

UGANDA BUREAU OF STATISTICS



UGANDA NATIONAL HOUSEHOLD SURVEY 2002/2003

LABOUR FORCE SURVEY QUESTIONNAIRE

SECTION	1A: ID	ENTIF	ICAT	ION P	PARTI	CULA	RS		
1. STRATUM:									
2. COUNTY:									
3. SUB-COUNTY									
4. PARISH:									
5. EA/ LC1:									
6. HOUSEHOLD SR. NO.:									
7. SAMPLE NO.:									
8. HOUSEHOLD CODE:									
9. NAME OF HEAD:									

THIS SURVEY IS BEING CONDUCTED BY THE UGANDA BUREAU OF STATISTICS OF THE MINISTRY OF FINANCE, PLANNING AND ECONOMIC DEVELOPMENT UNDER THE AUTHORITY OF THE UGANDA BUREAU OF STATISTICS ACT, 1998.

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SECTION 4: PROBING QUESTIONS FOR UNEMPLOYED PERSONS FROM SECTION 3A AGED 5 YEARS AND ABOVE

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I.D. No.	(For Code 2 in Section 3A)	If yes (code 1,2 & 3) in col. (2)	Has (NAME)	odes 4 and 5 in col. (2) Why did (NAME) leave	For code 4 in col. (2) Did (NAME) look	What is the main	code 1 in col. (6) What means has (NAME)	If code (5) in col.(2) What is the main	For those with code 3 in	For those with code 4 & 5 in col. (2)
(Eligible	Even though (NAME)	Why did (NAME)	ever been	previous job/ Enterprise?	for work or tried to	kind of work that	taken in search for work	reason why (NAME)	col.(9)	Code 4 & 5 III Col. (2)
persons	was not working	not work in his/her	employed	previous jou/ Enterprise!	establish an own	(NAME) was	or establish his/her own	did not engage in gainful	Why didn't (NAME)	Source of assistance
only)	during the last 7 days,	usual job/ enterprise during	before?		business during	looking for in	business?	activity?	engage in gainful	when (NAME) was
Offiy)	did he/she have a job,	the last 7 days?	belore?		the last 4 weeks?	the last 4 Weeks	business?	Too young/too old 1	activities other than	not working
	business or an	trie last / days?			trie last 4 weeks?	trie last 4 weeks	Personal contacts 1	Student	being domestic worker?	not working
	enterprise which	Illness 1		Studies 01			Registered with employment	Domestic worker 3		Spouse 1
	(NAME) will return to?	Injury 2	Voc 1	Illness/Injury02		Self employed. 1	0 ,	Disabled & not able to work 4		Sale of property/assets
	(IVAIVIE) WIII TELUTTI LO:	Pregnancy 3		Personal/family responsibility 03		Paid employment	agency	Community/voluntary worke 5		Withdrawal from saving 3
	A job 1	Attending to the sick 4		Permanent closure of Enterprise 04		Private 2	sites 3	Pensioner	Incompatible with	Income from property/assets 4
	•			'			Placed and answered adverts. 4		'	Parents/other relatives/friends 5
	An enterprise 2 Both job and Enterprise. 3	Leave or Holiday 5 Off season 6	SKID TO	Made redundant	Yes 1	Paid employment Government 3	Sought assistance of friends	Rentier		charitable institutions
	No but looking for/	Shortage of raw materials 7		Completion of contract 07			0	Others 9	•	Past occupation
	available for work 4	Temporary lay-off/closure 8		Due to low payment 08		Any available	or relatives	Otners 9		Source not given 8
	available for work 4	Others 9		Disagreement with the Employe 09		work 4 Others 5	up an enterprise 6			Others (Specify)
		Others 9	'	Incompatible with Marriage 10		Others 5	Others (specify) 7		Health problems6	
	SKIP TO COL.4				SKIP TO COL II		Others (specify)		,	
				Others 11					Others (Specify)7	
	No and not active 5									
	, , , , , , , , , , , , , , , , , , ,									
	SKIP TO COL.4									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
						L				

SECTION 3B:CURRENT ACTIVITY STATUS FOR ECONOMICALLY ACTIVE - EMPLOYED PERSONS

		Applicable for those with Codes	s 4, 5, 6 ,7, 8 and 9		For onl	y codes 1-3			For all econor	mically active pe	ersons	
ID NO.		in column (10) se	ction3A		in column	10 section 3A					Under employment	
From Roster	Does (NAME) receive wage or salary? (Main activity Only) Yes, paid regularly	What is the wage earned from (NAME'S) main Current Activity (Net Salary) Daily	Excluding Journey time, on average, how many hours did (NAME) spend on the main activity per day?	(NAME'S) Years of experience in current job (In completed years)	Is (NAME) interested in a paid employment other than being an own a/c worker, employer or unpaid family worker? Yes	If Yes in column 6, Has (NAME) been looking for a job in paid employment? Yes	(NAME's) Place of work (LOCATION) Within the household 1 Within the EA	SKIP TO COL 11	Disagreement with the Employer. 09	he/she worked during the last 7 days Yes	On what kind of work/activity was (NAME) available to spend the additional working time? At present job with orientation	2 1 Daily 2 Weekly
(4)	(0)	(0)	(0)	(5)	column 8	(7)	(0)	(0)	(40)	(44)	(10)	(40)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

SEC	TION 3A: CURRE								AND ABOVE DURING	THE LAST 7 DAY	rs	1	CECONDA	ARY ACTIVITY			
ID	During the	Actual numb going back-wa					vious day a	nd	MAIN	ECONOMIC ACTIVITY			SECONDA	ANT ACTIVITY			
NO.	last 7 days, did (NAME) engage in a family enterprise or in any kind of work for pay or for profit?	Day 1 Codes for day Monday Tuesday Wednesday	Day 2		Day 4	Day 5	Day 6	Day 7	What was (NAME's) employment status? Self -employed Employer	What kind of activity (INDUSTRY) did (NAME's) do? Describe and code the industry.	Describe briefly the main occupation (NAME) was engaged in Describe and code the occupation	In addition to the main economic activity did (NAME) engage in any secondary economic	What was (NAME's) employment status? Self employed Employer	What is (NAME's) Kind of secondary activity (INDUSTRY) in the last 7 days? Describe and code	Describe briefly the secondary occupation that (NAME) did in the last 7 days Describe and code the occupation		
	Yes	Thursday Friday Saturday Sunday	4 5 6 7						Govt. permanent	The codes are provided in the manual		Yes	Paid employee Govt. permanent 04 Govt. temporary 05 Govt. casual 06 Private permanent 07 Private temporary 08 Private casual 09 Others 10	The codes are provided in the manua I		(provided in the	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		
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												-					
												_					

SECTION 2: USUAL ACTIVITY STATUS (FOR USUAL MEMBERS 5 YEARS AND ABOVE)

				LIGHAL	MAIN FOO	NOMO AC	TIV//TV/					V0047101111 TD41111110	1
-	During the	During Abo	During the	1		NOMIC AC	IIVIIY			If usually not		VOCATIONAL TRAINING	
I.D. No.	During the last 12	During the last 12	During the last 12	What is the (NAME's)	If usually e		Describ	e briefly	the	economically active col 4	-		
from hh roster	months, for how many months was (NAME's) employed?	months, for how many months was (NAME's) unemployed? If Usually Unemployed Skip to col 9	months, for how many months was (NAME's) economically not active? If Usually Economically Not active Skip to col 8	Self-employed Employer	(INDUSTF Describe code the Industry	RY) [*] and	main or (NAME	ccupation	that code	Why did (NAME) not engage in any kind of work for pay or for profit during most of the last 12 months? Too young or old	Has (NAME) ever attended any vocational training? Yes, Formal 1 Yes, Informal 2 No	What type of Vocational training was it? Brick laying/ Construction	What was (NAME'S) duration of the course in months
(1)	(2)	(3)	(4)	(5)		(6)		(7)		(8)	(9)	(10)	(11)
						1							

STRICTLY CONFIDENTIAL	
SECTION 1B: STAFF DETAILS AND SURVEY TIME	
1. NAME OF INTERVIEWER	
	DD MM YYYY
2. DATE OF INTERVIEW	
3. NAME OF SUPERVISOR	
4. NAME OF EDITOR/SCRUTINIZER	
5. DATE(S) OF INSPECTION	
6. STARTING TIME	
8. RESPONSE CODE:	
Response Details	
Codes for Item 8 in Section 1C:	
1. Completed	
2. Partially done	
3. Not done at all	
9. DATA ENTRY OPERATOR	
Remarks by Interviewer	
Remarks by Supervisor	

SECTIO	N 5: ECONOMIC ACTIVITIES FOR CHILD									
I.D No.	For those children	For those children			During the last 7 days				During the last 12 month	
(Eligible	attending school	not attending school	During the last 7 days,	During the	During the last 7 days,	For those	For those not	During the last 12	During the last	During the last
persons	What was(NAME) doing	What was(NAME) doing	where did (NAME)	last 7 days,	what was the main	attending School	attending School	months,	12 months,	12 months,
only)	during the last 7 days in	during the last 7 days?	carry out the work?	what was	reason that made			has (NAME) ever	what was the	what was the
	addition to attending school?			(NAME's) age	(NAME) start work?	How many hours	How many hours	been injured or	occupation at	industry for
from hh			At family dwelling 1	when he/she		per day does	per day does	had an	which (NAME)	the job at
roster	Assisting on household farm	Assisting on household farm	At employers house		To help family farming 1	(NAME) spend	(NAME) spend	accident while	was injured/hurt?	which (NAME)
	Assisting household enterprise 2 Paid employment - Agric	2 Assisting household enterprise 2 3 Paid employment - Agric 3	On the street		To help family business 2 Augment h/h incomes 3	on this activity on a typical day	on this activity on a typical day	on duty, during the past 12 months		was injured/ hurt?
	Paid employment - Agric 4	Paid employment - non Agric 4	Shop/ market/kiosk 5		To be self reliant 4	during the week?	during the week?	past 12 months		nurtr
	Paid domestic services	5 Paid domestic services 5	Plantation/farm/garden		Look for school fees 5	during the week?	during the week?	Yes1		
	Self employed	Self employed	Construction/quarrying sites 7		Others 6			No		
	Unpaid domestic services	7 Unpaid domestic services 7	Others (specify) 8		Others	Schooling days1		NO	The codes are the ma	
	No work done	B No work done	Others (specify)			Holiday2			lile illa	iuai)
		I I						Next person or		
	—							End		
	Skip to col. 9	Skip to col. 9 ♥								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
L					1					

END TIME	