

GOVERNMENT OF PAKISTAN FEDERAL BUREAU OF STATISTICS LABOUR FORCE SURVEY		Form ____ of ____	
		Survey Period:	Code

Section 1: Identification		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. 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						
Date	Date	Name	Designation	Signature		
	(2)	(3)	Code (4)	Code (5)		
1. Survey						
2. Inspection (i)						
(ii)						
3. Checking/Editing in the Regional Field Offices						
4. Dispatch to Headquarter						
5. Receipt at Headquarter						

Section 3: Editing/Coding at Headquarter						
Date	Date	Name	Designation	Signature		
	(2)	(3)	Code (4)	Code (5)		
1. Editing/Coding by staff						
2. Review by officer (i)						
(ii)						
3. Despatch to D.P. Section						

SECTION 4: Household Composition and Demographic Information

Sl. No.	Name of Household members who usually live here. Do not list guests, visitors, etc. (List members according to sequence given in Col. 3)	Relation to Head	Present		Age	Marital Status	ALL PERSONS 5 YEARS AND ABOVE	
			Status	Sex			Literacy	Educational Level
		1. Head	1. Present	1. Male	In completed years	1. Never married	Can read and write with understanding in any language?	01. No formal education 02. K.G., Nursery 03. K.G. but below primary 04. Primary but below middle 05. Middle but below matric 06. Matric but below intermediate 07. Inter. but below degree 08. Degree in engineering 09. Degree in medicine 10. Degree in computer 11. Degree in agriculture 12. Degree in other subjects 13. M.A/M.Sc. 14. M.Phil/Ph.D.
		2. Spouse	2. Temporarily absent	2. Female		2. Married		
		3. Son/daughter (unmarried)				3. Widow/widower		
		4. Son/daughter (married)				4. Divorced		
		5. Father/mother					1. Yes	
		6. Brother/sister					2. No	
		7. Other relative						
		8. Servant						
		9. Non relative						
(1)	(2)	Code (3)	Code (4)	Code (5)	(6)	Code (7)	Code (8)	Code (9)
1		1						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

REMARKS:

Section 5: CURRENT ACTIVITY

(All persons 10 years and above)

S.No:

Name

(Tick the correct entry for each question)

1. Did.... do any work for pay, profit or family gain during last week, at least for one hour on any day?

1. ☐ Yes (Skip to Q. 7)2. ☐ NoNote :- Work includes:

a) the production and processing of primary products whether for market, barter or own consumption;

b) the production of all other goods and services for the market and, in the case of households producing such goods and services, the corresponding production for own consumption;

c) Own account construction.

2. Even if did not work last week for some reason, did have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)?

1. ☐ YES, a job (Skip to Q. 4)

2. ☐ YES, an enterprise such as a shop, business, farm or service establishment (fixed or mobile) (Skip to Q. 4)

3. ☐ NO, but plans to take a job within a month. (Skip to Q. 42)

4. ☐ NO

3. Did.... help to work for family gain in a family business or family farm during last week?

1. ☐ YES (Skip to Q. 7)2. ☐ NO (Skip to Q. 42)

4. Why did not work last week?

1. ☐ Illness or injury2. ☐ Strike or lockout3. ☐ Holiday, Ramzan, vacation or leave of absence4. ☐ Off-season inactivity5. ☐ Due to bad weather6. ☐ Due to mechanical breakdown7. ☐ Due to shortage of raw material8. ☐ Educational and training leave9. ☐ Maternity or parental leave

10. ☐ Other reasons i.e. reductions in economic activity such as: lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity) (specify) _____

11. ☐ Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering, etc. (specify) _____

12. ☐ Other involuntary reasons (law and order situation, etc.) (specify) _____

5. How long has.... been continuously absent from that job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)?

1. ☐ Less than a month give No. of days _____2. ☐ A month or more

<p>2. What kind of attachment does have to that job or enterprise? <input type="checkbox"/></p> <p>1. <input type="checkbox"/> Own enterprise such as shop, business, farm or service establishment (fixed or mobile).</p> <p>2. <input type="checkbox"/> Payment for duration of absence.</p> <p>3. <input type="checkbox"/> Assurance of agreement on return to work.</p> <p>4. <input type="checkbox"/> Other form of attachment such as profit sharing, etc.</p>	<p>7. <input type="checkbox"/> Own account worker agriculture (Skip to Q.15)</p> <p>8. <input type="checkbox"/> Owner cultivator (Skip to Q. 15)</p> <p>9. <input type="checkbox"/> Share cropper (Skip to Q. 15)</p> <p>10. <input type="checkbox"/> Contract cultivator (Skip to Q. 15)</p> <p>11. <input type="checkbox"/> Unpaid family worker agriculture (Skip to Q.15)</p> <p>12. <input type="checkbox"/> Unpaid family worker(non-agri)</p> <p>13. <input type="checkbox"/> Other, such as a member of a producer's cooperative, etc.</p>
<p>What was main occupation, e.g. what was the nature of work that did?</p> <p>.....</p> <p>.....</p>	<p>10. What kind of enterprise? <input type="checkbox"/></p> <p>1. <input type="checkbox"/> Federal Govt.(Skip to Q.15)</p> <p>2. <input type="checkbox"/> Provincial Govt.(Skip to Q.15)</p> <p>3. <input type="checkbox"/> Local body Govt.(Skip to Q.15)</p>
<p>What was the nature of work done by the enterprise such as shop, business, farm, service establishment (fixed or mobile), office/institution where worked?</p> <p>.....</p> <p>.....</p>	<p>4. <input type="checkbox"/> Public enterprise (Corporation by act of national or provincial assembly) (Skip to Q.15)</p> <p>5. <input type="checkbox"/> Private limited company (Skip to Q.15)</p> <p>6. <input type="checkbox"/> Public limited company (Skip to Q.15)</p>
<p>What was employment status? (Read all the options to the respondent). <input type="checkbox"/></p> <p>1. <input type="checkbox"/> Regular paid employee with fixed wage</p> <p>2. <input type="checkbox"/> Casual paid employee</p> <p>3. <input type="checkbox"/> Paid worker by piece rate or work performed</p> <p>4. <input type="checkbox"/> Paid non-family apprentice</p> <p>5. <input type="checkbox"/> Employer</p> <p>6. <input type="checkbox"/> Own account worker (non-agri)</p> <p>(Continued in next column)</p>	<p>7. <input type="checkbox"/> Cooperative society (Skip to Q.15)</p> <p>8. <input type="checkbox"/> Individual ownership</p> <p>9. <input type="checkbox"/> Partnership</p> <p>10. <input type="checkbox"/> Other (Specify).....</p> <p>11. Does the enterprise keep written accounts? <input type="checkbox"/></p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>3. <input type="checkbox"/> Don't know</p>

<p>12. How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employers)? <input style="width: 50px;" type="text"/></p> <p>1. <input type="checkbox"/> Number of persons upto 5 2. <input type="checkbox"/> 6 to 9 3. <input type="checkbox"/> 10 to 20 4. <input type="checkbox"/> More than 20</p>	<p>18. What was the nature of activities.....did one year ago? <input style="width: 80px;" type="text"/></p> <p>1. <input type="checkbox"/> Same job 2. <input type="checkbox"/> Other job in same enterprise 3. <input type="checkbox"/> Employee in other enterprise 4. <input type="checkbox"/> Own account worker in the same kind of activity. 5. <input type="checkbox"/> Own account worker in other kind of activity. 6. <input type="checkbox"/> Not working. 7. <input type="checkbox"/> Don't know.</p>																																	
<p>13. Are there any regular paid employees in the enterprise? <input style="width: 50px;" type="text"/></p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>																																		
<p>14. If yes in Q.13, then <input style="width: 50px;" type="text"/></p> <p>1. No. of Males..... 14.1 <input style="width: 50px;" type="text"/> 2. No. of Females..... 14.2 <input style="width: 50px;" type="text"/></p>																																		
<p>15. Where did carry out the work? (Read all the options to the respondent). <input style="width: 50px;" type="text"/></p> <p>1. <input type="checkbox"/> At his/her own dwelling 2. <input type="checkbox"/> At family or friend's dwelling 3. <input type="checkbox"/> At the employer's house 4. <input type="checkbox"/> On the street/road 5. <input type="checkbox"/> On country side 6. <input type="checkbox"/> In a shop, business, office or industry 7. <input type="checkbox"/> Other: (Specify)</p>	<p>19. How many hours did work each day during the last week at his main occupation and any subsidiary occupation? Total <input style="width: 80px;" type="text"/></p> <p>In case did not work on any particular day code.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Days</th> <th style="width: 10%; text-align: center;">Hours Worked</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>(19.1) A If had a job or enterprise on that day</td> <td>Saturday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">19.1 <input style="width: 50px;" type="text"/></td> </tr> <tr> <td></td> <td>Sunday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td>(19.2) B If had no job or enterprise on that particular day but available for work</td> <td>Monday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">19.2 <input style="width: 50px;" type="text"/></td> </tr> <tr> <td></td> <td>Tuesday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td></td> <td>Wednesday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">19.3 <input style="width: 50px;" type="text"/></td> </tr> <tr> <td>(19.3) C If had no job or enterprise on that particular day and not available for work</td> <td>Thursday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td></td> <td>Friday</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td style="border: 3px double black; width: 40px; height: 20px;"></td> <td></td> </tr> </tbody> </table>		Days	Hours Worked		(19.1) A If had a job or enterprise on that day	Saturday		19.1 <input style="width: 50px;" type="text"/>		Sunday		(19.2) B If had no job or enterprise on that particular day but available for work	Monday		19.2 <input style="width: 50px;" type="text"/>		Tuesday			Wednesday		19.3 <input style="width: 50px;" type="text"/>	(19.3) C If had no job or enterprise on that particular day and not available for work	Thursday			Friday				Total		
	Days	Hours Worked																																
(19.1) A If had a job or enterprise on that day	Saturday		19.1 <input style="width: 50px;" type="text"/>																															
	Sunday																																	
(19.2) B If had no job or enterprise on that particular day but available for work	Monday		19.2 <input style="width: 50px;" type="text"/>																															
	Tuesday																																	
	Wednesday		19.3 <input style="width: 50px;" type="text"/>																															
(19.3) C If had no job or enterprise on that particular day and not available for work	Thursday																																	
	Friday																																	
	Total																																	
<p>16. What was the location of the enterprise? <input style="width: 50px;" type="text"/></p> <p>1. <input type="checkbox"/> Urban 2. <input type="checkbox"/> Rural</p>																																		
<p>17. In addition to the main occupation, did also work in any subsidiary occupation last week? <input style="width: 50px;" type="text"/></p> <p>1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>	<p>Note: If total is nil (did not work last week) or If total is 35 or more, skip to Q. 21.</p>																																	

SECTION 6: UNDEREMPLOYMENT

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

1. ☐ Normally works the same number of hours
2. ☐ Illness or injury,
3. ☐ Holiday, ramzan, vacation or leave of absence
4. ☐ Strike
5. ☐ Mechanical or electrical breakdown
6. ☐ Shortage of raw materials or fuel
7. ☐ Lockout, lay-off
8. ☐ Bad weather, off-season
9. ☐ Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering, etc.
(Specify)
10. ☐ Other involuntary reasons law and order situation, etc.
(Specify)
11. ☐ Educational and training leave
12. ☐ Maternity or parental leave
13. ☐ Other 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)

21. Was ... available for additional work?

1. ☐ YES
2. ☐ NO

22. Did seek any alternative work last week?

1. ☐ YES
2. ☐ NO

SECTION 7: FOR PAID EMPLOYEES ONLY

For persons who were given codes 1 - 4 in Q. 9

For persons having codes 5 - 13 in Q. 9 (Go to Q. 27)

23. At main work, what is the periodicity of payment?

1. ☐ Daily
2. ☐ Weekly
3. ☐ Fortnightly (Skip to Q. 25)
4. ☐ Monthly (Skip to Q. 25)
5. ☐ Other periodicity:
(Specify)
6. ☐ Piece rate basis for service performed
7. ☐ Other:
(Specify)

24. How much money did earn from the main work last week?

- ☐ Cash Rs.
- ☐ Kind including free or subsidised housing, transport etc. - give market value in Rs. (Skip to Q. 26)

25. How much money did earn from the main work last month?

- ☐ Cash Rs.
- ☐ Kind including free or subsidised housing, transport etc. - give market value in Rs.

26. How much money did receive last year in bonuses? (i.e. amount in addition to his usual pay, remuneration etc.). (whether annually, quarterly or adhoc basis, calculate for the year)

- ☐ Rs.
- ☐ None.

SECTION 8: OCCUPATIONAL INJURIES/DISEASES (ALL EMPLOYED PERSONS)

27. In the past 12 months, have ... received one or more occupational injuries/diseases that caused you to take time off work and/or consult a doctor?

1. ☐ Only one
2. ☐ More than one; specify how many
3. ☐ None (Skip to Q 38)

Questions 28 to 37 should be repeated for each of the separate occupational injury/disease noted in question 27.

28. Did ... receive treatment for your injury/disease or have to take any time off work because of it? (Please include any time off work no matter how short it was.)

1. ☐ Hospitalised
2. ☐ Consulted a doctor, nurse or other medical professional
3. ☐ Took time off work
4. ☐ None

29. What part of ... body injured?

1. ☐ Head
2. ☐ Neck
3. ☐ Trunk
4. ☐ Upper limb
5. ☐ Lower limb
6. ☐ Multiple locations
7. ☐ General injuries

(Circulatory, respiratory, digestive or nervous system, etc.)

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

1. ☐ Fracture (broken bone)
2. ☐ Dislocation
3. ☐ Sprain or strain
4. ☐ Concussion or other internal injury
5. ☐ Amputation
6. ☐ Other wound (lacerations, cut, etc.)
7. ☐ Superficial (abrasions, scratches, blisters, insect bites, etc.)
8. ☐ Contusion or crushing
9. ☐ Burn (burn, scald, friction burn, radiation burn)
10. ☐ Acute poisoning (inhalation, ingestion, swallowing or absorption)
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 radiation
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 alopecia)
21. ☐ Atrophy of the fingers or nails
22. ☐ Disorder related to ergonomics (Musculoskeletal disorder, eyestrain/vision impairment etc.)
23. ☐ Hearing impairment/deafness
24. ☐ Other diseases (specify)

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

1. ☐ Operating without authority.
2. ☐ Excess speed.
3. ☐ Horse play.
4. ☐ Defeating safety devices.
5. ☐ Using unsafe equipment or equipment unsafely.
6. ☐ Taking unsafe position.
7. ☐ Disobeying instruction.
8. ☐ Failure to use the provided personal protective equipment.
9. ☐ 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)

32. What were the unsafe conditions causing the accident/disease?

1. ☐ Unguarded or inadequately guarded.
2. ☐ Defective tool, equipment or material.
3. ☐ Unsafe design or construction.
4. ☐ Poor illumination
5. ☐ Inadequate ventilation.
6. ☐ Improper clothing and footwear.
7. ☐ Non-provision of necessary protection equipment.
8. ☐ Poor house keeping
9. ☐ Slippery surfaces
10. ☐ Other (specify)

<p>33 What was the type of accident?</p> <p>1 <input type="checkbox"/> Falls of (person)</p> <p>2 <input type="checkbox"/> Falling objects</p> <p>3 <input type="checkbox"/> Stepping on, strike against or struck by objects excluding falling objects.</p> <p>4 <input type="checkbox"/> Electricity.</p> <p>5 <input type="checkbox"/> Poison, corrosive and harmful substances, including radiation.</p> <p>6 <input type="checkbox"/> Explosion.</p> <p>7 <input type="checkbox"/> Fire.</p> <p>8 <input type="checkbox"/> Irruption of water.</p> <p>9 <input type="checkbox"/> Suffocation by gases.</p> <p>10 <input type="checkbox"/> Any other type (specify e.g. over exertion/ strenuous movement etc.).....</p>	<p>37. Did report the injury/disease to any one in-charge at work?</p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>
<p>34 How soon were able to go back to work/resume normal activities after the accident/disease?</p> <p>1 <input type="checkbox"/> Still not at work/have not resumed normal activities</p> <p>2 <input type="checkbox"/> Will never be able to go back to work resume normal activities</p> <p>3 <input type="checkbox"/> On the same day as the accident/disease</p> <p>4 <input type="checkbox"/> On the first day after the accident/disease</p> <p>5 <input type="checkbox"/> On the second day after the accident/disease</p> <p>6 <input type="checkbox"/> 3 to 7 days after the accident/disease.</p> <p>7 <input type="checkbox"/> 8 to 15 days after the accident/disease.</p> <p>8 <input type="checkbox"/> 16 to 22 days after the accident/disease.</p> <p>9 <input type="checkbox"/> 23 days to 1 months after the accident/disease.</p> <p>10 <input type="checkbox"/> 1 to 3 months after the accident/disease.</p> <p>11 <input type="checkbox"/> 3 to 6 months after the accident/disease.</p> <p>12 <input type="checkbox"/> 6 to 12 months after the accident/disease.</p> <p>13 <input type="checkbox"/> More than 12 months after the accident/disease.</p> <p>14 <input type="checkbox"/> Don't know.</p>	<p>SECTION 9: QUESTIONS TO BE ADDRESSED TO HEAD OF HOUSEHOLD OR HIS/HER PROXY</p> <p>38. Has anyone in this household died in the past 12 months following an occupational accident or as a result of an occupational disease?</p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No (This interview is terminated. Ask the next person)</p>
<p>35 What was the time of the accident?</p> <p>1 <input type="checkbox"/> In the morning</p> <p>2 <input type="checkbox"/> In the afternoon</p>	<p>39. If 'Yes' in Q.38 then what was the nature of death?</p> <p>1. <input type="checkbox"/> Occupational accident</p> <p>2. <input type="checkbox"/> Occupational disease</p>
<p>36. When did the occupational accident/disease happen?</p> <p><input type="checkbox"/> Month (01 to 12)</p> <p><input type="checkbox"/> Year (2000 or 2001)</p>	<p>40. If 'Yes' in Q.38, then what was the main [occupation of that person at the time of accident/disease?</p> <p>_____</p> <p>_____</p> <p>41. If 'Yes' in Q.38, then what was the [nature of work done by the enterprise [such as shop, business, firm, service [establishment (fixed or mobile), [office / institution where worked?</p> <p>_____</p> <p>_____</p> <p>This interview is completed go to next person.</p>

Section 10: UNEMPLOYMENT	
<p>42. Was available for work during the last week? (Read all the options and mark the appropriate one)</p> <p>1. <input type="checkbox"/> Within this household only</p> <p>2. <input type="checkbox"/> Within this village/town/city only</p> <p>3. <input type="checkbox"/> Anywhere in this District</p> <p>4. <input type="checkbox"/> Anywhere in this Province</p> <p>5. <input type="checkbox"/> Anywhere in Pakistan</p> <p>6. <input type="checkbox"/> Not available (Skip to Q. 55)</p>	<p>3. <input type="checkbox"/> 3 to 6 months</p> <p>4. <input type="checkbox"/> 7 to 12 months</p> <p>5. <input type="checkbox"/> more than 1 year</p>
<p>43. What type of work would be available for? (Read all the options to the respondent and mark the preferred one)</p> <p>1. <input type="checkbox"/> Full time paid employment with government</p> <p>2. <input type="checkbox"/> Full time paid employment with private business/industry</p> <p>3. <input type="checkbox"/> Part-time paid employment</p> <p>4. <input type="checkbox"/> Self employment given the necessary resources & facilities</p> <p>5. <input type="checkbox"/> Other type of employment such as on commission, contract employment, daily wages, etc.</p>	<p>46. What steps has taken during the last year in search of work? (Read all options and mark all mentioned by the respondent, more than one answer acceptable)</p> <p>1. <input type="checkbox"/> Applied to prospective employer</p> <p>2. <input type="checkbox"/> Checked at worksites, farms, factories, markets, etc.</p> <p>3. <input type="checkbox"/> Applied for permit or license to set up own enterprise such as a shop, business, farm, or service establishment (fixed or mobile)</p> <p>4. <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>5. <input type="checkbox"/> Sought assistance from friends or relatives</p> <p>6. <input type="checkbox"/> Placed or answered advertisements</p> <p>7. <input type="checkbox"/> Registered with Government employment agency</p> <p>8. <input type="checkbox"/> Registered with private employment agency</p> <p>9. <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>13. <input type="checkbox"/> Unknown</p>
<p>44. When was the last time that was seeking work?</p> <p>1. <input type="checkbox"/> During the last week</p> <p>2. <input type="checkbox"/> 1 to 4 weeks ago</p> <p>3. <input type="checkbox"/> 1 to 2 months ago</p> <p>4. <input type="checkbox"/> 3 to 6 months ago</p> <p>5. <input type="checkbox"/> 7 to 12 months ago</p> <p>6. <input type="checkbox"/> More than 1 year ago (Skip to Q. 47)</p> <p>7. <input type="checkbox"/> Never has sought work (Skip to Q. 47)</p>	<p>47. Would ... be willing to</p> <p>1. <input type="checkbox"/> only work for wage or salary on locally prevailing terms consistent with qualifications and experience or</p> <p>2. <input type="checkbox"/> take any job on any terms or conditions?</p>
<p>45. How long has been seeking work?</p> <p>1. <input type="checkbox"/> less than a month</p> <p>2. <input type="checkbox"/> 1 to 2 months</p>	

(Continued in next column)

<p>48. Has ever worked in</p> <ul style="list-style-type: none"> - a job or business - a farm or by fishing - other household economic activities (collecting wood, milling/grinding food, etc.) <p>1. <input type="checkbox"/> Yes (Ask Q.49)</p> <p>2. <input type="checkbox"/> NO (This interview is completed go to the next person)</p>	<p>10. <input type="checkbox"/> Contract cultivator</p> <p>11. <input type="checkbox"/> Unpaid family worker agriculture</p> <p>12. <input type="checkbox"/> Unpaid family worker (non-agri)</p> <p>13. <input type="checkbox"/> Other, such as a member of a producer's cooperative, etc.</p>
<p>49. Did work in the last 12 months?</p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>	<p>54. What was the kind of enterprise?</p> <p>1. <input type="checkbox"/> Federal Govt.</p> <p>2. <input type="checkbox"/> Provincial Govt.</p> <p>3. <input type="checkbox"/> Local body Govt.</p> <p>4. <input type="checkbox"/> Public enterprise (Corporation by act of national or provincial assembly)</p> <p>5. <input type="checkbox"/> Private limited company</p> <p>6. <input type="checkbox"/> Public limited company</p> <p>7. <input type="checkbox"/> Cooperative society</p> <p>8. <input type="checkbox"/> Individual ownership</p> <p>9. <input type="checkbox"/> Partnership</p> <p>10. <input type="checkbox"/> Other (Specify) _____</p>
<p>50. What was occupation, in other words, what was the nature of work previously did?</p> <p>.....</p> <p>.....</p>	<p>55. Why was not available for work? (Read all the options to the respondent)</p>
<p>51. What was the nature of work done by the enterprise such as shop, business, farm, service establishment (fixed or mobile), office/institution where previously worked?</p> <p>.....</p> <p>.....</p>	<p>1. <input type="checkbox"/> Illness</p> <p>2. <input type="checkbox"/> Will take a job within a month</p> <p>3. <input type="checkbox"/> Temporarily laid off</p> <p>4. <input type="checkbox"/> Apprentice and not willing to work</p> <p>5. <input type="checkbox"/> Student and not willing to work</p> <p>6. <input type="checkbox"/> Housekeeping and not willing to work (Go to Q.56)</p> <p>7. <input type="checkbox"/> Retired and not willing to work</p> <p>8. <input type="checkbox"/> Agricultural landlord/property owner and not willing to work</p> <p>9. <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: _____ (Go to Q.56)</p> <p>(Specify) _____</p> <p>For persons having code 1-5 or 7-11 this interview is completed go to next person</p>
<p>52. For how many years has been doing this sort of work?</p> <p>1. <input type="checkbox"/> Less than one year</p> <p>2. <input type="checkbox"/> One year but less than 5 years</p> <p>3. <input type="checkbox"/> Five years but less than 10 years</p> <p>4. <input type="checkbox"/> Ten years or more</p>	
<p>53. What was employment status? (Read all the options to the respondent).</p> <p>1. <input type="checkbox"/> Regular paid employee with fixed wage</p> <p>2. <input type="checkbox"/> Casual paid employee</p> <p>3. <input type="checkbox"/> Paid worker by piece rate or work performed</p> <p>4. <input type="checkbox"/> Paid non-family apprentice</p> <p>5. <input type="checkbox"/> Employer</p> <p>6. <input type="checkbox"/> Own account worker (non-agri)</p> <p>7. <input type="checkbox"/> Own account worker agriculture</p> <p>8. <input type="checkbox"/> Owner cultivator</p> <p>9. <input type="checkbox"/> Share cropper</p> <p>(Continued in next column)</p>	

SECTION 11: Persons 10 years and above with codes 6 or 12 in question 55				
WORK ACTIVITY (First, ask all the questions 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 2=No (1)	For each YES, how many hours did ... work last week?		
		Total hours (2)	Own Family (3)	Other people for cash or payment in kind? (4)
56. During the last week did ... help or work in:				
(i) Agricultural operations, such as ploughing, sowing, transplanting rice, picking cotton, collection of vegetables & fruit, harvesting crops, weeding fields?	<input type="checkbox"/>			
(ii) Processing food, namely milling, grinding, drying seeds, maize or rice husking?	<input type="checkbox"/>			
(iii) Livestock operations, such as meat, feeding and milking animals, churning milk, grassing, collection of cowdung and preparing dung cakes?	<input type="checkbox"/>			
(iv) Poultry raising, such as feeding poultry birds, collection & packing of eggs, giving injections or medicine to birds and preparation of feeds?	<input type="checkbox"/>			
(v) Construction work, such as mud plaster of roofs and walls of house and godown, construction and repair of boundary walls, rooms, etc.?	<input type="checkbox"/>			
(vi) Collection of firewood or cotton sticks for use as fire wood for household consumption?	<input type="checkbox"/>			
(vii) Bringing water from outside to the house, taking food from house to farm?	<input type="checkbox"/>			
(viii) Making clothes, sewing pieces of cloth or leather, knitting, embroidery, mat and rope making, pinning, spinning and weaving?	<input type="checkbox"/>			
(ix) Shopping and marketing?	<input type="checkbox"/>			
(x) Washing, mending or pressing clothes?	<input type="checkbox"/>			
(xi) Caring for children or health care of ill persons?	<input type="checkbox"/>			
(xii) Helping children do homework or other educating activities?	<input type="checkbox"/>			
(xiii) Cleaning and arranging the house?	<input type="checkbox"/>			
(xiv) Other activities which produce goods or services at home which are generally available in the market? Specify: _____	<input type="checkbox"/>			
57. Occupation				
58. Industry				
59. Employment Status				
60. Number of hours worked				
This interview is completed go to the next person				