



**GOVERNMENT OF PAKISTAN
FEDERAL BUREAU OF STATISTICS
LABOUR FORCE SURVEY
(2005-06)**

Section 1: Identification				Processing Code:				Survey Period:				Code			
1. Province:								8. Address:							
2. District:								9. Serial number of household: →							
3. Tehsil/Taluka:								10. Name of head of household:							
4. City/Town:								11. Father's name:							
5. Mouza/Dch/Village:								12. Respondent's name:							
6. Enumeration Block Code:								13. Respondent's Sex: 1-Male → 2-Female →							
7. Locality:								14. Respondent's relation to head of household: →							
								1= Head of household 2= Other member of household 3= Others							

Section 2: Field Operations

Item	Date	Name	Designation	Signature
(1)	(2)	(3) Code	(4) Code	(5)
1. Survey				
2. Inspection (i)				
(ii)				
3. Checking/editing in the Regional/Field Offices				
4. Despatch to Headquarter				
5. Receipt at Headquarter				

Section 3: Editing/Coding at Headquarter

Item	Date	Name	Designation	Signature
(1)	(2)	(3) Code	(4) Code	(5)
1. Editing/Coding by staff				
2. Checking (i) by Officer				
(ii)				
3. Despatch to D.P. Centre				

SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION

Serial Number	Name of household members who usually live here. Do not list guests, visitors, etc.	What is to the head of household?	Present status	Is.....male or female?	How old was at (his/her) last birthday?	For all persons 10 years and over	For all persons	
							Literacy	
							Can.....read and write with understanding in language?	
		1. Head of household 2. Spouse 3. Son/daughter (unmarried) 4. Son/daughter (married) 5. Father/mother 6. Brother/sister 7. Other relative 8. Servant 9. Non relative	1. Present 2. Temporarily absent	1. Male 2. Female	Enter age in completed years	What is.... current marital status? 1. Never married 2. Married 3. Widow/ Widower 4. Divorced	1. Yes 2. No	
(4.1)	(4.2)	(4.3) Code	(4.4) Code	(4.5) Code	(4.6)	(4.7) Code	(4.8) Code	
1		1						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years and Over)

[illegible]

Note: - Examples of activities that count as work are (a) **activities carried out by persons engaged for wages in factories, business enterprises, farms, shops, service undertakings, and other economic units engaged in production of goods and services intended for sale on the market.** Also, employees of government and other social and cultural institutions, hotels, restaurants, transport and communication (b) **home based activities in** (i) **Agriculture:** Growing or gathering field crops, fruits and vegetables, producing eggs, milk and food. Hunting animals and birds, catching fish, crabs and shellfish; burning charcoal;(ii) **Milling and other food processing.** Threshing and milling grain, making butter, ghee and cheese, slaughtering livestock, curing hides and skins, preserving meat and fish Making beer and alcohol (iii) **Handicrafts:** Collecting, thatching and weaving materials, making mats, weaving baskets and mats, making clay pots, weaving cloth, dressmaking and tailoring, making furniture, (iv) **Construction and major repairs:** Construction of a dwelling, farm buildings, clearing land for construction, or the major renovation of a dwelling, private roads, wells and other private facilities; (v) **Fetching water;** (vi) **Collecting firewood:** Cutting or collecting firewood and building poles; and (vii) **Other personal or community work activities;** e.g. cooking food for labourers working on one's farm when food is provided as part of labourer's wages

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Transfer all persons serial numbers having code 1 under column 5.2 or 5.3 or code 1 or 2 under column 5.4.	What was the nature of work done by the establishment such as shop, business, farm, service establishment (fixed or mobile).	What kind of enterprise?	Does the enterprise keep written accounts?	How many persons are engaged in the enterprise (including family workers, paid employees)?	Are there regular employees in the enterprise?
	agriculture, hunting & related services activities; forestry, logging & related services activities; fishing, operation of fish hatcheries, fish farm & services activities incidental to fishing then Skip to Col.5.15)	03. Local body (Skip to Col.5.15) 04. Public enterprise (Corporation by act of national or provincial assembly) (Skip to Col.5.15) 05. Private limited company (Skip to Col.5.15) 06. Public limited company (Skip to Col.5.15) 07. Cooperative society (Skip to Col.5.15) 08. Individual ownership 09. Partnership 10. Other (Specify)	1. Yes 2. No 3. Don't know	1. Number of persons upto 5 2. 6 to 9 3. 10 to 99 4. 100 or more	1. Yes 2. No

SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years and Over)

[illegible]

SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years and Over)

Col.5.17 (a) to 5.23 should be asked from all persons reporting subsidiary occupation (i.e. code 1 to Col.5.17). If the person is engaged in more than one subsidiary occupations then Col. 5.17 to Col. 5.23 should be filled for the one in which the person spent more hours.

[illegible]

SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years and Over)

Transfer all persons serial numbers 15 years of age & over as per Col.4.1 & 4.6 having code 1 under col. 5.2 or 5.3 or code 1 or 2 under col.5.4 or code 1 under col. 5.17	<p>What was the nature of activity did one year ago?(main activity if more than one)</p> <ol style="list-style-type: none"> 1. Same job 2. Other job in same enterprise 3. Employee in other enterprise 4. Own account worker in the same kind of activity 5. Own account worker in other kind of activity 6. Not working 7. Don't know. 	<p>How many hours did... work each day during the last week at his/her <u>main occupation and any subsidiary occupation?</u></p> <p>In case ... did not work on any particular day code A or B or C should be recorded for that particular day as per detail given below:</p> <p>A: If had a job or enterprise on that day and did not work</p> <p>B: If had no job or enterprise on that particular day but available for work</p> <p>C: If had no job or enterprise on that particular day and not available for work.</p> <p>Note:- If total is nil i.e. did not work last week or if total is 35 or more, skip to Col.6.2</p>
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Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 and have worked less than 35 hours as per Col. 5.25.1.

Why did... work less than 35 hours during last week?

01. Normally works the same number of hours
02. Illness or injury
03. Strike or lockout or lay off
04. Holiday, ramzan, vacation or leave of absence
05. Off-season inactivity
06. Due to bad weather
07. Due to mechanical or electrical breakdown
08. Due to shortage of raw materials or fuel
09. Educational and training leave
10. Maternity or parental leave
11. Other reasons: i.e. reduction in economic activity such as lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity)
(Specify)
12. Other voluntary or personal reasons (e.g. going abroad to work, or to study, or to visit family, or to participate in a religious festival)
(Specify)
13. Other involuntary reasons (law and order situation, etc.)
(Specify)

Was available
for alternative or
additional work?

1. Yes
2. No

**Did.... seek
alternative or additional
work last week?**

1. Yes
2. No

[illegible]

or persons who were given codes 1 to 4 in Col.5.8 (For persons having Codes 5 to 11 in Col.5.8 Go to Col. 8.1)

or persons who were given codes 1 to 4 in Col.5.8 (For persons having Codes 5 to 11 in Col.5.8 Go to Col. 8.1)

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SECTION-8: OCCUPATIONAL INJURIES/DISEASES (All Employed Persons)

Transfer all persons serial numbers 10 years of age & over as per Col.4.i & 4.6 having code 1 in Col.5.2 or Col.5.3 or code 1 or 2 in Col.5.4

In the past 12 months, did..... receive any occupational injury/disease that caused to take time off work and/or consulted a doctor?

1. Only one
2. More than one
Specify how many
3. None (Go to next
person or Section
9 as the case may
be)

In case of more than one injury/disease i.e. code 2 in Col.8.1, then Col.8.2 to 8.11 should be repeated for each of the separate occupational injury/disease noted in Col. 8.1

What was the unsafe act that caused the accident/disease?

01. Operating without authority
02. Excess speed
03. Horse play
04. Failure of safety devices
05. Using unsafe equipment or equipment unsafely
06. Taking unsafe position
07. Disobeying instruction
08. Failure to use the provided personal protective equipment
09. Unsafe loading or stacking
10. Wrong order of supervisor (Specify what and by whom)
11. Unsafe act by fellow employee (Specify what and by whom)
12. Unsafe act of outsiders (Specify what and by whom)
13. Other (Specify)

What was the type of injury/
disease....suffered?

01. Fracture (broken bone)
02. Dislocation
03. Sprain or strain
04. Concussion or other internal injury
05. Amputation
06. Other wound (lacerations, cut, etc.)
07. Superficial injury (abrasions, scratches, blisters, insect bites, etc)
08. Contusion or crushing
09. Burn (burn, scald, friction burn, radiation burn)
10. Acute poisoning (by injection, ingestion, swallowing or inhalation)
11. Effects of weather, exposure or related condition (heatstroke, effects of high altitudes, etc).
12. Asphyxia (lack of oxygen)
13. Effects of electric current (electrocution, electric shock, burns, etc)
14. Effects of cold
15. Multiple injuries of different nature
16. Other injuries; (Specify)
17. Primary epitheliomatous cancer of the skin
18. Pulmonary oedema
19. Dermatitis
20. Radiodermatitis (Erythema, hyperpigmentation or oedema of the skin with or without ulcers)
21. Atrophy of the fingers or nails
22. Disorder related to ergonomics (Musculoskeletal disorder, eyestrain/vision impairment etc.)
23. Hearing impairment/loss
24. Other diseases (Specify)

What was the time of the accident?

1. In the morning
2. In the afternoon

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SECTION 8: OCCUPATIONAL INJURIES/DISEASES (All Employed Persons)

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SECTION-8: OCCUPATIONAL INJURIES/DISEASES (All Employed Persons)

Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in Col.5.2 or Col.5.3 or code 1 or 2 in Col.5.4	<p>What was the type of accident?</p> <p>01. Falls of (person) 02. Falling objects 03. Stepping on, struck against or struck by objects excluding falling objects 04. Electricity 05. Poison, corrosive and harmful substances including radiation 06. Explosion 07. Fire 08. Eruption of water 09. Suffocation by gases 10. Other type (Specify: e.g. over exertion strenuous movement etc)</p>	<p>Who paid for the treatment? (More than one answers are acceptable)</p> <p>1. Government 2. Social security 3. Private employer 4. Parents/guardians 5. Self 6. Free 7. Others (Specify)</p>	<p>How soon were ... able to go back to work/resume normal activities after the accident/disease?</p> <p>01. Still not at work/have not resumed normal activities 02. Will never be able to go back to work/resume normal activities 03. On the same day as the accident/disease occurred 04. On the first day after the accident/disease 05. On the second day after the accident/disease 06. 3 to 7 days after the accident/disease 07. 8 to 15 days after the accident/disease 08. 16 to 22 days after the accident/disease 09. 23 days to 1 month after the accident/disease 10. 2 to 4 months after the accident/disease 11. 5 to 7 months after the accident/disease 12. 8 to 12 months after the accident/disease 13. More than 12 months after the accident/disease</p>
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If "Code 1 or 2" in Col.9.1, then what was the nature of work done by the enterprise such as shop, business, farm, service establishment (fixed or mobile), office/institution where worked?

(9.1)	(9.2)	(9.3)	(9.4)
Death	Code	Code	Code

What steps has... taken during the last month in search of work?
(Read all options and record all mentioned by the respondent, more than one answers are acceptable)

[illegible]

SECTION 10: UNEMPLOYMENT

[illegible]

[illegible]

SECTION 11: ALL PERSONS 10 YEARS OF AGE AND OVER WITH CODE 06 OR 12 IN COL.10.14

Person S.No.	Name:	Processing Code									
WORK ACTIVITY: During the last week did..... help or work in: (First, ask all the question listed below and tick '1' for each activity that the person was engaged in during the last week and '2' for each activity that the person was not engaged in, second for each '1' answer, go back and ask the number of hours worked during the last week).		1 Yes	For each YES, how many did.....work last week?								
		2 No	Total hours	Own family	Other for payment kind?						
During the last week did....help or work in:											
(11.1)		(11.1.1)	(11.1.2)	(11.1.3)	(11.1.4)						
i)	Agricultural operations, such as ploughing, sowing, transplanting rice, picking cotton, collection of vegetables & fruit, harvesting crops, weeding field?										
ii)	Processing food, namely milling, grinding, drying seeds, maize or rice husking?										
iii)	Livestock operations, such as meat, feeding and milking animals, churning milk, grassing, collection of cowdung and preparing dung cakes?										
iv)	Poultry raising, such as feeding poultry birds, collection & packing of eggs, giving injections or medicine to birds and preparation of feeds?										
v)	Construction work, such as mud plaster of roofs and walls of house and godown, construction and repair of boundary walls, rooms, etc.										
vi)	Collection of firewood or cotton sticks for use as fire wood for household consumption										
vii)	Bringing water from outside to the house, taking food from house to farm?										
viii)	Making clothes, sewing pieces of cloth or leather, knitting, embroidery, mat and rope making, ginning, spinning and weaving?										
ix)	Shopping and marketing?										
x)	Washing, mending or pressing clothes?										
xi)	Caring for children or health care of ill persons?										
xii)	Helping children do homework or other educating activities?										
xiii)	Cleaning and arranging the house?										
xiv)	Other activities which produce goods or services including cooking food at home which are generally available in the market? Specify: _____										
11.2 Occupation											
11.3 Industry											
11.4 Employment status											
11.5 Number of hours worked											
This interview is completed go to the next person or household as the case may be.											