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SAINT LUCIA

LABOUR FORCE SURVEY

QUESTIONNAIRE



Place an X in the
box for multiple
choice options



DISTRICT

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HOUSEHOLD NO

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No of Forms **

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SUB-SAMPLE

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ENUMERATION DISTRICT

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**For households with 8 or less persons No of Forms will be 1, for more than 8 it will be 2.



LABOUR FORCE SURVEY
QUESTIONNAIRE

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FOR THE WEEK ENDING

		/			/		
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Place an X in the
box for multiple
choice options



The information that you give in this questionnaire will be treated confidentially and will be used by the Central Statistical Office to produce aggregate tabulations. Information on individuals will not be disclosed.

IDENTIFICATION

Address of Household _____

Community _____

Town/Village _____

District/Parish _____

Phone Number

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Contact Person: _____

Number of persons in this household

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How many persons in this household left St. Lucia
to live abroad in the 12 month period preceding
.../.../...?

Male Female

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Total

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Place an X in the
box for multiple
choice options



Place an X in the
box for multiple
choice options





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INTERVIEWER SAY: I am the Labour Force Survey Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my identification card. (Show card)

RECORD OF VISITS

Interviewer	1	2	3	4
Date				
Time				
Time Ended				
Duration				
Results	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Results: 1 = Completed
2 = Partially completed, call back
3 = Dwelling Closed
4 = Dwelling Vacant
5 = No Contact
6 = Refusal
7 = No suitable respondent at home
8 = Unable to find address
9 = Other (please specify) _____

SURVEY SUPERVISOR

NAME

DATE

FIELD SUPERVISOR

NAME

DATE

INTERVIEWER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE





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PART 1: TO BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD

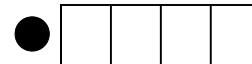
PERSON NUMBER	1. NAME OF PERSON What are the names of all those who slept four or more nights and shared at least one daily meal in this dwelling during the week ending .../.../.../? ENTER SURNAME FIRST	2. RELATIONSHIP TO HEAD OF HOUSEHOLD What is your relation to the head of the household? 1. Head 2. Spouse 3. Child 4. Parent 5. Other Relative 6. Employee 7. Non-relative 9. Other	3. SEX What is your (...s) sex? 1. Male 2. Female	4. STATUS What is your (...s) place of birth IF RESPONSE IS ST. LUCIA GO TO QU.6 WRITE IN COUNTRY NAME	5. MIGRATION How many months have you lived in St. Lucia before the week ending .../.../...? <div><div></div><div></div><div></div></div>	6. Age What was your (...s) age at last birthday? ENTER FULL AGE OR 98 FOR AGE MORE THAN OR EQUAL TO 98 (may use age flash card) <div><div></div><div></div></div>
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01		<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div></div> <div><div><input type="checkbox"/> 4</div><div><input type="checkbox"/> 5</div><div><input type="checkbox"/> 6</div></div> <div><div><input type="checkbox"/> 7</div><div><input type="checkbox"/> 9</div></div>
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END OF INTERVIEW FOR PERSONS UNDER 15 YEARS

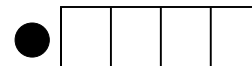
END OF INTERVIEW FOR PERSONS UNDER 15



**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - EDUCATION & TRAINING**

PERSON NUMBER	7. EDUCATIONAL ATTAINMENT	8. EDUCATIONAL QUALIFICATION	9. TRAINING RECEIVED	10. METHOD OF TRAINING	11. TYPE OF TRAINING
	What is the highest level of education you have (.....has) attained? 1. None 2. Pre-primary (Infant) or Primary 3. Lower / Junior Secondary (Forms 1-3) / Senior Primary 4. Upper Secondary (Forms 4 & 5) 5. Post Secondary, non-tertiary (diploma or associate degree) 6. Tertiary (University) 7. Other	What is the highest level/type of examination that you have (....has) passed? 1. None 6. GCE A: 1-2 2. Common Ent. 7. GCE A: 3+ 3. GCE/CXC 1-2 8. Dip/Degree 4. GCE/CXC 3-4 9. Std. 6 5. GCE/CXC 5+ 10. Other	Have you (has ...) received training for any occupation? 1. Yes 2. No (Go to Q12)	How did you (...) acquire most of this training? 1. Apprenticeship 2. On the job 3. Correspondence Course 4. Virtual/Internet Learning 5. Private Study 6. Institution Full Time 7. Institution Part Time 8. Other	For what main occupation were you (was) trained? GIVE FULL DESCRIPTION OF OCCUPATION BELOW

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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	12. PAST ECONOMIC ACTIVITY	13. To which of the following groups did you (...) belong?	14. ECONOMIC ACTIVITY	15. TEMPORARY ABSENCE
	During the past 12 months, how many weeks were you (was...) 1. Working 2. Without work, wanting and available for work 3. Without work, not wanting work and/or not available for work? (see below)	1. Student 2. Housewife/homemaker 3. Reciever of income from abroad 4. Retired, old age 5. Disabled 6. Other - Please specify _____	Did you work for pay, profit or family gain, during the week ending.../.../...? NB. Domestic work at home is excluded 1. Yes (go to PART 3, Q.21) 2. No	Did you (...) have a job or business from which you were (... was) absent during the week ending .../.../... ? 1. Yes 2. No (go to Q.17)

IF 3 IS GREATER THAN 26 WEEKS, CONTINUE.
IF NOT, GO TO QU. 14

Note: Work includes:
Work for payment in kind.

ANSWERS IN WEEKS				
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 5
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07	1	2	3	<input type="checkbox"/> 1 <input type="checkbox"/> 4
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 5
08	1	2	3	<input type="checkbox"/> 3 <input type="checkbox"/> 6
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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	16. WHY ABSENT	17. WANTING WORK	18. SEEKING WORK
	Why were you (was...) absent from work during week ending .../.../...?	Did you (...) want to work during week ending .../.../...?	What steps did you take during the last four weeks to look for work?
	1. Vacation 2. Maternity Leave 3. Sick leave 4. Temporary Lay-off 5. Other. Please specify	1. Yes 2. No (go to PART 5 QU.51) 3. Have Job(Go to Q21)	1. Nothing (GO TO QU.19)* 2. Register at a public employment exchange 3. Register at a private employment exchange 4. Direct application 5. Checking at work sites, farms factory gates, markets etc. 6. Answering newspaper advertisement 7. Seeking assistance of friends, relatives, colleagues, unions etc 8. Looking for land, building, etc to establish own business 9. Arranging for financial resources, applying for permits, licenses 10. Other

IF RESPONSE IS 1,2,3
OR 4 GO TO PART 3
QU. 21

* IF RESPONSE IS 1, CONTINUE. IF NOT GO TO QU. 20

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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	19. NOT SEEKING WORK	20. CURRENT AVAILABILITY
	<p>Why did you (...) not seek work during that period?</p> <p>1. Own illness, injury, pregnancy 2. Personal, family responsibilities 3. In school, training 4. Already found work to start later 5. Already made arrangements for self employment activities 6. Awaiting recall to former job 7. Awaiting replies from employers 8. Awaiting busy season</p> <p>9. Believe no suitable work available 10. Believe no financial resources, land, equipment permits etc. available to start own business 11. Lack employer's requirements 12. Could not find suitable work 13. Do not know how or where to seek work 14. Not yet started to seek work</p>	<p>If you (...) had been offered a job or had an opportunity to work during last week which of the following reasons would have prevented you (...)?</p> <p>1. In school, training * 2. Retirement/old age * 3. Illness/disability * 4. Household/family duties * 5. Other. Please specify (go to PART 4, Q.43) 9. Nothing (go to PART 4, Q.43)</p>

*** GO ON TO PART 5, QU.51**

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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	21. MULTIPLE JOB HOLDING Did you (...) have more than one job, enterprise or activity during the week ending .../.../...? 1. Yes (go to PART 3A, QU.32) 2. No	22. USUAL HOURS OF WORK How many hours do you (does...) usually work per week? ENTER NUMBER OF HOURS BELOW.	23. ACTUAL HOURS How many hours did you work during the week ending .../.../...? ENTER NUMBER OF HOURS BELOW.	24. REASON FOR DIFFERENCE IN HOURS WORKED What is the reason for the difference in hours worked? 1. actual = usual actual greater than usual 11. Overtime work 12. Other reason. specify actual less than usual 2. Own illness 3. Holiday/vacation 4. Personal/family Responsibilities 5. In school training 6. Strike, lock-out 7. Job started/ended in reference week 8. Reduction in economic activity 9. Temporary disorganisation 10. Other reason. specify _____	INTERVIEWER NOTE Are actual hours worked at Qu. 23 greater than or equal to 35? 1. Yes (go to Q26) 2. No (go to Q25)
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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	25. REASON FOR WORKING LESS THAN 35 HOURS	26. SEEKING/ AVAILABLE FOR ADDITIONAL WORK	27. STATUS IN EMPLOYMENT
	<p>What is the MAIN reason why you (. . .) worked less than 35 hours during the week ending.../.../...?</p> <div> <div> 1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 4. In school, training 5. Did not want more work 6. Full time work is less than 35 hours a week </div> <div> 7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify_____ </div> </div>	<p>Did you (...) seek or were you (was...) available for additional work during the last four weeks?</p> <div> 1. Yes 2. No </div>	<p>What category of worker are you (is...) in your (his/her) job?</p> <div> 1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Apprentice Go to Q27B 5. Self-employed with employee 6. Self-employed without employee 7. Unpaid family worker Go to Q27B 8. Member of Production Cooperative 9. Other, specify </div>

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PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK

PERSON NUMBER	27A. ACCOUNTS	(For employees only)				(For self employed only)	
	What kind of accounts do you/does.... keep for this activity/business? 1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept.	27B. EMPLOYMENT CONTRACT Are you/does..... employed on the basis of a written contract? 1. Yes, Written contract 2. No, Verbal agreement	27C. PAY SLIP Do you/does... get a pay slip for this job? 1. Yes 2. No	27D. Do you/does benefit from paid annual leave? 1. Yes... 2. No. 3. I don't know	27E. Do you/does... receive or are you/is... entitled to employment related insurance benefits? 1. Yes, from the NIC 2. Yes from an Insurance other than NIC 3. No 4. I don't know	27F. Are you/is... registered with the National Insurance Corporation as a self-employed person or an employer? 1. Employer 2. Self-Employed 3. Not Registered	27G. SIZE How many persons (including yourself) usually work in the business where you work? 1. only one 2. 2-5 3. 6-9 4. 10- 49 5. 50 or more

[After this question, SKIP to Q27F]

[SKIP to Q28]

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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	(For All)			
	28. OCCUPATION What is your (...) job title? GIVE BRIEF DESCRIPTION OF MAIN DUTIES	29. INDUSTRY What is the name of the business where you work? What type of activity is carried on there?	30. JOB TURNOVER How long ago did you start working in this job? 1. Less than 6 months 2. 6 months but less than 1 year 3. 1 year but less than 5 years 4. 5 years but less than 10 years 5. Ten years or more <i>NB: For an employer substitute the word job for business</i>	31. INCOME What is your (...) gross monthly income from employment? SHOW FLASH CARDS

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END OF INTERVIEW FOR EMPLOYED PERSONS

**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	32. USUAL HOURS OF WORK How many hours do you does (...) usually work per week in all jobs? GIVE THE NUMBER OF HOURS FOR THE MAIN AND OTHER JOBS BELOW.	33. ACTUAL HOURS OF WORK How many hours did you work during the week ending .../.../...? GIVE THE NUMBER OF HOURS FOR THE MAIN AND OTHER JOBS BELOW.	34. REASON FOR DIFFERENCE IN HOURS WORKED What is the reason for the difference in hours worked? 1. actual = usual actual greater than usual actual less than usual 11. Overtime work 12. Other reason. specify 2. Own illness 6. Strike, lock-out 3. Holiday/vacation 7. Job started/ended in reference week 4. Personal/family 8. Reduction in economic activity Responsibilities 9. Temporary disorganisation 5. In school training 10. Other reason. specify _____	INTERVIEWER NOTE Are actual hours worked at Qu. 33 greater than or equal to 35? 1. Yes (go to Q36) 2. No (go to Q35)
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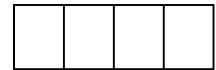
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**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	35. REASON FOR WORKING LESS THAN 35 HOURS	36. SEEKING/ AVAILABLE FOR ADDITIONAL WORK	37. STATUS IN EMPLOYMENT
	What is the MAIN reason why you (. . .) worked less than 35 hours during the week ending.../.../...? 1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 3. In school, training 4. Did not want more work 5. Full time work is less than 35 hours a week 7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify _____	Did you (...) seek or were you (was...) available for additional work during week ending .../.../...? 1. Yes 2. No	What category of worker are you (is...) in your (his/her) job? 1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Apprentice Go to Q37B 5. Self-employed with employee 6. Self-employed without employee 7. Unpaid family worker Go to Q37B 8. Member of Production Cooperative 9. Other, specify

			MAIN JOB	SECOND JOB
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**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**

PERSON NUMBER	37A. ACCOUNTS What kind of accounts do you/does.... keep for this activity/business? 1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept.	(For employees MAIN JOB only)			(For self employed only)		
		37B. EMPLOYMENT CONTRACT Are you/does..... employed on the basis of a written contract? 1. Yes, Written contract 2. No, Verbal agreement	37C. PAY SLIP Do you/does... get a pay slip for this job? 1. Yes 2. No	37D. Do you/does benefit from paid annual leave? 1. Yes... 2. No. 3. I don't know	37E. Do you/does... receive or are you/is... entitled to employment related insurance benefits? 1. Yes, from the NIC 2. Yes from an Insu- rance other than NIC 3. No 4. I don't know	37F. Are you/is... registered with the National Insurance Corporation as a self-employed person or an employer? 1. Employer 2. Self-Employed 3. Not Registered	37G. SIZE How many persons (including yourself) usually work in the business where you work? 1. only one 2. 2-5 3. 6-9 4. 10- 49 5. 50 or more
01	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
02	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
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06	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
07	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3
08	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3

[After this question, SKIP to Q37F]

[SKIP to Q38]



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PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	38. OCCUPATION What is your (...) job title? GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB	39. INDUSTRY What is (are) the name(s) of the business(es) where you (...) work? What type of activity is carried on there? GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB

01	main _____	main _____
	second _____	second _____
02	main _____	main _____
	second _____	second _____
03	main _____	main _____
	second _____	second _____
04	main _____	main _____
	second _____	second _____
05	main _____	main _____
	second _____	second _____
06	main _____	main _____
	second _____	second _____
07	main _____	main _____
	second _____	second _____
08	main _____	main _____
	second _____	second _____

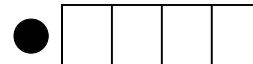
**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	40. JOB TURNOVER	41. INCOME	42. REASON FOR MULTIPLE JOB HOLDING
	How long ago did you start working in this job*? 1. Less than 6 months 2. Six months but less than one year 3. One year but less than five years 4. Five years but less than ten years 5. Ten years or more <i>NB: For an employer substitute the word job for business</i>	What is your (. . .)'s gross monthly income from employment for your main job and other jobs? SHOW FLASH CARDS	What is the main reason for you (. . .) holding more than one job? 1. Additional income needed 2. Starting own business 3. Hobby 4. Other specify.

MAIN JOB SECOND JOB

	MAIN JOB	SECOND JOB	
01	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
02	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
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07	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
08	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4

END OF INTERVIEW FOR MULTIPLE JOB HOLDERS

**PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS**

PERSON NUMBER	43. LENGTH OF UNEMPLOYMENT How long have you (has ...) been without work and available for work? 1. Less than 1 month 2. One to three months 3. Four to six months 4. More than six months	44. EVER WORKED Have you (has ...) ever worked or had a job? 1. Yes 2. No(GO TO QU.49)	45. WHY STOP WORKING Why did you (...) stop working? 1. Lost job 2. Job completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Business failed 7. Moved to new area 8. Other . Specify	46. STATUS IN EMPLOYMENT What category of worker were you (is...) in your (his/her) last job? 1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Self-employed with employee 5. Self-employed without employee 6. Unpaid family worker 7. Apprentice 8. Member of Production Coop 9. Other, specify	47. OCCUPATION What was your (...)'s job title? GIVE BRIEF DESCRIPTION OF MAIN DUTIES
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01	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
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PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS

PERSON NUMBER	48. INDUSTRY	49. LAST LOOK FOR WORK	50. FINANCIAL SUPPORT
	What is the name of the business where you (. . .) last worked? What type of business activity was carried on there?	When last did you (. . .) actively look for work? 1. Never looked 2. Less than one month 3. One month but less than three months 4. Three months but less than six months 5. Six months and more	What was your main source of financial support during the week ending . . . / . . . / . . . ? 1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify

01		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
02		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
03		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
04		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
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06		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
07		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6
08		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6

END OF INTERVIEW FOR PERSONS NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 28

END OF INTERVIEW FOR PERSON NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 28

**PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK**

PERSON NUMBER	51. EVER WORKED	52. LAST WORKED	53. STATUS IN EMPLOYMENT	54. OCCUPATION
	Have you (has . . .) ever worked either for others or in your (his/her) own business?	How long ago did you (. . .) stop working?	What category of worker were you (was...) in your (his/her) last job?	What is your (...s) job title?
	1. Yes	1. Less than one month	1. Central Government Employee	GIVE BRIEF DESCRIPTION OF MAIN DUTIES
	2. No (go to Qu56)	2. One month but less than two mths	2. Employee of statutory board	
		3. Two but less than 3 months	3. Private employee	
		4. Three but less than six months	4. Self-employed with employee	
		5. Six months to one year	5. Self-employed without employee	
		6. More than one year	6. Unpaid family worker	
			7. Apprentice	
			8. Member of Production Cooperative	
			9. Other, specify	

01	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
02	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
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08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	



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PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK

PERSON NUMBER	55. INDUSTRY	56. FINANCIAL SUPPORT	57. FUTURE LABOUR FORCE PARTICIPATION
	What is the name of the business where you (. . .) last worked? What type of business activity is carried on there?	What was your main source of financial support during the week ending . . . / . . . / . . . ? 1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify	Do you (does . . .) expect to seek and/or be available for work, or start own business within the next six months? 1. Yes 2. No

01		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2

END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE - GO TO HOUSING SECTION, H1, PAGE 28

**END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE
GO TO HOUSING SECTION H1, PAGE 28**



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H1 What type of dwelling does this household occupy?

- | | |
|---|---|
| <input type="checkbox"/> 1 Undivided private house | <input type="checkbox"/> 5 Double house/Duplex |
| <input type="checkbox"/> 2 Part of a private house | <input type="checkbox"/> 6 Combined business & dwelling |
| <input type="checkbox"/> 3 Flat, apartment, condominium | <input type="checkbox"/> 7 Barracks |
| <input type="checkbox"/> 4 Townhouse | <input type="checkbox"/> 8 Other |

H2 What is the construction material of the outer walls?

- | | |
|---|---|
| <input type="checkbox"/> 1 Wood/Timber | <input type="checkbox"/> 5 Brick/Blocks |
| <input type="checkbox"/> 2 Concrete/Concrete Blocks | <input type="checkbox"/> 6 Plywood |
| <input type="checkbox"/> 3 Wood & Concrete | <input type="checkbox"/> 8 Other/Don't Know |
| <input type="checkbox"/> 4 Stone | |
| <input type="checkbox"/> 7 Makeshift (Specify.....) | |

H3 Does this household own, rent or lease this dwelling?

- | | |
|---|--|
| <input type="checkbox"/> 1 Owned (with mortgage) | <input type="checkbox"/> 6 Leased to own |
| <input type="checkbox"/> 2 Owned (Without mortgage) | <input type="checkbox"/> 7 Provided Rent-free |
| <input type="checkbox"/> 3 Rented-Furnished Go to H5 | <input type="checkbox"/> 9 Other (please specify.....) |
| <input type="checkbox"/> 4 Rented-Unfurnished Go to H5 | <input type="checkbox"/> 8 Squatted |

H4 How much rent would you charge monthly if you were to rent this accommodation?

\$

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 EC

H5 How much rent do you / does . . . pay for this accommodation per month?

\$

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 EC

H6 How many rooms/bedrooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms, balcony, attic, corridor)**Number of Rooms**

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Number of Bedrooms

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H7 Indicate whether your household owns any of the following items? (Items must be in good working condition and can be owned by any household member)**Select ALL That Apply**

- | | |
|---|---|
| <input type="checkbox"/> 1 Television Set | <input type="checkbox"/> 7 Electric/Gas Stove |
| <input type="checkbox"/> 2 Refrigerator | <input type="checkbox"/> 8 Computer |
| <input type="checkbox"/> 3 Washing Machine | <input type="checkbox"/> 9 Motor Vehicle |
| <input type="checkbox"/> 4 Telephone - LandLine | <input type="checkbox"/> 10 Video/VCR |
| <input type="checkbox"/> 5 Telephone - Cellular | <input type="checkbox"/> 11 Electric Iron |
| <input type="checkbox"/> 6 Internet Access | |

COMMENTS

Please enter below any comments, concerns and difficulties which you think is necessary to bring to the attention of survey organisers. If you are referring to a particular question please enter the number of the question before you comment on it.

