



**Part 3. Main job (cont.)**

25	<b>How many persons work at your firm?</b>			
	<input type="checkbox"/> If the number of employed persons is 1-10, specify it → <input type="text"/> <input type="checkbox"/> 11 -19 <input type="checkbox"/> 20 -49 <input type="checkbox"/> 50 -100 <input type="checkbox"/> 101 or more <input type="checkbox"/> I don't know, but less than 11 <input type="checkbox"/> I don't know, but more than 10	11 12 13 14 15 16	→26	
26	<b>Are you employed:</b>			
	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	1 2	→28 →27	
27	<b>Why do you work part-time?</b>			
	<input type="checkbox"/> I study at school, attend a course <input type="checkbox"/> because of illness, disability <input type="checkbox"/> I cannot find a full-time job <input type="checkbox"/> I want to work part-time <input type="checkbox"/> I look after children, a disabled person <input type="checkbox"/> other reasons	1 2 3 4 5 6	→28	
28	<b>Would you like to work longer than at present?</b>			
	<input type="checkbox"/> no <input type="checkbox"/> yes, by taking an additional job <input type="checkbox"/> yes, by taking a job with longer hours <input type="checkbox"/> yes, but only within a present job <input type="checkbox"/> yes, in any way	1 2 3 4 5	→29	
29	<b>How many hours a week would you like to work?</b>	<input type="text"/>		→30
30	<b>Do you work:</b>			
		<i>usually</i>	<i>sometimes</i>	<i>not</i>
	a) at home?	1	2	3
	b) doing shifts?	1	2	3
	c) in the evenings?	1	2	3
	d) at night?	1	2	3
	e) on Saturdays?	1	2	3
f) on Sundays?	1	2	3	
→31				
31	<b>What was your occupation in the reference week?</b> (Give the name of the occupation, position at work, speciality or describe the main activities connected with the work)			
			ISCO code <input type="text"/>	→32
32	<b>When did you begin to work in your present job?</b> Please specify month and year.	<input type="checkbox"/> month <input type="checkbox"/> year		→33

**Part 4. Additional job**

33	<b>Do you have an additional job?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→34 →48
	34	<b>How many hours did you work during the reference week in the additional job?</b> (actual number of hours worked in all additional jobs)	<input type="text"/>	→35
35	<b>Were you:</b>			
	<input type="checkbox"/> self-employed <input type="checkbox"/> paid-employee <input type="checkbox"/> unpaid family worker	1 2 3	→36 →37	
	36	<b>Did you employ contract workers (paid-employees) during the reference week?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2 →37
37	<b>What is the main activity of the local unit which is your additional job?</b>			
			NACE code <input type="text"/>	→38
38	<b>Is your additional job?</b>			
	<input type="checkbox"/> permanent, for unlimited duration <input type="checkbox"/> temporary, for limited duration	1 2	→49	

**Part 5. Previous work experience**

39	<b>Have you ever done any work for pay or profit?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→40 →51	
	40	<b>When did you stop your last job?</b> Please indicate month and year.	<input type="checkbox"/> month <input type="checkbox"/> year	→41	
<i>Note: If person ended work in 1993 or earlier → question 51</i>					
41	<b>Why did you stop working?</b>				
	<input type="checkbox"/> I retired <input type="checkbox"/> I took on early retirement <input type="checkbox"/> I was given a disability pension <input type="checkbox"/> I lost my job due to liquidation of the establishment (bankruptcy or reorganisation) or due to liquidation of my position <input type="checkbox"/> I was dismissed for other reasons <input type="checkbox"/> unsatisfactory financial conditions <input type="checkbox"/> unsatisfactory work conditions other than financial <input type="checkbox"/> I finished a temporary job <input type="checkbox"/> for personal, family reasons <input type="checkbox"/> due to illness, disability <input type="checkbox"/> I started education, training <input type="checkbox"/> I started military service <input type="checkbox"/> for other reasons, specify	1 2 3 4 5 6 7 8 9 10 11 12 13	→42		
	42	<b>Did you work at your last job as:</b>			
		<input type="checkbox"/> self-employed <input type="checkbox"/> paid-employee <input type="checkbox"/> unpaid family worker	1 2 3	→43 →44 →45	
		43	<b>Did you employ contract workers?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2 →45

**Part 5. Previous work experience (cont.)**

44	<b>Who was the owner of this firm?</b>		
	<input type="checkbox"/> public	1	→ 45
<input type="checkbox"/> private	2		
45	<b>What was the main activity of the local unit of your last job?</b>		→ 46
		NACE code	
46	<b>What was your occupation at your last job?</b> (Give the name of the occupation, position at work, speciality or describe the main activities connected with the work)		→ 47
		ISCO code	
47	<b>How long have you been working at your last job?</b> Please indicate number of full years.		→ 51

**Part 6. Search for employment**

48	<b>Are you seeking an additional job?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 49
49	<b>Are you seeking a job, other than your present main job?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 50 → 59
50	<b>Why are you seeking a job?</b>			→ 55
	<input type="checkbox"/> I'm afraid that I will lose a job	1		
<input type="checkbox"/> I'm seeking a permanent job	2			
<input type="checkbox"/> I'm seeking a job with longer work time	3			
<input type="checkbox"/> I'm seeking a job with shorter work time	4			
<input type="checkbox"/> I'm seeking a job with better financial conditions	5			
<input type="checkbox"/> I'm seeking a job with better work conditions other than financial	6			
<input type="checkbox"/> I'm seeking a job in accordance with my qualifications	7			
<input type="checkbox"/> other reasons, specify .....	8			
51	<b>Are you seeking a job?</b>			→ 54 → 52
	<input type="checkbox"/> yes	1		
	<input type="checkbox"/> no, I have found a job and I am waiting to start it in the period of 3 months	2		
<input type="checkbox"/> no	3			
52	<b>Why are you not seeking a job?</b>			→ 53
	<input type="checkbox"/> I believe I will not find a suitable job	1		
<input type="checkbox"/> I tried everything	2			
<input type="checkbox"/> I study, I improve my qualifications	3			
<input type="checkbox"/> I take care of my family and home	4			
<input type="checkbox"/> I'm retired	5			
<input type="checkbox"/> because of illness, disability	6			
<input type="checkbox"/> I do not want to work at the moment	7			
<input type="checkbox"/> other reasons, specify .....	8			
53	<b>Would you like to work?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 59

**Part 6. Search for employment (cont.)**

54	<b>Did you start seeking a job in connection with:</b>			→ 55
	<input type="checkbox"/> loss of a job	1		
	<input type="checkbox"/> resignation from a job	2		
	<input type="checkbox"/> return to work after a break	3		
<input type="checkbox"/> start a first job	4			
55	<b>Could you have started work in the interviewed week or the following week?</b>			→ 56 → 59 → 56
	<input type="checkbox"/> yes	1		
	<input type="checkbox"/> no, because I have to complete education, training	2		
	<input type="checkbox"/> no, because I cannot leave my present job so quickly	3		
	<input type="checkbox"/> no, because of family, personal reasons	4		
	<input type="checkbox"/> no, because of illness	5		
	<input type="checkbox"/> no, because of other reasons	6		
<input type="checkbox"/> I have already found a job and I'm waiting to start it	7			
56	<b>What efforts did you make during the last four weeks in order to find a job?</b>			→ 57
	<input type="checkbox"/> I made no efforts	1		
	<input type="checkbox"/> I contacted the public labour office	2		
	<input type="checkbox"/> I contacted the private employment office	3		
	<input type="checkbox"/> I answered advertisements	4		
	<input type="checkbox"/> I inserted advertisements	5		
	<input type="checkbox"/> I applied to the employers directly	6		
	<input type="checkbox"/> I asked relatives and friends	7		
	<input type="checkbox"/> I undertook efforts to become self-employed	8		
	<input type="checkbox"/> I studied advertisements	9		
	<input type="checkbox"/> I participated in tests, qualification interviews	10		
<input type="checkbox"/> other efforts, specify .....	11			
57	<b>How long have you been seeking a job?</b> Please specify number of months.			→ 58
58	<b>What kind of a job are you seeking?</b>			→ 59
	<input type="checkbox"/> as self-employed	1		
	<input type="checkbox"/> as paid-employee: > only full-time job	2		
	> full-time, but I can take a part-time job	3		
	> part-time, but I can take a full-time job	4		
	> only part-time job > any job	5 6		

**Part 7. Supplementary information**

59	<b>What are your sources of maintenance in the current month?</b>			→ 60
	<input type="checkbox"/> work in non-agriculture sector	1		
	<input type="checkbox"/> work in agriculture sector	2		
	<input type="checkbox"/> pension	3		
	<input type="checkbox"/> disability benefit	4		
	<input type="checkbox"/> unemployment benefit	5		
	<input type="checkbox"/> other non-earning source	6		
	<input type="checkbox"/> supported by person working in non-agriculture sector	7		
	<input type="checkbox"/> supported by person working in agriculture sector	8		
<input type="checkbox"/> supported by person having non-earning source	9			
<b>Please give your main source of maintenance</b>				
60	<b>Do you have assigned valid certificate of inability to work, disability level or disability group number?</b> (If yes, enter appropriate number from instruction, if not - symbol 9)			→ 61

Part 7. Supplementary information (cont.)

STATUS ON THE LABOUR MARKET A YEAR AGO			
61	<b>What was your situation a year ago?</b>		
	<input type="checkbox"/> work	1	→ 62
	<input type="checkbox"/> unemployment	2	
	<input type="checkbox"/> education, training	3	
	<input type="checkbox"/> pension, early retirement	4	
	<input type="checkbox"/> disability	5	→ 64
	<input type="checkbox"/> compulsory military service	6	
	<input type="checkbox"/> family responsibilities <input type="checkbox"/> other form of economic inactivity	7 8	
62	<b>Did you work a year ago as:</b>		
	<input type="checkbox"/> self-employed	1	
	<input type="checkbox"/> employer (giving work to paid-employees)	2	→ 63
	<input type="checkbox"/> paid-employee <input type="checkbox"/> unpaid family worker	3 4	
63	<b>What was the main activity of the local unit of the job you had a year ago?</b>		
	NACE code		→ 64
64	<b>Where did you live a year ago?</b>		
	<input type="checkbox"/> in the same commune you live now	1	
	<input type="checkbox"/> not in the same commune but in the same voivodship	2	
	<input type="checkbox"/> in different voivodship, specify	3	→ 65
	.....		
	<input type="checkbox"/> abroad, specify the country	4	
	.....		
<b>Note:</b> If you are male born in 1937 or earlier or female born in 1942 or earlier → 70			
EDUCATION			
65	<b>Are you a student at a full-time school or university?</b>		
	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 66 → 70
66	<b>Did you have a break (longer than one year) during the whole period of education?</b>		
	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 67 → 68
67	<b>Was restarting of your education related to:</b>		
	<input type="checkbox"/> gaining occupational qualifications	1	
	<input type="checkbox"/> improving occupational qualifications	2	
	<input type="checkbox"/> changing occupational qualifications <input type="checkbox"/> personal interests	3 4	→ 68
68	<b>On what level of education are you learning/studying?</b>		
	<input type="checkbox"/> primary school	1	
	<input type="checkbox"/> lower secondary school	2	
	<input type="checkbox"/> basic vocational school	3	
	<input type="checkbox"/> general secondary school	4	
	<input type="checkbox"/> vocational secondary school	5	→ 69
	<input type="checkbox"/> post-secondary school	6	
	<input type="checkbox"/> tertiary school (engineering, licentiate courses)	7	
	<input type="checkbox"/> tertiary school (master courses)	8	
	<input type="checkbox"/> post-graduate studies <input type="checkbox"/> doctorate studies	9 10	

EDUCATION (cont.)			
69	<b>In what system of education are you learning/studying?</b>		
	<input type="checkbox"/> day	1	
	<input type="checkbox"/> weekend	2	→ 70
	<input type="checkbox"/> evening <input type="checkbox"/> other, specify .....	3 4	
70	<b>In what year did you obtain your present completed level of education?</b> (For persons who completed their education within the last 12 months specify month and year)		
	<input type="checkbox"/> month <input type="checkbox"/> year		→ 71
SUPPLEMENTARY EDUCATION - TRAINING			
71	<b>Have you participated in any form of improving/changing occupational qualification not covered by the school education system during the last 4 weeks?</b>		
	<input type="checkbox"/> yes, in training organised by my company/establishment	1	→ 72
	<input type="checkbox"/> yes, in a training under a specific employment measure	2	
	<input type="checkbox"/> yes, in a course undertaken on my own initiative	3	→ 73
	<input type="checkbox"/> yes, in supervised self-training <input type="checkbox"/> no	4 5	→ 77
72	<b>What was/is the form of training?</b>		
	<input type="checkbox"/> lectures	1	
	<input type="checkbox"/> training in a working environment	2	→ 73
	<input type="checkbox"/> seminars, conferences <input type="checkbox"/> mixed form (combining both work experience and classroom instructions)	3 4	
73	<b>What was/is a purpose of training?</b>		
	<input type="checkbox"/> gaining occupational qualifications	1	→ 74
	<input type="checkbox"/> improving occupational qualifications	2	
	<input type="checkbox"/> changing occupational qualifications <input type="checkbox"/> personal interests	3 4	
74	<b>What was/will be duration of training?</b>		
	<input type="checkbox"/> less than one week	1	
	<input type="checkbox"/> 1 week or more but less than a month	2	
	<input type="checkbox"/> 1 month or more but less than 3 months	3	
	<input type="checkbox"/> 3 months or more but less than 6 months	4	→ 75
	<input type="checkbox"/> 6 months or more but less than 1 year	5	
	<input type="checkbox"/> 1 year or more but less than 2 years	6	
	<input type="checkbox"/> 2 years or more <input type="checkbox"/> duration is unspecified	7 8	
75	<b>How many hours a week took/takes your training ?</b>		→ 76
76	<b>Have you participated fully or partially in the costs of training?</b>		
	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 77
REGISTRATION IN THE LABOUR OFFICE			
77	<b>Are you registered in the public labour office as unemployed?</b>		
	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 78 → 79
78	<b>Do you receive an unemployment benefit?</b>		
	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2	→ 79
<b>79 Participation in the survey</b>			
	<input type="checkbox"/> direct participation		1
	<input type="checkbox"/> participation via another member of the household		2

Interviewer number	Check spelling signature of the interviewer	Date of the interview
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