

STRICTLY CONFIDENTIAL

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Republic of Zambia

**CENTRAL STATISTICAL OFFICE
 IN CONJUNCTION WITH
 MINISTRY OF LABOUR AND SOCIAL SECURITY
 2014 LABOUR FORCE SURVEY**

Questionnaire No. of

Ministry of Labour and Social Security
 P.O. Box 32186, Lusaka, Zambia
 Tel No. +260211225722
 Fax No. 225169
 Email: mlss@mlss.gov.zm
 www.mlss.gov.zm

| HOUSEHOLD IDENTIFICATION PARTICULARS | | | | | | | | | |
|--------------------------------------|----------------------|--|--|--------------------------|--|--|--|--|--|
| 1. Province | | | | 8. Cluster No | | | | Physical address of household: | |
| 2. District | | | | 9. SBN | | | | | |
| 3. Constituency | | | | 10. HUN | | | | | |
| 4. Ward | | | | 11. HHN | | | | | |
| 5. Region | 1=Rural 2=Urban | | | 12. Locality Name | | | | | |
| 6. CSA | | | | | | | | | |
| 7. SEA | | | | | | | | | |

| INTERVIEWER VISITS | | | |
|--------------------|-----------------|-------------------------|-----------------------|
| Visit No. | Visits | | |
| | Date (DD/MM/YY) | Starting Time (HH : MM) | Ending Time (HH : MM) |
| 1 | _ / _ / _ _ _ | ____ : ____ | |
| 2 | _ / _ / _ _ _ | ____ : ____ | |
| 3 | _ / _ / _ _ _ | ____ : ____ | |

Total number of persons in the household

| 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? (INCLUDING THOSE WHO ARE TEMPORARILY ABSENT FOR ANY REASON BUT NOT EXCEEDING SIX MONTHS) | Is..... Male or Female? 1. Male 2. Female | How old was at (his/her) last birthday? ENTER AGE IN COMPLETED YEARS. 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 OR OLDER What is 's current marital status? 1. Never married 2. Cohabiting 3. Monogamously married 4. Polygamously married 5. Separated 6. Divorced 7. Widowed |
| | PN | A1 | A2 | A3 | A4 |
| 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 B EDUCATION AND LITERACY For persons aged 5 years or older | | | | | | | | | |
|--|---|---------------------------------|--------------------------------------|--|---|---|--|---|--------------------------|
| Person Number | Can read and write in any language? | Has ever attended school? | Is currently attending school? | ONLY PERSONS AGED 5 YEARS TO 25 YEARS OLD What is the main reason is not currently attending school? (FOR PERSONS 5-25 YEARS) 01. Differently abled (Disabled) 02.Illness 03.Injury 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.Family responsibilities 11.Completed school 12.Pregnancy 13.Started Work 14.Got Married 15. Other(specify) SKIP TO B6 | What grade/level is currently attending? SEE CODES IN THE MANUAL ON PAGE 33 | What is the highest grade/level of education that has successfully completed ? FOR PERSONS WITH CODES 00 TO 12 (NURSERY, PRIMARY AND SECONDARY) SKIP TO B9 SEE CODES IN THE MANUAL ON PAGE 33 | ONLY PERSONS WITH TERTIARY EDUCATION What is the field of study for the highest professional qualification..... successfully completed? SKIP TO B9 SEE CODES IN THE MANUAL ON PAGE 65. | What is/was the main reason never attended school? 01.Under age 02. Differently abled (Disabled) 03.Illness 04. School was 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. Family responsibilities 11. Other (Specify) | |
| | PN | B1 | B2 | B3 | B4 | B5 | B6 | B7 | B8 |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

| SECTION B SKILLS TRAINING FOR ALL HOUSEHOLD MEMBERS AGED 15 YEARS OR OLDER | | | | | | |
|---|---|---|---|---|--|--|
| Now, I am going to ask you questions on skills training | | | | | | |
| Person Number | Has ever received any skills training? (restrict to crafts training) 1.Yes 2.No>> Section C | How didacquire this training? 1. On the Job 2. At Government/Public learning institution 3. At private learning institution 4. Apprenticeship 5. Self trained>> B14 6. Other (Specify) | Hasobtained any certification in this skill? 1. Yes 2. No | 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 | 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 ON PAGE 65. | Has..... 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.Yes, benefit household 5.Not beneficial at all 6.No, Still unemployed 7.Yes, voluntary work |
| PN | B9 | B10 | B11 | B12 | B13 | B14 |
| 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 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 or older | | |
|----------------------|---|--|---|
| Person Number | What was..... doing most of the time in the last 7 days ? 01. In paid employment/Business >> SECTION D 02. In paid employment but temporarily not working due to illness, leave, Industrial dispute or on Study leave>> SECTION D 03. Volunteer work>> SECTION D 04. Contributing family worker>> SECTION D 05. Intern >> Section D 06. Apprentice >> Section D 07. Own-use production work 08. Not working but looking for work/business 09. <i>Looking but not available for work</i> 10. Available but not Looking For work 11. Not looking nor Available for work but want work 12. Housewife/Homemaker 13. Retired 14. In School 15. Too old to work >> SECTION H 16. Not working, not looking for work & not available for work for other reasons>> SECTION G 17. Too young to work>> SECTION I | Did..... do any work for at least 1 hour in the last 7 days for which he/she was paid in cash or kind? 1.Yes>> Section D 2.No | During the past 7 days , did do ANY of the activities for household use only such as: READ OUT LIST 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. household management, e.g. accounting, purchasing j. Collect firewood, k. Produce clothing, basket or mat, furniture, clay pots or other products for household use 1.Yes } FOR THOSE AGED 15 YRS OR OLDER GO TO SECTION G 2. NO } IF AGE IS 5-14 GO TO SECTION I |
| 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"/> |
| 06 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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(7) days ? | What kind of business /activity is mainly carried out by ...'s employer/establishment? | |
| | WRITE A <u>DETAILED DESCRIPTION</u> 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 <u>DETAILED DESCRIPTION</u> OF THE ECONOMIC ACTIVITY (RECORD THE ECONOMIC ACTIVITY CODE IN THE BOX) EXAMPLE: PASSENGER ROAD TRANSPORT , RETAIL TRADE IN GROCERY | |
| PN | D1 | D2 | |
| 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"/> | |
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| 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/WORK STATUS FOR PERSONS AGED 5 YEARS OR OLDER (continued) | | | | | | | | | | |
|--|--|---|--|--|---|---|--|---|--|---|
| Person Number | At what age did start to work/business for pay for the first time in his/her life? ENTER AGE IN COMPLETED YEARS | what is 's employment/work status? 1. A paid employee >>D11 2. Apprentice >>D11 3. Intern >>D11 4. An employer >>D13 5. Self employed >> D13 6. Volunteer >> D13 7. Contributing family worker >>D13 | Is 's work....? READ OUT TO THE RESPONDENT 1. Permanent 2. Fixed period contract 3. Part-time 4. Temporary/casual >>D12 5. Seasonal >>D12 | Does the employer contribute to any social security scheme for ? EG NAPSA ,WORKERS COMPENSATION, PENSIONS, ETC. 1.Yes 2.No | Is ... entitled to paid leave in his/her main job? 1.Yes 2.No | Is ... entitled to paid sick leave in case of illness or injury? 1.Yes 2.No | FOR FEMALES ONLY AGED 12 YEARS OR OLDER | On this job, is ... a member of any trade union? 1.Yes 2.No | Does ... 's employer deduct income tax from his/her salary? 1.Yes 2.No | Is ... employed on the basis of a written contract or an oral agreement? 1. A written contract 2. An oral agreement |
| | | | | | | | Is entitled to paid maternity leave in case of pregnancy? 1.Yes 2.No | | | |
| PN | D3 | D4 | D5 | D6 | D7 | D8 | D9 | D10 | D11 | D12 |
| 01 | <input type="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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...? READ OUT TO THE RESPONDENT 1. Central Government >>D17 2. Local Government / Council >>D17 3. Parastatal/State Owned Firm >>D17 4. Embassy, International Organization >>D17 5. Private Household (eg: Paid/worker) >>D15 6. Producers co-operative 7. NGO or Church 8. Private business or farm | Is the establishment/business where ... works registered with? READ OUT TO THE RESPONDENT 1. Registrar of societies, NAPSA and Workers compensation 2. Registered with PACRA ,ZRA, NAPSA and workers compensation 3. NAPSA and Workers compensation 4. Not registered with any. 5. Don't know | How many persons, including..... work at this place of work/business? 1. 4 and below 2. 5-24 3. 25 and above | Where does mainly undertake his/her work/business? 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/business activity, in the last 7 days , did ... have any other job or business activity at least for 1 hour ? 1.Yes 2.No |
| PN | D13 | D14 | D15 | D16 | D17 | D18 |
| 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"/> |
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| 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 PERSONS (AGED 5 YEARS OR OLDER) IN EMPLOYMENT/BUSINESS | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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/business? | | How many hours per day on average does ... usually work in his/her job/business? | | In the last 7 days, would ... have liked to work more hours than he/she worked, provided the extra hours had been paid for? | | How many additional hours per day could ... have worked in the last 7 days? | | Would ... like to change his/her current job/business? | | What is the main reason ... would like to change his/her job/business? | | In the last 30 days, did ... look for another job/activity to replace/improve his/her current one(s)? | | What did ... do to look for another job/activity? | | | | |
| | RECORD NUMBER OF DAYS (1-7) | | | | 1.Yes 2.No >> E5 | | Enter the no. of hours | | 1.Yes 2.No >> E7 | | 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) | | 1.Yes 2.No >> sec F | | READ OUT LIST a. Registered at a public employment exchange b. Registered at a private employment centre c. Applied to current or other employers d. Sought assistance from friends or relatives e. Checked at current or other work sites, farms, factory gates, markets, etc f. Placed or answered to job advertisements g. Looked for land, building, machinery, equipment to replace or improve his/her own enterprise h. Arranged for initial or additional financial resources i. Job Portal (MLSS) j. Internet FOR CONTRIBUTING FAMILY WORKER IN D4, FROM HERE GO TO H1 | | | | |
| | Main job | Second job | Main job | Second job | | | | | | | | | | Response 1. Yes 2. No | | | | | |
| PN | E1a | E1b | E2a | E2b | E3 | E4 | E5 | E6 | E7 | E8a | E8b | E8c | E8d | E8e | E8f | E8g | E8h | E8i | E8J |
| 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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 or older. Ask questions FA1 to FA5c if a respondent is in paid employment in their main job (codes 1 'paid employee', 2 'apprentice' and 3 'intern' in D4). Otherwise, use Section F Pa | | | | | | | | |
| Attention: Section F has to be answered by the individual respondent herself / himself, and not by another household member. | | | | | | | | |
| Person Number | What is the frequency ofs income/earnings in his/her main job? 1. Monthly>>FA5a 2. Every two weeks 3. Weekly 4. Daily>> FA3 | How many <u>weeks</u> did work in the last month and got paid? Enter number of weeks worked and got paid in the last month SKIP TO FA4a | How many <u>days</u> did work in the last month and got paid? Enter number of <u>days</u> worked and got paid in the last month | The last time ... was paid in his/her main job , how much did he/she get every two weeks/weekly/daily . ATTENTION: THIS REFERS TO EVERY TWO WEEKS/WEEKLY/DAILY RATE AS IDENTIFIED IN FA1 ENTER AMOUNT IN KWACHA 1. IN CASH ONLY 2. IN KIND ONLY 3. PAID IN CASH & IN KIND IF PAID IN KIND, ENTER CODE AND AMOUNT. CONVERT ALL PAYMENTS IN KIND TO CASH. GO TO FX ON PAGE 14 | Last month, in his/her main job , how much waspaid in total wages/salary, before and after deductions for taxes or social security contributions? This refers to regular payment for time worked and work done, pay for overtime, shift-work, commissions, tips, cash allowances, regular cash bonuses and remuneration for time not worked. Enter amount in Kwacha 1. IN CASH ONLY 2. IN KIND ONLY 3. PAID IN CASH & IN KIND IF PAID IN CASH AND IN KIND, ENTER CODE AND AMOUNT. CONVERT ALL PAYMENTS IN KIND TO CASH. GO TO FX ON PAGE 14 | | | |
| | | | | | | BEFORE DEDUCTIONS (GROSS PAY) | AFTER DEDUCTIONS (NET PAY) | |
| PN | FA1 | FA2 | FA3 | FA4a | FA4b | FA5a | FA5b | FA5c |
| 01 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 02 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 03 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 04 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 05 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 06 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 08 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 09 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

SECTION F PART B

For persons whose employment status is employer or self employed in D4

| Person Number | What type of business is...engaged in? 1.Non-agriculture 2.Agriculture >>FB7 | Last month, how much were the total sales or your turnover from main business or activity? INTERVIEWER: THIS REFERS TO THE GROSS TAKINGS, NOT THE NET PROFIT. ENTER AMOUNT IN KWACHA | To run your 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? INTERVIEWER: THIS REFERS TO REGULAR BUSINESS EXPENDITURE ONLY. ENTER AMOUNT IN KWACHA | Last month, did.....take any products/services from his/her main business or activity for his/her household's own use? 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

For persons whose employment status is employer or self employed

| | | | | |
|--------------------------|--|---|---|-------------|
| Person Number | If had to purchase those products/services, how much do you think it would have cost him/her? ENTER AMOUNT IN KWACHA | | Last month, how much did make in net profit , from your main business or activity? <i>That is, after considering all the sales and deducting all expenses and household's own use.</i> ENTER AMOUNT IN KWACHA AND GO TO FX ON PAGE 14 09. Don't know >>FX | |
| | PN | FB5 | FB6a | FB6b |
| 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 self employed in the agricultural sector (from FB1)

| Person Number | Did..... sell any products from your farm or plot from 1 st October 2013 to 30 th September 2014 agricultural season? 1. Yes 2. No >> FX page 14 | How much income did..... earn from those sales during the 1 st October 2013 to 30 th September 2014 agricultural season? INTERVIEWER: RECORD THE TOTAL SUM OF SALES OVER 12 MONTHS IN ZAMBIAN KWACHA. INTERVIEWER: THIS REFERS TO THE GROSS TAKINGS, NOT THE NET PROFIT. | Did...take any of the products from his/her farm or plot for household own use during the 1 st October 2013 to 30 th September 2014 agricultural season? 1. Yes 2. No >> FB11 | If.....had bought those products on the market, how much would you have paid for them? INTERVIEWER: RECORD THE TOTAL VALUE OF OWN CONSUMPTION OVER THE PAST 12 MONTHS IN ZAMBIAN KWACHA. |
|---------------|--|--|--|--|
| PN | FB7 | FB8 | FB9 | FB10 |
| 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 | | | Complete after Section F. |
|---|---|---|---|
| For persons whose employment status is employer or and self employed in Agriculture sector continued. | | | |
| 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 during the 1 st October 2013 to 30 th September 2014 agricultural season? INTERVIEWER: RECORD THE TOTAL SUM OF EXPENSES OVER 12 MONTHS IN ZAMBIAN KWACHA | How much net income did earn from those sales during the 1 st October 2013 to 30 th September 2014 agricultural season? INTERVIEWER: RECORD THE TOTAL SUM OF SALES OVER 12 MONTHS MINUS ALL THE EXPENSES AND OWN CONSUMPTION IN ZAMBIAN KWACHA. | INTERVIEWER: WHO ANSWERED SECTION F? 1. The respondent herself / himself 2. Other knowledgeable household member END INTERVIEW FOR THE INDIVIDUAL. |
| PN | FB11 | FB12 | FX |
| 01 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 02 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 03 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 04 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 05 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 06 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 07 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 08 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 09 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 10 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 11 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 12 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 13 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 14 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

| SECTION G UNEMPLOYMENT AND POTENTIAL LABOUR FORCE | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|--|
| For persons aged 15 years or older who did not have a paid job/business activities in the last 7 days | | | | | | | | | | | | | | | | | |
| Person Number | In the last 7 days, would ... have started work if a paid job or a business opportunity had become available? 1.Yes >>G7 2. No | What was the main reason ... was not available to start work/business in the last 7 days? 01. In school/training 02. Family responsibilities / housework 03. Pregnancy 04. Illness, 05. injury, 06. Disability 07. Retired 08. No desire to work 09. Off-season 10. Low pay 11. Too old to work 12. Skills mismatch | In the last 30 days, did ... look for a paid job or try to start a business? 1.Yes 2. No >>G5 | What steps did ... take in the last 30 days to look for a paid job or start a business? READ OUT LIST a. Registered at a public employment exchange >> G7 b. Registered at a private employment centre >> G7 c. Applied to current or other employers >> G7 d. Sought assistance from friends or relatives >> G7 e. Checked at current or other work sites, farms, factory gates, markets, etc >> G7 f. Placed or answered to job advertisements >> G7 g. Looked for land, building, machinery, equipment to establish his/her own enterprise >> G7 h. Arranged for initial or additional financial resources>>G7 i. Job Portal (MLSS) >>G7 j. Internet >> G7 | | | | | | | | | | What was the main reason ... did not look for paid job or try to start a business in the last 30 days? 01.Found a paid job, 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, 08. Injury 09.Disability 10.Does not know where/how to look for a paid job 11.Lacks employers requirements (skills, experience, education) 12. Lacks financial resources, access to land/business facilities, agricultural inputs, etc, to start own business 13.No jobs available in the area 14.Too old to work 15. Low pay 16.No desire to work | In the last 12 months, did ... do anything to look for a paid job or to start a business? 1.Yes 2.No >>G8 | How long has ... been trying to find a paid job or start a business? 1. Less than 3 months 2. 3 to 5 months 3. 6 to 8 months 4. 9 to 11 months 5. 1 but less than 2 years 6. 2 but less than 3 years 7. 3 years to 4 years 8. 5 years or more | How long has ... been without a paid job or business? 1. Less than 3 months 2. 3 to 5 months 3. 6 to 8 months 4. 9 to 11 months 5. 1 but less than 2 years 6. 2 but less than 3 years 7. 3 years to 4 years 8. 5 years or more |
| | | | | Response 1. Yes 2. No | | | | | | | | | | | | | |
| PN | G1 | G2 | G3 | G4a | G4b | G4c | G4d | G4e | G4f | G4g | G4h | G4i | G4j | G5 | G6 | G7 | G8 |
| 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION H PREVIOUS WORK EXPERIENCE For persons aged 15 years or older who did not have a paid 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 >> FOR AGE 15-17 GO TO SECTION I AND END INTERVIEW FOR PERSONS AGED 18 OR OLDER | For how long did work in his/her previous paid job? 1. Less than 3 months 2. 3 to 5 months 3. 6 to 8 months 4. 9 to 11 months 5. 1 but less than 2 years 6. 2 but less than 3 years 7. 3 years to 4 years 8. 5 years or more | What was the main reason..... stopped working in his/her last paid job or business activity? 01. Became a student 02. Poor working conditions 03. Laid off/Retrenched/ Dismissed/Retired 04. Contract expired 05. Job completed 06. Wanted to establish own business 07. Illness 08. Business was unprofitable 09. Injury 10. Pregnancy 11. Family responsibilities 12. Temporal closure of business 13. Too old to work. END INTERVIEW FOR PERSONS AGED 18 OR OLDER. |
| PN | H1 | H2 | H3 |
| 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"/> |
| 06 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 I HOUSEHOLD CHORES For persons aged 5 – 17 years who are too young to work from C1 and persons aged 5 – 14 years from C3. | | | |
|--|---|--|---|
| Person Number | During the last 7 days did do ANY of the tasks indicated below? *INTERVIEWER TO READ LIST. <ul style="list-style-type: none"> - 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 children to school) - Shopping for the household - Other household chores 1. Yes 2. No >> END INTERVIEW FOR INDIVIDUAL. | During the last 7 days when didusually carry out these activities? 1. During the day 2. At night 3. Both the day & the night | Total hours spent in the last 7 days on any of these activities in I1 ADD UP THE HOURS SPENT ON ALL CHORES IF LESS THAN ONE HOUR, ENTER "00" |
| | PN | I1 | I2 |
| 01 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 02 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 03 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 04 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 05 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 06 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 08 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 09 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

| FIELD STAFF | | | | |
|---------------------|-----------------|-----------------|---------------------|--------------------|
| | Interviewer | Supervisor | Data coding officer | Data entry officer |
| Date | _ _ / _ _ / _ _ | _ _ / _ _ / _ _ | _ _ / _ _ / _ _ | _ _ / _ _ / _ _ |
| Name | | | | |
| Signature | | | | |
| Supervisor Remarks: | | | | |

Interview Result Code*

(*) Result codes

1 = Completed

2 = Partially Completed

3 = No knowledgeable respondent

4 = Entire household absent for extended period of time

5 = Refused

6 =Housing Unit (Dwelling) Vacant

7 =Housing Unit (Dwelling) destroyed

8 = Other (specify).....

.....

END OF INTERVIEW
Thank the respondent