



GOVERNMENT OF PAKISTAN FEDERAL BUREAU OF STATISTICS TIME USE SURVEY 2007

Supported by Gender Responsive Budgeting Initiative (GRBI),
Ministry of Finance and UNDP

Annex-A

Section 1: Identification				Survey period		Month		Year		Code	
Processing 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/Deh/Village:				12. Name of Respondent to Section 2							
6. Enumeration Block code										13. Respondent's S.No. →	
7. Locality:				14. Respondent's sex: 1 = Male → 2 = Female							
				15. Respondent's relation to head of household: 1 = Head of household 2 = Other member of household → 3 = Others							
A: Field Operation											
Visit No.	Date	Result code*	Next visit (Planned)	Field Worker		Supervisor					
				Name	Code	Name	Code				
(i) Household Visit (Response detail)											
1											
2											
Final											
Comments and detail of all non response: (i.e. result code 2 or 3 or 4 or 5 or 7)											
(ii) Person-1: Demographic and Diary visit (Response detail)											
1											
2											
Final											
Comments and detail of all non response: (i.e. result code 2 or 3 or 4 or 5 or 7)											
(iii) Person-2: Demographic and Diary visit (Response detail)											
1											
2											
Final											
Comments and detail of all non response: (i.e. result code 2 or 3 or 4 or 5 or 7)											
B: Editing/Coding at Headquarter											
Item	Date	Name	Designation	Signature							
Editing/coding by staff											
Checking by officer											
Dispatch to D.P. center											

*Result codes: 1. Completed: 2. Partially completed: 3. Refused: 4. No usable information: 5. Non-contact: 6. Vacant dwelling: 7. Other (specify).

Section 2:HOUSEHOLD QUESTIONNAIRE				Hours	Minutes																		
Time started this section (hours : minutes)																							
Note to interviewer: Ask these questions from a responsible and informed adult member of the household .																							
2.1 What type of dwelling does the household occupy (main dwelling if more than one)? Ownership: 11 <input type="checkbox"/> Owned 12 <input type="checkbox"/> Rented/Hired 13 <input type="checkbox"/> Other specify Type: 21 <input type="checkbox"/> Pucca 22 <input type="checkbox"/> Kutchra 23 <input type="checkbox"/> Mix pucca and kutchra 24 <input type="checkbox"/> Wood/bamboo 25 <input type="checkbox"/> Other specify				2.5 How far is the wood/dung from the dwelling? 1 <input type="checkbox"/> Less than 100 M 2 <input type="checkbox"/> 100 M – Less than 200 M 3 <input type="checkbox"/> 200 M – Less than 500 M 4 <input type="checkbox"/> 500 M – Less than 1 KM 5 <input type="checkbox"/> 1 KM or more																			
2.2 Did this household suffer any damage to its dwelling in the earthquake of October 2005? 1 <input type="checkbox"/> Completely damaged 2 <input type="checkbox"/> Paratially damaged 3 <input type="checkbox"/> Not affected 4 <input type="checkbox"/> Not applicable				2.6 Are the persons who usually collect wood/dung: 1 <input type="checkbox"/> Males (men and/or boys) 2 <input type="checkbox"/> Females (women and/or girls) 3 <input type="checkbox"/> Both males and females																			
2.3 Does this household have the following items? <i>(More than one answers are acceptable)</i> 01 <input type="checkbox"/> Sewing machine 02 <input type="checkbox"/> Washing machine 03 <input type="checkbox"/> Kerosene oil stove 04 <input type="checkbox"/> Electric/gas stove 05 <input type="checkbox"/> Pressure cooker 06 <input type="checkbox"/> Microwave oven 07 <input type="checkbox"/> Vacuum cleaner 08 <input type="checkbox"/> Refrigerator 09 <input type="checkbox"/> Telephone 10 <input type="checkbox"/> Mobile Phone 11 <input type="checkbox"/> Television 12 <input type="checkbox"/> Radio 13 <input type="checkbox"/> Car 14 <input type="checkbox"/> Clock 15 <input type="checkbox"/> Cable T V 16 <input type="checkbox"/> Computer 17 <input type="checkbox"/> Internet 18 <input type="checkbox"/> Cycle 19 <input type="checkbox"/> Motorcycle 20 <input type="checkbox"/> VCR /DVD 21 <input type="checkbox"/> None				2.7 What is the household's main source of drinking water ? <i>(Do not read out options .Mark one option.)</i> 01 <input type="checkbox"/> Piped(tap) water in dwelling (Skip to Q2.10) 02 <input type="checkbox"/> Piped(tap) water on site or yard (Skip to Q2.10) 03 <input type="checkbox"/> Public tap 04 <input type="checkbox"/> Water-carrier/Tanker 05 <input type="checkbox"/> Borehole on site (Skip to Q2.10) 06 <input type="checkbox"/> Borehole offsite/communal 07 <input type="checkbox"/> Rain water tank on site (Skip to Q2.10) 08 <input type="checkbox"/> Flowing water/stream/river 09 <input type="checkbox"/> Dam/pools/stagnant water 10 <input type="checkbox"/> Well on site or yard (Skip to Q 2.10) 11 <input type="checkbox"/> Well offsite/communal 12 <input type="checkbox"/> Spring 13 <input type="checkbox"/> Vendor (Person selling water) 14 <input type="checkbox"/> Other specify																			
2.4 What is the main source of energy/fuel for the household for cooking, heating and lighting?(Do not read out options.) <i>Mark one option of the three uses.)</i> Cooking Heating Lighting Source (2.41) (2.42) (2.43) 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electricity 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Natural gas 03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cylinder gas 04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood 05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coal 06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Candles 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kerosene oil 08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Animal dung 09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solar energy 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other, specify: 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None <i>(In case of code 4 or 8 for cooking and heating continue, otherwise skip to Q2.7)</i>				2.8 How far is the main source of drinking water from the dwelling? 1 <input type="checkbox"/> Less than 100 M 2 <input type="checkbox"/> 100 M – Less than 200 M 3 <input type="checkbox"/> 200 M – Less than 500 M 4 <input type="checkbox"/> 500 M – Less than 1 KM 5 <input type="checkbox"/> 1 KM or more																			
2.9 Are the persons who usually collect water: 1 <input type="checkbox"/> Males (men and/or boys) 2 <input type="checkbox"/> Females (women and/or girls) 3 <input type="checkbox"/> Both males and females				2.10 Are any of the following public transport services available within 30 minutes (2 km) walk from this dwelling? <table border="1"> <thead> <tr> <th>Mode of public transport</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Train</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>2. Bus</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>3. Minibus,Taxi, Suzuki, Datsun Pickup</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>4. Rickshaw/Quinqui</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>5. Tonga</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Mode of public transport	Yes	No	1. Train	1 <input type="checkbox"/>	2 <input type="checkbox"/>	2. Bus	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3. Minibus,Taxi, Suzuki, Datsun Pickup	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4. Rickshaw/Quinqui	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5. Tonga	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p>2.11 Are any of the following facilities available within 30 minutes (2 km) walk from this dwelling?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Facilities</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td>1 Govt. Primary School</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>2 Govt. Secondary School</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>3 Dispensary/Basic Health Unit etc.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>4 Market where basic foods can be bought</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>	Facilities	Yes	No	1 Govt. Primary School	1 <input type="checkbox"/>	2 <input type="checkbox"/>	2 Govt. Secondary School	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 Dispensary/Basic Health Unit etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	4 Market where basic foods can be bought	1 <input type="checkbox"/>	2 <input type="checkbox"/>		<p>2.15 Household Demographic information: Who are the people who usually stay in this dwelling? Please tell me about all of them in sequence (i.e. head; spouse; son/daughter (unmarried); son/daughter (married); and their children if any; father/mother; brother/sister; other relatives and non-relatives.) Note to interviewer. It is very important to list household members in the prescribed sequence</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">P. No</th> <th style="text-align: center;">Name of Household Members</th> <th style="text-align: center;">Is the person 1=Male 2=Female</th> <th style="text-align: center;">Age in Complete Years</th> <th style="text-align: center;">Sort Personal Number of eligible members (aged 10 years & over in Col. 1) in descending order of age</th> </tr> <tr> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">5</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	P. No	Name of Household Members	Is the person 1=Male 2=Female	Age in Complete Years	Sort Personal Number of eligible members (aged 10 years & over in Col. 1) in descending order of age	1	2	3	4	5	1					2					3					4					5					6					7					8					9					10					11					12					13					14					15					16					17					18					19					20				
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<p>2.12 From which of the following sources does the household usually receive money? <i>(More than one answers are acceptable)</i></p> <p>1 <input type="checkbox"/> Wages/salaries</p> <p>2 <input type="checkbox"/> Earnings from own business or farm</p> <p>3 <input type="checkbox"/> Govt.grants (old age pension, child support, disability, foster care grant, zakat)</p> <p>4 <input type="checkbox"/> Investment</p> <p>5 <input type="checkbox"/> Remittance</p> <p>6 <input type="checkbox"/> Compensation (from ex-spouse or father of children)</p> <p>7 <input type="checkbox"/> Other, (specify):</p>																																																																																																																															
<p>2.13 Which one of the following sources usually provides the most money for the household? <i>(Choose only one source)</i></p> <p>1 <input type="checkbox"/> Wages/salaries</p> <p>2 <input type="checkbox"/> Earnings from own business or farm</p> <p>3 <input type="checkbox"/> Govt.grants (old age pension, child support, disability, foster care grant, zakat)</p> <p>4 <input type="checkbox"/> Investment</p> <p>5 <input type="checkbox"/> Remittance</p> <p>6 <input type="checkbox"/> Compensation (from ex-spouse or father of children)</p> <p>7 <input type="checkbox"/> Other, specify:</p>																																																																																																																															
<p>2.14 What is the usual total monthly income of this household (including all sources)?</p> <p>01 <input type="checkbox"/> Up to Rs.2000</p> <p>02 <input type="checkbox"/> Rs.2001 – Rs.3000</p> <p>03 <input type="checkbox"/> Rs.3001 – Rs.4000</p> <p>04 <input type="checkbox"/> Rs.4001 – Rs.5000</p> <p>05 <input type="checkbox"/> Rs.5001 – Rs.6000</p> <p>06 <input type="checkbox"/> Rs.6001 – Rs.7000</p> <p>07 <input type="checkbox"/> Rs.7001 – Rs.8000</p> <p>08 <input type="checkbox"/> Rs.8001 – Rs.9000</p> <p>09 <input type="checkbox"/> Rs.9001 – Rs.10000</p> <p>10 <input type="checkbox"/> Rs.10001 or more</p> <p>11 <input type="checkbox"/> Don't know</p> <p>12 <input type="checkbox"/> Refusal</p>																																																																																																																															
		<p>2.16 Who does the housework most? <i>(Indicate household member by personal number from column 1 of Q2.15. If the main responsible person for housework is not a member of the household, put code 88)</i> MAIN RESPONSIBLE PERSON FOR DOING HOUSEWORK P.No:</p>																																																																																																																													

<p>2.17 Where from two members must be selected? Total number of eligible people in this household as per Q 2.15 Col.5..... This is the ??th household with ?? number of eligible people in my sample.....</p>	<p>SECTION 3: FIRST PERSON Transfer Name and P.No from Q 2.18 Name:..... P.No. as per Q2.15 Col.1:.....</p>																																																																		
<p>2.18 Who are the selected members? Household member name and personal number as per Q 2.15 Col. 1</p> <p>MEMBER SELECTED AS Name PERSON 1 P.No.....</p> <p>MEMBER SELECTED AS Name PERSON 2 P. No.....</p>	<p>DEMOGRAPHIC QUESTIONNAIRE Time started this section Hours Minutes (hours : minutes) <input type="text"/> <input type="text"/></p>																																																																		
<p>2.19 What is the relationship of (selected person 1 and 2) to all the other members of the household? <i>(For each of the two individuals selected, indicate their relationship to all the other members of the household. For example, if selected person 1 is the son of household member 1, put code 2 in column 2 in the row for selected person 1).</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S.No.</th> <th>Selected Person 1 Relationship code</th> <th>Selected Person 2 Relationship code</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr><td>01</td><td></td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> <tr><td>06</td><td></td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> </tbody> </table> <p>Relationship Code 1 Husband/wife; 2 Son/daughter/stepchild/foster or adopted child; 3 Brother/sister; 4 Father/mother; 5 Grandparent or great-grandparent; 6 Grandchild; 7 Other relative (e.g. in-law or aunt/uncle) 8 Non-related person; 9 Self; 10 Domestic worker</p>	S.No.	Selected Person 1 Relationship code	Selected Person 2 Relationship code	1	2	3	01			02			03			04			05			06			07			08			09			10			11			12			13			14			15			16			17			18			19			20			<p>3.1 How old are you? Age in complete years:.....</p> <p>3.2 Is the person male or female? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>3.3 What is the highest school grade/class/standard that you passed? 1 <input type="checkbox"/> No formal education 2 <input type="checkbox"/> K.G. but below primary 3 <input type="checkbox"/> Primary but below middle 4 <input type="checkbox"/> Middle but below matric 5 <input type="checkbox"/> Matric but below intermediate 6 <input type="checkbox"/> Inter. but below degree 7 <input type="checkbox"/> Degree and above</p> <p>3.4 Have you completed any course (vocational training) after leaving school/college? <i>(Only include courses of at least three months duration)</i> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>3.5 What is your current marital status? <i>(Read out all options .Mark one option)</i> 1 <input type="checkbox"/> Never married (Skip to Q 3.8) 2 <input type="checkbox"/> Currently married 3 <input type="checkbox"/> Widow/widower 4 <input type="checkbox"/> Divorced</p> <p>3.6 Do you have children aged under 18 years who are living in the household? 1 <input type="checkbox"/> Yes (No. of children:) 2 <input type="checkbox"/> No (Skip to Q 3.8)</p> <p>3.7 If “Yes” in Q 3.6, then do you have children aged under seven years who are living in the household ? 1 <input type="checkbox"/> Yes (No. of children:) 2 <input type="checkbox"/> No</p> <p>3.8 Did you do any work for pay, profit or family gain during last week, at least for one hour on any day? 1 <input type="checkbox"/> Yes (Skip to Q 3.12) 2 <input type="checkbox"/> No</p> <p>3.9 Did you help to work for family gain in a family business or family farm during last week? 1 <input type="checkbox"/> Yes (Skip to Q 3.12) 2 <input type="checkbox"/> No</p>
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3.10 Even if you did not work last week for some reason, did you have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)? 1 <input type="checkbox"/> Yes, a job 2 <input type="checkbox"/> Yes, own an enterprise such as shop, business, farm or service establishment (fixed or mobile) functioning at the time of interview 3 <input type="checkbox"/> No, but plans to take a job within a month (Skip to Q 3.19) 4 <input type="checkbox"/> No (Skip to Q 3.19)		3.14 What was the nature of work of the establishment such as shop, business, farm, service establishment (fixed or mobile), office/institution where worked? <i>(In case of establishment engaged in agricultural, hunting and related services activities: forestry, logging & related services activities: operation of fish hatcheries, fish farm & services activities incidental to fishing skip to Q 3.22)</i>	
3.11 What kind of attachment do you have to that job or enterprise? <i>(Read out all the options to the respondent Mark one option)</i> 1 <input type="checkbox"/> Own an enterprise such as shop, business, farm or service establishment (fixed or mobile) functioning at the time of interview 2 <input type="checkbox"/> Payment for duration of absence 3 <input type="checkbox"/> Assurance of agreement on return to work 4 <input type="checkbox"/> Other form of attachment such as profit sharing etc		3.15 What was the kind of enterprise? 01 <input type="checkbox"/> Federal govt. (Skip to Q 3.22) 02 <input type="checkbox"/> Provincial govt. (Skip to Q 3.22) 03 <input type="checkbox"/> Local body govt. (Skip to Q 3.22) 04 <input type="checkbox"/> Public enterprise(Corporation by act of national or provincial assembly) (Skip to Q3.22) 05 <input type="checkbox"/> Private limited company (Skip to Q 3.22) 06 <input type="checkbox"/> Public limited company (Skip to Q 3.22) 07 <input type="checkbox"/> Cooperative society (Skip to Q 3.22) 08 <input type="checkbox"/> Individual ownership 09 <input type="checkbox"/> Partnership 10 <input type="checkbox"/> Other (Specify:.....)	
3.12 What was your employment status? <i>(Read out all the options to the respondent. Mark one option)</i> 01 <input type="checkbox"/> Regular paid employee with fixed wage 02 <input type="checkbox"/> Casual paid employee 03 <input type="checkbox"/> Paid worker by piece rate or work performed 04 <input type="checkbox"/> Paid non-family apprentice 05 <input type="checkbox"/> Employer 06 <input type="checkbox"/> Own account worker 07 <input type="checkbox"/> Owner cultivator 08 <input type="checkbox"/> Share cropper 09 <input type="checkbox"/> Contract cultivator 10 <input type="checkbox"/> Unpaid family worker 11 <input type="checkbox"/> Other, such as a member of a producer's cooperative etc		3.16 Does the enterprise keep written accounts? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 3.17 How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employees)? <i>(Do not read the options)</i> 1 <input type="checkbox"/> Number of persons up to 5 2 <input type="checkbox"/> 6 to 9 3 <input type="checkbox"/> 10 to 19 4 <input type="checkbox"/> 20 or more	
3.13 What was your main occupation, e.g. what was the nature of work you did? <i>(Main refers to that you spent most of the time of the week. If same number of hours used in more than one work consider the one where you earn the most money)</i>		3.18 Are there any regular paid employees in the enterprise? 1 <input type="checkbox"/> Yes (Skip to Q 3.22) 2 <input type="checkbox"/> No (Skip to Q3.22) 3.19 Were you available for work during the last week? <i>(Read options to the respondent and mark one option)</i> 1 <input type="checkbox"/> Within this household only 2 <input type="checkbox"/> Within this village/town/city only 3 <input type="checkbox"/> Anywhere in this district 4 <input type="checkbox"/> Anywhere in this province 5 <input type="checkbox"/> Anywhere in Pakistan 6 <input type="checkbox"/> Not available	

3.20 Have you in the last month taken any of the following steps to look for any types of work or start a business? (More than one options are acceptable)		3.23 What is your usual total monthly personal income from all sources? (Do not read out options. Mark one option)	
01 <input type="checkbox"/> Applied to prospective employer		01 <input type="checkbox"/> Up to Rs.2000	
02 <input type="checkbox"/> Checked at work sites, farms, factories, markets, etc		02 <input type="checkbox"/> Rs.2001 – Rs.3000	
03 <input type="checkbox"/> Applied for permit or license to setup own enterprise such as shop, business, farm, service establishment (fixed or mobile)		03 <input type="checkbox"/> Rs.3001 – Rs.4000	
04 <input type="checkbox"/> Looked for land, building, machinery or equipment for setting up own enterprise such as shop, business, farm, service establishment (fixed or mobile)		04 <input type="checkbox"/> Rs.4001 – Rs.5000	
05 <input type="checkbox"/> Sought assistance from friends or relatives		05 <input type="checkbox"/> Rs.5001 – Rs.6000	
06 <input type="checkbox"/> Placed or answered advertisements		06 <input type="checkbox"/> Rs.6001 – Rs.7000	
07 <input type="checkbox"/> Registered with government employment agency		07 <input type="checkbox"/> Rs.7001 – Rs.8000	
08 <input type="checkbox"/> Registered with private employment agency		08 <input type="checkbox"/> Rs.8001 – Rs.9000	
09 <input type="checkbox"/> Arranged for financial resources		09 <input type="checkbox"/> Rs.9001 – Rs.10000	
10 <input type="checkbox"/> Applied for loan/credit		10 <input type="checkbox"/> Rs.10001 or more	
11 <input type="checkbox"/> Other (Specify)		11 <input type="checkbox"/> Don't know	
12 <input type="checkbox"/> No specific step		12 <input type="checkbox"/> Refusal	
		3.24 Do you usually wear a watch or have a clock with you?	
		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
		3.25 Were any other people present during the interview?	
		1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
3.21 If code '6' in Q3.19 then, why were you not available for work?			
01 <input type="checkbox"/> Illness			
02 <input type="checkbox"/> Will take a job within a month			
03 <input type="checkbox"/> Temporarily laid off			
04 <input type="checkbox"/> Apprentice and not willing to work			
05 <input type="checkbox"/> Student and not willing to work			
06 <input type="checkbox"/> Doing unpaid household tasks and not willing to work			
07 <input type="checkbox"/> Retired and not willing to work			
08 <input type="checkbox"/> Agricultural landlord/property owner and not willing to work			
09 <input type="checkbox"/> Too young to work			
10 <input type="checkbox"/> Too old to work			
11 <input type="checkbox"/> Unable to work/handicapped			
12 <input type="checkbox"/> Other reason			
3.22 What is your personal main source of income or support to meet your daily needs? (Do not read out options. Mark one option)			
1 <input type="checkbox"/> Wage/salary/piecework pay/commission			
2 <input type="checkbox"/> Earnings from own business or farm			
3 <input type="checkbox"/> Govt.grants (old age pension, child support, zakat, disability, Foster care)			
4 <input type="checkbox"/> Investment			
5 <input type="checkbox"/> Money from other household members, including spouse			
6 <input type="checkbox"/> Remittance			
7 <input type="checkbox"/> Compensation (from ex-spouse or father of children)			
8 <input type="checkbox"/> Other, specify:			
9 <input type="checkbox"/> No personal income (Skip to Q 3.24)			

SECTION 4: FIRST PERSON DIARY		Hours	Minutes
Time started this section (hours : minutes)			
4.1 Date of day for which activities recorded : <i>(This is the day before today)</i>		4.5 (If more than one activity mentioned) : Did you do the activities at the same time, or one after the other? (Fillin same time in column 5)	
Day			
Month			
Year			
4.2 Day of the week for which activities recorded: <i>(This is the day before today)</i>		4.6 Where were you when you did the activity? <i>(Fillin location columns 6 & 7)</i>	
1 <input type="checkbox"/> Monday		Location code 1 1 Own dwelling 2 Someone else's dwelling 3 Field, farm or other agricultural workplace 4 Other workplace outside private dwelling 5 Educational establishments 6 Public area i.e. not in a private dwelling, workplace or educational establishment 7 Travelling or waiting to travel 8 Other (specify)	
2 <input type="checkbox"/> Tuesday			
3 <input type="checkbox"/> Wednesday			
4 <input type="checkbox"/> Thursday			
5 <input type="checkbox"/> Friday			
6 <input type="checkbox"/> Saturday			
7 <input type="checkbox"/> Sunday			
Note to interviewer: The following questions relate to entries in the diary given on next page. Repeat these questions for each half hour period. Write down the description of each activities, enter the time and location in the relevant column while with the respondent. Enter activities codes after interview finished.		Location code 2 1 Inside 2 Outside 3 Travelling on foot 4 Travelling by private transport (car, van, motorcycle) 5 Travelling by taxi (Rickshaw, Quinqui or other) 6 Travelling by train 7 Travelling by bus 8 Travelling by bicycle 9 Travelling by other means (specify)	
4.3 What were you doing yesterday morning between 4 o'clock and half past four? (Fillin activity in first line of Col.2 for time period)			
4.4 What else were you doing during that period? <i>(Fillin activities on next two lines of Col. 2 for the time period)</i>			

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	5	6	7
04h00		1001		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1002		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		1003		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		1004		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1005		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		1006		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		1007		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1008		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		1009		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		1010		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1011		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		1012		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		1013		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1014		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		1015		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		1016		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1017		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		1018		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		1019		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1020		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		1021		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		1022		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1023		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		1024		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		1025		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1026		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		1027		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		1028		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1029		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h00		1030		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h00		1031		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
To		1032		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h30		1033		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h30		1034		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1035		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h00		1036		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h00		1037		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1038		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h30		1039		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h30		1040		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1041		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h00		1042		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h00		1043		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1044		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h30		1045		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h30		1046		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1047		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h00		1048		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h00		1049		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1050		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h30		1051		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h30		1052		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1053		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h00		1054		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h00		1055		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1056		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h30		1057		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h30		1058		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1059		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h00		1060		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h00		1061		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1062		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
14h30		1063		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h30		1064		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1065		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h00		1066		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h00		1067		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1068		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h30		1069		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h30		1070		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1071		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h00		1072		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h00		1073		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1074		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h30		1075		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h30		1076		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1077		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h00		1078		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h00		1079		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1080		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h30		1081		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h30		1082		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1083		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h00		1084		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h00		1085		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1086		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h30		1087		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h30		1088		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1089		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h00		1090		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h00		1091		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1092		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h30		1093		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
19h30		1094		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1095		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		1096		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		1097		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1098		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		1099		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		1100		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1101		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		1102		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		1103		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1104		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		1105		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		1106		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1107		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		1108		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		1109		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1110		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		1111		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		1112		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1113		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		1114		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		1115		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1116		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		1117		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		1118		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1119		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h00		1120		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h00		1121		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1122		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		1123		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		1124		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	5	6	7
To		1125		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		1126		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		1127		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1128		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		1129		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		1130		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1131		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		1132		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		1133		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1134		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		1135		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		1136		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1137		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		1138		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		1139		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1140		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		1141		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		1142		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1143		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h00		1144		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Note to Interviewer: Probe for more activities. If activities that normally follow each other seem to be missing.		SECTION 5: SECOND PERSON Transfer Name and P.No from Q.2.18 Name:..... P.No. as per Q2.15 Col.1:.....	
4.7 Did you spend any time during the day looking after children? 1 <input type="checkbox"/> Yes, not mentioned all the times (go back and fill in child care activity) 2 <input type="checkbox"/> Yes, already mentioned all the times 3 <input type="checkbox"/> No (If "1", go back and fill in extra child care activities in the diary. Write an asterisk (*) next to the added activities. Then come back to question 4.8).		DEMOGRAPHIC QUESTIONNAIRE Time started this section Hours Minutes (hours : minutes) <input type="text"/> <input type="text"/>	
4.8 Was yesterday a normal day for you? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No, because I was ill 03 <input type="checkbox"/> No, because it was holiday 04 <input type="checkbox"/> No, because I was on leave from work 05 <input type="checkbox"/> No, because there was a funeral, wedding etc 06 <input type="checkbox"/> No, because there was a problem with the weather 07 <input type="checkbox"/> No, because I was looking after another family/household member 08 <input type="checkbox"/> No, because there was another family problem 09 <input type="checkbox"/> No, because it was a weekend day 10 <input type="checkbox"/> No, because it was ramzan. 11 <input type="checkbox"/> No, other reason (describe):		5.1 How old are you? Age in complete years:..... 5.2 Is the person male or female? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
4.9 Overall, how did you feel about the day you just described? 1 <input type="checkbox"/> I was too busy/I had too many things to do 2 <input type="checkbox"/> I had a comfortable amount of things to do 3 <input type="checkbox"/> I was not busy enough/I did not have enough to do		5.3 What is the highest school grade/class/standard that you passed? 1 <input type="checkbox"/> No formal education 2 <input type="checkbox"/> K.G. but below primary 3 <input type="checkbox"/> Primary but below middle 4 <input type="checkbox"/> Middle but below matric 5 <input type="checkbox"/> Matric but below intermediate 6 <input type="checkbox"/> Inter. but below degree 7 <input type="checkbox"/> Degree and above	
4.10 Were any other people present during the interview? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		5.4 Have you completed any course (vocational training) after leaving school/college? (Only include courses of at least three months duration) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Time when completed Hours Minutes this section (hours : minutes) <input type="text"/> <input type="text"/>		5.5 What is your current marital status? (Read out all options .Mark one option) 1 <input type="checkbox"/> Never married (Skip to Q 5.8) 2 <input type="checkbox"/> Currently married 3 <input type="checkbox"/> Widow/widower 4 <input type="checkbox"/> Divorced	
		5.6 Do you have children aged under 18 years who are living in the household? 1 <input type="checkbox"/> Yes (No. of children: _____) 2 <input type="checkbox"/> No (Skip to Q 5.8)	
		5.7 If "Yes" in Q 5.6, then do you have children aged under seven years who are living in the household ? 1 <input type="checkbox"/> Yes (No. of children: _____) 2 <input type="checkbox"/> No	
		5.8 Did you do any work for pay, profit or family gain during last week, at least for one hour on any day? 1 <input type="checkbox"/> Yes (Skip to Q 5.12) 2 <input type="checkbox"/> No	
		5.9 Did you help to work for family gain in a family business or family farm during last week? 1 <input type="checkbox"/> Yes (Skip to Q 5.12) 2 <input type="checkbox"/> No	

5.10 Even if you did not work last week for some reason, did you have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)? 1 <input type="checkbox"/> Yes, a job 2 <input type="checkbox"/> Yes, own an enterprise such as shop, business, farm or service establishment (fixed or mobile) functioning at the time of interview 3 <input type="checkbox"/> No, but plans to take a job within a month (Skip to Q 5.19) 4 <input type="checkbox"/> No (Skip to Q 5.19)		5.14 What was the nature of work of the establishment such as shop, business, farm, service establishment (fixed or mobile), office/institution where worked? <i>(In case of establishment engaged in agricultural, hunting and related services activities: forestry, logging & related services activities: operation of fish hatcheries, fish farm & services activities incidental to fishing skip to Q 5.22)</i>	
5.11 What kind of attachment do you have to that job or enterprise? <i>(Read out all the options to the respondent Mark one option)</i> 1 <input type="checkbox"/> Own an enterprise such as shop, business, farm or service establishment (fixed or mobile) functioning at the time of interview 2 <input type="checkbox"/> Payment for duration of absence 3 <input type="checkbox"/> Assurance of agreement on return to work 4 <input type="checkbox"/> Other form of attachment such as profit sharing etc		5.15 What was the kind of enterprise? 01 <input type="checkbox"/> Federal govt. (Skip to Q 5.22) 02 <input type="checkbox"/> Provincial govt. (Skip to Q 5.22) 03 <input type="checkbox"/> Local body govt. (Skip to Q 5.22) 04 <input type="checkbox"/> Public enterprise(Corporation by act of national or provincial assembly) (Skip to Q 5.22) 05 <input type="checkbox"/> Private limited company (Skip to Q 5.22) 06 <input type="checkbox"/> Public limited company (Skip to Q 5.22) 07 <input type="checkbox"/> Cooperative society (Skip to Q 5.22) 08 <input type="checkbox"/> Individual ownership 09 <input type="checkbox"/> Partnership 10 <input type="checkbox"/> Other (Specify:.....)	
5.12 What was your employment status? <i>(Read out all the options to the respondent Mark one option)</i> 01 <input type="checkbox"/> Regular paid employee with fixed wage 02 <input type="checkbox"/> Casual paid employee 03 <input type="checkbox"/> Paid worker by piece rate or work performed 04 <input type="checkbox"/> Paid non-family apprentice 05 <input type="checkbox"/> Employer 06 <input type="checkbox"/> Own account worker 07 <input type="checkbox"/> Owner cultivator 08 <input type="checkbox"/> Share cropper 09 <input type="checkbox"/> Contract cultivator 10 <input type="checkbox"/> Unpaid family worker 11 <input type="checkbox"/> Other, such as a member of a producer's cooperative etc		5.16 Does the enterprise keep written accounts? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
5.13 What was your main occupation, e.g. what was the nature of work you did? <i>(Main refers to that you spent most of the time of the week.If same number of hours used in more than one work consider the one where you earn the most money)</i>		5.17 How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employees)? <i>(Do not read the options)</i> 1 <input type="checkbox"/> Number of persons up to 5 02 <input type="checkbox"/> 6 3 <input type="checkbox"/> 10 to 19 4 <input type="checkbox"/> 20 or more	
		5.18 Are there any regular paid employees in the enterprise? 1 <input checked="" type="checkbox"/> Yes (Skip to Q 5.22) 2 <input type="checkbox"/> No (Skip to Q 5.22)	
		5.19 Were you available for work during the last week ? <i>(Read options to the respondent and mark one option)</i> 1 <input type="checkbox"/> Within this household only 2 <input type="checkbox"/> Within this village/town/city only 3 <input type="checkbox"/> Any where in this district 4 <input type="checkbox"/> Any where in this province 5 <input type="checkbox"/> Any where in Pakistan 6 <input type="checkbox"/> Not available	

<p>5.20 Have you in the last month taken any of the following steps to look for any types of work or start a business? (More than one options are acceptable)</p> <p>01 <input type="checkbox"/> Applied to prospective employer</p> <p>02 <input type="checkbox"/> Checked at work sites, farms, factories, markets, etc</p> <p>03 <input type="checkbox"/> Applied for permit or license to setup own enterprise such as shop, business, farm, service establishment (fixed or mobile)</p> <p>04 <input type="checkbox"/> Looked for land, building, machinery or equipment for setting up own enterprise such as shop, business, farm, service establishment (fixed or mobile)</p> <p>05 <input type="checkbox"/> Sought assistance from friends or relatives</p> <p>06 <input type="checkbox"/> Placed or answered advertisements</p> <p>07 <input type="checkbox"/> Registered with government employment agency</p> <p>08 <input type="checkbox"/> Registered with private employment agency</p> <p>09 <input type="checkbox"/> Arranged for financial resources</p> <p>10 <input type="checkbox"/> Applied for loan/credit</p> <p>11 <input type="checkbox"/> Other (Specify)</p> <p>12 <input type="checkbox"/> No specific step</p>		<p>5.22 What is your personal main source of income or support to meet your daily needs? (Do not read out options. Mark one option)</p> <p>1 <input type="checkbox"/> Wage/salary/piecework pay/commission</p> <p>2 <input type="checkbox"/> Earnings from own business or farm</p> <p>3 <input type="checkbox"/> Govt.grants (old age pension, child support, zakat, disability, Foster care)</p> <p>4 <input type="checkbox"/> Investment</p> <p>5 <input type="checkbox"/> Money from other household members, including spouse</p> <p>6 <input type="checkbox"/> Remittance</p> <p>7 <input type="checkbox"/> Compensation (from ex-spouse or father of children)</p> <p>8 <input type="checkbox"/> Other, specify:</p> <p>9 <input type="checkbox"/> No personal income (Skip to Q 5.24)</p>	
<p>5.21 If code '6' in Q5.19 then, why were you not available for work?</p> <p>01 <input type="checkbox"/> Illness</p> <p>02 <input type="checkbox"/> Will take a job within a month</p> <p>03 <input type="checkbox"/> Temporarily laid off</p> <p>04 <input type="checkbox"/> Apprentice and not willing to work</p> <p>05 <input type="checkbox"/> Student and not willing to work</p> <p>06 <input type="checkbox"/> Doing unpaid household tasks and not willing to work</p> <p>07 <input type="checkbox"/> Retired and not willing to work</p> <p>08 <input type="checkbox"/> Agricultural landlord/property owner and not willing to work</p> <p>09 <input type="checkbox"/> Too young to work</p> <p>10 <input type="checkbox"/> Too old to work</p> <p>11 <input type="checkbox"/> Unable to work/handicapped</p> <p>12 <input type="checkbox"/> Other reason</p>		<p>5.23 What is your usual total monthly personal income from all sources? (Do not read out options. Mark one option)</p> <p>01 <input type="checkbox"/> Up to Rs.2000</p> <p>02 <input type="checkbox"/> Rs.2001 – Rs.3000</p> <p>03 <input type="checkbox"/> Rs.3001 – Rs.4000</p> <p>04 <input type="checkbox"/> Rs.4001 – Rs.5000</p> <p>05 <input type="checkbox"/> Rs.5001 – Rs.6000</p> <p>06 <input type="checkbox"/> Rs.6001 – Rs.7000</p> <p>07 <input type="checkbox"/> Rs.7001 – Rs.8000</p> <p>08 <input type="checkbox"/> Rs.8001 – Rs.9000</p> <p>09 <input type="checkbox"/> Rs.9001 – Rs.10000</p> <p>10 <input type="checkbox"/> Rs.10001 or more</p> <p>11 <input type="checkbox"/> Don't know</p> <p>12 <input type="checkbox"/> Refusal</p>	
		<p>5.24 Do you usually wear a watch or have a clock with you?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	
		<p>5.25 Were any other people present during the interview?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	
		<p>Time when completed Hours Minutes</p> <p>this section (hours : minutes) <input type="text"/> <input type="text"/></p>	

SECTION 6: SECOND PERSON DIARY		Hours	Minutes
Time started this section (hours : minutes)			
6.1 Date of day for which activities recorded : <i>(This is the day before today)</i>		6.5 (If more than one activity mentioned) : Did you do the activities at the same time, or one after the other? <i>(Fillin same time in column 5)</i>	
Day			
Month			
Year			
6.2 Day of the week for which activities recorded: <i>(This is the day before today)</i>		6.6 Where were you when you did the activity? <i>(Fillin location columns 6 & 7)</i>	
1 <input type="checkbox"/> Monday		Location code 1 1 Own dwelling 2 Someone else's dwelling 3 Field, farm or other agricultural workplace 4 Other workplace outside private dwelling 5 Educational establishments 6 Public area i.e. not in a private dwelling, workplace or educational establishment 7 Travelling or waiting to travel 8 Other (specify)	
2 <input type="checkbox"/> Tuesday			
3 <input type="checkbox"/> Wednesday			
4 <input type="checkbox"/> Thursday			
5 <input type="checkbox"/> Friday			
6 <input type="checkbox"/> Saturday			
7 <input type="checkbox"/> Sunday			
Note to interviewer: The following questions relate to entries in the diary given on next page. Repeat these questions for each half hour period. Write down the description of each activities, enter the time and location in the relevant column while with the respondent. Enter activities codes after interview is finished.		Location code 2 1 Inside 2 Outside 3 Travelling on foot 4 Travelling by private transport (car, van, motorcycle) 5 Travelling by taxi (Rickshaw, Quinqui or other) 6 Travelling by train 7 Travelling by bus 8 Travelling by bicycle 9 Travelling by other means (specify)	
6.3 What were you doing yesterday morning between 4 o'clock and half past four? <i>(Fillin activity in first line of Col. 2 for time period)</i>			
6.4 What else were you doing during that period? <i>(Fillin activities on next two lines of Col. 2 for the time period)</i>			

Second person diary (Refer to questions 6.3, 6.4, 6.5 & 6.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	5	6	7
04h00		2001		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2002		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		2003		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		2004		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2005		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		2006		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		2007		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2008		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		2009		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		2010		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2011		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		2012		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		2013		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2014		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		2015		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		2016		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2017		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		2018		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		2019		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2020		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		2021		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		2022		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2023		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		2024		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		2025		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2026		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		2027		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		2028		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2029		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h00		2030		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Second person diary (Refer to questions 6.3, 6.4, 6.5 & 6.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
09h00		2031		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2032		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h30		2033		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h30		2034		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2035		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h00		2036		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h00		2037		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2038		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h30		2039		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
10h30		2040		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2041		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h00		2042		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h00		2043		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2044		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h30		2045		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
11h30		2046		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2047		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h00		2048		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h00		2049		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2050		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h30		2051		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
12h30		2052		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2053		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h00		2054		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h00		2055		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2056		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h30		2057		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
13h30		2058		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2059		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h00		2060		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Second person diary (Refer to questions 6.3, 6.4, 6.5 & 6.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
14h00		2061		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2062		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h30		2063		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
14h30		2064		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2065		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h00		2066		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h00		2067		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2068		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h30		2069		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
15h30		2070		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2071		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h00		2072		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h00		2073		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2074		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h30		2075		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
16h30		2076		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2077		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h00		2078		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h00		2079		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2080		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h30		2081		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
17h30		2082		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2083		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h00		2084		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h00		2085		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2086		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h30		2087		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
18h30		2088		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2089		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h00		2090		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Second person diary (Refer to questions 6.3, 6.4, 6.5 & 6.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
19h00		2091		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2092		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h30		2093		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
19h30		2094		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2095		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		2096		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		2097		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2098		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		2099		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		2100		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2101		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		2102		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		2103		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2104		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		2105		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		2106		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2107		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		2108		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		2109		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2110		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		2111		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		2112		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2113		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		2114		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		2115		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2116		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		2117		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		2118		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2119		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h00		2120		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Second person diary (Refer to questions 6.3, 6.4, 6.5 & 6.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
00h00		2121		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2122		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		2123		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		2124		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2125		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		2126		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		2127		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2128		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		2129		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		2130		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2131		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		2132		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		2133		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2134		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		2135		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		2136		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2137		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		2138		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		2139		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2140		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		2141		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		2142		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		2143		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h00		2144		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

Note to Interviewer: Probe for more activities. If activities that normally follow each other seem to be missing			
6.7 Did you spend any time during the day looking after children? 1 <input type="checkbox"/> Yes, not mentioned all the times (go back and fill in child care activity) 2 <input type="checkbox"/> Yes, already mentioned all the times 3 <input type="checkbox"/> No (If "1", go back and fill in extra child care activities in the diary. Write an asterisk (*) next to the added activities. Then come back to question 6.8)			
		6.8 Was yesterday a normal day for you? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No, because I was ill 03 <input type="checkbox"/> No, because it was holiday 04 <input type="checkbox"/> No, because I was on leave from work 05 <input type="checkbox"/> No, because there was a funeral, wedding etc 06 <input type="checkbox"/> No, because there was a problem with the weather 07 <input type="checkbox"/> No, because I was looking after another family/household member 08 <input type="checkbox"/> No, because there was another family problem 09 <input type="checkbox"/> No, because it was a weekend day 10 <input type="checkbox"/> No, because it was ramzan 11 <input type="checkbox"/> No, other reason (describe):	
		6.9 Overall, how did you feel about the day you just described? 1 <input type="checkbox"/> I was too busy/I had too many things to do 2 <input type="checkbox"/> I had a comfortable amount of things to do 3 <input type="checkbox"/> I was not busy enough/I did not have enough to do	
		6.10 Were any other people present during the interview? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		Time when completed Hours Minutes this section (hours : minutes)	