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Government of Samoa**Samoa Bureau of Statistics & Ministry of Commerce, Industry and Labour**

SAMOA LABOUR FORCE AND SCHOOL-TO-WORK TRANSITION SURVEY 2017

IDENTIFICATION PARTICULARS															
1. REGION				5. Household Number											
2. DISTRICT				6. Name of HH Head											
3. VILLAGE				7. GPS Number											
4. ENUMERATION AREA				8. Contact Telephone											
INTERVIEWER VISITS															
9	Interview Date														
10	Interview Result														
11	Interview Result Codes	1. Completed 2. No Adult at Home 3. Household Absent for a Long Period of Time 4. Postponed 5. Refused 6. Vacant 7. House Destroyed 8. Dwelling Not Found 9. Other _____													
12	Name of Enumerator														
13	Name of Supervisor														
Remarks:										ELIGIBILITY					
													Males	Females	Total
										14. No. of youth (15-24 years)					
START TIME (HH:MM)										15. No. of adults (25+ years)					
END TIME (HH:MM)										16. No of Persons below 15 years					
										17. Total no. of h/hold members					
NUMBER OF QUESTIONNAIRES USED:										18. Total household members who completed Section L1					

SECTION A1. HOUSEHOLD COMPOSITION AND CHARACTERISTICS OF HOUSEHOLD MEMBERS

The following questions should be asked of all usual members of the household. That is, of all persons who usually live and eat together in the same house or compound and share the same housekeeping arrangement. **A person is counted as a household member if he/she has been living here for 3 months or more.**

Note that members of a household are not necessarily related (by blood/marriage) and not all those related persons living in the same house or compound are members of the same household.

Person Number	Can you please give me the full names of all persons who are part of this household, starting with the head of the household? <i>(ENUMERATOR: Please list all the names and surnames of all household members, and check that all are listed below before continuing the interview)</i>	What is (NAME)'s relationship to head of the household? 1= Household Head 2= Spouse 3= Children 4= Grandchildren 5 = Bro & Sister 6= Parent 7=Other Relative 8= Unrelated	Person Number of the person providing the information about the person for whom information is being collected. <i>(ENUMERATOR: Please fill in the Person Number from A1. For persons aged 15 years and above, please insist that they respond themselves)</i>	Sex of (NAME) 1= Male 2= Female	How old is (NAME) at last birthday? <i>(Record the age in completed years. Write 00 if less than 1 year of age)</i>	Disability (Aged 5+)					
						<i>READ:</i> The next questions ask about difficulties (NAME) may have doing certain activities because of a <u>HEALTH PROBLEM</u>					
						Does (NAME) have difficulty seeing, even if wearing glasses? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does (NAME) have difficulty hearing, even if using a hearing aid? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does (NAME) have difficulty walking or climbing steps? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does (NAME) have difficulty remembering or concentrating? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does (NAME) have difficulty (with self-care such as) washing all over or dressing? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all	Does (NAME) have difficulty in communicating with others or others having difficulty in understanding? 1= No, no difficulty 2= Yes, some difficulty 3= Yes, a lot of difficulty 4= Cannot do it at all
A1	A1A	A1B	A1C	A1D	A1E	A1F	A1G	A1H	A1I	A1J	A1K
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

SECTION A1. HOUSEHOLD COMPOSITION AND CHARACTERISTICS OF HOUSEHOLD MEMBERS

The following questions should be asked of all usual members of the household. That is, of all persons who usually live and eat together in the same house or compound and share the same housekeeping arrangement. **A person is counted as a household member if he/she has been living here for 3 months or more.**

Note that members of a household are not necessarily related (by blood/marriage) and not all those related persons living in the same house or compound are members of the same household.

Person Number	What is (NAME)'s marital status? <i>(Answer only if age => 15 years)</i>	In the last 12 months, which of the following sources of support did the household have? <i>(Circle all that apply)</i>										In the last 12 months, which was the <u>main</u> source of support of this household? <i>(Enter only one response)</i>		
	1= Married/ Living together 2= Separated/ Divorced 3= Widow 4= Single	01= Income or other pay from a household business, including from farming or fishing 02= Income or other pay from employment of household members including yourself 03= Income from reselling of goods 04= Foodstuff produced by household members from farming/ fishing 05= Remittances from abroad 06= Support from other households in the country 07= Income from properties, investments or savings 08= Government pension 09= Charity from NGOs or other charitable organizations 10= Other (specify)	01= Income or other pay from a household business, including from farming or fishing 02= Income or other pay from employment of household members including yourself 03= Income from reselling of goods 04= Foodstuff produced by household members from farming/ fishing 05= Remittances from abroad 06= Support from other households in the country 07= Income from properties, investments or savings 08= Government pension 09= Charity from NGOs or other charitable organizations 10= Could not choose 11= Other (specify)											
A1	A1L	A1M										A1Mo (other)	A1N	A1No (other)
1	__	1	2	3	4	5	6	7	8	9	10		__ __	
2	__	1	2	3	4	5	6	7	8	9	10		__ __	
3	__	1	2	3	4	5	6	7	8	9	10		__ __	
4	__	1	2	3	4	5	6	7	8	9	10		__ __	
5	__	1	2	3	4	5	6	7	8	9	10		__ __	
6	__	1	2	3	4	5	6	7	8	9	10		__ __	
7	__	1	2	3	4	5	6	7	8	9	10		__ __	
8	__	1	2	3	4	5	6	7	8	9	10		__ __	
9	__	1	2	3	4	5	6	7	8	9	10		__ __	
10	__	1	2	3	4	5	6	7	8	9	10		__ __	
11	__	1	2	3	4	5	6	7	8	9	10		__ __	
12	__	1	2	3	4	5	6	7	8	9	10		__ __	

SECTION B1. LITERACY AND EDUCATION

Person Number	Literacy: For persons aged <u>15 years and over</u>				Full time education: For persons aged <u>3 years and over</u>									
	Choose one language 1 = Samoan 2 = English 3 = Both	Can (NAME) read a simple sentence? 1= Yes 2= No	Can (NAME) write a simple sentence? 1= Yes 2= No	Can (NAME) understand simple instructions? 1= Yes 2= No <i>If answers to B1B, B1C and B1D = 2 →B1G</i>	Is (NAME) attending school during the current school year? 1= Yes 2= No →B1G	What class is (NAME) currently attending? <i>(Enter codes from list below)</i> <i>All → B1L</i>	Has (NAME) ever attended school? 1= Yes → B1I 2= No	What was the <u>main</u> reason why you/(NAME) has never attended school? <i>(Enter code from list below)</i> <i>All → C1A</i>	What was the highest class that (NAME) completed? <i>(Enter codes from list below)</i> <i>If B1E = 1 & B1F → B1L</i>	Why did you/(NAME) leave school? <i>(Enter code from list below)</i> <i>Answer only if B1E=2 and B1G=1</i>	When did you, did (NAME) leave school? <i>(INTERVIEWER: Please write the date in the form of MM/YY)</i>	At what age did you/(NAME) begin year one? <i>(Age in completed years)</i>		
A1	B1A	B1B	B1C	B1D	B1E	B1F	B1G	B1H	B1Ho (other)	B1I	B1J	B1Jo (other)	B1K	B1L
1														
2														
3														
4														
5														
7														
8														
10														
11														
12														
Codes column B1F:	00= ECE 01= Yr 1 02= Yr 2 03= Yr 3 04= Yr 4 05= Yr 5 06= Yr 6 07= Yr 7 08= Yr 8 09= Yr 9 10= Yr 10 11= Yr 11 12= Yr 12 13= Yr 13 14= TVET 15= University 16= SNE 17= Missionaries													
Codes column B1H:	01= Disabled/ illness 02= No school/school too far 03= Cannot afford schooling 04= Family did not allow schooling 05= Not interested in school 06= Education not considered valuable 07= School not safe 08= To learn a job 09= To work for pay 10= To help unpaid in family business/farm 11= To help at home with household tasks 12= To help/ assist family members 13= Other (specify)													
Codes column B1I:	00= ECE 01= Yr 1 02= Yr 2 03= Yr 3 04= Yr 4 05= Yr 5 06= Yr 6 07= Yr 7 08= Yr 8 09= Yr 9 10= Yr 10 11= Yr 11 12= Yr 12 13= Yr 13 14= TVET 15= short cycle tertiary education 16= BA 17= MA 18= Doctoral 19= SNE 20= Missionaries 88- no class completed 98= don't know													
Codes column B1J:	01= Completed school 02= Failed exams 03= Too old for school 04= Disabled/ illness 05= School closed down/ too far 06= Cannot afford schooling 07= Family did not want me to continue schooling 08= Education not considered valuable 09= School not safe 10= To learn a job 11= To start working 12= To get married/ pregnant 13= To help unpaid in family business/ farm 14= To help at home with household tasks 15= Other (specify)													

SECTION C1. TRAINING WITHIN THE LAST 12 MONTHS (OUTSIDE OF THE GENERAL EDUCATION SYSTEM)

For persons aged 15 years and over

Person Number	Did you, did (NAME) attend any courses, seminars, workshops or receive private lessons or instruction outside the regular education system within the last 12 months? That is, between July 2016 and June 2017		How many of these training activities did you, did (NAME) attend within the last 12 months?		What was the subject of the (most recent) training that you/ (NAME) attended within the last 12 months? <i>(Write the name of the training and enter appropriate code)</i>		For how long did you, did (NAME) attend this training?		Who was the main provider of this training?	
	1= Yes 2= No →D1A		1= 1 training 2= 2 trainings 3= 3 trainings 4= 4 or more trainings				1= < 1 week 2= 1 week to < 2 weeks 3= 2 weeks to < 3 weeks 4= 3 weeks to < 4 weeks 5= 1 month to < 3		1= Government 2= State-owned enterprise 3= Non-governmental/ non-profit organization 4= Private business/person 5= International organization 6= Other (specify) <i>If C1B=1 →D1A</i>	
A1	C1A	C1B	C1C	FIELD code (ISCED-F)	C1D	C1E	C1Eo (other)			
1	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
2	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
3	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
4	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
5	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
6	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
7	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
8	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
9	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
10	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>				
11	<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"/>				

Subject of study codes (columns C1c & C1f):	0231= Language acquisition	0512= Biochemistry	0721= Food processing	0915= Therapy & rehabilitation
0011= Basic programmes	0232= Literature & linguistics	0521= Environmental sciences	0722= Materials (glass, paper, plastic, & wood)	0916= Pharmacy
0021= Literacy & numeracy	0311= Economics	0522= Earth science	0723= Textiles (clothes, footwear & leather)	0917= Traditional medicine & therapy
0031= Personal skills development	0312= Political science & civics	0531= Chemistry	0724= Mining & extraction	0921= Care of the elderly & disables
0111= Education sciences	0313= Psychology	0532= Earth science	0731= Architecture & town planning	0922= Child care & youth services
0112= Training for pre-school teachers	0314= Sociology & cultural studies	0533= Physics	0732= Building & civil engineering	0923= Social work & counselling
0113= Teacher training without subject specialization	0321= Journalism & reporting	0541= Mathematics	0811= Crop & livestock production	1011= Domestic services
0114= Teacher training with subject spec.	0322= Library, info & archival studies	0542= Statistics	0812= Horticulture	1012= Hair & beauty services
0211= Audio visual/ media production	0411= Accounting \$ taxation	0611= Computer use	0821= Forestry	1013= Hotel, restaurants & catering
0212= Fashion, interior/ industrial design	0412= Finance, banking & insurance	0612= Database & network	0831= Fisheries	1014= Sports
0213= Fine arts	0413= Management & administration	0613= Software & application	0841= Veterinary	1015= Travel, tourism, leisure
0214= Handicraft	0414= Marketing & advertising	0711= Chemical engineering & process	0911= Dental studies	1021= Community sanitation
0215= Music & performing arts	0415= Secretarial & office work	0712= Env protection	0912= Medicine	1022= Occupational health & safety
0221= Religion & theology	0416= Wholesale & retail sales	0713= Electricity & energy	0913= Nursing & midwifery	1032= Protection of persons & property
0222= History & archaeology	0417= Work skills	0714= Electronics & automation	0914= Medical diagnostic & treatment	1041= Transport services
0223= Philosophy & ethics	0421= Law	0715= Mechanics & metal trades		
	0511= Biology	0716= Motor vehicles, ships & aircrafts		

SECTION C1. TRAINING WITHIN THE LAST 12 MONTHS (OUTSIDE OF THE GENERAL EDUCATION SYSTEM)

For persons aged 15 years and over

Person Number	What was the subject of the <u>second</u> most recent training that you/ (NAME) attended within the last 12 months? <i>(Write the name of the training and enter appropriate code)</i>		For how long did you/ (NAME) attend this training? 1= Less than 1 week 2= 1 week to < 2 weeks 3= 2 weeks to < 3 weeks 4= 3 weeks to < 4 weeks 5= 1 month to < 3 months 6= 3 months to < 6 months 7= 6 months or longer	Who was the main provider of this training? 1=Government 2= State-owned enterprise 3= Non-governmental/ non-profit organization 4= Private business/person 5= International organization 6= Other (specify)		
	A1	C1F	FIELD code (ISCED-F)	C1G	C1H	C1Ho (other)
1			<input type="text"/>	<input type="text"/>	<input type="text"/>	
2			<input type="text"/>	<input type="text"/>	<input type="text"/>	
3			<input type="text"/>	<input type="text"/>	<input type="text"/>	
4			<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			<input type="text"/>	<input type="text"/>	<input type="text"/>	
6			<input type="text"/>	<input type="text"/>	<input type="text"/>	
7			<input type="text"/>	<input type="text"/>	<input type="text"/>	
8			<input type="text"/>	<input type="text"/>	<input type="text"/>	
9			<input type="text"/>	<input type="text"/>	<input type="text"/>	
10			<input type="text"/>	<input type="text"/>	<input type="text"/>	
11			<input type="text"/>	<input type="text"/>	<input type="text"/>	
12			<input type="text"/>	<input type="text"/>	<input type="text"/>	

Subject of study codes (columns C1c & C1f):				
0011= Basic programmes	0231= Language acquisition	0512= Biochemistry	0721= Food processing	0915= Therapy & rehabilitation
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0031= Personal skills development	0311= Economics	0522= Earth science	0723= Textiles (clothes, footwear & leather)	0917= Traditional medicine & therapy
0111= Education sciences	0312= Political science & civics	0531= Chemistry	0724= Mining & extraction	0921= Care of the elderly & disables
0112= Training for pre-school teachers	0313= Psychology	0532= Earth science	0731= Architecture & town planning	0922= Child care & youth services
0113= Teacher training without subject specialization	0314= Sociology & cultural studies	0533= Physics	0732= Building & civil engineering	0923 Social work & counselling
0114= Teacher training with subject spec.	0321= Journalism & reporting	0541= Mathematics	0811= Crop & livestock production	1011= Domestic services
0211= Audio visual/ media production	0322= Library, info & archival studies	0542= Statistics	0812= Horticulture	1012= Hair & beauty services
0212= Fashion, interior/ industrial design	0411= Accounting \$ taxation	0611= Computer use	0821= Forestry	1013= Hotel, restaurants & catering
0213= Fine arts	0412= Finance, banking & insurance	0612= Database & network	0831= Fisheries	1014= Sports
0214= Handicraft	0413= Management & administration	0613= Software & application	0841= Veterinary	1015= Travel, tourism, leisure
0215= Music & performing arts	0414= Marketing & advertising	0711= Chemical engineering & process	0911= Dental studies	1021= Community sanitation
0221= Religion & theology	0415= Secretarial & office work	0712= Env protection	0912= Medicine	1022= Occupational health & safety
0222= History & archaeology	0416= Wholesale & retail sales	0713= Electricity & energy	0913= Nursing & midwifery	1032= Protection of persons & property
0223= Philosophy & ethics	0417= Work skills	0714= Electronics & automation	0914= Medical diagnostic & treatment	1041= Transport services
	0421= Law	0715= Mechanics & metal trades		
	0511= Biology	0716= Motor vehicles, ships & aircrafts		

SECTION D1. EMPLOYMENT

For persons aged 15 and over

Person Number	In the last 7days, that is from [DATE] up to [DATE/yesterday], did you, did (NAME) do any work for a wage, salary, or any other pay, even if only for one hour? 1= Yes→ E1A 2= No	In the last 7days, did you, did (NAME) run or do any kind of business, farming or other activity to generate income, even if only for one hour? <i>READ ONLY IF NEEDED:</i> <i>For example: growing produce for sale, making things for sale, buying and reselling things, providing services for pay, raising or catching animals or fish for sale</i> 1= Yes→ D3A 2= No	In the last 7days, did you, did (NAME) help a member of the household or family with his/her paid job or business? 1= Yes→ D3A 2= No
A1	D1A	D1B	D1C
01	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION D2. TEMPORARY ABSENCE

For persons aged 15 years and over

Person Number	In the last 7days, did you, did (NAME) have a paid job or a business to which (NAME) expects to return? 1= Yes→D2C 2= No	Does (NAME) usually help in any business run by the household or family but was absent for the last 7days? 1= Yes 2= No →D3B	What was the <u>main</u> reason why you/ (NAME) were/ was absent from work during the last 7days? 01= shift work, flexi time, nature of work→D3A 02= holiday/ vacation→D3A 03= sick/ accident→D3A 04= maternity/ paternity leave→D3A 05= education/ training leave 06= other personal leave (care for family) 07= temporary layoff/ work break 08= bad weather/ natural disaster 09= long term disability 10= seasonal work→D3B 11= others (specify)		Including the time that you/ (NAME) has been absent, will (NAME) return to that same job / business within 3 months? 1= Yes→D3A 2= No	Or will you/(NAME) return after 3 months? 1= Yes 2= No 3= Not sure	Did you, did (NAME) continue to receive an income from his/her job during this absence? 1= Yes→E1A 2= No→D3B
	A1	D2A	D2B	D2C	D2Co (other)	D2D	D2E
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D3. MARKET ACTIVITY

For persons aged 15 years and over who were at work or absent from a paid job or business

Person Number	Was this work that you mentioned previously...? <i>(Mark only one)</i>		In the last 7days did you, did (NAME) do any work in farming, rearing animals or fishing?	Thinking about the products that you/ (NAME) worked on, are they mainly intended for sale or for family use?	In addition to the work you have mentioned, did you, did (NAME) have any paid job or business in the last 7days even if he/she was temporarily absent?
	D3A	D3Ao (other)	D3B	D3C	D3D
	READ 1= farming or rearing animals→D3C 2= fishing→D3C 3= other type of activity→E1A		1= Yes 2= No→G1A	DO NOT READ RESPONSE OPTIONS 1= only for sale→E1A 2= mainly for sale→E1A 3= only for family use 4= mainly for family use	1= Yes→E1A 2= No→G1A
A1					
01	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E1. CHARACTERISTICS OF THE MAIN PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days

INTERVIEWER, PLEASE READ: *Now I would like to ask you questions about your main paid job/ business activity, i.e. the one you usually spend most of the time with.*

Person Number	During the last 7 days did you, did (NAME) have more than one job/business? 1= Yes 2= No		In his/her main job/business, what kind of work does (NAME) usually do? WRITE: - OCCUPATIONAL TITLE, IF ANY - MAIN TASKS AND DUTIES (e.g.: Senior Sergeant – interrogate suspects, Cook – clean tables & wash dishes, Avele College Teacher – teaching science)	What is the main activity of the business or establishment where (NAME) works? WRITE: - NAME, IF ANY - MAIN ACTIVITY, GOODS OR SERVICES (e.g.: Police Department - public safety; Pinati Restaurant - preparing and serving meals; Avele College – teaching students)	Does (NAME) work...? 1= In his/her own business activity → E1G 2= In a business operated by a household or family member → E1G 3= As an employee for someone else 4= As an apprentice, intern 5= Helping a family member who works for someone else	Is (NAME) working in...? 1= Government or a state owned enterprise → E1J 2= A farm → E1G 3= A (non-farm) business → E1G 4= An international organization or a foreign embassy → E1J 5= An NGO, non-profit institution, church → E1J 6= A private household		
	A1	E1A	E1B	ISCO CODE	E1C	ISIC CODE	E1D	E1E
01	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>			<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E1. CHARACTERISTICS OF THE MAIN PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	Does (NAME) work for more than one household? 1= Yes 2= No ALL → E1J	What type of legal organization or ownership of the enterprise/business where you work? 1. An incorporated company → E1J 2. An independent, personal/ family business 3. Don't know	Is the business registered with MCIL or MOR? 1. Yes 2. In the process of being registered 3. No 4. Don't Know	Does the business keep a book of accounts (of its assets and expenditures)? 1. Yes 2. No 3. Don't know	In what type of place do you usually work? 1. At home 2. Structure attached to the home 3. At the client/employer's home 4. At an office, shop factory, or other fixed place of work 5. Fixed stall in market/ street 6. Land, forest, river, ... 7. Without fixed location/ mobile 8. Construction site 9. Other (specify) <i>If E1D = 1 or 2 → E1R</i>		Does your (NAME's) employer pay your contributions npf? 1. Yes 2. No 3. Don't know 4. Don't have an employer	Do you get paid annual leave or payment for leave not taken, from the employer? 1. Yes 2. No 3. Don't know 4. Don't have an employer	Do you get paid sick leave or compensation in case of illness or injury, from the employer? 1. Yes 2. No 3. Don't know 4. Don't have an employer
	A1	E1F	E1G	E1H	E1I	E1J	E1Jo(other)	E1K	E1L
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E1. CHARACTERISTICS OF THE MAIN PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	How many persons work at (NAME)'s place of work? 1= 1 2= 2-4 4= 5-9 4= 10-19 5= 20-49 6= 50+	Does (NAME) have a written contract or oral agreement with his/her employer? 1= written contract 2= oral contract 3= NO → E1X	Is (NAME)'s contract/agreement... 1= Of limited time duration 2= Permanent or without limit of time→ E1X 3= For the completion of a task or tasks→ E1X	What is the total duration of (NAME)'s contract/ agreement with his/ her employer? 1= Daily contract/ agreement 2= 1 day < 1 month 3= 1 month to < 3 months 4= 3 months to < 6 months 5= 6 month to < 1 year 6= > 1 year ALL → E1X	At present, how many persons, including (NAME), work at his/her place of work? 1= 1 → E1T 2= 2-4 3= 5-9 3= 10-19 4= 20-49 5= 50+	Other than (NAME), who else works in his/her business? (Circle all that apply) 1= Business partners 2= Hired employees→ E1U 3= Family members working without pay 4= Unpaid apprentices or interns 5= Others	Does (NAME) ever hire any employees for his/her business? 1= Yes 2= No→ E1V				
	A1	E1N	E1O	E1P	E1Q	E1R	E1S				
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>

SECTION E1. CHARACTERISTICS OF THE MAIN PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	Does (NAME) hire employees regularly or only occasionally? 1= regularly→E1X 2= occasionally	In this business activity, does (NAME) generally work for one or more clients? 1= 1 client only 2= > 1 client	Who decides on (NAME)'s regular working schedule, is it...? <i>(Enter only one code)</i> 1= (NAME) 2=(NAME) in agreement with his/ her clients 3= (NAME)'s client or clients	For how long has (NAME) been working in this business or for this employer? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months but < 1 year 5= 1 year or more	For this work, is (NAME) paid / does (NAME) earn...? <i>(READ & Circle all that apply)</i> 1= a wage, salary 2= by drawings/ profits from the business 3= other cash pay such as commissions, tips→E1Z 4= with products or vouchers 5= any other in kind payments such as meals, housing, vehicle etc 6= does not receive a pay→FOLLOW INSTRUCT BELOW <i>ALL ELSE → E1AA</i>						What other cash payments does (NAME) receive for the work? <i>(DO NOT READ & circle all that apply)</i> 1= piece rate payments 2= commission for sales 3= tips from clients 4= others			
	A1	E1U	E1V	E1W	E1X	E1Y						E1Z		
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	1	2	3	4

SECTION E1. CHARACTERISTICS OF THE MAIN PAID JOB/ BUSINESS ACTIVITY - EARNINGS				
For employed persons aged 15 years and over who were employed in the last 7 days				
Person Number	How often does (NAME) receive payment or earnings in CASH?	The last time you were paid or received earnings in CASH, how much did you receive? <i>(Interviewer to remind the payment period mentioned by the interviewee)</i>	How often does (NAME) receive payment or earnings in KIND?	The last time you were paid or received earnings in KIND, how much did you receive? <i>(Interviewer to remind the payment period mentioned by the interviewee)</i>
	1= with every transaction 2= daily 3= once a week 4= every two weeks 5= every month 6= irregular frequency 7= at end of season or agreed task/ work		1= with every transaction 2= daily 3= once a week 4= every two weeks 5= every month 6= irregular frequency 7= at end of season or agreed task/ work	
A1	E1AA	E1AB	E1AC	E1AD
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"/>
IF THE (NAME) HAS MORE THAN 1 JOB/ BUSINESS (E1A = 1) → E2A OTHERWISE, → F1A				

SECTION E2. CHARACTERISTICS OF SECOND PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days

Answer only if E1A = 1

Person Number	In the second job/ business that (NAME) had in the last 7days, what kind of work does (NAME) usually do?		What is the <u>main</u> activity of the business or establishment where (NAME) works?		In this second job/ business is (NAME)...?	For how long have you been working in this business or for this employer?
	WRITE: -OCCUPATIONAL TITLE, IF ANY -MAIN TASKS AND DUTIES (e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)		WRITE: -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES (e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)		1= a paid employee 2= a paid apprentice or intern 3= an employer (with regular employees) 4= an own-account worker (without regular employees) 5= Helping in a household or family business 6= Helping a family member who works for someone else 7= Cooperative	1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months but < 1 year 5= 1 year or more
A1	E2A	ISCO CODE	E2B	ISIC CODE	E2C	E2D
01		_____		_____	__	__
02		_____		_____	__	__
03		_____		_____	__	__
04		_____		_____	__	__
05		_____		_____	__	__
06		_____		_____	__	__
07		_____		_____	__	__
08		_____		_____	__	__
09		_____		_____	__	__
10		_____		_____	__	__
11		_____		_____	__	__
12		_____		_____	__	__

SECTION E2. CHARACTERISTICS OF SECOND PAID JOB/ BUSINESS ACTIVITY

For employed persons aged 15 years and over who were employed in the last 7 days; Answer only if E1A = 1

Person Number	For this work, is (NAME) paid / Does (NAME) earn...? <i>(READ & Circle all that apply)</i>						What other cash payments does (NAME) receive for the work? <i>(DO NOT READ & circle all that apply)</i>				How often does (NAME) receive payment in CASH in her/his secondary activity?	The last time you were paid or received earnings in CASH in this activity, how much did you receive?	How often does (NAME) receive payment in KIND in her/his secondary activity?	The last time you were paid or received earnings in KIND in this activity, how much did you receive?	
	1= A wage, salary 2= By profits from the business 3= Other cash pay such as commissions, tips → E2F 4= With products or vouchers 5= Any other in kind payments such as meals, housing, etc 6= does not receive a pay → F1A1 ALL ELSE → E2G						1= piece rate payments 2= commission for sales 3= tips from clients 4= others				1= with every transaction 2= daily 3= once a week 4= every two weeks 5= every month 6= irregular frequency 7= at end of season or agreed task/ work	<i>(Interviewer to remind the payment period mentioned by the interviewee)</i>	1= with every transaction 2= daily 3= once a week 4= every two weeks 5= every month 6= irregular frequency 7= at end of season or agreed task/ work	<i>(Interviewer to remind the payment period mentioned by the interviewee)</i>	
A1	E2E						E2F				E2fo (other)	E2G	E2H	E2I	E2J
01	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
02	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
03	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
04	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
05	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
06	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
07	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
08	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
09	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
10	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
11	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____
12	1	2	3	4	5	6	1	2	3	4		_____	_____	_____	_____

SECTION F1. WORKING TIME

For employed persons aged 15 years and over who were employed in the last 7 days

	Thinking about each day in the last 7 days, how many hours did you, did (NAME) work in his/ her job(s) on...? <i>Interviewer: start with the day before the day of the interview, and work your way backwards.</i>											
Person Number	Day_____			Day_____			Day_____			Day_____		
	F1A1			F1A2			F1A3			F1A4		
A1	M	S	O	M	S	O	M	S	O	M	S	O
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

SECTION F1. WORKING TIME

For employed persons aged 15 years and over who were employed in the last 7 days

Thinking about each day in the last 7 days, how many hours did you, did (NAME) work in his/ her job(s) on...?

Interviewer start with the day before the day of the interview, and work your way backwards.

Person Number	Day_____			Day_____			Day_____			Total hours			
	F1A5			F1A6			F1A7			F1A8	F1A9	F1A10	F1A11
A1	M	S	O	M	S	O	M	S	O	M	S	O	T
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

SECTION F1. WORKING TIME

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	Is that the number of hours you/ (NAME) usually works per week? 1= Yes→ F1F 2= No	Do you (Does NAME) usually work more or less hours per week? 1= usually works more hours 2= usually works less hours	What was the <u>main</u> reason why did you, did (NAME) work (more/less) hours than usual in the last 7days? 1= variable working time/ nature of work (shift work, flexible hrs) 2= holidays 3= personal/ family reasons 4= increase in workload 5= reduction in client/ work 6= bad weather/ natural disaster 7= start/ end/ change of jobs 8= others		How many hours does (NAME) usually work per week in his/her...? <i>Interviewer: add the total (T) and confirm with the respondent - note that the total may not equal the sum of the jobs if the respondent has irregular work</i> NOTE:ENTER 97 IF VARIABLE WORKING HOURS				During the last month/ 4 weeks/ 30 days, that is from [DATE] up to [DATE/yesterday], did you, did (NAME) look for additional or other paid work? 1= Yes 2= No	Would you/(NAME) want to work more hours per week than usually worked, provided the extra hours are paid? 1= Yes 2= No → F1J	Could you/(NAME) start working more hours within the next two weeks? 1= Yes 2= No → F1J	
	A1	F1B	F1C	F1D	F1Do (other)	F1E1 M	F1E2 S	F1E3 O	F1E4 T	F1F	F1G	F1H
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION F1. WORKING TIME

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	How many additional hours could you/ (NAME) work per week?	To what extent are you/(NAME) satisfied with your current main job? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat unsatisfied 4. Very unsatisfied	Does (NAME) want to change his/her current employment situation? 1= Yes 2= No → F1M	What is the <u>main</u> reason why you/(NAME) wants to change his/her current employment situation? 1= present job(s) is/ are temp 2= to have better paid job 3= to have more clients/ business 4= to work more hours 5= to work fewer hours 6= to better match skills 7= to work closer to home 8= to improve other working conditions 9= others (specify)		Did you, did (NAME) have any other job or business in the last 12 months that is since (MM/YYYY)? 1= Yes 2= No → I1A	In that job or business, what kind of work did you, did (NAME) usually do? <i>WRITE:</i> <i>-OCCUPATIONAL TITLE, IF ANY</i> <i>-MAIN TASKS AND DUTIES</i> <i>(e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)</i>	
	A1	F1I	F1J	F1K	F1L	F1Lo (other)	F1M	F1N
01	□□□	□	□	□	□	□	□	□□□□□
02	□□□	□	□	□	□	□	□	□□□□□
03	□□□	□	□	□	□	□	□	□□□□□
04	□□□	□	□	□	□	□	□	□□□□□
05	□□□	□	□	□	□	□	□	□□□□□
06	□□□	□	□	□	□	□	□	□□□□□
07	□□□	□	□	□	□	□	□	□□□□□
08	□□□	□	□	□	□	□	□	□□□□□
09	□□□	□	□	□	□	□	□	□□□□□
10	□□□	□	□	□	□	□	□	□□□□□
11	□□□	□	□	□	□	□	□	□□□□□
12	□□□	□	□	□	□	□	□	□□□□□

SECTION F1. WORKING TIME

For employed persons aged 15 years and over who were employed in the last 7 days

Person Number	What was the <u>main</u> activity of the business or establishment where you/(NAME) worked? <i>WRITE: -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES (e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)</i>		In this job was (NAME)...? 1= a paid employee 2= a paid apprentice or intern 3= an employer (with regular employees) 4= an own-account worker (without regular employees) 5= Helping in a household or family business 6= Helping a family member who works for someone else	For how long did you, did (NAME) work in that business or that employer? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months but < 1 year 5= 1 year or more	When did you, did (NAME) last work in that job or business? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months but < 1 year 5= still working in that job→ I1A	What was the <u>main</u> reason why did you, did (NAME) stop working in that business or for that employer? 1= found another job 2= end of temp job 3= dismissal/ staff reduction 4= closure of business 5= personal/ family reasons 6= illness/ injury/ disability 7= retirement 8= others (specify) ALL → I1A		
	A1	F10	ISIC	F1P	F1Q	F1R	F1S	F1So (other)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

SECTION G1. JOB SEARCH

For persons not in employment aged 15 years and over

Person Number	During the last month/4 weeks/30 days, that is from [DATE] up to [DATE/yesterday], did you, did (NAME) do anything to find a paid job? 1= Yes→ G1E 2= No	Or, did you, did (NAME) try to start a business? 1= Yes→ G1E 2= No	Has (NAME) already found a job or arranged to start a business in the future? 1= Yes 2= No→ G1G	When does (NAME) expect to start working in this job/ business? 1= <= month 2= > 1 month =< 3 months 3= > 3 months ALL→ G1K	What did you, did (NAME) <u>mainly</u> do in the last month/4 weeks/30 days to find a job or start a business?) 01= apply to prospective employers 02= place or answer job adverts 03= study or read job adverts 04= register with MCIL 05= register with private recruitment offices such as AEC 06= take a test or interview 07= seek help from relatives, friends, others 08= check at factories, work sites 09= seek financial help to start a business 10= look for land, building, equipment, materials to start a business 11= apply for a permit or license to start a business 12= others (specify)		For how long has (NAME) been without work and trying to find a paid job or start a business? 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 ALL→G1K	
	A1	G1A	G1B	G1C	G1D	G1E	G1Eo (other)	G1F
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

SECTION G1. JOB SEARCH

For persons not in employment aged 15 years and over

Person Number	SECTION G1. JOB SEARCH									
	<i>For persons not in employment aged 15 years and over</i>									
	At any time in the last 12 months, did you, did (NAME) look for paid work or try to start a business? 1= Yes 2= No	At present, does (NAME) have a need to work for pay or profit? 1= Yes 2= No	Would you/(NAME) want to work if a job or business opportunity become available? 1= Yes 2= No→ H1A	What is the <u>main</u> reason why did you, did (NAME) not try to find a paid job or start a business in the last month/4 weeks/30 days? 01= waiting for results of a previous search 02= awaiting recall from a previous job 03= tired of looking/ no jobs in the area 04= no jobs matching skills, lack experience 05= considered too young/ old by employers 06= in studies/ training 07= family/ household responsibility 08= in agriculture/ farming for family use 09= disability/ injury/ illness 10= have other sources of income 11= others (specify)		If (a/the) job or business opportunity had been available could you/(NAME) have started working last 7 days? 1= Yes→ H1A 2= No	Or, could you/(NAME) start working within the next two weeks? 1= Yes→ H1A 2= No	What was the <u>main</u> reason why (NAME) is not available to start working in the next two weeks? 1= awaiting recall from a previous job 2= in studies/ training 3= family/ household responsibility 4= in agriculture/ farming for family use 5= retired/ pensioner 6= disability/ injury/ illness 7= others (specify)		
A1	G1G	G1H	G1I	G1J	G1Jo (other)	G1K	G1L	G1M	G1Mo (other)	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION H1. PREVIOUS WORK EXPERIENCE

For persons not in employment aged 15 years and over

Person Number	In the last 12 months, that is since (MM/2016), did you, did (NAME) have any paid job or business? 1= Yes 2= No → I1A	In the <u>main</u> job or business that you/(NAME) had in the last 12 months, what kind of work did he/ she usually do? <i>WRITE:</i> -OCCUPATIONAL TITLE, IF ANY -MAIN TASKS AND DUTIES (e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)		What was the <u>main</u> activity of the business or establishment where you/(NAME) worked? <i>WRITE:</i> -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES (e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)	
	A1	H1A	H1B	ISCO CODE	H1C
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

SECTION H1. PREVIOUS WORK EXPERIENCE

For persons not in employment aged 15 years and over

Person Number	In this job was (NAME)...? 1= a paid employee 2= a paid apprentice or intern 3= an employer (with regular employees) 4= an own-account worker (without regular employees) 5= Helping in a household or family business 6= Helping a family member who works for someone else	For how long did you, did (NAME) work in that business or for that employer? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months < 1 year 5= => 1 year	When did you, did (NAME) last work in that job or business? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months < 1 year	What was the <u>main</u> reason why you/(NAME) stopped working in that business or for that employer? 1= found another job 2= end of temp job 3= dismissal/ staff reduction 4= closure of business 5= personal/ family reasons 6= illness/ injury/ disability 7= retirement 8= others (specify)		
	A1	H1D	H1E	H1F	H1G	H1Go (other)
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<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"/>

SECTION I1. OCCUPATIONAL INJURIES WITHIN THE LAST 12 MONTHS

For employed persons aged 15 years and over

Person Number	In the last 12 months, was (NAME) hurt in any accident while working that caused him/her injury or illness? <i>(Include accidents that took place while commuting to/from work)</i>	Did any of the injuries received in the last 12 months result in (NAME) being absent from work, or unable to work for at least one day, apart from the day of the accident? 1= Yes 2= No	What is the name of the place where you/(NAME) worked when the accident happened?	In that job or business, what kind of work did you, did (NAME) usually do? <i>WRITE: -OCCUPATIONAL TITLE, IF ANY -MAIN TASKS AND DUTIES</i> <i>(e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)</i>	What was the <u>main</u> activity of the business or establishment where you/(NAME) worked? <i>WRITE: -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES</i> <i>(e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)</i>		
	A1	I1A	I1B	I1C	I1D	ISCO Code	I1E
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"/>

SECTION J1. MAIN ACTIVITY

For all persons aged 15 years and over

Person Number	Which of the following applies to you/(NAME) at present? Is (NAME)?... <i>(Circle all that apply)</i>								And which of those <u>describes best</u> what (NAME) mainly does at present? <i>(Enter only one)</i>		And which of the following best describes what you/(NAME) <u>mainly did</u> in the last 12 months? <i>(Enter only one)</i>			
	1= studying 2= working to generate income 3= farming/ fishing to produce foodstuff for the household 4= looking for work 5= engaged in household responsibilities 6= with a long term illness/ injury/ disability 7= retired/ pensioner 8= others (specify)								1= studying 2= working to generate income 3= farming/ fishing to produce foodstuff for the household 4= looking for work 5= engaged in household responsibilities 6= with a long term illness/ injury/ disability 7= retired/ pensioner 8= others (specify) 9= could not choose		1= studying 2= working to generate income 3= farming/ fishing to produce foodstuff for the household 4= looking for work 5= engaged in household responsibilities 6= with a long term illness/ injury/ disability 7= retired/ pensioner 8= others (specify) 9= could not choose			
A1	J1A								J1Ao (other)	J1B	J1Bo (other)		J1C	J1Co (other)
01	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
02	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
03	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
04	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
05	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
06	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
07	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
08	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
09	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
10	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
11	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	
12	1	2	3	4	5	6	7	8		<input type="checkbox"/>			<input type="checkbox"/>	

SECTION K1. OWN USE PRODUCTION WORK

For all persons aged 15 years and over

(The next questions are about activities to produce foodstuff intended mainly for consumption by the household)

Person Number	K1A								K1B	K1C	ISIC CODE	K1D	K1E
	1	2	3	4	1	2	1	2					
	During the last 7 days, that is from [DATE] up to [DATE/yesterday], did you, did (NAME) do any of the following activities to produce foodstuff <u>intended mainly</u> for consumption by the household? 1= Grow any crops, vegetables or fruits 2= Rear or tend animals 3= Fish or collect shellfish 4= Hunt 1= Yes 2= No <i>If all activities (1-4) = 2 → K1F1</i>								How many hours did you, did (NAME) spend on these activities in the last 7 days?	Which type of animals or products <u>mainly</u> for consumption by the household was (NAME) working on? <i>(e.g: fish, chicken, duck, taro, yam)</i>	Does the household regularly sell any of the animals or goods produced? 1= Yes 2= No → K1F1	About how much does the household regularly sell? 1= less than half 2= more than half	
A1													
01	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
10	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
11	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
12	1	2	1	2	1	2	1	2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION K1. OWN USE PRODUCTION WORK

For all persons aged 15 years and over

(The next questions are about activities to produce foodstuff intended mainly for consumption by the household)

Person Number	During the last 7days, how much time did you, did (NAME) spend... 1= Cleaning the house, washing clothes, cooking, lawn mowing or shopping for the household 2= Preparing other food or drinks to preserve them, such as making coconut jam & preparing fish & meat for storage 3= Making goods for use by the household, such as furniture, fans, baskets, mats 4= Paying household bills or arranging services to fix or maintain the household's dwelling or car 5= Doing repairs or maintenance work yourself, such as fixing broken appliances or fixtures, painting walls, etc 6= Doing construction work yourself to renovate, extend or build the household's dwelling 7= Fetching water from natural or public sources for use by the household 8= Collecting firewood or other natural products for use as fuel by the household <i>If no hours, enter 00</i>								During the last 7days, did you, did (NAME) spend any time providing care, help or assistance to household members aged 18 years or older because of a disability, illness, or problems related to old age? READ For example: Administering medication, feeding, helping them with bathing, and personal hygiene 1= yes 2= no → K1I		How many hours did you/(NAME) spend on these activities during the last 7days?
	A1	K1F1	K1F	K1F3	K1F4	K1F5	K1F6	K1F7	K1F8	K1G	K1H
	1	2	3	4	5	6	7	8			
01											
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SECTION K1. OWN USE PRODUCTION WORK

For all persons aged 15 years and over

(The next questions are about activities to produce foodstuff intended mainly for consumption by the household)

Person Number	During the last 7days, did you, did (NAME) spend any time looking after children aged 17 years or younger living in this household? READ For example: Bathing and playing with children, taking/ picking up children from school, sports or other activities, instructing, tutoring or helping children with their homework, advising or talking with them about their problems, changing diapers, feeding/ nursing, etc 1= Yes 2= No→ L1A	How many hours did you, did (NAME) spend on these activities during the last 7days?
	K1I	K1J
A1		
01	_	_ _
02	_	_ _
03	_	_ _
04	_	_ _
05	_	_ _
06	_	_ _
07	_	_ _
08	_	_ _
09	_	_ _
10	_	_ _
11	_	_ _
12	_	_ _

SECTION L1. SCHOOL-TO-WORK TRANSITION HISTORY OF YOUTH						
<i>For all persons aged between 15 years and 24 years</i>						
Person Number	Did you, did (NAME) ever worked before? 1= Yes 2= No→NEXT APPLICABLE PERSON IF ANY OTHERWISE, END INTERVIEW	When did you (NAME) start your (his/her) first employment experience or when did you start looking for a job? <i>(INTERVIEWER: Please record date in the form of MM/YYYY)</i>	Which of the following activities best corresponds to what (NAME) was <u>mainly</u> doing? <i>(READ: Enter only one)</i> 1= work to generate income with an employer (full- or part-time) 2= employer (with regular employees) 3= an own-account worker (without regular employees) 4= Work as unpaid family member (work for family gain) 5= Engaged in an apprenticeship/ internship 6= Available and actively looking for work 7= Full-time education or training 8= Engaged in home duties (including child care)	Are you (Is NAME) still doing this activity? 1= Yes→NEXT APPLICABLE PERSON IF ANY OTHERWISE, END INTERVIEW 2= No	Was (NAME) employed on the basis of? 1= A written agreement 2= An oral agreement 3= No contract → L1I	Was your (NAME)'s contract or agreement of 1= Limited duration /temporary 2= Else → L1I
	A1	L1A	L1B	L1C	L1D	L1E
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"/>

SECTION L1. SCHOOL-TO-WORK TRANSITION HISTORY OF YOUTH

For all persons aged between 15 years and 24 years IF employed at least once irrespective of duration

Person Number	What was the duration of (NAME)'s contract or agreement? 1= < 12 months 2= 12 months < 36 months 3= > 36 months	What was the <u>main</u> reason why was (NAME)'s contract or agreement of limited duration? <i>(READ: Enter only one)</i> 1= On the job training, internship 2= Probation period 3= Seasonal work 4= Occasional/daily work 5= Public employment programme 6= Work for a service or specific task 7= Other (specify)			To what extent was (NAME) satisfied with the job? 1= Very satisfied 2= Somewhat satisfied 3= Somewhat unsatisfied 4= Very unsatisfied	On what date did you/(NAME) stop doing that activity? <i>(INTERVIEWER: Please record date in the form of MM/YYYY)</i>	What was the <u>main</u> reason why you stopped that job? 01= Left for better job 02= Dismissed/let go/resigned 03= Left because unhappy with workplace 04= Temporary job ended 05= Health reasons 06= Left to have baby 07= Look after family 08= Moved area 09= Started education/ training/ apprenticeship programme 10= Other (specify)	
	A1	L1G	L1H	L1Ho (other)	L1I	L1J	L1K	L1Ko (other)
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION L1. SCHOOL-TO-WORK TRANSITION HISTORY OF YOUTH

For all persons aged between 15 years and 24 years IF employed at least once irrespective of duration

Person Number	Including your (NAME's) current job for pay or profit, if any, how many <u>different</u> jobs did you, did (NAME) do in total since leaving school? <i>Different means with different employers, or different types of business</i> 1= 1 →END 2= 2 3= 3 4= 4 5= 5 to 9 jobs 6= 10 jobs and more	I want to check again with you, do you does (NAME), currently have a paid job or business activity? 1= Yes → L1O 2= No	On what date did you (NAME) stop doing your last paid job or business activity? <i>(INTERVIEWER: Please record date in the form of MM/YYYY)</i>	Was there any paid job or business activity for which you were (NAME) was Very satisfied or Somewhat satisfied? 1= Yes, my current job 2= Yes, in the past 3= No 4= Don't remember <i>If = 1,3 or 4 → NEXT APPLICABLE PERSON IF ANY OTHERWISE, END INTERVIEW</i>	On what date did you did (NAME) start doing that job or business activity? <i>(INTERVIEWER: Please record date in the form of MM/YYYY)</i>	For how long did you, did (NAME) do that paid job or business activity that you (NAME) was very satisfied or somehow satisfied with? 1= < 1 month 2= 1 month < 3 months 3= 3 months < 6 months 4= 6 months but < 1 year 5= 1 year or more
A1	L1L	L1M	L1N	L1O	L1P	L1Q
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<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"/>