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**Royal Government of Cambodia**  
**Ministry of Planning**  
**National Institute of Statistics**

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## CAMBODIA LABOUR FORCE AND CHILD LABOUR SURVEY 2011-2012

### IDENTIFICATION PARTICULARS

Capital/Province				Enumeration Area (E.A) code												Address of household:
District/Khan/City				Area (Urban = 1, Rural = 2)												.....
Commune/Sangkat				House/Structure number												.....
Village/Mondul				Sample household ID number												Phone number: .....

### INTERVIEWER VISITS

### FINAL VISIT

No.	Date (DD/MM/YY)	Time (HH : MM)	Date (DD/MM/YY)	Time (HH : MM)	Date (DD/MM/YY)	Time (HH-MM)		
1	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___		
2	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___		
3	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___	_ _ / _ _ / _ _	___ : ___		
FIELD STAFF								
	Interviewer	Supervisor	Data coding officer	Data entry officer				
Date	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _	_ _ / _ _ / _ _				
Name								
Signature								
<b>Remarks:</b>					ELIGIBILITY			
						Males	Females	Total
					No. of children (5-14 years)			
					No. of adults (15+ years)			
					Total no. of household members			
					<b>Enter number of questionnaire was used:</b>			

**(\*) Result codes**

- 1 = Completed
- 2 = No household member at home/ no competent respondent
- 3 = Entire household absent for extended period of time
- 4 = Postponed
- 5 = Refused
- 6 = Dwelling vacant or address not a dwelling
- 7 = Dwelling destroyed
- 8 = Dwelling not found
- 9 = Other (specify).....

**Section A. Household composition and characteristics of household members**

The following questions should be asked of all usual members of the household. That is, of all persons who usually live and eat together in the same house or compound and share the same housekeeping arrangement. A person is counted as a household member if he/she lives here or has been absent for less than 12 months.

Note that members of a household are not necessarily related (by blood/marriage) and not all those related persons living in the same house or compound are members of the same household.

ID	Can you please give me the full names of all persons who are part of this household, starting with the head of the household?	Which household member provided information of the individual (write ID number from A.1)	What is (NAME)'s relationship to head of the household? 01= Household Head 02= Spouse 03= Son / Daughter 04= Step child 05= Brother / Sister 06= Daughter-in-law/son-in-law 07= Grandchild 08= Niece / Nephew 09= Parent/parent- in-law 10= Servant (live-in) 11= Other relative 12= Non-relative	Mark the sex of (NAME) 1= Male 2= Female	How old was (NAME) at (his/her) last birthday?  <i>(Record the age in completed years. Write 00 if less than one year of age)</i>		For children aged less than 18 years of age				For persons aged 12 years and over
							Is (NAME)'s natural mother alive?  1= Yes 2= No →A10 3= Don't know →A10	Write the ID number of (NAME)'s mother  <i>(Write 00, if mother does not live in this household and don't know)</i>	Is (NAME)'s natural father alive?  1= Yes 2= No →A12 3= Don't know →A12	Write the ID number of (NAME)'s father  <i>(Write 00, if mother does not live in this household and don't know)</i>	What is (NAME)'s marital status?  1= Single /never married 2= Married 3= Living together 4= Separated 5= Divorced 6= Widowed
A.1	A.2	A.3	A.4	A.5	A.6	A.7	A.8	A.9	A.10	A.11	A.12
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

## Section A. Household composition and characteristics of household members (continued)

ID	Migration For all members of the household								Disability For persons aged 5 years and over				
	Where was (NAME) born? 1= This village →A.17 2= Another village in this province →A.17 3= Another province 4= Another country  (If 3, write province code If 4, write country code)			In what year did (NAME) move to live in this province?  (If Don't Know, write 0000)	Where did (NAME) last live before moving to this province?  (If in Cambodia, write province code If abroad, write country code)		What was (NAME)'s main reason for moving here?  1= Job transfer 2= To look for work 3= School / training 4= Marriage 5= Family moved 6= Insecurity 7= End of insecurity 8= Other (specify)		<b>READ:</b> The next questions ask about difficulties (NAME) may have doing certain activities because of a HEALTH PROBLEM...				
	Province Code	Country Code	Province Code		Country Code	Does (NAME) have difficulty seeing, even if wearing glasses?  1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all		Does (NAME) have difficulty hearing, even if using a hearing aid?  1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all		Does (NAME) have difficulty walking or climbing steps?  1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all		Does (NAME) have difficulty remembering or concentrating?  1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	
A.13a	A.13b	A.13c	A.14	A.15a	A.15b	A.16	A.16o (other)	A.17	A.18	A.19	A.20	A.21	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
<b>END OF SURVEY FOR CHILDREN AGED UNDER 5 YEARS OF AGE</b> → GO TO NEXT PERSON IN THE HOUSEHOLD ROSTER													

## Province codes (columns A.13b and A.15a)

01= Banteay Meanchey	07= Kampot	13= Preah Vihear	19= Stung Treng
02= Battambang	08= Kandal	14= Prey Veng	20= Svay Rieng
03= Kampong Cham	09= Koh Kong	15= Pursat	21= Takeo
04= Kampong Chhnang	10= Kratie	16= Ratanak Kiri	22= Oddar Meanchey
05= Kampong Speu	11= Mondul Kiri	17= Siem Reap	23= Kep
06= Kampong Thom	12= Phnom Penh	18= Preah Sihanouk	24= Pailin

## Country codes (columns A.13c and A.15b)

31= Thailand	37= Malaysia	43= Philippines
32= Laos	38= America	44= France
33= Vietnam	39= Japan	45= South Korea
34= China	40= New Zealand	46= Taiwan
35= Myanmar	41= Canada	47= Other (specify) _____
36= Indonesia	42= Australia	



**Section C. Training within the last 12 months (outside of the general education system)****For persons aged 15 years and over**

ID	Did (NAME) attend any courses, seminars, workshops or receive private lessons or instruction outside the regular education system within the last 12 months, that is since [MONTH/YEAR]?	How many of these training activities did (NAME) attend within the last 12 months?	What was the subject of the (most recent) training that (NAME) attended within the last 12 months?		For how long did (NAME) attend this training?	Who was the main provider of this training?		What was the subject of the <u>second</u> most recent training that (NAME) attended within the last 12 months?		For how long did (NAME) attend this training?	Who was the main provider of this training?	
	1= Yes 2= No → D.1	1= 1 training 2= 2 trainings 3= 3 trainings 4= 4 or more trainings	C.3	FIELD code	C.4	C.5	C.5o (other)	C.6	FIELD code	C.7	C.8	C.8o (other)
01	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Subject of study codes (columns C.3 and C.6):**

010= Basic programmes	420= Life science	811= Hotel, restaurant and catering
080= Literacy and numeracy	440= Physical science	812= Travel, tourism and leisure
090= Personal skills development	460= Mathematics and statistics	813= Sports
140= Teacher training and education sciences	480= Computing	814= Domestic services
210= Arts and craft skills	520= Engineering and engineering trades	815= Hair and beauty services
222= Foreign languages	540= Manufacturing and processing	840= Transport services
220= Other humanities	580= Architecture and building	850= Environmental protection
310= Social and behavioural sciences	620= Agriculture, forestry and fishery	861= Protection of persons and property
320= Journalism and information	640= Veterinary	862= Occupational health and safety
340= Business and administration	720= Health	863= Military and defence
380= I AM	760= Social services	

Section D. Current activities For persons aged 5 years and over							
ID	1. During the last 7 days, did (NAME) do any of the following activities, even if only for one hour?				Ask If ALL answers to D.1 = 2 (No)		
	(a) Run or do any kind of business, big or small, for yourself or with one or more partners?  <i>Examples: Commercial farming or fishing, collecting firewood or water mainly for sale, selling things, making things for sale, repairing things for pay, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, barber, shoe shining, etc</i>	(b) Do any work for a wage, salary, commission or any payment in kind (excluding domestic work)?  <i>Examples: A regular job, contract, casual or piece work for pay, work in exchange for food or housing</i>	(c) Do any work as a domestic worker for a wage, salary or any payment in kind?	(d) Help, without being paid, in any kind of business run by (NAME)'s household?  <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>	Even though (NAME) did not do any of these activities in the last 7 days, did (NAME) have a job or business activity, from which he/she was temporarily absent and to which he/she will definitely return?  Note: The off-season for agricultural activities, or waiting for a new job to start, do not count as temporary absences	What was the main reason why (NAME) was absent from his/her job or business in the last 7 days?  01= Health reasons 02= Vacation leave 03= Caring for family/others 04= Maternity/paternity leave 05= Family/community obligations 06= Strike/stay-away/lockout 07= Problems with transport, equipment, ... 08= Bad weather 09= Study or training leave 10= Unrest (violence) 11= Future job start → L1 12= Seasonal work → L1 13= Other reason (specify)	
	D.1(a)	D.1(b)	D.1(c)	D.1(d)	D.2	D.3	D.3o (other)
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"/>	
If any answer to D.1 = 1 (Yes) → E.1 If ALL answers to D.1 = 2 (No) → D.2							

Section E. Characteristics of the main job/activity in the last 7 days For employed persons aged <u>5 years and over</u>						
ID	What kind of work does (NAME) usually do in the main job/business that he/she had in the last 7 days?  <i>Examples: rice farmer, tricycle driver, fisherman, primary school teacher, market food seller</i>  <i>(Record the title of the job if there is one)</i>	What are (NAME)'s main tasks or duties in this work?  <i>Examples: grow rice mainly for sale; drive a tricycle to transport passengers; catch, sort, clean and pack fish; teach children to read and write; cook and sell food on the market</i>  <i>(Write a short description of the main tasks/duties)</i>	What is the name of the place where (NAME) works?  <i>Examples: Mr. Vuthy tricycle service, Tonle Sap fisheries, Bak Touk Primary School, Mei's kitchen</i>  <i>For government or large organizations give the name of the establishment, branch or division</i>	What goods are produced, or what services are provided at (NAME)'s place of work?  <i>Examples: rice, transportation services, fresh fish and processed fish products, education, cooking and serving meals</i>		
	E.1	E.2	ISCO code	E.3	E.4	ISIC code
01			_ _ _ _			_ _ _ _
02			_ _ _ _			_ _ _ _
03			_ _ _ _			_ _ _ _
04			_ _ _ _			_ _ _ _
05			_ _ _ _			_ _ _ _
06			_ _ _ _			_ _ _ _
07			_ _ _ _			_ _ _ _
08			_ _ _ _			_ _ _ _
09			_ _ _ _			_ _ _ _
10			_ _ _ _			_ _ _ _



Section E. Characteristics of the main job/activity in the last 7 days (continued)									
ID	For employees only (E.9 = 1)								For all employed persons
	Does (NAME)'s employer deduct income tax from his/her salary?	Is (NAME) employed on the basis of a written contract or an oral agreement?	Is the contract or agreement of...?	What is the duration of the contract or agreement?	Why is the contract or agreement of limited/unspecified duration?		On this job, is (NAME) member of a trade union?	Are (NAME)'s pay and conditions of employment directly affected by agreements between (NAME)'s employer and any trade union?	How long has (NAME) worked for this employer/in this business or activity?
	1= Yes 2= No 3= Don't know	1= Written contract 2= Oral agreement 3= Don't know	<i>READ</i> 1= Limited duration 2= Unlimited duration → E.18 3= Unspecified duration → E.17 4= Don't know → E.18	1= Daily agreements 2= More than a day but < 1 month 3= 1 month to < 3 months 4= 3 months to < 6 months 5= 6 month to < 12 months 6= 12 months or more	1= On-the job training, internship 2= Probation period 3= Seasonal work 4= Occasional/daily work 5= Public employment programme 6= Work as a replacement/substitute 7= Work for a service or specific task 8= Chain contract 9= Other (specify)		1= Yes 2= No 3= Don't know	1= Yes 2= No 3= Don't know	1= Less than 3 months 2= 3 months to < 6 months 3= 6 months to < 12 months 4= 1 year to < 3 years 5= 3 years to < 5 years 6= 5 years to < 10 years 7= 10 years or more
	E.13	E.14	E.15	E.16	E.17	E.17o (other)	E.18	E.19	E.20
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"/>

Section E. Characteristics of the main job/activity in the last 7 days (continued)											
ID	Income from paid employment For employees only (E.9= 1)							Income from self-employment For employers and own-account workers (E.9= 2, 3)			
	Is (NAME) paid on a time basis or a piece-rate basis?  1= Time-basis 2= Piece rate 3= Other (specify)		How much did (NAME) earn the last time he/she was paid in his/her main job/activity –in cash and in-kind (food, clothing, drinks, housing, etc)?  <i>For payments in kind and services, record the estimated value</i>		What period did this cover?  1= Last month 2= Last week 3= Last day 4= Other period (specify)			Approximately how many hours did (NAME) work during period refer to in E.23?  <i>All go to → F.1</i>	Last month, how much did (NAME) earn in his/her business activity, in cash or in kind, after deducting expenses?		How many months did this business run in the last 12 months?  <i>(Enter the number of months)</i>
	In cash (in Riel)	In kind (in Riel)	In cash	In kind	E.23o (other)	In cash (in Riel)	In kind (in Riel)				
	E.21	E.21o (other)	E.22c	E.22k	E.23c	E.23k	E.23o (other)	E.24	E.25c	E.25K	E.26
01	□				□	□		□□□□			□□
02	□				□	□		□□□□			□□
03	□				□	□		□□□□			□□
04	□				□	□		□□□□			□□
05	□				□	□		□□□□			□□
06	□				□	□		□□□□			□□
07	□				□	□		□□□□			□□
08	□				□	□		□□□□			□□
09	□				□	□		□□□□			□□
10	□				□	□		□□□□			□□

**Section F. Characteristics of the secondary job/activity in the last 7 days**  
**For employed persons aged 5 years and over**

ID	In addition to (NAME)'s main work, did (NAME) have any other job/business in the last 7 days?  <i>Include also jobs/activities from which the person was temporarily absent in the last 7 days</i>  1= Yes 2= No → G.1	What kind of work does (NAME) usually do in this second job/activity?  <i>Examples: rice farmer, tricycle driver, fisherman, primary school teacher, market food seller</i>  <i>(Record the title of the job if there is one)</i>	What are (NAME)'s main tasks or duties in this second job/activity?  <i>Examples: grow rice mainly for sale; drive a tricycle to transport passengers; catch, sort, clean and pack fish; teach children to read and write; cook and sell food on the market</i>  <i>(Write a short description of the main tasks/duties)</i>	What is the name of the place where (NAME) has this second job/activity?  <i>Examples: Mr. Vuthy tricycle service, Tonle Sap fisheries, Bak Touk Primary School, Mei's kitchen</i>  <i>For government or large organizations give the name of the establishment, branch or division</i>	What goods are produced, or what services are provided at (NAME)'s place of work?  <i>Examples: rice, transportation services, fresh fish and processed fish products, education, cooking and serving meals</i>		
	F.1	F.2	F.3	ISCO code	F.4	F.5	ISIC code
01	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
02	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
03	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
04	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
05	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
06	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
07	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
08	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
09	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>
10	<input type="checkbox"/>			<input type="text"/>			<input type="text"/>

Section F. Characteristics of the secondary job/activity in the last 7 days (continued)										
ID	How many persons, including (NAME), work at this place of work?  1= Works alone 2= 2-4 3= 5-9 4= 10-19 5= 20-49 6= 50 or more	In this second job/activity, does (NAME) work for the/a...?  <i>READ</i> 1= Government 2= Public/state-owned enterprise 3 = Non-profit organization, NGO 4= Private household (paid domestic worker) 5= Non-farm private business 6= Farm, private enterprise (plantation, farm) 7= Other (specify)  <i>If (1, 2, 3 or 4) → F.9</i>		Is the business/farm (NAME) registered with the Ministry of Commerce, Industry, Tourism or with any other authority?  1= Registered 2= Not registered 3= In the process of becoming registered 4= Don't know	In this second job/activity is (NAME) an/a ...  <i>READ</i> 1= Employee 2= Employer 3= Own account worker 4= Contributing family worker 5= Other (specify)  <i>If ( 2, 3, 4 or 5) → G.1</i>		<i>For employees only (F.9= 1)</i>			
		F.6	F.7	F.7o (other)	F.8	F.9	F.9o (other)	Does (NAME)'s employer contribute to any pension or retirement fund for him/her?  1= Yes 2= No 3= Don't know	Does (NAME) benefit from paid annual leave?  1= Yes 2= No 3= Don't know	Would (NAME) get paid sick leave in case of illness or injury?  1= Yes 2= No 3= Don't know
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"/>



Section H. Underemployment For employed persons aged 5 years and over									
ID	In the last 7 days, would (NAME) have liked to work additional hours than he/she worked, provided the extra hours had been paid?  1= Yes 2= No → H.3	How many additional hours could (NAME) have worked in the last 7 days?  <i>(Enter number of hours)</i>	Would (NAME) like to change his/her current employment situation?  1= Yes 2= No → J.1	What is the main reason why (NAME) would like to change his/her employment situation?  1= Present job is temporary 2= Fear of losing present job 3= To work more hours (paid at current rate) 4= To have a better paid job/activity (higher pay per hour) 5= To work less hours (with a reduction in pay) 6= To make better use of skills 7= To improve working conditions 8= Other (specify)		In the last 30 days, did (NAME) look for another job/activity to replace his/her current one(s)?  1= Yes 2= No	In the last 30 days, did (NAME) look for extra work in addition to his/her current one(s)?  1= Yes 2= No → J.1	What did (NAME) do to find another /extra work?  1= Registered at a public or private employment exchange 2= Applied to current or other employers 3= Checked at current or other work sites, farms, factory gates, markets, or other assembly places 4= Placed or answered newspaper advertisements 5= Sought assistance of friends or relatives 6= Looked for land, building, machinery or equipment to establish or improve his/her own enterprise 7= Arranged for initial or additional financial resources 8= Other (specify)	
	H.1	H.2	H.3	H.4	H.4o (other)	H.5	H.6	H.7	H.7o (other)
01	<input type="text"/>	<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"/>	<input type="text"/>	
03	<input type="text"/>	<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"/>	<input type="text"/>	
05	<input type="text"/>	<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"/>	<input type="text"/>	
07	<input type="text"/>	<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"/>	<input type="text"/>	
09	<input type="text"/>	<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"/>	<input type="text"/>	
<b>ALL go to → J.1</b>									

**Section I. Job search**  
**For persons not employed in the last 7 days aged 5 years and over**

ID	In the last 30 days, did (NAME) look for a job or try to start a business?			What did (NAME) do in the last 30 days to find a job or start a business?			Did (NAME) want to work in the last 7 days?			What was the main reason why (NAME) did not seek work or try to start a business in the last 30 days?			During the last 12 months, did (NAME) do anything to look for work or start a business?			How long has (NAME) been without work and trying to find a job or start a business?			If an opportunity to work had existed, would (NAME) had been able to start work in the last 7 days?			What was the main reason why (NAME) was not available to work in the last 7 days?			What was the main reason why (NAME) did not want to work?		
	1.1	1.2	1.2o (other)	1.3	1.4	1.4o (other)	1.5	1.6	1.7	1.8	1.8o (other)	1.9	1.9o (other)														
	1= Yes 2= No → I.3			1= Registered at a public or private employment center 2= Applied to current or other employers 3= Checked at work sites, farms, factory gates, markets, ... 4= Waited on the street for casual work 5= Placed/answered advertisements 6= Asked friends or relatives 7= Looked for land, building, equipment 8= Arranged for financial resources 9= Other (specify)  <i>All go to → I.6</i>			1= Yes 2= No → I.9			01= Found work but waiting to start → I.6 02= Awaiting replies to earlier enquiries → I.7 03= Awaiting for the season to start → I.7 04= Attended school/training courses → I.7 05= Family responsibilities or housework → I.7 06= Illness, injury or disability → I.7 07= Too young/old to find work → I.7 08= Does not know where to look for work → I.7 09= Lacks employers' requirements (skills, experience, qualifications) 10= No jobs available in the area 11= Other reasons (specify)  <i>If 01 → I.6 If (02-08) → I.7</i>			1= Yes 2= No  <i>All go to → I.7</i>			1= Less than 3 months 2= 3 mo= to < 6 months 3= 6 mo= to < 12 months 4= 1 year to < 3 years 5= 3 years to < 5 years 6= 5 years or more 7= Don't know			1= Yes → J.1 2= No			1= In school/training 2= Housework/ family responsibilities 3= Illness, injury, disability 4= Retired, too old for work 5= Too young to work 6= Off-season 7= No desire to work 8= Other (specify)  <i>All go to → J.1</i>			1= In school/training 2= Housework/ family responsibilities 3= Illness, injury, disability 4= Retired, too old for work 5= Too young to work 6= Off-season 7= No desire to work 8= Other (specify)  <i>All go to → J.1</i>		
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"/>															

**Section J. Occupational injuries within the last 12 months**  
**For persons aged 5 years and over**

Now I would like to ask you about any accidents (NAME) may have had while working in the last 12 months that is since [MONTH/YEAR]...

ID	In the last 12 months, was (NAME) hurt in any accident while working that caused him/her injury or illness? <i>(Include accidents that took place while commuting to/from work)</i>	Did any of the injuries received in the last 12 months result in (NAME) being absent from work/ school, or unable to work/ attend school, for at least one day, apart from the day of the accident?	Did the injuries seriously restrict (NAME)'s work or activities even though (NAME) was not absent from work or unable to work?	How many of these injuries (with lost time) did (NAME) have in the last 12 months?  <i>(record number of accidents)</i>	Thinking about (this work accident or the most serious work accident), what type of injury did (NAME) receive?  <i>Code the most severe injury</i> 1= Superficial injury 2= Fracture 3= Dislocation, sprain, strain 4= Amputation 5= Concussion, internal injury 6= Burn, corrosion, scald, frostbite 7= Acute poisoning or infection 8= Other injury (specify)		What kind of work was (NAME) doing when this accident happens?  1= Current main job → J=10 2= Current secondary job → J=10 3= Other job (specify occupation)  <i>(If "Other" record the title of the job if there is one)</i>		What were (NAME)'s main tasks or duties in this job/activity?  <i>(Write a short description of the main tasks/duties)</i>	ISCO code
	J.1	J.2	J.3	J.4	J.5	J.5o (other)	J.6	J.6o (other)	J.7	ISCO code
01	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>		<input type="checkbox"/>			<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>		<input type="checkbox"/>			<input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>		<input type="checkbox"/>			<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>		<input type="checkbox"/>			<input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>		<input type="checkbox"/>			<input type="text"/>





**Section L. Other activities**  
**For persons aged 5 and over**

<p>During the last 7 days, did (NAME) do any of the tasks listed below for the benefit of this household:</p> <p><i>If Yes for a task, ask:</i></p> <p>During the last 7 days, how many hours did (NAME) spend on this activity?</p>																					
ID	shopping for household		cooking		washing clothes		washing dishes		cleaning house/ yard		cleaning utensils		repairing any household equipment or vehicles		caring for children		caring old/sick person		other household tasks (specify)		
	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		1= Yes 2= No		
	L.1	hours	L.2	hours	L.3	hours	L.4	hours	L.5	hours	L.6	hours	L.7	hours	L.8	hours	L.9	hours	L.10	specify	hours
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>
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="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"/>

**Thank you very much for the best cooperation!**