

CONFIDENTIAL

Form Number

PART A

Classification information

Region Name

Code

Constituency Name

Code

Rural/Urban

DU Number

PSU number

Sample Household Number

If there are more than 08 persons in the household, use a second questionnaire

Questionnaire  of  completed for this Household.

Base Form Number (First Questionnaire Form Number, in case more than 08 people in household).

Physical location of the household

Telephone number of enumerated household (if any)

Name of head of household

Name of primary respondent

Field administrative information

FINAL RESULTS

- 1 = Completed
- 2 = Partially completed
- 3 = Non-contact
- 4 = Refusal
- 5 = Other

RESULT CODE

Comments on all (non-response i.e. code 3 to 5)

Field staff

Interviewer Name

Number

Signature

Supervisor Name

Number

Signature

<b>B</b> FOR ALL PERSONS: This part covers the household's composition and particulars of each person in the household. The following information must be obtained in respect of every person, including babies, who spent the night of 28 September 2014 in this household.							
Person Line Number	Write firstName and surName of all persons who spent the reference night in this household.  (Write down firstName and surName of each member of the household, starting with the head)	What is (Name)'s relation to the head of the Household? (i.e. Person line number 01) Read out options  1 = Head 2 = Spouse 3 = Son / Daughter 4 = Son / Daughter in Law 5 = Grand Son / Daughter 6 = Father / Mother 7 = Other Relative 8 = Other Non-Relative 9 = Don't know	Is (Name) female or male?  1 = Female 2 = Male	How old was (Name) at his/her last birthday? Write two digits.  Less than 1 year = 00 More than 95 = 99 Don't know = 99	What is (Name)'s citizenship?  01 = Namibia 02 = Angola 03 = Botswana 04 = South Africa 05 = Zambia 06 = Zimbabwe 07 = Other SADC Countries 08 = Other African Countries 09 = China 10 = European 11 = All other Countries 99 = Don't know	Does (Name) receive any grants/pension? (multiple responses) 01 = Old age Pension 02 = War Veterans/ex-combatants Grants 03 = Disability Grants for adults (over 16 years) 04 = Child Maintenance grants 05 = Foster care grant 06 = Special maintenance grant for disable children (16 years & less) 07 = From the workmen's compensation unemployment insurance, social security, MVA and similar funds 08 = Other grants 09 = None 10 = Pension from previous job 99 = Don't know	What is (Name)'s marital status? Read out options  1 = Never married 2 = Married with certificate 3 = Married traditionally 4 = Consensual union 5 = Divorced 6 = Widowed 7 = Separated 9 = Don't know
B1	B2	B3	B4	B5	B6	B7	B8
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1  <input type="checkbox"/> 2		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9
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		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1  <input type="checkbox"/> 2		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9
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C EDUCATION: Ask for all persons aged 6 years and above				D ACTIVITY STATUS: Ask for all persons aged 8 years and above				
Person Line Number	What is (Name)'s schooling status? 1 = Never Attended 2 = At School (Full Time) 3 = Left School 4 = Part Time 5 = Distance Learning 9 = Don't know	What is the highest grade / standard / level of education (Name) has completed? <i>Give highest grade / standard / level of education. If never attended or don't know, write None or don't know respectively</i>	For office use only	In the last seven days, did (Name) do any work for pay, profit or any payment in kind (including paid domestic work) for at least one hour?  1 = Yes 2 = No  <i>If Yes, go to Section E, else continue</i>	In the last seven days, did (Name) run or do any kind of business, big or small, for him/herself or with one or more partners for at least one hour?  1 = Yes 2 = No  <i>If Yes, go to Section E, else continue</i>	In the last seven days, did (Name) help without being paid in any kind of business run by his/her household, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) do any work for his/her own or household farm / plot / garden / cattle post or Kraal or help in growing farm produce, looking after animals for the household or own consumption, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) fetch water or collect wood/dung for household sale, for at least one hour?  1 = Yes 2 = No
B1	C1	C2	C3	D1	D2	D3	D4	D5
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>D</b> <b>ACTIVITY STATUS continues: Ask for all persons aged 8 years and above</b>						
Person Line Number	In the last seven days, did (Name) produce any other goods for household use, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) catch any fish, prawns, shells, wild animals or other food for household consumption, for at least one hour?  1 = Yes 2 = No	Even though (Name) did not do any kind of work in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?  1 = Yes 2 = No  <i>If coded No, go to G</i>	Why did (Name) not work during the last seven days? <i>Read out options</i> 01 = Sick, Injury 02 = Maternity, Parental Leave 03 = Holiday, Vacation 04 = Education Leave 05 = Strike, Lock-out 06 = Temporary Lay-Off 07 = Reduction in Economic Activity 08 = Temporary Reorganization, Suspension of Work 09 = Personal, Family Responsibilities 10 = Off Season 11 = Other Reason 99 = Don't know	Was (Name) being paid or did his/her business / farm continue to operate despite being absent from work during the last seven days?  1 = Yes 2 = No
B1	D6	D7	D8	D9	D10	D11
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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E	EMPLOYED CHARACTERISTICS: Ask for all persons aged 8 years and above, WHO ANSWERED YES to ANY IN D1 - D9					
Person Line Number	What kind of work did (Name) do in his/her main job during the last 7 days or usually does, even if he/she was absent in the last seven days?  <i>Describe the work or give occupation or job title. (Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.) For agricultural work on own/household farm/plot, state whether for own use or sale mostly.</i>	For office use only	What kind of activities were carried out at his/her previous work place? What were its main functions?  <i>Examples: Repairing cars, Selling commercial real estate, Sell food (wholesale) to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/Restaurant, Primary Education, Delivering newspapers to homes</i>	For office use only	In (Name)'s main job, did he/she work as ....? <i>Read out options</i> 01 = Subsistence/Communal Farmer (with paid employees) -> Go to Section F 02 = Subsistence/Communal Farmer (without paid employees) -> Go to Section F 03 = Other Employer -> Go to E6 04 = Other Own Account Worker (without paid employees) -> Go to E6 05 = Employee (Domestic worker) -> Go to E7 06 = Other Employee -> Go to E7 07 = Unpaid Family Worker (Subsistence/Communal) -> Go to Section F 08 = Other Unpaid Family Worker -> Go to Section F 09 = Other, specify..... -> Go to Section F 99 = Don't know -> Go to Section F	Is (Name)'s business/enterprise registered, e.g. Ministry of Trade & Industry?  1 = Yes 2 = No 3 = In the process of registration  <i>For any answer, go to Section F</i>
B1	E1	E2	E3	E4	E5	E6
					<div><div><input type="checkbox"/>01<input type="checkbox"/>02<input type="checkbox"/>03<input type="checkbox"/>04<input type="checkbox"/>05</div><div><input type="checkbox"/>06<input type="checkbox"/>07<input type="checkbox"/>08<input type="checkbox"/>09<input type="checkbox"/>99</div></div>	<div><input type="checkbox"/>01<input type="checkbox"/>02<input type="checkbox"/>03</div>
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					<div><div><input type="checkbox"/>01<input type="checkbox"/>02<input type="checkbox"/>03<input type="checkbox"/>04<input type="checkbox"/>05</div><div><input type="checkbox"/>06<input type="checkbox"/>07<input type="checkbox"/>08<input type="checkbox"/>09<input type="checkbox"/>99</div></div>	<div><input type="checkbox"/>01<input type="checkbox"/>02<input type="checkbox"/>03</div>

CONFIDENTIAL

Namibia Labour Force Survey 2014

b

Form Number

EMPLOYED CHARACTERISTICS: continues...							
Person Line Number	In which entity/business is (Name) employed? 01 = Government 02 = Parastatal 03 = A private enterprise (formal) 04 = A private enterprise (informal) 05 = Non-profit organization 06 = Cooperative 07 = Private household (subsistence farm) 08 = Private household (commercial farm) 09 = Private household (non-farm) 10 = Other reason, specify..... 99 = Don't know	How many people including (Name) do work at his/her work place? 1 = 1 2 = 2 - 3 3 = 4 - 5 4 = 6 - 10 5 = 11 - 15 6 = 16 - 20 7 = > 20 9 = Don't know	Which of the following does (Name)'s employer provide to him/her? (Multiple answers possible) 1 = Food 2 = Accommodation 3 = Clothes 4 = Transport 5 = Pension schemes 6 = Medical aid 7 = Social security 8 = Other, specify..... 9 = None	Is (Name) entitled/allowed to take annual paid leave? 1 = Yes 2 = No 9 = Don't know  If coded 2 or 9, go to E12	Which of the following paid leaves would (Name) benefit from? (Multiple answers possible) 1 = Sick 2 = Maternity 3 = Vacation 4 = Compassionate 5 = Study 6 = Other, specify..... 9 = None	Is (Name)'s contract or agreement of a .....? 1 = Limited duration 2 = Permanent 3 = Unspecified duration	How much is (Name)'s gross income per month in his/her main job?  (Write the average amount in N\$ per month)
B1	E7	E8	E9	E10	E11	E12	E13
	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 99	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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CONFIDENTIAL

Namibia Labour Force Survey 2014

7

Form Number

<b>F</b> HOURS WORKED: Who have worked the last seven days or who did not work but have a job to return to											
Person Line Number	<b>Monday</b> 1 = Usual Hours 2 = Actual Hours	<b>Tuesday</b> 1 = Usual Hours 2 = Actual Hours	<b>Wednesday</b> 1 = Usual Hours 2 = Actual Hours	<b>Thursday</b> 1 = Usual Hours 2 = Actual Hours	<b>Friday</b> 1 = Usual Hours 2 = Actual Hours	<b>Saturday</b> 1 = Usual Hours 2 = Actual Hours	<b>Sunday</b> 1 = Usual Hours 2 = Actual Hours	<b>Would (Name) have preferred to work for more hours during the last 7 days?</b>  1 = Yes 2 = No 9 = Don't know  <i>If coded 2 or 9, go to F11, otherwise proceed</i>	<b>Where would (Name) have preferred to work?</b> <i>Read out options</i>  1 = At Present Job 2 = Other Jobs in addition to present Job 3 = Other Jobs with more hours to replace the Present Job	<b>How many hours would (Name) have preferred to work during the last 7 days?</b>  <i>(Record number of hours)</i>	<b>Did (Name) look for additional work during the last 7 days?</b>  1 = Yes 2 = No
B1	F1	F2	F3	F4	F5	F6	F7	F9	F10	F11	F12
	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<div></div>	<input type="text"/> 1 <input type="text"/> 2
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	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<div></div>	<input type="text"/> 1 <input type="text"/> 2
	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<div></div>	<input type="text"/> 1 <input type="text"/> 2
	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<div></div>	<input type="text"/> 1 <input type="text"/> 2
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	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 9	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<div></div>	<input type="text"/> 1 <input type="text"/> 2

<b>G</b> <b>UNEMPLOYED CHARACTERISTICS: Only applicable to those who answered NO to all in Section D (D1-D9).</b>							
Person Line Number	<b>If (Name) has been offered job, would he/she have been ready to work during the last 7 days?</b>  1 = Yes 2 = No  <i>If coded Yes, go to G3</i>	<b>Since (Name) was not working for pay, profit or family gain, nor ready to work, what was (Name) doing the last 7 days?</b>  1 = Retired 2 = Old age 3 = Illness / disabled 4 = Homemaker 5 = Student 6 = Income recipient 7 = Other, Specify.....  <i>End interviews for those person</i>	<b>Did (Name) look for work or try to start his/her own business during the last 30 days?</b>  1 = Yes 2 = No  <i>If coded No, go to G5</i>	<b>How did (Name) look for work or try to start his/her own business during the last 30 days?</b> (more than one response is possible) 1 = Registration at Ministry of Labour offices 2 = Registration at other employment agencies 3 = Direct applications to employers 4 = Checking at work sites, farms, factory gates market or other assembly places 5 = Placed or answered media advertisement 6 = Seeking assistance of friends, relatives, colleagues, unions, etc 7 = Take action to start business or subsistence farming 8 = Other, Specify... <i>For any answer go to G6</i>	<b>What was the main reason that (Name) didn't look for work or try to start his/her business during the last 30 days?</b>  1 = Thought no work available 2 = Awaiting replies from employers 3 = Got tired of seeking work 4 = Already found work to start within one month 5 = Awaiting busy season 6 = Lack of resources 7 = Other, specify.....	<b>For how long have (Name) been without work and available for work?</b>  1 = <1 month 2 = 1 month < 3 months 3 = 3 months < 6 months 4 = 6 months < 1 year 5 = 1 year < 2 years 6 = 2 years or more	<b>Has (Name) worked in the past 12 months?</b>  1 = Yes 2 = No  <i>If coded No, go to G14</i>
B1	G1	G2	G3	G4	G5	G6	G7
	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1  <input type="checkbox"/> 2
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G UNEMPLOYED CHARACTERISTICS: continues							
Person Line Number	What kind of work did (Name) do in his/her last job?	Office use only	What kind of activities were carried out at (Name)'s last work place? What were its main functions?	For office use only	Name region where (Name) worked before?  If in Namibia write region, or if outside Namibia write country Name in the space provided	What is the reason that (Name) left his/her last job?  01 = Retrenched 02 = Dismissed 03 = Resigned 04 = Disabled 05 = Sick 06 = Closure of company 07 = End of temporary activity 08 = Retirement or old age 09 = Personal/Family reasons 10 = Other, specify.....	How did (Name) support him/herself? 1 = Did odd jobs during the last seven days -> GO BACK TO D1 2 = Supported by someone in the household 3 = Supported by someone outside household 4 = Old age/ disability grant 5 = Supported by charity, church 6 = From savings 7 = Child support/foster care grant 8 = Income from sale of property 9 = Other, specify.....
B1	G8	G9	G10	G11	G12	G13	G14
						<div><div><div><div><input type="checkbox"/>01</div><div><input type="checkbox"/>02</div><div><input type="checkbox"/>03</div><div><input type="checkbox"/>04</div></div><div><div><input type="checkbox"/>05</div><div><input type="checkbox"/>06</div><div><input type="checkbox"/>07</div><div><input type="checkbox"/>08</div></div><div><div><input type="checkbox"/>09</div><div><input type="checkbox"/>10</div></div></div></div>	<div><div><div><div><input type="checkbox"/>1</div><div><input type="checkbox"/>2</div><div><input type="checkbox"/>3</div></div><div><div><input type="checkbox"/>4</div><div><input type="checkbox"/>5</div><div><input type="checkbox"/>9</div></div></div></div>
						<div><div><div><div><input type="checkbox"/>01</div><div><input type="checkbox"/>02</div><div><input type="checkbox"/>03</div><div><input type="checkbox"/>04</div></div><div><div><input type="checkbox"/>05</div><div><input type="checkbox"/>06</div><div><input type="checkbox"/>07</div><div><input type="checkbox"/>08</div></div><div><div><input type="checkbox"/>09</div><div><input type="checkbox"/>10</div></div></div></div>	<div><div><div><div><input type="checkbox"/>1</div><div><input type="checkbox"/>2</div><div><input type="checkbox"/>3</div></div><div><div><input type="checkbox"/>4</div><div><input type="checkbox"/>5</div><div><input type="checkbox"/>9</div></div></div></div>
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**PART J** Control Section (Data Collection)

Number of persons enumerated in the Household	TO BE COMPLETED BY Coder/editor	TO BE COMPLETED BY Regional Supervisor	TO BE COMPLETED BY National Supervisor
	Checked by	Checked by	Checked by
Total.....	..... Name of Editor/Coder	..... Name of Regional Supervisor	..... Name of National Supervisor
Male.....			
Female.....	..... Signature	..... Signature	..... Signature
	...../...../..... Date	...../...../..... Date	...../...../..... Date

**Control Section (Data Entry)**

OFFICE ACTIVITIES		
Activity	Data Entry	Final validation
Date		
Full Name		