

MINISTRY OF PLANNING AND INVESTMENT  
GENERAL STATISTICS OFFICE

QUESTIONNAIRE OF LABOUR FORCE AND EMPLOYMENT SURVEY OF 2012

(Applied for March)

SAMPLE DIGITS TO FILL INTO BOX <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">3</span> <span style="border: 1px solid black; padding: 2px 5px;">4</span> <span style="border: 1px solid black; padding: 2px 5px;">5</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">8</span> <span style="border: 1px solid black; padding: 2px 5px;">9</span>						IDENTIFICATION	
PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER <span style="border: 1px solid black; padding: 0 2px;">X</span>							
INTERVIEWED RESULTS							
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COME BACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HEAD		
THE 1 <sup>ST</sup>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				PROVINCE/CITY: _____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
THE 2 <sup>ND</sup>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				DISTRICT/QUATER: _____	
THE 3 <sup>RD</sup>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>				COMMUNE/WARD: _____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
(*) CODE OF RESULT: 1 = COMPLETED 2 = PARTLY COMPLETED 3 = REFUSED/ABSENT/NOT TO BE RESPONDENT/NOBODY TO ANSWER 4 = DWELLING DESTROYED/DWELLING NOT FOUND 5 = OTHER _____ <div style="text-align: right; margin-top: 10px;">(SPECIFY)</div>						ENUMERATION AREA NUMBER: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						ENUMERATION AREA NAME: _____	
						HOUSEHOLD NUMBER: _____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						FULL-NAME OF THE HOUSEHOLD HEAD: _____	
						NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						OF WHICH, NUMBER OF FEMALES: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						NUMBER OF MALES USUAL RESIDENTS AGED 15 AND OVER: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						NUMBER OF FEMALES USUAL RESIDENTS AGED 15 AND OVER:.. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						NUMBER OF EMPLOYED PEOPLE: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
						NUMBER OF UNEMPLOYED PEOPLE: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
THIS IS THE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> SET OF <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> TOTAL SET(S)						NUMBER OF UNDER-EMPLOYED PEOPLE: ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	

## PART 1: HOUSEHOLD QUESTIONNAIRE

7

ORDER NO QUESTIONS	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/>	
1. Please let me know the full name of each person usually residing in the household, starting with the head of household?	   	   	   	   	   	   	
2. What is [NAME]'s relationship to the household head?	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....5 <input type="checkbox"/>	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....5 <input type="checkbox"/>	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....5 <input type="checkbox"/>	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....5 <input type="checkbox"/>	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....5 <input type="checkbox"/>	H.H HEAD .....1 <input type="checkbox"/> SPOUSE .....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS .....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 calendar month and year was [NAME] born?	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <div style="text-align: right; margin-right: 10px;">Q6 ←</div> NOT STATED YEAR 9998 <input type="checkbox"/>
5. At present, what is [NAME]'s age as of his/her last birthday? IF AGE IS 95 YEARS OR MORE, WRITE '95'	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	AGE <input style="width: 20px; height: 20px;" type="text"/>	

HOUSEHOLD NO. ...

ORDER NO QUESTIONS	NUMBER ..... <input type="text"/> <input type="text"/>	NUMBER ..... <input type="text"/> <input type="text"/>	NUMBER ..... <input type="text"/> <input type="text"/>	NUMBER ..... <input type="text"/> <input type="text"/>	NUMBER ..... <input type="text"/> <input type="text"/>	NUMBER ..... <input type="text"/>
6. To what ethnic group does [NAME] belong? L	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP..... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP..... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP..... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP..... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP..... 2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME OF ETHNIC GROUP	KINH.....1 OTHER ETHNIC GROUP..... 2 _____ <input type="text"/> NAME OF ETHNIC GROUP
7. RESPONDENTS FOR INTERVIEWING <b>PART 2: THE INDIVIDUAL QUESTIONNAIRE</b>  <i>(PERSONS AGED 15 AND OVER AND RESIDE IN VIETNAM)</i>	NOT RESPONDENT ...1 <input type="checkbox"/> BE RESPONDENT .....2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME AND ORDER NUMBER	NOT RESPONDENT ...1 <input type="checkbox"/> BE RESPONDENT .....2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME AND ORDER NUMBER	NOT RESPONDENT ..1 <input type="checkbox"/> BE RESPONDENT .....2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME AND ORDER NUMBER	NOT RESPONDENT ...1 <input type="checkbox"/> BE RESPONDENT .....2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME AND ORDER NUMBER	NOT RESPONDENT ...1 <input type="checkbox"/> BE RESPONDENT .....2 <input type="checkbox"/> _____ <input type="text"/> <input type="text"/> NAME AND ORDER NUMBER	NOT RESPONDENT ...1 BE RESPONDENT .....2 _____ <input type="text"/> NAME AND ORDER NUMBER

## PART 2: INDIVIDUAL QUESTIONNAIRE

7

NAME AND ORDER NO. <b>QUESTIONS</b>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>8. How long have you moved from other commune/ward/town to this household?</b>  <input type="checkbox"/>	UNDER 6 MONTHS ..... 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS ..... 2 <input type="checkbox"/> 12 MONTHS AND OVER ..... 3 <input type="checkbox"/> NO MOVEMENT ..... 4 <input type="checkbox"/> <div style="text-align: right;">Q11 ←</div>	UNDER 6 MONTHS ..... 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS ..... 2 <input type="checkbox"/> 12 MONTHS AND OVER ..... 3 <input type="checkbox"/> NO MOVEMENT ..... 4 <input type="checkbox"/> <div style="text-align: right;">Q11 ←</div>	UNDER 6 MONTHS ..... 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS ..... 2 <input type="checkbox"/> 12 MONTHS AND OVER ..... 3 <input type="checkbox"/> NO MOVEMENT ..... 4 <input type="checkbox"/> <div style="text-align: right;">Q11 ←</div>	UNDER 6 MONTHS ..... 1 6 TO UNDER 12 MONTHS ..... 2 12 MONTHS AND OVER ..... 3 NO MOVEMENT ..... 4 <div style="text-align: right;">Q11 ←</div>
<b>9. Is your previous place of usual residence the ward/town or commune?</b>	WARD/TOWN ..... 1 <input type="checkbox"/> COMMUNE ..... 2 <input type="checkbox"/>	WARD/TOWN ..... 1 <input type="checkbox"/> COMMUNE ..... 2 <input type="checkbox"/>	WARD/TOWN ..... 1 <input type="checkbox"/> COMMUNE ..... 2 <input type="checkbox"/>	WARD/TOWN ..... 1 COMMUNE ..... 2
<b>10. What was the main reason you moved to this household?</b>	TO FIND WORK ..... 1 <input type="checkbox"/> TO START A NEW JOB ..... 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB ..... 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED ..... 4 <input type="checkbox"/> SCHOOLING ..... 5 <input type="checkbox"/> OTHERS ..... 6 <input type="checkbox"/> <div style="text-align: center;">(SPECIFY)</div>	TO FIND WORK ..... 1 <input type="checkbox"/> TO START A NEW JOB ..... 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB ..... 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED ..... 4 <input type="checkbox"/> SCHOOLING ..... 5 <input type="checkbox"/> OTHERS ..... 6 <input type="checkbox"/> <div style="text-align: center;">(SPECIFY)</div>	TO FIND WORK ..... 1 <input type="checkbox"/> TO START A NEW JOB ..... 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB ..... 3 <input type="checkbox"/> FOLLOW FAMILY/MARRIED ..... 4 <input type="checkbox"/> SCHOOLING ..... 5 <input type="checkbox"/> OTHERS ..... 6 <input type="checkbox"/> <div style="text-align: center;">(SPECIFY)</div>	TO FIND WORK ..... 1 TO START A NEW JOB ..... 2 COME BACK HOME DUE TO LOST JOB/ENDED JOB/ COULD NOT FIND JOB ..... 3 FOLLOW FAMILY/MARRIED ..... 4 SCHOOLING ..... 5 OTHERS ..... 6 <div style="text-align: center;">(SPECIFY)</div>
<b>11. At present, are you currently attending any schools/classes from 3 months and over?</b>	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q13	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q13	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q13	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q13
<b>12. What is the grade of education/training that you are currently attending?</b>  <b>ABBREVIATION:</b> VOC. - VOCATIONAL	PRE-SCHOOL ..... 01 <input type="checkbox"/> PRIMARY ..... 02 <input type="checkbox"/> LOWER SECONDARY ..... 03 <input type="checkbox"/> SHORT-TERM TRAINING ..... 04 <input type="checkbox"/> HIGHER SECONDARY ..... 05 <input type="checkbox"/> TRADE VOC. SCHOOL ..... 06 <input type="checkbox"/> VOC. SCHOOL ..... 07 <input type="checkbox"/> TRADE COLLEGE ..... 08 <input type="checkbox"/> COLLEGE ..... 09 <input type="checkbox"/> UNIVERSITY AND OVER ..... 10 <input type="checkbox"/>	PRE-SCHOOL ..... 01 <input type="checkbox"/> PRIMARY ..... 02 <input type="checkbox"/> LOWER SECONDARY ..... 03 <input type="checkbox"/> SHORT-TERM TRAINING ..... 04 <input type="checkbox"/> HIGHER SECONDARY ..... 05 <input type="checkbox"/> TRADE VOC. SCHOOL ..... 06 <input type="checkbox"/> VOC. SCHOOL ..... 07 <input type="checkbox"/> TRADE COLLEGE ..... 08 <input type="checkbox"/> COLLEGE ..... 09 <input type="checkbox"/> UNIVERSITY AND OVER ..... 10 <input type="checkbox"/>	PRE-SCHOOL ..... 01 <input type="checkbox"/> PRIMARY ..... 02 <input type="checkbox"/> LOWER SECONDARY ..... 03 <input type="checkbox"/> SHORT-TERM TRAINING ..... 04 <input type="checkbox"/> HIGHER SECONDARY ..... 05 <input type="checkbox"/> TRADE VOC. SCHOOL ..... 06 <input type="checkbox"/> VOC. SCHOOL ..... 07 <input type="checkbox"/> TRADE COLLEGE ..... 08 <input type="checkbox"/> COLLEGE ..... 09 <input type="checkbox"/> UNIVERSITY AND OVER ..... 10 <input type="checkbox"/>	PRE-SCHOOL ..... 01 PRIMARY ..... 02 LOWER SECONDARY ..... 03 SHORT-TERM TRAINING ..... 04 HIGHER SECONDARY ..... 05 TRADE VOC. SCHOOL ..... 06 VOC. SCHOOL ..... 07 TRADE COLLEGE ..... 08 COLLEGE ..... 09 UNIVERSITY AND OVER ..... 10

HOUSEHOLD NO. : 

NAME AND ORDER NO.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
QUESTIONS				
<p>13. What is the highest grade of education/training (from 3 months and over) that you have been attended or graduated?</p> <p><b>ABBREVIATION:</b> VOC. - VOCATIONAL</p> <p>L</p>	<p>NEVER ATTENDED..... 00 <input type="checkbox"/></p> <p>SOME PRIMARY ..... 01 <input type="checkbox"/></p> <p>PRIMARY ..... 02 <input type="checkbox"/></p> <p>LOWER SECONDARY ..... 03 <input type="checkbox"/></p> <p>SHORT-TERM TRAINING..... 04 <input type="checkbox"/></p> <p>HIGHER SECONDARY ..... 05 <input type="checkbox"/></p> <p>TRADE VOC. SCHOOL ..... 06 <input type="checkbox"/></p> <p>VOC. SCHOOL ..... 07 <input type="checkbox"/></p> <p>TRADE COLLEGE ..... 08 <input type="checkbox"/></p> <p>COLLEGE ..... 09 <input type="checkbox"/></p> <p>UNIVERSITY AND OVER ..... 10 <input type="checkbox"/></p>	<p>NEVER ATTENDED..... 00 <input type="checkbox"/></p> <p>SOME PRIMARY ..... 01 <input type="checkbox"/></p> <p>PRIMARY ..... 02 <input type="checkbox"/></p> <p>LOWER SECONDARY ..... 03 <input type="checkbox"/></p> <p>SHORT-TERM TRAINING..... 04 <input type="checkbox"/></p> <p>HIGHER SECONDARY ..... 05 <input type="checkbox"/></p> <p>TRADE VOC. SCHOOL ..... 06 <input type="checkbox"/></p> <p>VOC. SCHOOL ..... 07 <input type="checkbox"/></p> <p>TRADE COLLEGE ..... 08 <input type="checkbox"/></p> <p>COLLEGE ..... 09 <input type="checkbox"/></p> <p>UNIVERSITY AND OVER ..... 10 <input type="checkbox"/></p>	<p>NEVER ATTENDED .....00 <input type="checkbox"/></p> <p>SOME PRIMARY .....01 <input type="checkbox"/></p> <p>PRIMARY .....02 <input type="checkbox"/></p> <p>LOWER SECONDARY .....03 <input type="checkbox"/></p> <p>SHORT-TERM TRAINING .....04 <input type="checkbox"/></p> <p>HIGHER SECONDARY .....05 <input type="checkbox"/></p> <p>TRADE VOC. SCHOOL .....06 <input type="checkbox"/></p> <p>VOC. SCHOOL .....07 <input type="checkbox"/></p> <p>TRADE COLLEGE .....08 <input type="checkbox"/></p> <p>COLLEGE .....09 <input type="checkbox"/></p> <p>UNIVERSITY AND OVER .....10 <input type="checkbox"/></p>	<p>NEVER ATTENDED .....00</p> <p>SOME PRIMARY .....01</p> <p>PRIMARY .....02</p> <p>LOWER SECONDARY .....03</p> <p>SHORT-TERM TRAINING .....04</p> <p>HIGHER SECONDARY .....05</p> <p>TRADE VOC. SCHOOL .....06</p> <p>VOC. SCHOOL .....07</p> <p>TRADE COLLEGE .....08</p> <p>COLLEGE .....09</p> <p>UNIVERSITY AND OVER .....10</p>
<p>14. What is your current marital status?</p> <p>┐</p>	<p>NEVER MARRIED ..... 1 <input type="checkbox"/></p> <p>CURRENTLY MARRIED ..... 2 <input type="checkbox"/></p> <p>WIDOWED ..... 3 <input type="checkbox"/></p> <p>DIVORCED/SEPARATED ..... 4 <input type="checkbox"/></p>	<p>NEVER MARRIED ..... 1 <input type="checkbox"/></p> <p>CURRENTLY MARRIED ..... 2 <input type="checkbox"/></p> <p>WIDOWED ..... 3 <input type="checkbox"/></p> <p>DIVORCED/SEPARATED ..... 4 <input type="checkbox"/></p>	<p>NEVER MARRIED ..... 1 <input type="checkbox"/></p> <p>CURRENTLY MARRIED ..... 2 <input type="checkbox"/></p> <p>WIDOWED ..... 3 <input type="checkbox"/></p> <p>DIVORCED/SEPARATED ..... 4 <input type="checkbox"/></p>	<p>NEVER MARRIED ..... 1</p> <p>CURRENTLY MARRIED ..... 2</p> <p>WIDOWED ..... 3</p> <p>DIVORCED/SEPARATED ..... 4</p>
<p><b>Now, I would like to ask about activities related to work/job during the last 7 days</b></p> <p>┐</p>				
<p>15. During the last 7 days, did you do any work to make profit?</p>	<p>YES..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>	<p>YES..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>	<p>YES .....1 <input type="checkbox"/> → Q37a</p> <p>NO .....2 <input type="checkbox"/></p>	<p>YES ..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>
<p>16. During the last 7 days, did you do any work for family or others without requirement of wages/salaries?</p>	<p>YES..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>	<p>YES..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>	<p>YES .....1 <input type="checkbox"/> → Q37a</p> <p>NO .....2 <input type="checkbox"/></p>	<p>YES ..... 1 <input type="checkbox"/> → Q37a</p> <p>NO ..... 2 <input type="checkbox"/></p>

NAME AND ORDER NO.				
QUESTIONS				
17. Although you did not work during the last 7 days, did you still receive salaries/wages from your previous work or profits from your previous business-production activity?  <b>ABBREVIATION:</b> BUSI-PROD - BUSINESS-PRODUCTION ACTIVITY	PAID SALARIES/WAGES: + FROM WORK..... 1 <input type="checkbox"/> → Q19 + FROM BUSI-PROD ... 2 <input type="checkbox"/> → Q37b NO ..... 3 <input type="checkbox"/>	PAID SALARIES/WAGES: + FROM WORK..... 1 <input type="checkbox"/> → Q19 + FROM BUSI-PROD ... 2 <input type="checkbox"/> → Q37b NO ..... 3 <input type="checkbox"/>	PAID SALARIES/WAGES: + FROM WORK ..... 1 <input type="checkbox"/> → Q19 + FROM BUSI-PROD .... 2 <input type="checkbox"/> → Q37b NO ..... 3 <input type="checkbox"/>	PAID SALARIES/WAGES: + FROM WORK..... 1 <input type="checkbox"/> → Q19 + FROM BUSI-PROD ... 2 <input type="checkbox"/> → Q37b NO..... 3 <input type="checkbox"/>
18. Did you have a job or the business-production activity to return to work after temporary absence from work?  <b>ABBREVIATION:</b> BUSI-PROD - BUSINESS-PRODUCTION ACTIVITY	A JOB..... 1 <input type="checkbox"/> A BUSI-PROD ..... 2 <input type="checkbox"/> → Q20 NO ..... 3 <input type="checkbox"/> → Q21	A JOB..... 1 <input type="checkbox"/> A BUSI-PROD ..... 2 <input type="checkbox"/> → Q20 NO ..... 3 <input type="checkbox"/> → Q21	A JOB ..... 1 <input type="checkbox"/> A BUSI-PROD ..... 2 <input type="checkbox"/> → Q20 NO ..... 3 <input type="checkbox"/> → Q21	A JOB..... 1 <input type="checkbox"/> A BUSI-PROD ..... 2 <input type="checkbox"/> → Q20 NO..... 3 <input type="checkbox"/> → Q21
19. What is the main reason that you were temporarily absent from work during the last 7 days?  <div style="display: flex; justify-content: space-between;"> <span>L</span> <span>└</span> </div>	PERSONAL MATTER ..... 1 <input type="checkbox"/> SICKNESS/PREGNANCY ..... 2 <input type="checkbox"/> SCHOOLING/TRAINING ..... 3 <input type="checkbox"/> WAIT FOR JOB/ DISMISSAL ..... 4 <input type="checkbox"/> STRIKE/DEMONSTRATION .... 5 <input type="checkbox"/> WAIT FOR SEASON ..... 6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHERS ..... 8 <input type="checkbox"/> (SPECIFY) <div style="text-align: right;">Q37b ←</div>	PERSONAL MATTER ..... 1 <input type="checkbox"/> SICKNESS/PREGNANCY ..... 2 <input type="checkbox"/> SCHOOLING/TRAINING ..... 3 <input type="checkbox"/> WAIT FOR JOB/ DISMISSAL ..... 4 <input type="checkbox"/> STRIKE/DEMONSTRATION .... 5 <input type="checkbox"/> WAIT FOR SEASON ..... 6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHERS ..... 8 <input type="checkbox"/> (SPECIFY) <div style="text-align: right;">Q37b ←</div>	PERSONAL MATTER ..... 1 <input type="checkbox"/> SICKNESS/PREGNANCY ..... 2 <input type="checkbox"/> SCHOOLING/TRAINING ..... 3 <input type="checkbox"/> WAIT FOR JOB/ DISMISSAL ..... 4 <input type="checkbox"/> STRIKE/DEMONSTRATION .... 5 <input type="checkbox"/> WAIT FOR SEASON ..... 6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHERS ..... 8 <input type="checkbox"/> (SPECIFY) <div style="text-align: right;">Q37b ←</div>	PERSONAL MATTER ..... 1 SICKNESS/PREGNANCY ..... 2 SCHOOLING/TRAINING ..... 3 WAIT FOR JOB/ DISMISSAL ..... 4 STRIKE/DEMONSTRATION .... 5 WAIT FOR SEASON ..... 6 PREPARATION FOR A NEW JOB.. 7 OTHERS ..... 8 (SPECIFY) <div style="text-align: right;">Q37b ←</div>
20. Hence, will you return to work for next 30 days?	YES..... 1 <input type="checkbox"/> → Q37b NO ..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q37b NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q37b NO ..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q37b NO..... 2 <input type="checkbox"/>

HOUSEHOLD NO.:...

QUESTIONS	NAME AND ORDER NO.					
21. During the last 30 days, did you actively look for any work?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q23	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q23	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q23	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q23	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q23	
22. During the last 30 days, how did you seek work or apply for a job?  <b>ABBREVIATION:</b> BUSI-PROD - BUSINESS-PRODUCTION ACTIVITY	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE ..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETTING UP A BUSI-PROD..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY) Q24 ←	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE ..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETTING UP A BUSI-PROD..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY) Q24 ←	APPLIED FOR JOBS ..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE ..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES ..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETTING UP A BUSI-PROD..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY) Q24 ←	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE ..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES ..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETTING UP A BUSI-PROD..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY) Q24 ←	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE ..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES ..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETTING UP A BUSI-PROD..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY) Q24 ←	
23. What is the main reason that you did not look for work during the last 30 days?	DO NOT WANT/NEED TO WORK ... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)	DO NOT WANT/NEED TO WORK ... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)	DO NOT WANT/NEED TO WORK .... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)	DO NOT WANT/NEED TO WORK ... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)	DO NOT WANT/NEED TO WORK ... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)	DO NOT WANT/NEED TO WORK ... 01 <input type="checkbox"/> BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK ..... 02 <input type="checkbox"/> DON'T KNOW WHERE/HOW ..... 03 <input type="checkbox"/> TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION .... 04 <input type="checkbox"/> WAIT FOR JOB/JOB APPLICATION RESULT/ LAUNCHING BUSI-PROD ..... 05 <input type="checkbox"/> WAIT FOR SEASON ..... 06 <input type="checkbox"/> BAD WEATHER ..... 07 <input type="checkbox"/> BUSY IN FAMILY CARE/RESTTING 08 <input type="checkbox"/> TEMPORARY ILLNESS ..... 09 <input type="checkbox"/> OTHERS ..... 10 <input type="checkbox"/> (SPECIFY)

QUESTIONS	NAME AND ORDER NO.			
	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
24. Were you available for work immediately if you have found a job during the last 7 days?	YES..... 1 <input type="checkbox"/> → Q26 NO ..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> → Q26 NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q26 NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q26 NO ..... 2 <input type="checkbox"/>
25. What is the main reason that you were not available for work immediately?	SCHOOLING/TRAINING ..... 1 <input type="checkbox"/> BUSY IN FAMILY WORK ..... 2 <input type="checkbox"/> OFF SEASON ..... 3 <input type="checkbox"/> BAD WEATHER ..... 4 <input type="checkbox"/> HAVING A REST ..... 5 <input type="checkbox"/> TEMPORARY ILLNESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	SCHOOLING/TRAINING ..... 1 <input type="checkbox"/> BUSY IN FAMILY WORK ..... 2 <input type="checkbox"/> OFF SEASON ..... 3 <input type="checkbox"/> BAD WEATHER ..... 4 <input type="checkbox"/> HAVING A REST ..... 5 <input type="checkbox"/> TEMPORARY ILLNESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	SCHOOLING/TRAINING ..... 1 <input type="checkbox"/> BUSY IN FAMILY WORK ..... 2 <input type="checkbox"/> OFF SEASON ..... 3 <input type="checkbox"/> BAD WEATHER ..... 4 <input type="checkbox"/> HAVING A REST ..... 5 <input type="checkbox"/> TEMPORARY ILLNESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	SCHOOLING/TRAINING ..... 1 BUSY IN FAMILY WORK ..... 2 OFF SEASON ..... 3 BAD WEATHER ..... 4 HAVING A REST ..... 5 TEMPORARY ILLNESS ..... 6 OTHERS ..... 7 (SPECIFY)
26. CHECK Q21 AND Q24: IF Q21 = 2 AND Q24 = 2 → Q28; OTHERWISE → Q27				
27. How long were you looking or available for work?	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 12 MONTHS AND OVER ..... 5 <input type="checkbox"/>	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 12 MONTHS AND OVER ..... 5 <input type="checkbox"/>	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 12 MONTHS AND OVER ..... 5 <input type="checkbox"/>	UNDER 3 MONTHS ..... 1 3 TO UNDER 6 MONTHS ..... 2 6 TO UNDER 9 MONTHS ..... 3 9 TO UNDER 12 MONTHS ..... 4 12 MONTHS AND OVER ..... 5
28. What is the main reason that you did not work during the last 7 days?	STUDENT/PUPIL ..... 1 <input type="checkbox"/> HOUSEWORK ..... 2 <input type="checkbox"/> DISABILITY ..... 3 <input type="checkbox"/> TOO YOUNG/OLD ..... 4 <input type="checkbox"/> OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL ..... 1 <input type="checkbox"/> HOUSEWORK ..... 2 <input type="checkbox"/> DISABILITY ..... 3 <input type="checkbox"/> TOO YOUNG/OLD ..... 4 <input type="checkbox"/> OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL ..... 1 <input type="checkbox"/> HOUSEWORK ..... 2 <input type="checkbox"/> DISABILITY ..... 3 <input type="checkbox"/> TOO YOUNG/OLD ..... 4 <input type="checkbox"/> OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL ..... 1 HOUSEWORK ..... 2 DISABILITY ..... 3 TOO YOUNG/OLD ..... 4 OTHER ..... 5 (SPECIFY)
29. Have you ever worked yet?	WORKED ..... 1 <input type="checkbox"/> NEVER ..... 2 <input type="checkbox"/> → Q80	WORKED ..... 1 <input type="checkbox"/> NEVER ..... 2 <input type="checkbox"/> → Q80	WORKED ..... 1 <input type="checkbox"/> NEVER ..... 2 <input type="checkbox"/> → Q80	WORKED ..... 1 <input type="checkbox"/> NEVER ..... 2 <input type="checkbox"/> → Q80



HOUSEHOLD NO.:

NAME AND ORDER NO.							
QUESTIONS							
<b>Now, I would like to ask about the work/job that you worked before you lost the job</b>							
30. How long ago did you leave your previous work/job?  L	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 1 TO UNDER 5 YEARS ..... 5 <input type="checkbox"/> 5 YEARS AND OVER ..... 6 <input type="checkbox"/> Q80 ←	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 1 TO UNDER 5 YEARS ..... 5 <input type="checkbox"/> 5 YEARS AND OVER ..... 6 <input type="checkbox"/> Q80 ←	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 1 TO UNDER 5 YEARS ..... 5 <input type="checkbox"/> 5 YEARS AND OVER ..... 6 <input type="checkbox"/> Q80 ←	UNDER 3 MONTHS ..... 1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS ..... 2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS ..... 3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS ..... 4 <input type="checkbox"/> 1 TO UNDER 5 YEARS ..... 5 <input type="checkbox"/> 5 YEARS AND OVER ..... 6 <input type="checkbox"/> Q80 ←			
31. Why did you leave the last job?	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE ..... 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO./HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL ..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> LOW SALARY/ALLOWANCE, RESIGNATION ..... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE ..... 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO./HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL ..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> LOW SALARY/ALLOWANCE, RESIGNATION ..... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE ..... 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO./HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL ..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> LOW SALARY/ALLOWANCE, RESIGNATION ..... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE ..... 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO./HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL ..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> LOW SALARY/ALLOWANCE, RESIGNATION ..... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)			
32. What was the main type of work that you did before having break from work?  L	_____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)			

QUESTIONS	NAME AND ORDER NO.			
33. With above-mentioned work, were you: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker - Wage worker or - Member of cooperative?	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"/>	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"/>	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"/>	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"/>
34. Does the establishment where you did the previous work belong to the household of agriculture-forestry-fishery/individual, household of individual production and trade, collective, private, state or foreign investment economic sector?  <b>ABBREVIATION:</b> A-F-F: AGRICULTURE-FORESTRY-FISHERY HH OF IN. PRO.TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE..... 6 <input type="checkbox"/> + ENTERPRISE ..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE..... 6 <input type="checkbox"/> + ENTERPRISE ..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE ..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE ..... 6 <input type="checkbox"/> + ENTERPRISE..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE..... 6 <input type="checkbox"/> + ENTERPRISE..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>
35. What was the full name and address of the establishment where you did the above-mentioned previous work?  _____	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)
36. What was the main activity or major type of product/service of the establishment where you did the above-mentioned work?  <b>REMARK:</b> FOR THE HOUSEHOLD OF AGRICULTURE-FORESTRY-FISHERY/INDIVIDUAL, COMBINE WITH Q32 TO RECORD CODE OF INDUSTRY	_____ _____ _____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q80 ←	_____ _____ _____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q80 ←	_____ _____ _____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q80 ←	_____ _____ _____ (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q80 ←

HOUSEHOLD NO.:...

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NAME AND ORDER NO.

QUESTIONS

Now, I would like to ask about the job you spent most of the time that you worked during last 7 days/7 days before temporarily stopping work				
37a. What was the main type of work that you did during the last 7 days?				
37b. What was the main type of work that you did before having break temporarily from work?	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)
38. Does the establishment where you did belong to the household of agriculture-forestry-fishery/individual, household of individual production and trade, collective, private, state or foreign investment economic sector?  <b>ABBREVIATION:</b> A-F-F: AGRICULTURE-FORESTRY-FISHERY HH OF IN. PRO.TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE.....2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE.....6 <input type="checkbox"/> + ENTERPRISE .....7 <input type="checkbox"/> FOREIGN INVESTMENT .....8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE.....2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE.....6 <input type="checkbox"/> + ENTERPRISE .....7 <input type="checkbox"/> FOREIGN INVESTMENT .....8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE.....2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE .....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE .....6 <input type="checkbox"/> + ENTERPRISE .....7 <input type="checkbox"/> FOREIGN INVESTMENT .....8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE.....2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE .....6 <input type="checkbox"/> + ENTERPRISE.....7 <input type="checkbox"/> FOREIGN INVESTMENT .....8 <input type="checkbox"/>
39. What is the full name and address of the establishment where you did the above-mentioned work?				
	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)

QUESTIONS	NAME AND ORDER NO.				
40. What was the main activity or major type of product/service of the establishment where you did the above-mentioned work?  <i>REMARK: FOR THE HOUSEHOLD OF AGRICULTURE-FORESTRY-FISHERY/INDIVIDUAL, COMBINE WITH Q37 TO RECORD CODE OF INDUSTRY</i>					
41. Does the establishment where you worked have the following: a. Business registration? b. Tax code registration? c. Social insurance registration? d. Written accounts?	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	
42. How many persons usually work at the establishment where you worked?	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	
43. With above work, were you: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker? - Wage worker or - Member of cooperative?	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"/> Q46b ←	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"/> Q46b ←	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"/> Q46b ←	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"/> Q46b ←	
44. In the above job, did you hold contract of unlimited term, limited limited, verbal agreement or no contract?  <i>ABBREVIATION:</i> LB - LABOUR CONTRACT	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	

HOUSEHOLD NO. :

QUESTIONS	NAME AND ORDER NO. <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"/>
45. In what manner did you receive your payment in the above-mentioned job?  <div style="text-align: center;">L</div>	FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> <div style="text-align: right;">Q46b ←</div>	FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> <div style="text-align: right;">Q46b ←</div>	FIXED SALARY ..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> <div style="text-align: right;">Q46b ←</div>	FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE ..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> <div style="text-align: right;">Q46b ←</div>	
46. With the above-mentioned job, did you receive the following: a. Paid public holidays/leaves? b. Health insurance card? c. Social insurance?	<div style="text-align: center;">YES NO</div> HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/>	<div style="text-align: center;">YES NO</div> HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/>	<div style="text-align: center;">YES NO</div> HOLIDAYS/LEAVES ..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> HEALTH CARD ..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<div style="text-align: center;">YES NO</div> HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> 2 <input type="checkbox"/>	
47. Is the venue where you worked in a fixed office, at home/home of client, market/trade center, an outdoor fixed place or mobile place?  <div style="text-align: center;">┐</div>	FIXED OFFICE..... 1 <input type="checkbox"/> HOME/HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET/TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE ..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE..... 1 <input type="checkbox"/> HOME/HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET/TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE ..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE ..... 1 <input type="checkbox"/> HOME/HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET/TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE ..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE..... 1 <input type="checkbox"/> HOME/HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET/TRADE CENTER ..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE ..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	
48. How long have you worked in this job?	UNDER 1 YEAR..... 1 <input type="checkbox"/> 1 – UNDER 5 YEARS..... 2 <input type="checkbox"/> 5 – UNDER 10 YEARS..... 3 <input type="checkbox"/> 10 YEARS AND OVER..... 4 <input type="checkbox"/>	UNDER 1 YEAR..... 1 <input type="checkbox"/> 1 – UNDER 5 YEARS..... 2 <input type="checkbox"/> 5 – UNDER 10 YEARS..... 3 <input type="checkbox"/> 10 YEARS AND OVER..... 4 <input type="checkbox"/>	UNDER 1 YEAR ..... 1 <input type="checkbox"/> 1 – UNDER 5 YEARS ..... 2 <input type="checkbox"/> 5 – UNDER 10 YEARS ..... 3 <input type="checkbox"/> 10 YEARS AND OVER ..... 4 <input type="checkbox"/>	UNDER 1 YEAR..... 1 <input type="checkbox"/> 1 – UNDER 5 YEARS..... 2 <input type="checkbox"/> 5 – UNDER 10 YEARS..... 3 <input type="checkbox"/> 10 YEARS AND OVER..... 4 <input type="checkbox"/>	
49. CHECK Q43: IF Q43 = 4 → Q50; OTHERWISE → Q53					

QUESTIONS	NAME AND ORDER NO.				
50. In the above-mentioned job, how much salary/wage did you receive during the last month?		<input type="text"/> <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"/> <input type="text"/> (THOUSAND VND)	<input type="text"/> <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"/> <input type="text"/> (THOUSAND VND)
51. Apart from salary/wage, during the last month, did you receive the followings: a. Overtime payment? b. Premium? c. Other welfare payment (occupation allowance, travel, clothes, lunch, ...)?		<div>YES NO</div> <div>OVERTIME ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>PREMIUM ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>OTHER WELFARE ..... 1. <input type="text"/> 2. <input type="text"/></div>	<div>YES NO</div> <div>OVERTIME ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>PREMIUM ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>OTHER WELFARE ..... 1. <input type="text"/> 2. <input type="text"/></div>	<div>YES NO</div> <div>OVERTIME ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>PREMIUM ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>OTHER WELFARE ..... 1. <input type="text"/> 2. <input type="text"/></div>	<div>YES NO</div> <div>OVERTIME ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>PREMIUM ..... 1. <input type="text"/> 2. <input type="text"/></div> <div>OTHER WELFARE ..... 1. <input type="text"/> 2. <input type="text"/></div>
52. How much did you receive payment of overtime, premium, occupation allowance and other welfare during the last month?		<input type="text"/> <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"/> <input type="text"/> (THOUSAND VND)	<input type="text"/> <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"/> <input type="text"/> (THOUSAND VND)
Now, I would like to ask about number of worked hours that you worked during last 7 days/7 days before temporarily stopping work ↴					
53. Not including leave time but including overtime, how many hours did you <b>actually</b> work for the main above-mentioned work, during last 7 days/7 days before temporarily stopping work?		ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>
54. Not including leave time, how many hours did you <b>regularly</b> work for the main above-mentioned work per week?		REGULAR WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK ..... <input type="text"/> <input type="text"/>
55. CHECK Q53 AND Q54: IF Q53 < Q54 → Q56; OTHERWISE → Q57					

HOUSEHOLD NO. ∴

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QUESTIONS	NAME AND ORDER NO.				
56. In the last 7 days/7 days before temporarily stopping work, why did you actually work fewer hours than usual to do the above-mentioned main work?					
	ILLNESS ..... 01 <input type="checkbox"/>	ILLNESS ..... 01 <input type="checkbox"/>	ILLNESS ..... 01 <input type="checkbox"/>	ILLNESS ..... 01 <input type="checkbox"/>	ILLNESS ..... 01 <input type="checkbox"/>
	LEAVES/HOLIDAYS ..... 02 <input type="checkbox"/>	LEAVES/HOLIDAYS ..... 02 <input type="checkbox"/>	LEAVES/HOLIDAYS ..... 02 <input type="checkbox"/>	LEAVES/HOLIDAYS ..... 02 <input type="checkbox"/>	LEAVES/HOLIDAYS ..... 02 <input type="checkbox"/>
	JUST STARTED WORKING ..... 03 <input type="checkbox"/>	JUST STARTED WORKING ..... 03 <input type="checkbox"/>	JUST STARTED WORKING ..... 03 <input type="checkbox"/>	JUST STARTED WORKING ..... 03 <input type="checkbox"/>	JUST STARTED WORKING ..... 03 <input type="checkbox"/>
	LOST JOB/QUIT JOB ..... 04 <input type="checkbox"/>	LOST JOB/QUIT JOB ..... 04 <input type="checkbox"/>	LOST JOB/QUIT JOB ..... 04 <input type="checkbox"/>	LOST JOB/QUIT JOB ..... 04 <input type="checkbox"/>	LOST JOB/QUIT JOB ..... 04 <input type="checkbox"/>
	BAD WEATHER/OFF SEASONS 05 <input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05 <input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05 <input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05 <input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05 <input type="checkbox"/>
	WORKING HOURS CUT DOWN. 06 <input type="checkbox"/>	WORKING HOURS CUT DOWN. 06 <input type="checkbox"/>	WORKING HOURS CUT DOWN 06 <input type="checkbox"/>	WORKING HOURS CUT DOWN 06 <input type="checkbox"/>	WORKING HOURS CUT DOWN. 06 <input type="checkbox"/>
	STRIKE/FACTORY CLOSING ..... 07 <input type="checkbox"/>	STRIKE/FACTORY CLOSING ..... 07 <input type="checkbox"/>	STRIKE/FACTORY CLOSING ..... 07 <input type="checkbox"/>	STRIKE/FACTORY CLOSING ..... 07 <input type="checkbox"/>	STRIKE/FACTORY CLOSING ..... 07 <input type="checkbox"/>
	WORKING BY SHIFT ..... 08 <input type="checkbox"/>	WORKING BY SHIFT ..... 08 <input type="checkbox"/>	WORKING BY SHIFT ..... 08 <input type="checkbox"/>	WORKING BY SHIFT ..... 08 <input type="checkbox"/>	WORKING BY SHIFT ..... 08 <input type="checkbox"/>
	LOOSING FARM LAND ..... 09 <input type="checkbox"/>	LOOSING FARM LAND ..... 09 <input type="checkbox"/>	LOOSING FARM LAND ..... 09 <input type="checkbox"/>	LOOSING FARM LAND ..... 09 <input type="checkbox"/>	LOOSING FARM LAND ..... 09 <input type="checkbox"/>
	FAMILY OBLIGATIONS ..... 10 <input type="checkbox"/>	FAMILY OBLIGATIONS ..... 10 <input type="checkbox"/>	FAMILY OBLIGATIONS ..... 10 <input type="checkbox"/>	FAMILY OBLIGATIONS ..... 10 <input type="checkbox"/>	FAMILY OBLIGATIONS ..... 10 <input type="checkbox"/>
	LACK OF CLIENTS/ORDERS IN OWN BUSINESS ..... 11 <input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS ..... 11 <input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS ..... 11 <input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS ..... 11 <input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS ..... 11 <input type="checkbox"/>
	OTHER ..... 12 <input type="checkbox"/> (SPECIFY)	OTHER ..... 12 <input type="checkbox"/> (SPECIFY)	OTHER ..... 12 <input type="checkbox"/> (SPECIFY)	OTHER ..... 12 <input type="checkbox"/> (SPECIFY)	OTHER ..... 12 <input type="checkbox"/> (SPECIFY)
<b>Now, I would like to ask about secondary jobs that you did in the last 7 days/7 days before temporarily stopping work</b>					
57. In the last 7 days/7 days before temporarily stopping work, apart from the above-mentioned main job, did you have any other jobs to make income?	YES, ONE OTHER JOB ..... 1 <input type="checkbox"/>	YES, ONE OTHER JOB ..... 1 <input type="checkbox"/>	YES, ONE OTHER JOB ..... 1 <input type="checkbox"/>	YES, ONE OTHER JOB ..... 1 <input type="checkbox"/>	YES, ONE OTHER JOB ..... 1 <input type="checkbox"/>
	YES, MORE THAN ONE ..... 2 <input type="checkbox"/>	YES, MORE THAN ONE ..... 2 <input type="checkbox"/>	YES, MORE THAN ONE ..... 2 <input type="checkbox"/>	YES, MORE THAN ONE ..... 2 <input type="checkbox"/>	YES, MORE THAN ONE ..... 2 <input type="checkbox"/>
	NONE ..... 3 <input type="checkbox"/> Q75 ←	NONE ..... 3 <input type="checkbox"/> Q75 ←	NONE ..... 3 <input type="checkbox"/> Q75 ←	NONE ..... 3 <input type="checkbox"/> Q75 ←	NONE ..... 3 <input type="checkbox"/> Q75 ←

QUESTIONS	NAME AND ORDER NO.				
58. Among additional activities, which one was spendtmore than other one in the last 7 days/7 days before temporarily stopping work? ┐					
59. Does the establishment where you did belong to the household of agriculture-forestry-fishery/individual, household of individual production and trade, collective, private, state or foreign investment economic sector?  <b>ABBREVIATION:</b> A-F-F: AGRICULTURE-FORESTRY-FISHERY HH OF IN. PRO.TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE..... 6 <input type="checkbox"/> + ENTERPRISE ..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE..... 6 <input type="checkbox"/> + ENTERPRISE ..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE ..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE ..... 6 <input type="checkbox"/> + ENTERPRISE ..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> HH OF IN. PRO.TRADE..... 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE ..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + NON-PRODUCTIVE ..... 6 <input type="checkbox"/> + ENTERPRISE..... 7 <input type="checkbox"/> FOREIGN INVESTMENT ..... 8 <input type="checkbox"/>	
60. What is the full name and address of the establishment where you did the above-mentioned overtime work?					
61. What was the main activity or major type of product/service of the establishment where you did the above-mentioned work?  <b>REMARK:</b> FOR THE HOUSEHOLD OF AGRICULTURE-FORESTRY-FISHERY/INDIVIDUAL, COMBINE WITH Q58 TO RECORD CODE OF INDUSTRY ┐					



HOUSEHOLD NO.:...

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QUESTIONS	NAME AND ORDER NO.				
62. Does the establishment where you worked have the following: a. Business registration? b. Tax code registration? c. Social insurance registration d. Written accounts?	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO BUSINESS REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> TAX CODE REGISTR ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> WRITTEN ACCOUNTS ... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	
63. How many persons usually work at the establishment where you worked?	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	1 - 20 PERSONS ..... 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 - 99 PERSONS ..... 2 <input type="checkbox"/> 100 - 299 PERSONS ..... 3 <input type="checkbox"/> 300 PERSONS AND OVER ..... 4 <input type="checkbox"/>	
64. With above work, were you: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker? - Wage worker or - Member of cooperative?	EMPLOYER ..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER ..... 2 <input type="checkbox"/> Q67b ← UNPAID FAMILY WORKER ..... 3 <input type="checkbox"/> WAGE WORKER ..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER ..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER ..... 2 <input type="checkbox"/> Q67b ← UNPAID FAMILY WORKER ..... 3 <input type="checkbox"/> WAGE WORKER ..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER ..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER ..... 2 <input type="checkbox"/> Q67b ← UNPAID FAMILY WORKER ..... 3 <input type="checkbox"/> WAGE WORKER ..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE .. 5 <input type="checkbox"/>	EMPLOYER ..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER ..... 2 <input type="checkbox"/> Q67b ← UNPAID FAMILY WORKER ..... 3 <input type="checkbox"/> WAGE WORKER ..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	
65. In the above job, did you hold contract of unlimited term, limited term, verbal agreement or no contract?  <b>ABBREVIATION:</b> LB - LABOUR CONTRACT	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	UNLIMITED TERM LB ..... 1 <input type="checkbox"/> 1 - 3 YEAR TERM LB ..... 2 <input type="checkbox"/> UNDER 1 YEAR LB ..... 3 <input type="checkbox"/> VERBAL AGREEMENT ..... 4 <input type="checkbox"/> NONE ..... 5 <input type="checkbox"/>	

QUESTIONS	NAME AND ORDER NO.				
66. In what manner did you receive your payment in the above-mentioned overtime job?		FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> Q67b ←	FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> Q67b ←	FIXED SALARY ..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE..... 3 <input type="checkbox"/> ON COMMISSION ..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID ..... 7 <input type="checkbox"/> Q67b ←	FIXED SALARY..... 1 <input type="checkbox"/> PER WORKED DAY/HOUR ..... 2 <input type="checkbox"/> PAID PER PIECE ..... 3 <input type="checkbox"/> ON COMMISSION..... 4 <input type="checkbox"/> INTEREST ..... 5 <input type="checkbox"/> IN KIND ..... 6 <input type="checkbox"/> UNPAID..... 7 <input type="checkbox"/> Q67b ←
67. With the above-mentioned job, did you receive the following: a. Paid public holidays/leaves? b. Health insurance card? c. Social insurance?		YES NO HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO HOLIDAYS/LEAVES ..... 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> HEALTH CARD ..... 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO HOLIDAYS/LEAVES ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> HEALTH CARD ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> SOCIAL INSURANCE ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>
68. Is the venue where you worked in a fixed office, at home/home of client, market/trade center an outdoor fixed place or mobile place?		FIXED OFFICE..... 1 <input type="checkbox"/> HOME/HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET/TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE..... 1 <input type="checkbox"/> HOME / HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET / TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE ..... 1 <input type="checkbox"/> HOME / HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET / TRADE CENTER..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE..... 4 <input type="checkbox"/> MOBILE ..... 5 <input type="checkbox"/>	FIXED OFFICE..... 1 <input type="checkbox"/> HOME / HOME OF CLIENT ..... 2 <input type="checkbox"/> MARKET / TRADE CENTER ..... 3 <input type="checkbox"/> OUTDOOR FIXED PLACE ..... 4 <input type="checkbox"/> MOBILE..... 5 <input type="checkbox"/>
69. CHECK Q64: IF Q64 = 4 → Q70; OTHERWISE → Q72					
70 In the above-mentioned overtime job, how much salary/wage did you receive during the last month?		<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> (THOUSAND VND)	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> (THOUSAND VND)	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> (THOUSAND VND)	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> (THOUSAND VND)

HOUSEHOLD NO.:...

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QUESTIONS	NAME AND ORDER NO.				
71. With above-mentioned job, how much did you receive payment of overtime, premium, occupation allowance and other welfare during the last month?					
72. How many hours did you actually work for the main above-mentioned secondary activity during last 7 days?	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK .....	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK .....	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK .....	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK .....	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK .....
73. CHECK Q57: IF Q57 = 2 → Q74; OTHERWISE → Q75					
74. How many hours did you actually do all of other remaining activities (not including the main job and the main secondary job) during last 7 days?	ACTUAL WORKED HOURS FOR ALL OF OTHER REMAINING ACTIVITIES PER WEEK .....	ACTUAL WORKED HOURS FOR ALL OF OTHER REMAINING ACTIVITIES PER WEEK .....	ACTUAL WORKED HOURS FOR ALL OF OTHER REMAINING ACTIVITIES PER WEEK .....	ACTUAL WORKED HOURS FOR ALL OF OTHER REMAINING ACTIVITIES PER WEEK .....	ACTUAL WORKED HOURS FOR ALL OF OTHER REMAINING ACTIVITIES PER WEEK .....
75. TOTAL OF ACTUAL WORKED HOURS FOR ALL OF THE JOBS DURING THE LAST 7 DAYS <b>REMARK:</b> SUM RESULTS IN Q53, Q72 AND Q74	ACTUAL WORKED HOURS PER WEEK .....	ACTUAL WORKED HOURS PER WEEK .....	ACTUAL WORKED HOURS PER WEEK .....	ACTUAL WORKED HOURS PER WEEK .....	ACTUAL WORKED HOURS PER WEEK .....
76. CHECK Q75: IF Q75 < 35 HOURS → Q77; OTHERWISE → Q80					
77. With total of the above hours actually worked, would you like to work more hours?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES ..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q80	YES ..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q80

QUESTIONS	NAME AND ORDER NO.				
78. You would like to work more hours, but are you available to work more hours?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q80	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q80	
79. How many additional hours would you like to work per week?_	HOURS/WEEK ..... <input type="text"/>	HOURS/WEEK ..... <input type="text"/>	HOURS/WEEK ..... <input type="text"/>	HOURS/WEEK ..... <input type="text"/>	
80. <b>CHECK:</b> Q37 HAS INFORMATION, EMPLOYMENT IS IDENTIFIED. <b>CHECK:</b> C21=1 AND C24=1, OR C24=1 AND C23=4/5/6/7/8/9, UN-EMPLOYMENT IS IDENTIFIED. <b>CHECK:</b> C78 = 1, UNDER-EMPLOYMENT IS IDENTIFIED..	YES NO EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNEMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNDER-EMPLOYED..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNEMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNDER-EMPLOYED..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNEMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNDER-EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNEMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> UNDER-EMPLOYED ..... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	
81: CHECK Q7: IF THERE ARE REMAIN RESPONDENTS FOR INTERVIEW OF "PART 2: INDIVIDUAL QUESTIONNAIRE", ASK THE NEXT; OTHERWISE, FINISH INTERVIEW.					