

SECTION A: IDENTIFICATION OF PERSONS CURRENTLY EMPLOYED PERSON AGED 5 YEARS AND ABOVE

Batch Sequence Number

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	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
A0	Which Household member is providing data on the Individual (Write Serial number from Roster)					
A1a	In the last week, did you work for a wage, salary, commission or any payment in kind, including doing paid domestic work, even if it was for only for one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A1b	In the last week, did you run a business of any size, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, brewing beer for sale, collecting wood or water for sale, hairdressing, crèche businesses, having a legal or medical practice, performing, having a public phone shop.</i> 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A1c	In the last week, did you help without being paid in any kind of business run by your household, even if it was only for one hour? <i>Examples: help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A1d	In the last week, were you a member of a producers' cooperative? 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A1e	In the last week, were you volunteer (Unpaid workers)? 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A2	In the last week, did you work on your household's farm? (<i>Examples: tending crops, feeding animals, collecting eggs, milking cows, repairing tools, weeding</i>) 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	>>CHK I
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
A3	Was this work done on your own land or that of another household? <i>Examples: Livestock farming, land cultivation and other agricultural</i> 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	

					Batch Sequence Number				
	Serial number in HH Roster								
	Name of household member								Skip Pattern
	Age of household member								
A4	In general, are the products obtained from this land for sale/barter or mainly for your own family use? 1=Only for sale/barter 2=Mainly for sale/barter but partly for own or family use 3=Mainly for own or family use but partly for sale/barter 4=Only for own or family use	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
CHK1	IF ANY "YES" (CODE 1) IN A1a OR A1b OR A1c OR A1d OR A1e OR RESPONSES IN A4 ARE 1-3, CIRCLE 1, ELSE CIRCLE 2 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2				>>B1			
A5	In the last week, did you have work, from which you were temporarily absent and to which you will definitely return to? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work, make things for sale or exchange, doing the accounts, cleaning up for the business, tending crops, feeding animals, collecting eggs, milking cows, repairing tools, etc.</i> 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2				>>G1a			
A6	Why were you absent from work last week? 1=Vacation, holidays 2=Illness, injury, temporary disability 3=Maternity, paternity leave 4=Temporary slack work for technical or economic reasons 5=Bad weather 6=Strike or labour dispute 7=Off season (self-employment) 8=Off season (wage employment) 9=Education or training 10=Family/community responsibilities 11=Other (specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11				>>B1 >>B1 >>B1 >>B1 >>B1 >>B1 >>B1 >>G1A >>G1A >>B1 >>B1 >>G1A

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence Number

	Serial number in HH Roster						Skip Pattern
	Name of household member						
	Age of household member						
	FOR EMPLOYEES (IF CODE 1 IN B5)						
B6	Was your employment agreement... ? 1=A verbal agreement 2=A written agreement	<input type="checkbox"/> 1 <input type="checkbox"/> 2					
B7	Was the duration of your contract or agreement of limited or unlimited duration? 1=Limited time duration 2=Unlimited time duration	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>B10				
B8	Was your position.....? 1=Permanent and pensionable 2=An open ended appointment 3=A fixed term	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	>>B10 >>B10				
B9	What is the duration of your contract or agreement? 1=Less than 12 months 2=12 months to 36 months 3=More than 36 months 4=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
B10	Does your employer pay contributions to social security for you? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					
B11	Do you get paid annual leave or payment for leave not taken? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					
B12A	Would you get paid sick leave in case of illness or injury? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					
B12B	Would you get maternity/paternity leave? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					
B13	Do you get medical benefits from your employer? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					
B14	Does your employer deduct income tax from your salary/wage? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8					

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence Number

	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
B15	On this job, are you a member of a trade union or a similar employee association? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
B16	Do you work in a ...? 1=Government institution 2=State-owned enterprise 3=Non-governmental/non-profit organization 4=Private business or farm 5=Private household 6=Embassy, international organization 7=Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
CHK 2	IF B5 = 1 >> B20					
B17	What is the type of ownership of your business/farm (or the business/farm where you worked)? 1=Individual owner (or with other household members) 2=Partnership with members of other households 3=Incorporated enterprise (Private Limited Co., Public Limited Co. Inc.) 4=Other (specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
B18a	Is your business (or household business where you work) registered for VAT? 1=Yes 2=No 8=Don't know 9=refused	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
B18b	Is your business/farm (or the business/farm where you work) registered for income tax? 1=Yes 2=No 8=Don't know 9=refused	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
B19	Does your business/farm keep a complete record of accounts (assets and expenditures)? 1=Yes 2=No 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8				

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence
Number

SECTION B: CHARACTERISTICS OF MAIN JOB/ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE						Batch Sequence Number			
	Serial number in HH Roster								Skip Pattern
	Name of household member								
	Age of household member								
B20	How many persons, including yourself, work at your place of work? 1=1-4 2=5-9 3=10-19 4=20-49 5=50-99 6=100 or more 8=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8				>>B22 >>B22 >>B22 >>B22 >>B22
B21	Please specify the exact number of workers	Number of workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
B22	Where is your usual place of work located? 1=In your home 2=Structure attached to your home 3=At the client's or employer's home 4=Enterprise, plant, factory, office, shop, workshop etc. (separate from house) 5=On a farm or agricultural plot 6=Construction site 7=Fixed stall in the market/street 8=Without fixed location/mobile/open space 9=Other (specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				
B23	In which district is your place of work located? 1=In this district 2=Another district 3=Another country 4=Mobile	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				
B24	Name of District/Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
B25	How long have you worked for this employer (or in this business/activity)? 1=Less than 1 year 2=1 year to less than 3 years 3=3 years to less than 5 years 4=5 years to less than 10 years 5=10 years to less than 20 years 6=20 to 30 years 7=31 or more years	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				

SECTION C: MULTIPLE JOB HOLDERS AND CHARACTERISTICS OF SECONDARY ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence Number

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The following questions refer to the respondent's secondary job/activity, if any, during the last week.

	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
C1	<p>Under current conditions in Uganda, with low incomes, many people have a second job/activity in addition to the main one. Last week, did you have any secondary job/activity from which you or your household obtain any income in cash or in kind?</p> <p>1 = YES 2 = NO</p> <p>Interviewer: Include jobs/activities from which the person was temporarily absent during the last week. Examples:</p> <ul style="list-style-type: none"> • Paid work as part-time or temporary employee; • Paid work as occasional worker, assistant, substitute; • Military service; • Unpaid work in subsistence agriculture, in a business or on a farm of another household member; • Work as a trainee or apprentice in an enterprise; • Work compensated through an exchange of labour; • Production, sale/barter of raw or processed products from agriculture, forestry or fishing; • Sale/barter of food, beverages, clothes, crafts, etc. • Construction or renovation of houses, repair of cars or durable goods for other persons for payment; • Housekeeping, washing clothes, baby-sitting, etc. for payment in cash or in kind (e.g. food and lodging). <p>ATTENTION! Do not include unpaid housework done by household members for their own, or for other households</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>>D1			
C4	<p>What kind of work do you usually do in this secondary job/activity? DESCRIBE THE OCCUPATION AND MAIN TASKS OR DUTIES IN AT LEAST 2 WORDS. Examples: <i>street seller, subsistence farmer, primary school teacher, registered nurse, domestic worker, truck driver</i> Occupational title</p>					
C5	<p>What are your main tasks or duties? Short description of the main tasks or duties:</p>					
	ISCO Code					

SECTION C: MULTIPLE JOB HOLDERS AND CHARACTERISTICS OF SECONDARY ACTIVITY FOR PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence Number

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The following questions refer to the respondent's secondary job/activity, if any, during the last week.

	Serial number in HH Roster					
	Name of household member					Skip Pattern
	Age of household member					
C6	What kind of industry, business, service or activity is carried out at your place of work where you had your secondary job/activity? <i>Examples:</i> Write the main industry, economic activity, product or service of the person's employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service					
C7	What are the main goods or services produced at your place of work or its main functions? Examples: selling fish, raising cattle, teaching children	ISIC Code				
C8	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION D: HOURS OF WORK FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE

Batch Sequence Number

	Serial number in HH Roster								
	Name of household member								
	Age of household member								
D1	How many hours do you usually work per week...? D1a: In your main job/activity (M)	MAIN JOB	OTHER JOBS						
	D1b: In any other job(s)/activity(ies)(O) <i>Interviewer: Add the hours usually worked per week in the main job/activity (D1a) and in any other job(s)/activities (D1b). Record the total in D1c. Read the total to the respondent and ask to confirm if correct.</i>	<input type="text"/>							
	<i>DO NOT READ</i> D1c. Total for all jobs/activities								
D2	Thinking of each day last week, how many hours did you actually work on... D2a: In your main job/activity (M) D2b: In any other job(s)/activity(ies)(O)	MAIN JOB	OTHER JOBS						
	Monday?	<input type="text"/>							
	Tuesday?	<input type="text"/>							
	Wednesday?	<input type="text"/>							
	Thursday?	<input type="text"/>							
	Friday?	<input type="text"/>							
	Saturday?	<input type="text"/>							
	Sunday?	<input type="text"/>							
	<i>DO NOT READ</i> D2c. Total for all jobs/activities	<input type="text"/>							

SECTION E: TIME RELATED UNDEREMPLOYMENT AND INADQUATE EMPLOYMENT SITUATIONS

Batch Sequence Number

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	Serial number in HH Roster					Skip Pattern												
	Name of household member																	
	Age of household member																	
E1	Last week, would you have liked to work more hours than you actually worked? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>E4															
E2	How many additional hours could you have worked last week? Number of additional hours	<table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				<table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				<table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				<table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				
E3	How would you have liked to increase your working hours? 1=Increase number of hours in current job(s)/activity(ies) 2=Take an additional job/activity 3=Replace current job(s)/activity(ies) with another job/activity with more hours	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																
E4	Would you like to change your current employment situation? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>CHK3															
E5	What is the main reason why you want to change your current employment situation? 1=Present job(s) is(are) temporary 2=Fear of losing the present job(s) 3=To work more hours paid at your current rate 4=To have a higher pay 5=To work less hours with a reduction in pay 6=To use better your qualifications/skills.. 7=To have more convenient working time, shorter commuting time 8=To improve working conditions 9=Other reason (specify): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9													
E6	During the last four weeks, did you look for another job/activity to replace your current one(s)? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
E7	During the last four weeks, did you look for extra work in addition to your current job(s)/activity(ies)? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

SECTION F: INCOME FROM EMPLOYMENT

Batch Sequence Number

Serial number in HH Roster						Skip Pattern
CHK 3	CHECK IF B5 IS 1 (EMPLOYEE ON MAIN JOB) THEN CIRCLE 1; IF C8 IS 1 (EMPLOYEE ON SECOND JOB) CIRCLE 2; IF EITHER B5 OR C8 IS OTHER CATEGORIES, CIRCLE 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(>>F1) (>>F10) (>>SECTION I)
MAIN JOB(EMPLOYEE only)						
F1	On your (main) job, are you paid... 1 =a set rate 2 = both a set rate and on the commission basis of sales 3 = commission on the basis of sales 4 = in kind only 5 =some other way, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(>>F8)
F2	What is the set rate you are paid? This should be the pay rate before taxes or other deductions are taken out. (ENTER AMOUNT IN SHILLINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F3	What is the periodicity of this? 1=Hourly 2=Daily 3=Weekly 4=Every two weeks 5=Twice Monthly 6= Monthly 7=Annually 8=Other, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	

SECTION F: INCOME FROM EMPLOYMENT CONT'D

Batch Sequence Number

	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
F7	Did you receive any payments in kind such as food or housing from your (MAIN) job? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	(>>CHK 4)			
F8	What is the estimated value of these payments in kind ENTER AMOUNT IN SHILLINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F9	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Monthly 6=Annually 7=Other, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
CHK 4	CHECK IF C8 IS WORKING FOR SOMEONE ELSE FOR PAY 1=YES 2=NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	(>>SEC I)			
	SECOND JOB (EMPLOYEE only)					
F10	On your (SECOND) job, are you paid... 1 =a set rate 2 = both a set rate and on the basis of sales 3 = on the basis of sales 4 = in kind only 5 =some other way, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	(>>F13) (>>F16) (>>F14)
F11	What is the set rate you are paid? This should be the pay rate before taxes or other deductions are taken out. ENTER AMOUNT IN SHILLINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION F: INCOME FROM EMPLOYMENT CONT'D

Batch Sequence Number

	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
F12	That rate is... 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	>>F15 >>F15 >>F15 >>F15 >>F15 >>F15 >>F15 >>F15
F13	In the last month, how much were you paid on earnings from sales? This should be earnings before taxes or other deductions are taken out.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	>>SEC I
F14	In the last month, how much did you earn? This should be earnings before taxes or other deductions are taken out. ENTER AMOUNT IN SHILLINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F15	Did you receive any payments in kind such as food or housing from your (SECOND) job? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	(>>SEC I)			
F16	What is the estimated value of these payments in kind? ENTER AMOUNT IN SHILLINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F17	Per Unit (circle) 1=Hourly 2=Daily 3=Weekly 4=Bi-weekly 5=Twice Monthly 6=Monthly 7=Annually 8=Other, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	>>SEC I >>SEC I >>SEC I >>SEC I >>SEC I >>SEC I >>SEC I >>SEC I

SECTION G: UNEMPLOYED AND PERSONS NOT IN THE LABOUR FORCE AGED 5 YEARS AND ABOVE

Batch Sequence Number

Serial number in HH Roster						Skip Pattern
Name of household member						
Age of household member						
G1a	Did you look for work or try to start an own business during the last 30 days? 1=Yes – Looked for work 2=Yes – Tried to establish my own business 3= No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	>>G3a			
G2	In the last four weeks, what have you done to look for work or to start a business? A=Registered at an employment centre B=Placed /answered job advertisement(s) C=Inquired directly at factories, farms, markets, shops, or other workplaces D=Took a test or interview E=Asked friends, relatives, acquaintances F=Waited on the street to be recruited for casual work G=Sought financial assistance to look for work or start a business H=Looked for land, building, equipment, machinery to start own business or farming I=Applied for permit or license to start a business J=Other (specify): _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	>>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7 >>G7
G3a	Was this because you have already found a job to start at a later date? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>G7			
G3b	Was this because you have undertaken all necessary steps to start a business at a later date? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>G7			
G4	Last week, would you have liked to work if there had been an opportunity to work? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>G9			

SECTION G: UNEMPLOYED AND PERSONS NOT IN THE LABOUR FORCE AGED 5 YEARS AND ABOVE (CONT'D)

Batch Sequence Number

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	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
G5	What was the main reason why you did not seek work or try to start a business in the last four weeks? 01=Was waiting for the results of a vacancy competition or an interview 02=Awaiting the season for work 03=Attended school or training courses 04=Family responsibilities or housework 05=Pregnancy 06=Illness, injury or disability 07=Does not know how and where to look for work 08=Unable to find work for his/her skills 09=Had looked for job(s) before but had not found any 10=Too young or too old to find a job 11=No jobs available in the area/district 12=Other reason (specify): _____	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	>>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a >>G8a
G6	During the last 12 months, did you do anything to look for work or to start a business? 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>G8a >>G8a			
G7	For how long have you been without work and trying to find a job or start a business? 1=Less than 3 months 2=3 months to less than 6 months 3=6 months to less than 1 year 4=1 year to less than 3 years 5=3 years to less than 5 years 6=5 years or more 7=Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
G7a	In the last 12 months, how many jobs have you applied for (if any)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
G7b	In the last 12 months, how many interviews have you been to (if any)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION G: UNEMPLOYED AND PERSONS NOT IN THE LABOUR FORCE AGED 5 YEARS AND ABOVE (CONT'D)

Batch Sequence
Number

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	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
G7c	Would you consider moving to find work? (Multiple answers are possible)	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	
	A=No	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	
	B=Moving to capital city	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	
	C=Moving to a town/city (other than capital city)	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> D	
	D=Moving to a rural area	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	
E=Moving to another country						
G7d	What has been the main obstacle in finding a good job?	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	1=Requirements for job were higher than education/training received	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	2=Not enough work experience	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
	3=Not enough jobs available	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
	4=Considered too young	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
	5=Being male/female	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
	6=Discriminatory prejudices (for example, disability, religion, race, appearance, family situation, etc.)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
	7=Low wages in available jobs	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	
	8=Poor working conditions in available jobs	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	
	9=Did not know how or where to seek work	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	
10=Other (SPECIFY).....						
G8a	Last week, could you have started to work if a job had been offered to you? 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	>>H1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
G8b	Last week, could you have started to work if an opportunity to open a business had been offered to you? 1=Yes 2=No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	>>H1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
G9	What was the main reason why you did not want to work last week?	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	>>H1
	1=In school or training	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	>>H1
	2=Family responsibilities or housework	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	>>H1
	3=Pregnancy	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	>>H1
	4=Illness, injury or disability	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	>>H1
	5=Retired or too old for work	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	>>H1
	6=Too young to work.	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	>>H1
	7=No desire to work	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	>>H1
	8=Off-season	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	>>H1
9=Other reason (specify): _____					>>H1	

SECTION H: PREVIOUS WORK EXPERIENCE (AGED 5 YEARS AND ABOVE)

Batch Sequence Number

Serial number in HH Roster	Name of household member	Age of household member					Skip Pattern
H1	Have you ever worked for a wage or salary, or for other income in cash or in kind (including income obtained from your own or a family business or farm)? Interviewer: Work includes unpaid work in a family business or subsistence farming 1=Yes 2=No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	>>SECTION I				
H2	What was the main reason why you stopped working in your last job/activity? 01=Temporary job ended 02=End of season 03=Dismissal or staff reduction 04=Business/farm/institution closed down 05=Changed residence/displaced 06=Started school, studies, or training 07=Family/community responsibilities 08=Pregnancy 09=Illness or disability 10=Resignation for other reasons 11=Retirement 12=Other reason (specify): _____	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
H3	How long ago (in years) did you stop working in your last job/activity? 1=Less than 3 months ago 2=3 months to less than 6 months ago 3=6 months to less than 1 year ago 4=1 year to less than 3 years ago 5=3 years to less than 5 years ago 6=5 years to less than 10 years ago 7=10 or more years ago	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	>>I1 >>I1
H4	What kind of industry, business, service or activity was carried out at the place where you last worked? Interviewer: Write the main industry, economic activity, product or service of (the person's) employer or company (e.g. supermarket, police service). If self-employed, write the activity of the person (e.g. subsistence farming, fishing). If paid domestic work in private household, write Domestic Service						

SECTION H: PREVIOUS WORK EXPERIENCE AGED 5 YEARS AND ABOVE (CONT'D)

Batch Sequence Number

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Serial number in HH Roster						Skip Pattern
Name of household member						
Age of household member						
H5 What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick						
H6 What kind of work did you do in your last job/activity? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ... Occupational title:						
H7 What were your main tasks or duties in this work?						
Short description of the main tasks or duties:						
ISCO code						
H8 In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3		
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5		
	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6		
H9 In your last job/activity, did you work in a ...? 1=Government institution 2=State-owned enterprise 3=Private business or farm 4=Non-governmental/non-profit organization 5=Private household 6=Embassy, international organization 7=Other (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1		
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3		
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5		
	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6		
	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7		
H12 How long in years did you work for your last employer (or your last business/activity)						

Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all employees: part-time, casual worker and piecework.

SECTION I: USUAL ACTIVITY STATUS AGED 5 YEARS AND ABOVE

Batch Sequence Number

	Serial number in HH Roster					
	Name of household member					Skip Pattern
	Age of household member					
PRE	Now I'd like to ask about the income generating activity you spent the most time doing in the past 12 months. This could be work at a job, your own business, a household enterprise, or a farm. It could be work that you still do or work that you have stopped doing.					
I1	You have told me that last week you were doing, Is it the same task that you spent most time in the past 12 months? (READ) 1= Main job last week 2=Second job last week 3= Other economic activity/work 4=Has never worked at all	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	>>I9 >>I9 >>SEC J
I2	What were the main goods or services produced at that workplace or its main functions? Examples: selling fish, raising cattle, teaching children, caring for the sick	ISIC code				
I3	What kind of work did you do in your last job/activity? Examples: street trader, subsistence farmer, school teacher, registered nurse, domestic worker, truck driver ...	Occupational title:				
I4	What were your main tasks or duties in this work? Short description of the main tasks or duties:	ISCO code				
I5	In this job/activity, were you...? READ 1=Employee (working for pay in cash or in kind) 2=An employer (a person who pays one or more people to work for him) 3=An own-account worker (a person running a business with no employees) 4=Helping without pay in a household 5=Members of Producers' cooperatives 6 =Volunteer(Unpaid workers)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

Include paid domestic workers, paid workers in household businesses, gardeners, security guards, etc. Payment may be in cash or in kind (eg. Food, accommodation). This category includes all

SECTION I: USUAL ACTIVITY STATUS AGED 5 YEARS AND ABOVE (CONT'D)

Batch Sequence Number

	Serial number in HH Roster					Skip Pattern
	Name of household member					
	Age of household member					
I6	In your last job/activity, did you work in a ...? 01=Government institution 02=State-owned enterprise 03=Private business or farm 04=Non-governmental/non-profit organization 05=Private household 06=Embassy, international organization 96=Other (specify): _____	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 96	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 96	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 96	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 96	
CHK 5	MARK 1 IF I5=1, IS WORKING FOR SOMEONE ELSE FOR PAY, ELSE MARK 2	<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"/> 1 <input type="checkbox"/> 2	>>I9
I7	Was your employment agreement... 1=a verbal agreement 2=a written agreement	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
I8	Was your position... 1=permanent and pensionable 2=an open ended appointment 3=a fixed term	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
I9	During which of the past 12 months did you work at this job/business? (MARK ALL THAT APPLY) A=January B=February C= March D=April E=May F=June G=July H=August I=September J=October K=November L=December	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	

SECTION J: CARE LABOUR ACTIVITIES

Batch Sequence
Number

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	Serial number in HH Roster					Skip Pattern												
	Name of household member																	
	Age of household member																	
PRE J1	Now, I'd like to ask about some of your domestic activities																	
J1	Last week, how much time in hours did you spend collecting firewood for the household, including travel time?	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				
J2	Last week, how much time in hours did you spend fetching water for the household, including travel time?	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				
J4	Last week days, how much time in hours did you spend in cooking for the household?	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				
J5	Last week, how much time in hours did you spend in taking care of children and the elderly?	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				

END TIME

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