

Bosnia and Herzegovina

AGENCY FOR STATISTICS
BOSNIA AND HERZEGOVINA

REPUBLIKA SRPSKA
REPUBLIC INSTITUTE OF STATISTICS

FEDERATION OF BOSNIA AND HERZEGOVINA
FEDERAL INSTITUTE OF STATISTICS

LABOUR FORCE SURVEY

LFS 2015

Entity/District	<input type="text"/>
Canton/Region	<input type="text"/>
Municipality code	<input type="text"/>
EA code	<input type="text"/>
Sequence number of household	<input type="text"/>
Total number of households in the dwelling unit	<input type="text"/>
Household identifier 1 - household from the list; 2 - new household at the given address	<input type="text"/>
Household telephone number (cell phone, fixed line)	<input type="text"/>
Address	<input type="text"/>

(street and number)

(no. of apartment)

DATA ON INTERVIEW

Date of interview	<input type="text"/>	<input type="text"/>
	day	month
Interview started at	<input type="text"/>	<input type="text"/>
	hours	month
Interview completed at	<input type="text"/>	<input type="text"/>
	hours	month
Number of visits to household	<input type="text"/>	<input type="text"/>
- Interviewer	<input type="text"/>	<input type="text"/>
	ime i prezime	Interviewer's code
- Controller	<input type="text"/>	<input type="text"/>
	ime i prezime	Controller's code
- Data entry person	<input type="text"/>	<input type="text"/>
	ime i prezime	Data entry person's code

DATA CONFIDENTIALITY

Data compiled in the Questionnaire is confidential and will only be used for statistical purposes, fully in line with the provisions of the mentioned laws.

BiH Law on Statistics, ("Official Gazette of Bosnia and Herzegovina", . 26/04 and 42/04);
Law on Statistics of the Federation of BiH (Official Gazette of Federation, 63/03 i 9/09);
Law on Statistics of the RS, ("Official Gazette of the Republika Srpska", 85/03).

ARS1a

To be completed for all household members

SEQUENCE NO. MEM. OF HOUSEHOLD	NAME AND SURNAME	SEX Male...1 Female...2	DATE OF BIRTH Insert day, month and year.	WAS PERSON 15 YEAR OF AGE BEFORE THE END OF THE REFERENCE WEEK? Yes.....1 No.....2	RELATION TO HEAD OF HOUSEHOLD Head of Household.....1 Spouse/partner of head of household..... 2 Children of HH/spouse.....3 Parents of HH/spouse.....4 Grandchild of HH/spouse..... 5 Other relatives..... 6 Other non-relatives 7	MARITAL STATUS Unmarried/ single.....1>> 9 Married.....2 Widowed/Widower3>> 9 Divorced.....4>> 9 Illegitimate marriage.....5	Insert a serial number of spouse/partne r of household member If he/she does not live in the household, please insert 99.
1	2	3	4	5	6	7	8
01		<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div>
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ARS1a

To be filled for all household members

SEQUENCE NO. MEM. OF HOUSEHOLD	Insert a sequence number of father of the household If he does not live in the household , please insert 99.	Insert a sequence number of mother of the household If she does not live in the household, please insert 99.	NATIONALITY, WHICH COUNTRY? If BiH and some other country, please insert BiH. (Coding by statistical office)		WHICH COUNTRY WERE YOU BORN IN? (prema sadašnjim državnim granicama) If born in BiH >> 14 Other >> 13 (Coding by statistical office)		SINCE WHICH YEAR HAVE YOU BEEN LIVING IN BiH? Please insert a year	DID YOU LIVE IN THIS MUNICIPALITY 12 MONTHS BEFORE THE SURVEY? (April 2014) Yes..... 1 >> 16 No..... .2	WHERE DID YOU LIVE 12 MONTHS BEFORE THE SURVEY? - If in BiH, please insert municipality - If outside BiH, please insert a state (Coding by statistical office)	
1	9	10	11		12		13	14	15	
01	____	____	____	____	____	____	____	____	____	____
02	____	____	____	____	____	____	____	____	____	____
03	____	____	____	____	____	____	____	____	____	____
04	____	____	____	____	____	____	____	____	____	____
05	____	____	____	____	____	____	____	____	____	____
06	____	____	____	____	____	____	____	____	____	____
07	____	____	____	____	____	____	____	____	____	____
08	____	____	____	____	____	____	____	____	____	____
09	____	____	____	____	____	____	____	____	____	____
10	____	____	____	____	____	____	____	____	____	____

ARS1a

To be completed for all household members


SEQUENCE NO. MEM. OF HOUSEHOLD	SCHOOL COMPLETED - EDUCATION LEVEL	WHAT IS THE FIELD OF YOUR EDUCATION/TRAINING?	WHICH YEAR DID YOU REACH THAT LEVEL OF EDUCATION?	WERE YOU ABSENT FROM THE HOUSEHOLD ALL 12 MONTHS OR MORE?	WHAT WERE THE REASONS OF YOUR ABSENCE?	FOR PERSON WHO: ANSWERS Q5 WITH CHOICE 1 AND Q19 WITH CHOICE 2 OR Q5 WITH CHOICE 1 AND Q20 WITH CHOICE 1,2 OR 3 PLEASE INSERT 1
	No education.....1>>19 1 do 4/5 grades of elementary school....2>>18 5/6 do 7/8 grades of elementary school..3>>18 Completed elementary school.....4>>18 Completed secondary school: One year.....5 Two year.....6 Three year.....7 Four - five year.....8 Specialization after secondary school.....9 Completed high school.....10 University education - Bachelor.....11 University education programme 4-4.5 year).....12 (old University education programme 5-6 year).....13 (old Postgraduate studies (M.A., master).....14 Doctorate.....15	General education programme.....01 Teacher training and education science.....02 Art and humanities science.....03 Social science, business and law.....04 Foreign languages05 Biology and environmental science.....06 Natural science (including physics, chemistry and earth science).....07 Mathematics and statistics.....08 Computer science.....09 Computer use.....10 Engineering, manufacturing and construction...11 Agriculture and veterinary.....12 Health and welfare.....13 Services (personal, transport etc.).....14 Unknown15	Please, insert a year.	Yes.....1 No.....2>>21	Education.....1 Work/employment in BiH.....2 Employment with local employer outside BiH3 Employment with foreign employer outside BiH4 Illness/hospitalization.....5 Other.....6	
1	16	17	18	19	20	21
01	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
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ARS1b

To be compiled for all household members who, in the first part of Questionnaire ARS1a) in the Column 21, were coded 1

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				quence number of household member providing answer				
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
A. LABOUR ACTIVITY DURING THE REFERENCE WEEK								
1	HAVE YOU DONE ANY WORK FOR PAY OR PROFIT DURING THE REFERENCE WEEK OR YOU WERE UNPAID ASSISTING FAMILY MEMBER - FROM MONDAY TO SUNDAY - (AT LEAST, ONE HOUR)?							
	Yes.....	1	⇒	4	_ _ _	_ _ _	_ _ _	_ _ _
	No	2	⇒	2	_ _ _	_ _ _	_ _ _	_ _ _
2	ALTHOUGH YOU DID NOT WORK DURING THE REFERENCE WEEK , DO YOU HAVE A JOB OR BUSINESS TO RETURN TO?							
	Yes.....	1	⇒	3	_ _ _	_ _ _	_ _ _	_ _ _
	No	2	⇒	42	_ _ _	_ _ _	_ _ _	_ _ _
3	WHAT WERE THE REASON FOR NOT WORKING DURING THE REFERENCE WEEK ALTHOUGH YOU HAVE A JOB OR BUSINESS TO RETURN TO?							
	- Own illness, injury, etc.	01	}	4	_ _ _	_ _ _	_ _ _	_ _ _
	- Maternity leave	02						
	- Bad weather or seasonal reasons	03						
	- Slack work	04						
	- Labour dispute (strike, cease of work)	05	}	3a	_ _ _	_ _ _	_ _ _	_ _ _
	- School education or training	06						
	- Parental leave	07						
	- Holidays	08						
	- Paid leave (annual leave etc..)	09	}		_ _ _	_ _ _	_ _ _	_ _ _
	- Other reasons	10						
3.a	FOR HOW LONG HAVE YOU BEEN ABSENT FROM WORK?							
	- Absent for up to and including 3 months	1	⇒	4	_ _ _	_ _ _	_ _ _	_ _ _
	- Absent for more than 3 months	2	⇒	3.b	_ _ _	_ _ _	_ _ _	_ _ _
3.b	IS YOUR ABSENCE RENUMERATED?							
	- Yes, less than 50% of my salary	1	⇒	42	_ _ _	_ _ _	_ _ _	_ _ _
	- Yes, 50% and more of my salary	2	⇒	4	_ _ _	_ _ _	_ _ _	_ _ _
	- No, I am not receiving my salary	3	⇒	42	_ _ _	_ _ _	_ _ _	_ _ _

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
B. EMPLOYMENT CHARACTERISTICS OF THE MAIN JOB								
4	Sequence no. of hh member	WHAT IS THE MAIN ACTIVITY OF THE UNIT YOU ARE EMPLOYED WITH? (detailed description of products/services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
Coding by statistical office (NACE rev 2)		↓	_ _	_ _	_ _	_ _	_ _	_ _
5	WHAT IS THE TYPE OF OWNERSHIP OF THE UNIT YOU WORK FOR?							
	- State owned	1	↓					
	- Private owned	2						
	- Cooperative	3						
	- Mixed	4						
	- Without property type...	5						
- Unknown	6							
6	Sequence no. of hh member	WHAT IS YOUR OCCUPATION ON WITH MAIN JOB? (detailed description your present job)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
Coding by statistical office (ISCO 08)		↓	_ _	_ _	_ _	_ _	_ _	_ _
7	WHAT IS YOUR EMPLOYMENT STATUS?							
	- Owner/joint owner with employees - employer.....	1	14					
	- Farmer with own farm and employees..	2						
	- Unpaid assisting family member	3						
	- Owner/joint owner without employees - self-employed...	4	15					
	- Farmer on own farm without employees.....	5						
	- Employed by foreign company }	6	7a					
	- Employed by employer }	7						
7.a	DOES YOUR JOB HAVE A SUPERVISORY ROLE (SUPERVISOR OR MANAGER)?							
	Yes.....	1	↓					
No.....	2							
8	DO YOU HAVE INDEFINITE OR DEFINITE WORK CONTRACT (permanent or temporary)?							
	- Indefinite	1	→ 11					
- Definite	2	→ 9						

9	WHICH OF THE GIVEN REASONS DESCRIBE THE BEST YOUR DEFINITE WORK CONTRACT (temporary work)?							
	- Educational training/ trainee at job	1						
	- Could not find a permanent job	2		_	_	_	_	_
	- Did not want a permanent job	3						
	- Probationary work.....	4						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
10	WHAT IS THE TOTAL DURATION OF YOUR TEMPORARY JOB (temporary work)? (Insert a number of months, if less than one month, please insert 00.)		↓	_ _	_ _	_ _	_ _	_ _
10.a	DO YOU HAVE A CONTRACT FOR TEMPORARY WORK WITH THE EMPLOYMENT AGENCY? Yes..... No.....	1 2	↓	_	_	_	_	_
11	DO YOU EXERCISE YOUR PAYMENT RIGHTS AT JOB, SALARY, BENEFITS ETC.? Yes..... No.....	1 2	→ 12 → 14	_	_	_	_	_
12	WHEN DID YOU RECEIVE THE LAST SALARY OR BENEFIT AT PRESENT JOB? Month..... Year.....		↓	_ _	_ _	_ _	_ _	_ _
13	WHICH PERIOD YOUR LAST SALARY, PART OF IT OR BENEFIT WAS REFERRED TO? Month..... Year.....		↓	_ _	_ _	_ _	_ _	_ _
14	HOW MANY PERSONS ARE EMPLOYED IN THE UNIT YOU WORK FOR? - Exact number, if ≤ 10..... - 11 to 19 - 20 to 49 - 50 to 99..... - 100 to 249..... - 250 and more..... - Don't know, but less than 11 - Don't know, but more than 10	01-10 11 12 13 14 15 16 17	↓	_ _	_ _	_ _	_ _	_ _
15	DO YOU EXERCISE YOUR HEALTH INSURANCE RIGHTS AT YOUR JOB? Yes No	1 2	↓	_	_	_	_	_
16	DO YOU EXERCISE YOUR PENSION RIGHTS AT YOUR JOB? Yes No	1 2	↓	_	_	_	_	_
17	WHAT IS A NAME OF MUNICIPALITY YOU WORK IN? (if you work abroad, please insert a country)		↓	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				_ _ _	_ _ _	_ _ _	_ _ _	_ _ _
				Coding by statistical office				

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
18	WHERE DO YOU USUALLY WORK? - At home - At firm, institution, shop or other organisation..... - At market - At agricultural holding - Street counter - In a car/vehicle - No specific location - Other	1 2 3 4 5 6 7 8	↓	_	_	_	_	_
19	WHEN DID YOU START TO WORK AT PRESENT JOB? Month..... Year.....		↓	_ _	_ _	_ _	_ _	_ _
19.a	HAVE YOU STARTED TO WORK AT THIS JOB YOU HAVE GOT THROUGH THE EMPLOYMENT AGENCY? Yes No.....	1 2	↓	_	_	_	_	_
20	DO YOU WORK FULL TIME OR LESS THAN FULL TIME? - Full time..... - Less than full time.....	1 2	⇒ 22 ⇒ 21	_	_	_	_	_
21	WHICH ARE THE REASONS FOR WORKING LESS THAN FULL TIME? - Looking after children or incapacitated adults - Education, training - Illness or disability - Can not find a full-time job - Personal or family reasons - Other reasons.....	1 2 3 4 5 6	⇒ 21a 22	_	_	_	_	_
21.a	THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS - The institutions of care for children are not available or affordable - The institutions of care for ill, disabled or elderly are not available or affordable - The institutions of care for children or ill, disabled or elderly are not available or affordable - The institutions of care do not affect the decision on working hours	1 2 3 4	↓	_	_	_	_	_
22	HOW MANY HOURS DO YOU USUALLY WORK PER WEEK? - Hours.....	01-99	↓	_ _	_ _	_ _	_ _	_ _
23	DID YOU WORK A NUMBER OF USUAL WORKING HOURS DURING THE REFERENCE WEEK? Yes No	1 2	⇒ 26 ⇒ 24	_	_	_	_	_
24	HOW MANY HOURS DID YOU WORK DURING THE REFERENCE WEEK? - Hours.....	00 01-99	⇒ 26 ⇒ 25	_ _	_ _	_ _	_ _	_ _
25	WHAT IS A MAIN REASON FOR HOURS ACTUALLY WORKED DURING THE REFERENCE WEEK BEING DIFFERENT FROM PERSON'S USUAL HOURS? a) If person worked more than usual number of hours - Flexible/varying working hours... - Paid overtime..... - Unpaid overtime..... - Other reasons b) If person worked less than usual	01 02 03 04	⇒ 25.a ⇒ 25.b					

<i>working hours due to</i>						
- Bad weather.....	05	} 26	_ _	_ _	_ _	_ _
- Reduced work due to technical or economic	06					
- Labour dispute (strike, work stoppage).....	07					
- Education or training.....	08					
- Flexible/varying working hours.....	09					
- Own illness or injury.....	10					
- Maternity or parental leave.....	11					
- Special leave from personal or family reasons.	12					
- Paid leave (annual leave and other).....	13					
- Holidays	14					
- Start or change of job	15	}				
- End of job without taking up a new one.....	16					
- Other reasons	17					

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member					
				_ _	_ _	_ _	_ _	_ _	
25.a	NUMBER OF HOURS OF PAID OVERTIME								
	Hours.....	01-99	→ 26	_ _	_ _	_ _	_ _	_ _	
25.b	NUMBER OF HOURS OF UNPAID OVERTIME								
	Hours.....	01-99	↓	_ _	_ _	_ _	_ _	_ _	
26	DO YOU WISH TO WORK MORE THAN USUAL NUMBER OF HOURS?								
	Yes.....	1	→ 27	_	_	_	_	_	
	No.....	2	→ 29	_	_	_	_	_	
27	WHAT IS THE WAY YOU CAN WORK MORE THAN USUAL NUMBER OF HOURS?								
	- Through an additional job.....	1	↓	_	_	_	_	_	
	- Through a job with more working	2							
	- Only within the present job.....	3							
	- Other	4							
28	HOW MANY HOURS WOULD YOU LIKE TO WORK IN TOTAL?								
	Hours.....	01-99	↓	_ _	_ _	_ _	_ _	_ _	
Reference period for questions 29 - 34 is the last month of work (last four weeks).									
29	DID YOU WORK IN SHIFTS DURING THE LAST FOUR WEEKS?								
	- Yes.....	1	↓	_	_	_	_	_	
	- No.....	2							
30	HOW OFTEN DID YOU WORK IN THE AFTERNOON DURING THE LAST FOUR WEEKS?								
	- Usual.....	1	↓	_	_	_	_	_	
	- Sometimes	2							
	- Never	3							
31	HOW OFTEN DID YOU WORK AT NIGHT DURING THE LAST FOUR WEEKS?								
	- Usual.....	1	↓	_	_	_	_	_	
	- Sometimes	2							
	- Never	3							
32	HOW OFTEN DID YOU WORK ON SATURDAYS DURING THE LAST FOUR WEEKS?								
	- Usual.....	1	↓	_	_	_	_	_	
	- Sometimes	2							
	- Never	3							
33	HOW OFTEN DID YOU WORK ON SUNDAYS DURING THE LAST FOUR WEEKS?								
	- Usual.....	1	↓	_	_	_	_	_	
	- Sometimes	2							
	- Never	3							
34	HOW OFTEN DID YOU WORK AT HOME DURING THE LAST FOUR WEEKS?								
	- Usual.....	1	↓	_	_	_	_	_	
	- Sometimes	2							
	- Never	3							

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
C. SECOND - ADDITIONAL JOB								
35	DID YOU HAVE DURING THE REFERENCE WEEK SOME OTHER JOB, IN ADDITION TO YOUR MAIN JOB, FOR WHICH YOU RECEIVED SALARY OR BENEFIT (either in money or in kind)?							
	Yes.....	1	→ 36	_	_	_	_	_
	No	2	→ 40	_	_	_	_	_
36	THE WAY YOU WORK IN THE SECOND JOB:							
	- Usual work.....	1	↓	_	_	_	_	_
	- Seasonal work	2		_	_	_	_	_
	- Temporary work	3		_	_	_	_	_
37	Sequence no. of hh member	WHAT IS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORK FOR? (detailed description of products/services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
Coding by statistical office (NACE rev. 2)		↓	_ _	_ _	_ _	_ _	_ _	_ _
38	WHAT IS YOUR PROFESSIONAL STATUS IN THE SECOND JOB?							
	- Owner/joint owner with employees - employer..	1	↓	_	_	_	_	_
	- Farmer on its own agric. holding with employees.....	2		_	_	_	_	_
	- Unpaid assisting family member.....	3		_	_	_	_	_
	- Owner/joint owner without employees/self-employed.....	4		_	_	_	_	_
	- Farmer on its own agric.holding without employees.....	5		_	_	_	_	_
	- Working for foreign organization	6		} employee	_	_	_	_
	- Working for employer	7						
39	HOW MANY HOURS DID YOU WORK IN THE SECOND JOB DURING THE REFERENCE WEEK?							
	- Hours	01-99	↓	_ _	_ _	_ _	_ _	_ _
40	ARE YOU SEEKING EMPLOYMENT ALTHOUGH YOU ALREADY HAVE ONE?							
	Yes	1	→ 41	_	_	_	_	_
	No	2	→ 71	_	_	_	_	_
41	WHAT ARE MAIN REASONS FOR SEEKING ANOTHER EMPLOYMENT?							
	- Present employment is uncertain.....	1	} 51	_	_	_	_	_
	- Present employment is temporary/ending soon...	2						
	- Wish to work more hours than presently worked...	3						
	- Wish to work less hours than presently worked...	4						
	- Wish to have additional employment.....	5						
	- Wish to have better job (salary, etc.).....	6						
	- Other reasons.....	7						

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
D. PREVIOUS WORK EXPERIENCE								
42	HAVE YOU EVER WORKED FOR SALARY OR BENEFIT (in money or in kind)?							
	Yes	1	→ 43	_	_	_	_	_
	No	2	→ 48	_	_	_	_	_
43	WHEN DID YOU LEAVE THE LAST PAID JOB?							
	Month.....	↓		_ _	_ _	_ _	_ _	_ _
	Year.....			_ _	_ _	_ _	_ _	_ _
44	WHAT WAS THE MAIN REASON FOR LEAVING THE LAST JOB?							
	- Dismissed/due to different reasons	01	↓	_ _	_ _	_ _	_ _	_ _
	- A job of limited duration/seasonal or temporary duration	02						
	- Company ceased operations	03						
	- Taking care of children or incapacitated persons	04						
	- Other personal or family responsibilities.....	05						
	- Education or training	06						
	- Own illness or disability	07						
	- Early retirement	08						
	- Regular or pension from retirement	09						
	- Other reasons	10						
45	Sequence no. of hh member	WHAT WAS THE MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (detailed description of products/services)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (NACE rev. 2)		↓	_ _	_ _	_ _	_ _	_ _
46	Sequence no. of hh member	WHAT WAS YOUR PROFESSIONAL STATUS IN THE LAST JOB? (detailed description of your present job)						
	_ _							
	_ _							
	_ _							
	_ _							
	_ _							
	Coding by statistical office (ISCO 08)		↓	_ _	_ _	_ _	_ _	_ _
47	WHAT WAS YOUR OCCUPATION IN THE LAST JOB?							
	- Owner/joint owner with employees - employer..	1	1	_ _	_ _	_ _	_ _	_ _
	- Farmer on its own agri.holding with employees...	2						
	- Unpaid assisting family member.....	3						

- Owner/joint owner without employees - self-employed...	4					
- Farmer on its own agric.holding without employees.....	5					
- Worked for foreign company	6					
- Worked for the employer	7					



Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
E. SEARCH FOR EMPLOYMENT								
48	DID YOU SEARCH EMPLOYMENT DURING THE LAST FOR WEEKS?							
	Yes.....	1	→ 51	_	_	_	_	_
	No.....	2	→ 49	_	_	_	_	_
49	WHAT IS THE MAIN REASON FOR NOT SEARCHING EMPLOYMENT IN THE LAST FOUR WEEKS?							
	- Have found a job which will start in no more than 3 months ...	01	} 68					
	- Have found a job which will start in more than 3 months.....	02						
	- looking after children or incapacitated adults, elderly persons, etc.	03	→ 49a					
	- awaiting recall to work	04						
	- believe that no work is available.....	05	} 50					
	- other personal or family reasons	06						
	- education or training	07						
	- retirement	08						
	- own illness or disability	09						
	- Other reasons	10						
49.a	THE REASON YOU LOOK AFTER CHILDREN OR INCAPACITATED ADULTS							
	- The institutions of care for children are not available or affordable	1	↓					
	- The institutions of care for ill, disabled or elderly are not available or affordable	2						
	- The institutions of care for children or ill, disabled or elderly are not available or affordable	3						
	- The institutions of care do not affect the decision on working hours	4						
50	WISH TO WORK ALTHOUGH NOT SEEKING EMPLOYMENT?							
	- Wish to work	1	→ 69	_	_	_	_	_
	- Do not wish to work	2	→ 71	_	_	_	_	_
51	WHICH TYPE OF JOB YOU HAVE BEEN SEEKING FOR?							
	- Self-employed	1	↓					
	- Employed only in full-time job.....	2						
	- Employed only in part-time job.....	3						
	- Employed in full-time job, but accepting part-time job	4						
	- Employed in part-time job, but accepting full-time job	5						
	- Any other job	6						
52	HAVE YOU REJECTED ANY JOB OFFERED DURING THE LAST FOUR WEEKS?							
	Yes.....	1	→ 53	_	_	_	_	_
	No.....	2	→ 54	_	_	_	_	_
53	WHAT WAS A REASON FOR REJECTING A JOB OFFERED?							
	- Place of work.....	1	↓					
	- Unacceptable working hours.....	2						
	- No career advancement.....	3						

	- Job offered did not correspond with qualification.....	4	↓					
	- Unacceptable salary.....	5						
	- Other reasons.....	6						
54	HOW LONG HAVE YOU BEEN SEARCHING EMPLOYMENT? (Please specify a number of months)							
	- Months		↓					

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
F. METHODS USED DURING THE LAST FOUR WEEKS TO FIND JOB								
55	HAVE YOU CONTACTED THE PUBLIC EMPLOYMENT OFFICE TO FIND JOB?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
56	HAVE YOU CONTACTED THE PRIVATE EMPLOYMENT AGENCY TO FIND JOB?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
57	HAVE YOU CONTACTED THE EMPLOYERS DIRECTLY?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
58	HAVE YOU ASKED FRIENDS, RELATIVES ABOUT THE JOB?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
59	HAVE YOU STUDIED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
60	HAVE YOU INSERTED, ANSWERED ADVERTISEMENTS IN NEWSPAPERS OR JOURNALS, INTERNET ETC.?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
61	HAVE YOU TAKEN A TEST, INTERVIEW OR EXAMINATION TO GET JOB?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
62	HAVE YOU LOOKED FOR LAND, PREMISES, EQUIPMENT ETC. TO START OWN BUSINESS?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
63	HAVE YOU ASKED FOR LICENCE, FINANCIAL RESOURCES ETC. TO START OWN BUSINESS?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
64	ARE YOU WAITING FOR THE RESULTS OF AN APPLICATION FOR JOB?							
	Da.....	1	↓	_ _	_ _	_ _	_ _	_ _
	Ne.....	2		_ _	_ _	_ _	_ _	_ _
65	ARE YOU WAITING FOR THE RESULTS OF A COMPETITION FOR RECRUITMENT - PUBLIC SECTOR?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
66	ARE YOU WAITING FOR THE CALL FROM THE PUBLIC EMPLOYMENT OFFICE?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _
67	HAVE YOU USED ANY OTHER METHOD TO FIND JOB?							
	Yes.....	1	↓	_ _	_ _	_ _	_ _	_ _
	No.....	2		_ _	_ _	_ _	_ _	_ _

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member					
				_ _	_ _	_ _	_ _	_ _	
68	WHAT WAS YOUR STATUS BEFORE STARTING TO SEARCH FOR JOB?								
	- Was working	1	↓						
	- Was pupil, student, trainee.....	2							
	- Was doing home activities/housewife	3		_	_	_	_	_	_
	- Other (e.g. pensioner)	4							
69	IF A JOB IS OFFERED NOW, WILL YOU BE ABLE TO START WORKING <u>WITHIN TWO WEEKS</u> ?								
	Yes	1	→ 71	_	_	_	_	_	
	No	2	→ 70						
70	WHY ARE YOU UNABLE TO START WORKING?								
	- Personal or family reasons.....	1	↓						
	- Health reasons	2							
	- Education or training	3		_	_	_	_	_	_
	- Responsibilities at present work	4							
	- Other reasons.....	5							
71	HAVE YOU BEEN REGISTERED WITH THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1	→ 72	_	_	_	_	_	
	No	2	→ 74						
72	DO YOU RECEIVE BENEFITS FROM THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1	↓						
	No	2		_	_	_	_	_	_
73	DO YOU HAVE YOUR HEALTH INSURANCE COVERED BY THE PUBLIC EMPLOYMENT OFFICE?								
	Yes	1	↓						
	No	2		_	_	_	_	_	_
74	WHICH OF THE MENTIONED STATUS DESCRIBES THE BEST YOUR CURRENT POSITION?								
	- Employed.....	1	↓						
	- Unemployed.....	2							
	- Pupil, student, trainee	3							
	- Fulfilling domestic tasks (housewife).....	4		_	_	_	_	_	_
	- Pensioner	5							
	- Disable to work	6							
	- Other inactive person.....	7							

Sequence no.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
G. EDUCATION								
Questions from 75 to 81 refer to the last four weeks period								
75	DID YOU ATTEND ANY SCHOOL OR TRAINING DURING THE LAST FOUR WEEKS?							
Yes.....		1	} 76	_	_	_	_	_
Schoolbreak.....		2						
No.....		3	→ 78					
76	WHICH TYPE OF SCHOOL DID YOU ATTEND?							
- Elementary school 1 - 4/5 grades.....		1	} 78					
- Elementary school 5/6 - 7/8 grades.....		2						
- Secondary school :								
One year.....		3	} 77	_ _	_ _	_ _	_ _	_ _
Two year.....		4						
Three year.....		5						
Four/five year.....		6						
- Specialization after secondary schoo.....		7						
- High school		8						
- University education - Bachelor.....		9						
- University education (old programe 4-4.5 year).....		10						
- University education (old programe 5-6 year).....		11						
- Postgraduate studies (M.A., master).....		12						
- Doctorate.....		13						
77	WHAT WAS YOUR FIELD OF EDUCATION?							
- General programme.....		01	↓					
- Teacher training and education science.....		02						
- Art and humanitarian science.....		03						
- Social sciences, business and law.....		04						
- Foreign languages.....		05						
- Biology and environmental science.....		06						
- Physical science (including physics, chemistry and earth science).....		07						
- Mathematics and statistics.....		08						
- Computer science.....		09						
- Computer use		10						
- Engineering, manufacturing and construction		11						
- Agriculture and veterinary.....		12						
- Health and welfare.....		13						
- Services (personal, transport etc.).....		14						
- Unknown.....		15						
78	HAVE YOU ATTENDED ANY COURSE OR TRAINING DURING THE LAST FOUR WEEKS?							
Yes.....		1	→ 79	_	_	_	_	_
No.....		2	→ 82					
79	WHAT WAS A PURPOSE OF ATTENDING THE MENTIONED COURSES OR TRAINING?							
- Mainly job requirement -		1	↓	_	_	_	_	_
- Mainly personal reasons		2						
80	WHAT IS A NUMBER OF HOURS SPENT ON LEARNING/TRAINING ACTIVITIES?							
- Hours			↓	_ _	_ _	_ _	_ _	_ _
80.a	FIELD OF EDUCATION YOU TOOK A COURSE OR TRAINING IN ?							
- General programme.....		01	↓					
- Teacher training and education science.....		02						
- Art and humanitarian science.....		03						
- Social sciences, business and law.....		04						
- Foreign languages.....		05						
- Biology and environmental science.....		06						
- Physical science (including physics, chemistry and earth science).....		07						
- Mathematics and statistics.....		08						
- Computer science.....		09						
		15						

	- Computer use	10						
	- Engineering, manufacturing and construction	11						
	- Agriculture and veterinary.....	12						
	- Health and welfare.....	13						
	- Services (personal, transport etc.).....	14						
	- Unknown.....	15						
81	DID THESE LEARNING/TRAINING ACTIVITIES TAKE PLACE DURING PAID WORKING HOURS?							
	- Only during paid working hours.....	1						
	- Mainly during paid working hours.....	2						
	- Mainly after paid working hours.....	3		__	__	__	__	__
	- Only after paid working hours.....	4						
	- Was not employed	5						

Redni br.	Questions – Answers:	Codes	Questions	Sequence number of household member				
				_ _	_ _	_ _	_ _	_ _
H. SITUATION ONE YEAR BEFORE SURVEY								
82 WHAT WAS YOUR ACTIVITY STATUS ONE YEAR BEFORE SURVEY? (regarding to reference week)								
- Employed - Unemployed - Pupil, student, trainee - Fulfilling domestic tasks ,housewife..... - Retired - Disable to work - Other inactive person.....		1 → 83 2 } 3 } 4 } 85 5 } 6 } 7 }	_ _	_ _	_ _	_ _	_ _	
83 Sequence no. of hh member WHAT WAS A MAIN ACTIVITY OF THE LOCAL UNIT YOU WORKED FOR? (a precise description of the products / services)								
_ _								
_ _								
_ _								
_ _								
_ _								
_ _								
Coding by statistical office (NACE rev. 2)		↓	_ _	_ _	_ _	_ _	_ _	
84 WHAT WAS YOUR STATUS IN THE EMPLOYMENT?								
- Owner/joint owner with employees - employer..... - Farmer on own agri.holding with employees..... - Unpaid assisting family member..... - Owner/joint owner without employees / self-employed... - Farmer on own agric.holding without employees..... - Working for foreign company - Working for employer		1 2 3 4 5 6 7	↓	_ _	_ _	_ _	_ _	_ _