOMIC ACTIVITY

Now I would like to ask you about your main economic activity last week - that is, the work that you usually spend most of your time on, even if you were absent from it last week.

[illegible]

County		U/R	EA		Household	

[illegible]

SECTION F. SECOND ACTIVITY

County		U/R	EA		Household	

[illegible]

[illegible]

[illegible]

SECTION H. UNEMPLOYMENT OR INACTIVITY

[illegible]

County		U/R	EA		Household	

Please provide some estimates in response to the following questions. Any temporary absence from work (e.g. leave) should still count as work. I want to know, for each month, whether you were working the whole month or part of the month, and whether for the rest of the time you were looking for work or were completely inactive.

[illegible]

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[illegible]

County		U/R	EA	Household	

[illegible]

SECTION J. OCCUPATIONAL INJURIES

County		U/R	EA		Household	

[illegible]

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[illegible]

SECTION L. CURRENT ACTIVITIES - NON-MARKET

Now I would like to ask you about time spent last week on other economic activities.

During last week, how much time if any did you spend on any of the following activities:

[illegible]

County		U/R	EA		Household	

Last week, how much time, if any, did you spend on each of the following unpaid activities?

Note: If two activities are done simultaneously, do not double-count the activities. Use priority coding, according to the order of questions shown below.

[illegible]