



**FORM B**

Questionnaire No.  of

**Strictly Confidential**

Central Statistical Office  
P.O. Box 31908, Lusaka, Zambia  
Tel No. 256973/253468/251377  
Fax No. 253468/253908

**Republic of Zambia  
CENTRAL STATISTICAL OFFICE  
MINISTRY OF LABOUR AND SOCIAL SECURITY  
LABOUR FORCE SURVEY 2012**

Ministry of Labour and Social Security  
P.O. Box 32186, Lusaka, Zambia  
Tel No. 225722  
Fax No. 225169  
Email: mlss@mlss.gov.zm

**HOUSEHOLD IDENTIFICATION PARTICULARS**

<b>1. Province</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>8. Cluster No</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Physical address of household:</b> ..... .....
<b>2. District</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>9. SBN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>3. Constituency</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>10. HUN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>4. Ward</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>11. HHN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>5. Locality Type</b>	1=Rural      2=Urban		<input type="text"/>	<input type="text"/>	<b>12. Locality Name</b>	<input type="text"/>				<b>Phone number (if any):</b> .....
<b>6. CSA</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>				
<b>7. SEA</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>				

**INTERVIEWER VISITS**

**FINAL VISIT**

No.	Visit		Next visit planned for		Date (DD/MM/YY)	<input type="text"/>
	Date (DD/MM/YY)	Time (HH : MM)	Date (DD/MM/YY)	Time (HH : MM)	Starting Time (HH=MM)	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending Time (HH=MM)	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interview Result Code*	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(*) Result codes 1 = Completed 2 = Partially Completed 3 = No knowledgeable respondent 4 = Entire household absent for extended period of time 5 = Refused 6 = Dwelling Vacant 7 = Dwelling destroyed 8 = Other (specify).....	
FIELD STAFF						
	Interviewer	Supervisor	Data coding officer	Data entry officer		
<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Supervisor Remarks:</b>					<b>Total number of persons aged 15 years and above in the household</b> <input type="text"/>	

SECTION A DEMOGRAPHIC CHARACTERISTICS THESE QUESTIONS SHOULD BE ADDRESSED TO THE MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD.					
Person Number	Can you please provide the names of all persons who are usual members of this household, beginning with the Head of the Household? <i>(Including those who are temporarily absent for any reason)</i>	Is ..... Male or Female? 1. Male 2. Female	How old was ..... at (his/her) last birthday? <i>Enter age in completed years.</i>  IF LESS THAN 1 YEAR ENTER '00'. IF AGED 90 YEARS OR ABOVE ENTER 90.	What is ..... 's relationship to the head of the household?  01. Head 02. Spouse (Husband/Wife) 03. Son/ Daughter 04. Step Child 05. Brother/Sister 06. Brother/Sister in-law 07. Grandchild 08. Nephew/Niece 09. Cousin  10. Parent 11. Father/Mother -in-law 12. Uncle/aunt 13. Grand Parent 14. Son/Daughter- in-law 15. Other Relative 16. Non relative 17 Domestic worker	For Persons aged 12 years and above
					What is ..... 's current marital status?  1. Never married 2. Cohabiting 3. Married 4. Separated 5. Divorced 6. Widowed
PN	A1	A2	A3	A4	A5
01		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**SECTION A DEMOGRAPHIC CHARACTERISTICS CONTINUED**

Person Number	<b>READ:</b> Now I am going to ask you some questions on disability about household members aged 5 years or older					
	Does..... have difficulty seeing, even if wearing glasses? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does..... have difficulty hearing, even if using hearing aid? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does..... have difficulty walking or climbing steps? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does..... have difficulty remembering or concentrating? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does.....have difficulty with self-care such as (washing all over or dressing)? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does..... have difficulty communicating for example understanding or being understood by others? (For permanent condition) 1= no, no difficulty 2= Yes, Some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all
PN	A6	A7	A8	A9	A10	A11
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B EDUCATION AND LITERACY For persons aged 5 years or older									
Person number	Can ..... read and write in any language?	Has ..... ever attended school?	What is the highest level of education that ..... has successfully completed ?	What is the field of study for the highest professional qualification..... completed?	Is ..... currently attending school?	What grade/level is ..... currently attending?	For persons aged 5-17 years		What is/was the main reason ..... is/was not attending or never attended school? 01.Under age 02. Differently abled (Disabled ) 03.Illness 04.School is too far. 05.Cannot afford school cost 06.Family does not allow schooling 07.Not interested in school 08.School not considered valuable 09.School environment not conducive 10.Help at home with household chores 11.Completed school 12. Other ...( Specify)
	1. Yes 2. No	1.Yes 2.No >>B9	See codes in the manual	(Only those with tertiary qualification.)	1.Yes 2.No >>B7	See codes in the manual	At what age did .... begin primary school?  (Age in completed years)  <i>If yes in B5 enter number of years and skip to Section C</i>	At what age did ... leave school?  (Age in completed years)	
PN	B1	B2	B3	B4	B5	B6	B7	B8	B9
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>SECTION B SKILLS TRAINING FOR ALL HOUSEHOLD MEMBERS AGED 15 YEARS OR OLDER</b>					
<b>Now, I am going to ask you question on skills training</b>					
<b>Person number</b>	<b>Has ..... ever received any skills training? (restrict to crafts training) 1. Yes 2.No&gt;&gt;Section C</b>	<b>How did ..... acquire this training? 1. On the Job 2. At Government/Public learning institution 3. At private learning institution 4. Apprenticeship 5. Other.....Specify</b>	<b>The last time.....received training, how long did it last? 1. Less than 3 months 2. 3months but less than 6 months 3. 6 months but less than 1 year 4. 1 year but less than 3 years 5. 3 years and above</b>	<b>The last time ..... was trained in what field was he/she trained? ENTER THE FIELD TRAINING IN THE SPACE PROVIDED  GET THE CODES FROM THE MANUAL</b>	<b>Have you been able to apply this/these skills in any way possible?  1. Yes, Wage employment 2. Yes, Own business/Self employed agric 3. Yes, Own business/Self employed non-agric 4. No benefit at all/Still unemployed</b>
<b>PN</b>	<b>B10</b>	<b>B11</b>	<b>B12</b>	<b>B13</b>	<b>B14</b>
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C ECONOMIC ACTIVITY IDENTIFICATION: THIS SECTION COVERS WORK RELATED ACTIVITIES IN THE LAST 7 DAYS FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER			
Now, I am going to ask some questions about economic activities in the last 7 days for each household member aged 5 years and above			
Person number	What was ..... doing most of the time in the last 7 days?	Did ..... do any work for at least 1 hour in the last 7 days for which he/she was paid in cash or kind?	During the past 7 days, did ..... do any of the activities for household use only such as:
	01.In paid employment/Business 02.In paid employment but temporarily not working due to illness, leave, Industrial dispute or on Study leave } ► <b>SEC D</b> 03.Working Without Pay 04.Not working but looking for work /business 05.Not working & not looking for work, but available for work/business 06.Housewife/Homemaker 07.Retired 08.In School 09.Too old to work 10. Not working, not looking for work & not available for work for other reasons } ► <b>SEC G</b> 11. Too young to work>>End Interview	1.Yes >> <b>SECTION D</b> 2.No	<b>READ</b> a. Construction of own house b. Major repair work on own house c. Raise livestock or chicken, d. Grow crops/ vegetables, e. caught any fish, f. Hunt, g. Collect other food, h. Fetch water i. Collect firewood, j. Produce clothing, basket or mat, furniture, clay pots or other products for household use  1.Yes 2. No. >>Section G or Section I if age is 5-14
PN	C1	C2	C3
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D EMPLOYMENT FOR PERSONS AGED 5 YEARS OR OLDER			
I am now going to ask you questions about Employment for all household members aged 5 years and above in the last 7 days.			
Person number	What kind of work does ..... usually do in the main job/ business that he/she had in the last seven days?	What are ...'s main tasks or duties in this job/activity?	What kind of business /activity is mainly carried out by ...'s employer/establishment?
	WRITE DOWN THE JOB TITLE	Write a short description of the main tasks or duties.  (Write down the Occupation code in the box)  Examples: Drive a taxi, teach children, cook and sell food on the market	(Write down the description of the economic activity)  (Write down the economic activity code in the box)  Example: passenger road transport , retail trade in grocery
PN	D1	D2	D3
01	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
09	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14	_____	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**SECTION D EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE..... CONTINUED**

Person number	For 5-17 years old	What is ..... 's employment status? 1. A paid employee 2. Apprentice, intern 3. An employer 4. Self employed 5. Unpaid family worker	For paid employees and apprentices only (D5=1 or 2)							
	At what age did ..... start to work for the first time in his/her life? (age in completed years)		D14	Does the employer contribute to any social security scheme for ..... ?  (Eg NAPSA ,Workers Compensation, Pensions, etc.)  1.Yes 2.No 9.Don't Know	Is ... entitled to paid leave in his/her main job?  1.Yes 2.No 9.Don't Know	Would ... get paid sick leave in case of illness or injury?  1.Yes 2.No 9.Don't Know	FOR FEMALES ONLY.  Does ..... get paid maternity leave in case of pregnancy?  .Yes 2.No 9.Don't Know	On this job, is ... a member of any trade union?  1.Yes 2.No 9.Don't Know	Does ... 's employer deduct income tax from his/her salary?  1.Yes 2.No 9.Don't Know	Is ... employed on the basis of a written contract or an oral agreement?  1. A written contract 2. An oral agreement 9. Don't Know
PN	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13
01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D EMPLOYMENT FOR PERSONS AGED 5 YEARS OR OLDER.....CONTINUED						
Person number	Does ... work in...? <b>READ</b> 1. Central Government 2. Local Government / Council 3. Parastatal/State Owned Firm 4. Embassy, International Organization 5. NGO or Church 6. Private business or farm 7. Private Household (Paid domestic worker) >>D16 8. Producers co-operative ] ► <b>D18</b>	Is the business where ... works registered with ....? 1. Registrar of societies 2. Registered with PACRA and ZRA 3. Not registered with either 9. Don't know	How many persons, including ..., work at this place of work? 1. 4 and below 2. 5-24 3. 25 and above 9. Don't know	Where does ..... mainly undertake his/her work? 1. Fixed business premises 2. At a market 3. By the road side 4. No fixed location 5. At home 6. Other.....(Specify)	How long has ... worked for this employer/ in this business or activity? 1. less than 3 months 2. 3 months to 5 months 3. 6 months to 11 months 4. 1 year to less than 3 years 5. 3 years to less than 5 years 6. 5 years to less than 10 years 7. 10 years or more	In addition to this job/activity, in the last 7 days, did ... have any other job or business activity even if only for 1 hour? 1. Yes 2. No 9. Don't Know
PN	D14	D15	D16	D17	D18	D19
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E HOURS OF WORK AND UNDEREMPLOYMENT FOR EMPLOYED PERSONS AGED 5 YEARS OR OLDER																		
The next questions are about the hours that you worked in your main and second job, if any...																		
Person number	How many days per week does ... usually work in his/her job? <i>Record number of days (1-7)</i>		How many hours per day on average does ... usually work in his/her job?		During the last 7 days when did .....usually carry out these activities? 1. During the Day 2. at night 3. both the day and the night		In the last 7 days, would ... have liked to work more hours than he/she worked, provided the extra hours had been paid?  1.Yes 2.No >> FA1		How many additional hours could ... have worked in the last 7 days?  <i>Enter the no. of hours</i>		Would ... like to change his/ her current job/business?  1.Yes 2.No>> Sec F		What is the main reason ... would like to change his/her job/business?  1. Present job is temporary 2. Fear of losing present job 3. To work more hours (paid at the same rate) 4. To have a better paid job/activity (higher pay per hour) 5. To work less hours (with a reduction in pay) 6. To make better use of skills 7. To improve other working conditions 8. Other (specify)		In the last 30 days, did ... look for another job/activity to replace his/her current one(s)?  1.Yes 2.No>> sec F		What did ... do to find another job/activity?  1. Registered at a public exchange 2. Registered at a private employment centre 3. Applied to current or other employers 4. Sought assistance from friends or relatives 5. Checked at current or other work sites, farms, factory gates, markets, etc 6. Placed or answered to job advertisements 7. Looked for land, building, machinery, equipment to establish or improve his/her own enterprise 8. Arranged for initial or additional financial resources 9. Other	
	PN	Main job E1a	Second job E1b	Main job E2a	Second job E2b	E3		E4	E5		E6	E7		E8	E9			
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION F PART A INCOME FROM PAID EMPLOYMENT							
For employed persons aged 5 years and above. Ask questions FA1 to FA8 if a respondent is in paid employment in their main job (codes 1 'paid employee' and 2 'apprentice / intern' in D5). Otherwise, use Section F Part B							
<b>Attention:</b> Section F has to be answered by the individual respondent herself / himself, and not by another household member.							
Person number	What is the frequency of .....s income/earnings ?	How many weeks did ..... work in the last month?	How many days did ..... work in the last month?	The last time ... was paid in his/her main job, how much did he/she receive?	Last month, in his/her main job, how much was .....paid in total wages/salary, after any deductions for taxes or social security contributions?		
	1. Monthly>>FA5a 2. Every two weeks 3. Weekly 4. Daily>> FA3 5. Other ...(Specify)>>FA4	Enter number of weeks worked in the last month  <b>Skip to FA4</b>	Enter number of <u>days</u> worked in the last month	Attention!! This refers to the bi- weekly/weekly/daily rate as identified in FA1 Enter amount in Kwacha  97. Paid in kind 98. Don't know 99. Refused	This comprises regular payment for time worked and work done, pay for overtime, shift-work, commissions, tips, cash allowances, regular cash bonuses and gratuities, and remuneration for time not worked.  For those who are paid on a bi- weekly/weekly/daily or other basis ask for an estimate of total monthly wage/salary  Enter money amount in Zambia Kwacha  97. Paid in kind only >>FA8 98. Don't know 99. Refused		
PN	FA1	FA2	FA3	FA4a	FA4b	FA5a	FA5b
01	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION F INCOME FROM EMPLOYMENT (PART A) For employed persons aged 5 years and above.						
Person number	Even if you can't say the exact amount, would you say that .....s monthly wage/salary in his/her main job was.....?		Last month, did .....s employer provide him/her with any payment in kind?		If ... had to pay for these goods and services, how much do you think it would have cost in total in the last month?	
	<b>READ</b> 01. Less than K250,000 02. K250,000 to less than K500,000 03. K500,000 to less than K1 million 04. K1m to less than K1.5 million 05. K1.5m to less than K2 million 06. K2m to less than K3 million 07. K3m to less than K5 million 08. K5m to less than K10 million 09. K10m to less than K20 million 10. K20 million or more 98. Don't know 99. Refused		<b>Examples</b> - Housing - Food and/or drinks - Transportation (vehicle, fuel, bus tickets) - Clothing (excluding uniforms & other work equipment) - Goods and Services  1. Yes 2. No 9. DON'T KNOW  <b>END INTERVIEW FOR AN INDIVIDUAL IF RESPONSE IS 2 OR 9 AND COMPLETE FX ON PAGE 16</b>		Interviewer: Enter amount in Kwacha  98. Don't know 99. Refused  <b>END INTERVIEW FOR AN INDIVIDUAL AND COMPLETE FX ON PAGE 16</b>	
PN	FA6		FA7		FA8a	FA8b
01	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**SECTION F (PART B) ...CONTINUED**

**For persons whose employment status is employer or self employed**

Person number	What type of business is...engaged in?	Last month, how much were the total sales or your turnover from ..... main business or activity?	To run his/her main business or activity, about how much did ..... spend on business expenses such as goods for resale, purchase of raw materials, wages, etc. during the last month?	Last month, did ..... take any products from your main business or activity for his/her for the household's own use?
	1.Non-agriculture 2.Agriculture >>FB8	Interviewer: This refers to the gross takings, not the net profit. Enter amount in Kwacha	Interviewer: This refers to regular business expenditure only. Enter amount in Kwacha	1. Yes 2. No >> FB6
PN	FB1	FB2	FB3	FB4
01	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**SECTION F (PART B) ..CONTINUED**

**For persons whose employment status is employer or self employed**

<b>Person number</b>	<p>If ..... had to purchase those products, how much do you think it would have cost him/her?</p> <p>Enter amount in Kwacha</p>	<p>Last month, how much did ..... make in net profit, from your main business or activity?</p> <p><i>That is, after considering all the sales and deducting all expenses and household's own use.</i></p> <p>ENTER AMOUNT IN KWACHA</p> <p>98. Don't know&gt;&gt;FB7 99. Refused&gt;&gt;FB7</p>	<p>Even if you can't say the exact amount, would you say that ....'s made net profit of.....?</p> <p>01. Less than K250,000 02. K250,000 to less than K500,000 03. K500,000 to less than K1 million 04. K1m to less than K1.5 million 05. K1.5m to less than K2 million 06. K2m to less than K3 million 07. K3m to less than K5 million 08. K5m to less than K10 million 09. K10m to less than K20 million 10. K20 million or more 98. Don't know 99. Refused</p> <p><b>END INTERVIEW FOR AN INDIVIDUAL And answer FX</b></p>
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PN	FB5	FB6a	FB6b	FB7
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION F (PART B) ..... CONTINUED**

**For persons whose employment status is employer or and self employed**

Person number	Did ..... sell any products from your farm or plot during the current agricultural season?	How much income did ..... earn from those sales in the current agricultural season? <i>Interviewer: record the total sum of sales over 12 months in Zambia Kwacha.</i>	Did ..... use any of the products from your farm or plot for own consumption in the last 12 months / during the current agricultural season?	If ..... had bought those products on the market, how much would you have paid for them? <i>Interviewer: Record the total value of own consumption over the past 12 months in Zambia Kwacha.</i>
	1. Yes 2. No >> END INTERVIEW  AND ANSWER FX		1. Yes 2. No >> FB12	
PN	FB8	FB9	FB10	FB11
01	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
14	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**SECTION F (PART B) .... CONTINUED**

For persons whose employment status is employer or and self employed

Complete after Section F.

Person number	How much did ..... spend on inputs such as fertilizer, pesticides, transport of goods to the market and wages for people who helped on your farm or plot?  <i>Interviewer: Record the total sum of expenses over 12 months in Zambia Kwacha</i>	How much net income did ..... earn from those sales during the last 12 months?  <i>Interviewer: Record the total sum of sales over 12 months minus all the expenses and own consumption in Zambia Kwacha.</i>	ENTER THE APPROPRIATE CODE FOR THE INCOME GIVEN IN QUESTION FB13  01. Less than K250,000 02. K250,000 to less than K500,000 03. K500,000 to less than K1 million 04. K1m to less than K1.5 million 05. K1.5m to less than K2 million 06. K2m to less than K3 million 07. K3m to less than K5 million 08. K5m to less than K10 million 09. K10m to less than K20 million 10. K20 million or more 98. Don't know 99. Refused  END INTERVIEW FOR AN INDIVIDUAL AND ANSWER FX	INTERVIEWER: WHO ANSWERED SECTION F?  1. The respondent herself / himself  2. Other knowledgeable household member
	PN	FB12	FB13	FB14
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION G UNEMPLOYMENT/JOB SEARCH For persons aged <u>15 years and above</u> who did not have a job/business activities in the last 7 days							
Person number	In the last 7 days, could ... have started work if a job or a business opportunity had become available?	What was the main reason ... was not available to start work in the last 7 days?	In the last 30 days, did ... look for a job or try to start a business?	What steps did ... take in the last 30 days to find a job or start a business?	What was the main reason ... did not seek work or try to start a business in the last 30 days?	In the last 12 months, did ... do anything to look for work or to start a business?	How long has ... been without work and trying to find a job or start a business?
	1.Yes >>G7 2.No	1. In school/training 2. Family responsibilities / housework 3. Pregnancy 4. Illness, injury, 5. disability 6. Retired or too old to work 7. Too young to work 8. No desire to work 9. Off-season 10. Other reason (specify)	1. Yes 2. No >> G5	1. Registered at a public exchange 2. Registered at a private employment centre 3. Applied directly to employers 4. Checked at work sites, farms, factory gates, markets, etc 5. Contacted friends or relatives 6. Placed or answered job advertisements 7. Looked for land, building, machinery, equipment, products establish his/her own enterprise 8. Sought loans or financial assistance 9. Other	01. Found work, but waiting to start 02. Awaiting replies to earlier inquiries 03. Waiting for the season 04. In school/training 05. Family responsibilities / housework 06. Pregnancy, 07. Illness, injury, 08. disability 09. Does not know where/how to look for work 10. Lacks employers requirements (skills, experience, education) 11. Lacks financial resources, access to land/business facilities, agricultural inputs, etc, to start own business 12. No jobs available in the area 13. Too old to work 14. Other.....Specify	1. Yes 2. No	1. Less than 3 months 2. 3 mo. to <6 months 3. 6 mo to < 9 months 4. 9 mo. to < 12 months 5. 1 year to < 2 years 6. 2 years to < 3 years 7. 3 years to < 5 years 8. 5 years or more
PN	G1	G2	G3	G4	G5	G6	G7
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H				
PREVIOUS WORK EXPERIENCE For persons aged 15 years and over who did not have a job/business activities in the last 7 days				
Person number	Has..... ever worked for a wage or salary, or for other income in cash or in kind (including income obtained from his/her own or a family business or farm)?  1. Yes 2. No>> END INTERVIEW	For how long did ..... work for his/her previous job?  1. less than 3 months 2. 3 months to 5 months 3. 6 months to 11 months 4. 1 year to less than 3 years 5. 3 years to less than 5 years 6. 5 years to less than 10 years 7. 10 years or more	How long ago did ... stop working in his/her last job or business activity?  1. Less than 3 months 2. 3 mo. but less than 6 months 3. 6 mo. but less than 1 year 4. 1 year but less than 3 years 5. 3 years to less than 5 years 6. 5 years or more > Next section	What was the main reason why ... stopped working in his/her last job or business activity?  1.Became a student 2.Poor working conditions 3.Laid off/Retrenched 4. Dismissed 5.Job/Contract completed 6.Wanted to establish own business 7.Wanted paid employment 8.Business was unprofitable 9. Other (Specify)
PN	H1	H2	H3	H4
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION I		
HOUSEHOLD CHORES For persons aged 5 – 17 years		
Person number	During the last 7 days did ..... do any of the tasks indicated below?  *Interviewer to read entire list. Cooking/serving food for your household Cleaning utensils/ cleaning the house/ washing clothes Doing minor household repairs Caring for the old/sick/infirm Looking after children (e.g. feeding, child care, taking to school) Shopping for the household Other household chores  1. Yes 2. No >> END INTERVIEW	Total hours spent last 7 days on any of these activities
PN	I1	I2
01	<input type="checkbox"/>	<input type="text"/>
02	<input type="checkbox"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="text"/>
10	<input type="checkbox"/>	<input type="text"/>
11	<input type="checkbox"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="text"/>
14	<input type="checkbox"/>	<input type="text"/>

SECTION J WORKING CONDITIONS						
For persons aged 15 years and older, and only for their main job or activity in the last one year.						
Person number	How did ..... start working in this job/activity/business/farm?	Who decided for ..... to take up the job/activity/business?	What would ..... have risked if he/she refused to take the job?			Where were ..... recruited for this job/Activity?
	1. On my own decision 2. On my own decision, but was misled on the nature of the job or working conditions 3. Someone forced me to take up the job 4. Other.....(Specify)	1. Employer 2. Recruiter 3. Parents 4. Spouse 5. Other relatives 6. Other.....(Specify)	1. Nothing, but there are few better opportunities of work 2. His/her family, including him/her would suffer some violence 3. He/she would be blacklisted by other employers in the area 4. Other people from .... 's family would lose some benefits ( e.g. Access to land, loan, employment) 5. He/she would be without income			
PN	J1	J2	J3			J4
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION J WORKING CONDITIONS.....CONT'D: For persons aged 15 years and older, and only for their main job or activity in the last <u>one year</u> .										
Person number	In [Name's] main job/activity, was [Name] forced to.....									
	Work overtime beyond acceptable limits  1. Yes 2. No	Work without being paid  1.Yes 2. No	Work on call (day and night)  1. Yes 2. No	Perform tasks which are not part of initial agreement?  1.Yes 2.No	Fulfill hazardous tasks without protection  1. Yes 2. No	Work for another employer in addition to .....s normal job  1.Yes 2.No	Commit illicit activities  1.Yes 2.No	Live in degrading conditions imposed by employer  1.Yes 2. No	Live or work with limited freedom (isolation, confinement, surveillance)  1.Yes 2.No	Stay longer than agreed in the job waiting for due wages or other benefits promised  1.Yes 2.No
PN	J4a	J4b	J4c	J4d	J4e	J4f	J4g	J4h	J4i	J4i
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION J WORKING CONDITIONS.....CONT'D</b>								
For persons aged 15 years and older, and only for their main job or activity in the <u>last one year.</u>								
Person number	Has .....’s employer/recruiter ever used any of the following means to force ..... to work/prevent.....from leaving the job?							
	Threats and/or physical, sexual or psychological violence	Restriction of .....’s freedom due to isolation, confinement or surveillance	Debt related to loan taken by ..... or his/her relatives manipulated	Due wages or other benefits promised are withheld	Retention of Id documents or other essential papers	Threats of denunciation to authorities	Threats of dismissal	Abuse of .....’s vulnerability
PN	1. Yes 2. No	1.Yes 2. No	1. Yes 2. No	1.Yes 2.No	1. Yes 2. No	1.Yes 2.No	<sup>b</sup> 1.Yes 2.No	1.Yes 2. No
	J5a	J5b	J5c	J5d	J5e	J5f	J5g	J5h
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF INTERVIEW

Thank the respondent