



**NATIONAL BUREAU OF STATISTICS**  
**NIGERIA LABOUR FORCE SURVEY (NLFS) 2024 QUESTIONNAIRE**

**SECTION A: IDENTIFICATION**

|      |                                  | NAME | CODE |
|------|----------------------------------|------|------|
| ID1. | ZONE                             |      |      |
| ID2. | STATE                            |      |      |
| ID3. | LGA                              |      |      |
| ID4. | EA                               |      |      |
| ID5. | Sector<br>(Urban = 1; Rural = 2) |      |      |

|      |                  |  |  |
|------|------------------|--|--|
| ID6. | Cluster Number   |  |  |
| ID7. | HH Serial Number |  |  |

ID9. HH Address: \_\_\_\_\_

ID10. Household head name: \_\_\_\_\_ ID11. Contact phone number: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

**Consent:** My name is \_\_\_ I am from the National Bureau of Statistics (NBS) as part of the team collecting information on households as it concerns labour force in Nigeria. We would value and appreciate your participation in this exercise. Whatever information you provide will be strictly confidential and anonymous. Participation in this survey is voluntary, and non-participation attracts no penalty, though we hope that you will participate since your views are important and will inform development planning in Nigeria. May I now begin the interview? \_\_\_\_\_ (1=Yes, 2=No)

**HOUSEHOLD GPS LOCATION: Degree Decimal Degrees**

GPS1. LATITUDE: \_\_\_\_\_ GPS1. LONGITUDE: \_\_\_\_\_

\_\_\_\_\_

ID13. Response Status:

- Completed.....1
- Not at home ..... 2
- Partially completed.....3
- HH not located.....4
- Refused.....5
- Moved away .....6

|  |  |  |  |  |
|--|--|--|--|--|
| <b>ID14a.</b> Time interview started (GMT) |  |  |  |  |
| <b>ID14b.</b> Time interview ended (GMT)   |  |  |  |  |

**SECTION B: DEMOGRAPHIC CHARACTERISTICS**

*Give information about members who usually live in the household (starting with the head of household). A household is defined as "A person or a group of persons, related or unrelated, who live in the same dwelling, share most of their food, and recognize one person as a head".*

*The respondent should be the head of household or any knowledgeable adult member of the household.*

| DC1<br><br>Line Number | DC2<br><br>NAME | DC3 |   | DC4<br><br>Relationship to household head | DC5                         |   |  |  | DC6<br><br>Marital status |
|------------------------|-----------------|-----|---|---|-----------------------------|---|--|--|---------------------------|
|                        |                 | SEX |   |   | AGE<br>(in completed years) | (If under 5 years) Months since last birthday |  |  |                           |
|                        |                 | M   | F |   |                             |   |  |  |                           |
| 01                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 02                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 03                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 04                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 05                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 06                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 07                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 08                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 09                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 10                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 11                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 12                     |                 | 1   | 2 |   |                             |   |  |  |                           |
| 13                     |                 | 1   | 2 |   |                             |   |  |  |                           |

**Col DC4: Relationship to Head**

Head .....1  
 Spouse .....2  
 Own child.....3  
 Step child .....4  
 Adopted child.....5  
 Grandchild.....6  
 Brother/sister .....7  
 Niece/nephew ..... 8  
 Brother/sister-in-law...9  
 Son-in-law/daughter-in-law.....16  
 Parents .....10  
 Parents-in-law.....11  
 Domestic help (resident).....12  
 Other relatives (specify).....14  
 Other non-relatives (specify).....15

**Col DC6 Marital Status**

1. Married (monogamous)  
 2. Married (polygamous)  
 3. Informal/loose union  
 4. Divorced  
 5. Separated  
 6. Widowed  
 7. Never married

|                                |     |     |     |      |      |      |
|--------------------------------|-----|-----|-----|------|------|------|
| <b>FOR FIVE YEARS OR OLDER</b> |     |     |     |      |      |      |
|                                | DC7 | DC8 | DC9 | DC10 | DC11 | DC12 |

| Line Number | Does [NAME] have difficulty seeing, even if he/she is wearing glasses?<br><br>READ RESPONSES<br><br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot see at all...4 | Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?<br><br>READ RESPONSES<br><br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot hear at all...4 | Does [NAME] have difficulty walking or climbing steps?<br><br>READ RESPONSES<br><br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot do at all...4 | Does [NAME] have difficulty remembering or concentrating?<br><br>READ RESPONSES<br><br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot do at all...4 | Does [NAME] have difficulty with self-care such as washing all over or dressing, feeding, toileting etc?<br><br>READ RESPONSES<br><br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot do at all...4 | Using your usual language, does [NAME] have difficulty communicating; for example, understanding or being understood?<br><br>READ RESPONSES<br>No, no difficulty...1<br>Yes, some....2<br>Yes, a lot...3<br>Cannot do at all...4 |
|-------------|--|--|---|--|---|--|
|             |  |  |   |  |   |  |
| 01          |  |  |   |  |   |  |
| 02          |  |  |   |  |   |  |
| 03          |  |  |   |  |   |  |
| 04          |  |  |   |  |   |  |
| 05          |  |  |   |  |   |  |
| 06          |  |  |   |  |   |  |
| 07          |  |  |   |  |   |  |
| 08          |  |  |   |  |   |  |
| 09          |  |  |   |  |   |  |
| 10          |  |  |   |  |   |  |
| 11          |  |  |   |  |   |  |
| 12          |  |  |   |  |   |  |
| 13          |  |  |   |  |   |  |

**SECTION C: EDUCATION (FOR THREE YEARS OR OLDER)**

| ED1         | ED2  | ED3  | ED4  | ED5   | ED6   | ED7   | ED8   | ED9   | ED10   | ED11   |
|-------------|--|--|--|---|---|---|---|---|--|--|
| Line Number | Is this person answering for himself/herself?<br>YES....1 ➡ED4<br>NO.....2 | Write the ID CODE of the respondent<br><br>Copy ID from the roster | Have you (NAME) ever attended school?<br><br>YES....1 ➡ED6<br>NO.....2 | What was the main reason you (NAME) never attended school?<br><br>➡ NEXT SECTION / PERSON | What is the highest educational level you (NAME) completed? | What is your (NAME's) highest qualification obtained? | Enumerator: confirm reference school year.<br><br>IF DATE OF INTERVIEW IS IN OR AFTER FEBRUARY 2024 -->> SCHOOL YEAR 2023/24<br><br>IF DATE OF INTERVIEW IS BEFORE FEBRUARY 2024 -->> SCHOOL YEAR 2022/23 | Did you (NAME) attend school at any time during the (SCHOOL YEAR)?<br><br>Yes.....1<br>No.....2 ➡<br><b>NEXT SECTION / PERSON</b> | In what level were you (NAME) enrolled during the (SCHOOL YEAR)? | Are you (NAME) currently attending school (either in person or virtual)?<br><br>Yes....1<br>No.....2 |
| 01          |  |  |  |   |   |   |   |   |  |  |
| 02          |  |  |  |   |   |   |   |   |  |  |
| 03          |  |  |  |   |   |   |   |   |  |  |
| 04          |  |  |  |   |   |   |   |   |  |  |
| 05          |  |  |  |   |   |   |   |   |  |  |
| 06          |  |  |  |   |   |   |   |   |  |  |
| 07          |  |  |  |   |   |   |   |   |  |  |
| 08          |  |  |  |   |   |   |   |   |  |  |
| 09          |  |  |  |   |   |   |   |   |  |  |
| 10          |  |  |  |   |   |   |   |   |  |  |
| 11          |  |  |  |   |   |   |   |   |  |  |
| 12          |  |  |  |   |   |   |   |   |  |  |
| 13          |  |  |  |   |   |   |   |   |  |  |

Codes for education section.

**Col ED5: Main Reason for Never Attended School**

- (1) Too young
- (2) Too far away
- (3) Too expensive
- (4) Working (home or job)
- (5) Lack of money
- (6) Death of parent(s)
- (7) Separation of parents
- (8) Does not have interest
- (9) Parents do not think it is important
- (10) Own illness
- (11) Illness of a parent
- (12) Disability
- (13) Others (specify)

**Col ED6 and ED10: Educational level**

None.....00

Pre-nursery.....03

N1.....01

N2.....02

P1.....11

P2.....12

P3.....13

P4.....14

P5.....15

P6.....16

JS1.....21

JS2.....22

JS3.....23

SS1.....24

SS2.....25

SS3 .....26

Lower 6.....27

Upper 6.....28

Teacher Certificate Grade II (TCGDII) .....31

Secondary vocational / technical / commercial.....321

Tertiary vocational / technical / commercial.....322

**Col ED6 and ED10: Educational level (continued)**

Modern school.....33

NCE.....34

Nursing school.....35

Poly/Prof.....41

OND1/ND1,OND2/ND2.....411

HND1,HND2.....412

University levels 100, 200 OR 300...421

University 400 level.....422

University 500 level.....423

University 600 level.....424

Higher degree.....43

Quaranic.....51

Integrated Islamic education (Islamiyya, Tsangaya, or Qur'anic)....52

Adult education.....61

Basic literacy programme ... 62

Post literacy I .....63

Post literacy II .....64

**Col ED7; Highest qualification attained**

None.....1

FSLC.....2

MSLC .....3

JSS .....5

SSS 'O Level'....6

A level.....7

Voc/Comm Certificate.....41

Voc/Comm Diploma.....42

NC/ND Nursing.....8

BA/BSC/HND.....9

Tech/Prof.....10

Masters.....11

Doctorate.....12

Other (SPECIFY).96

**SECTION D1: EMPLOYED AT WORK (ATW)**

**Proxy response is to be avoided in this section and subsequent sections.**

|              |   |     |                         |         |
|--------------|---|-----|-------------------------|---------|
| <b>ATW_1</b> | In the last seven days, did you (NAME) work for someone else for pay, for one or more hours?<br><br><i>READ IF NEEDED:<br/>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> | YES | 01 <input type="text"/> | →MJJ_1  |
|              |   | NO  | 02 <input type="text"/> |         |
| <b>ATW_2</b> | In the last seven days, did you (NAME) run or do any kind of business, farming or other activity to generate income?<br><br><i>READ IF NEEDED:</i>  | YES | 01 <input type="text"/> | →AGF_1b |
|              |   | NO  | 02 <input type="text"/> |         |

|              |   |     |                             |         |
|--------------|---|-----|-----------------------------|---------|
|              | <i>Examples: commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, creche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop.</i> |     |                             |         |
| <b>ATW_3</b> | In the last seven days, did you (NAME) help in a household business or farm?<br><br><i>READ IF NEEDED:<br/>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business.</i>   | YES | 01 <input type="checkbox"/> | →AGF_1b |
|              |   | NO  | 02 <input type="checkbox"/> |         |

**SECTION D2: TEMPORARY ABSENCE (ABS)**

|               |   |   |                             |         |
|---------------|---|---|-----------------------------|---------|
| <b>ABS_1a</b> | Do you (NAME) have a paid job or income generating activity, but did not work in the last seven days?   | YES   | 01 <input type="checkbox"/> | → ABS_2 |
|               |   | NO  | 02 <input type="checkbox"/> |         |
| <b>ABS_1b</b> | Do you (NAME) have an unpaid job in any kind of business run by your household that you will return to? | YES   | 01 <input type="checkbox"/> |         |
|               |   | NO  | 02 <input type="checkbox"/> | →AGF_1a |
| <b>ABS_2</b>  | Why did you (NAME) not work in the last seven days?   |   |                             |         |
|               |   | WAITING TO START NEW JOB OR BUSINESS  | 01 <input type="checkbox"/> | →AGF_1a |
|               |   | LOW OR OFF-SEASON   | 02 <input type="checkbox"/> |         |
|               |   | WORKING TIME ARRANGEMENT, FLEXI TIME, NATURE OF WORK (FOR EXAMPLE, OFF-SHORE OIL WORKERS) | 03 <input type="checkbox"/> | →AGF_1b |
|               |   | VACATION, HOLIDAYS (ANNUAL LEAVE)   | 04 <input type="checkbox"/> | →AGF_1b |
|               |   | SICKNESS, ILLNESS, ACCIDENT   | 05 <input type="checkbox"/> | →AGF_1b |

|              |   |   |                             |         |
|--------------|---|---|-----------------------------|---------|
|              |   | MATERNITY, PATERNITY LEAVE                              | 06 <input type="checkbox"/> | →AGF_1b |
|              |   | EDUCATION LEAVE OR TRAINING                             | 07 <input type="checkbox"/> |         |
|              |   | OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...) | 08 <input type="checkbox"/> |         |
|              |   | TEMPORARY LAYOFF, NO CLIENTS OR MATERIALS, WORK BREAK   | 09 <input type="checkbox"/> |         |
|              |   | BAD WEATHER, NATURAL DISASTER                           | 10 <input type="checkbox"/> |         |
|              |   | STRIKE OR LABOUR DISPUTE                                | 11 <input type="checkbox"/> | →AGF_1b |
|              |   | LONG-TERM DISABILITY                                    | 12 <input type="checkbox"/> |         |
|              |   | OTHER (SPECIFY): _____                                  | 13 <input type="checkbox"/> |         |
|              |   |   |                             |         |
|              |   |   |                             |         |
| <b>ABS_3</b> | Including the time that you (NAME) have been absent, will you return to that same job or business...? | Within 3 months   | 01 <input type="checkbox"/> | →AGF_1b |
|              |   | After 3 months  | 02 <input type="checkbox"/> |         |
|              |   | Not sure/Don't know                                     | 97 <input type="checkbox"/> |         |
| <b>ABS_4</b> | Do you (NAME) continue to receive an income from your job or business during this absence?            | YES   | 01 <input type="checkbox"/> | →AGF_1b |
|              |   | NO  | 02 <input type="checkbox"/> | →AGF_1a |
|              |   | DON'T KNOW  | 97 <input type="checkbox"/> | →AGF_1a |

**SECTION D3: AGRICULTURAL WORK AND MARKET ORIENTATION (AGF)**

|               |   |                             |            |
|---------------|---|-----------------------------|------------|
| <b>AGF_1a</b> | In the last seven days, did you (NAME) do any work in... ?  |                             |            |
|               | <i>READ AND MARK ALL THAT APPLY</i>   |                             |            |
|               | Crop farming  | a. <input type="checkbox"/> | →AGF_2a    |
|               | Rearing farm animals  | b. <input type="checkbox"/> | →AGF_2a    |
|               | Fishing or fish farming   | c. <input type="checkbox"/> | →AGF_2a    |
|               | <i>DO NOT READ</i>  |                             |            |
|               | NONE OF THE ABOVE   | d. <input type="checkbox"/> | →Section F |
| <b>AGF_1b</b> | Was this work that you (NAME) mentioned in...?  |                             |            |
|               | <i>READ AND MARK ALL THAT APPLY</i>   |                             |            |
|               | Crop farming  | a. <input type="checkbox"/> |            |
|               | Rearing farm animals  | b. <input type="checkbox"/> |            |
|               | Fishing or fish farming   | c. <input type="checkbox"/> |            |
|               | Another type of job or business   | d. <input type="checkbox"/> | →MJJ_1     |
| <b>AGF_2a</b> | Thinking about the work in farming, rearing animals, and/or fishing you (NAME) do, are the products intended only for sale, both for sale and for household use, or only for household use? |                             |            |
|               | <i>READ AND MARK ONE</i>  |                             |            |
|               | Only for sale   | 01 <input type="checkbox"/> | →MJJ_1     |
|               | Both for sale and for household use   | 02 <input type="checkbox"/> |            |
|               | Only for household use  | 03 <input type="checkbox"/> | →AGF_2d    |
| <b>AGF_2b</b> | Thinking about those products, what share is intended to be sold?   |                             |            |
|               | Less than ¼ (25 percent)  | 01 <input type="checkbox"/> | → AGF_2d   |
|               | ¼ (25 percent)  | 02 <input type="checkbox"/> | → AGF_2d   |
|               | ½ (50 percent)  | 03 <input type="checkbox"/> |            |
|               | ¾ (75 percent)  | 04 <input type="checkbox"/> | →MJJ_1     |
|               | More than ¾ (75 percent)  | 05 <input type="checkbox"/> | →MJJ_1     |

|               |  |                             |        |
|---------------|--|-----------------------------|--------|
| <b>AGF_2c</b> | In general, in the past, have these products mainly been sold or kept for household use? |                             |        |
|               | Mainly sold  | 01 <input type="checkbox"/> | →MJJ_1 |

|               |  |   |   |        |
|---------------|--|---|---|--------|
|               |  | Mainly kept for household use   | 02 <input type="checkbox"/>   |        |
|               |  | Respondent insists that precisely ½ (50 percent) was sold and ½ (50 percent) was kept for household use | 03 <input type="checkbox"/>   | →MJJ_1 |
| <b>AGF_2d</b> | Were you (NAME) hired by someone else to do this work?   | YES   | 01 <input type="checkbox"/>   | →MJJ_1 |
|               |  | NO  | 02 <input type="checkbox"/>   |        |
| <b>AGF_3a</b> | What are the main products from farming, rearing animals, and/or fishing that you (NAME) were working on?<br><br><i>PLEASE YOU MAY LIST ONE OR MORE PRODUCTS</i> |   | _____ <i>MAIN GOODS</i>   |        |
| <b>AGF_3b</b> | <i>READ IF NEEDED</i><br><i>Examples: citrus fruits, vegetables, freshwater fish, cattle, chicken, rice.</i>   |   | <i>ISIC CODE:</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |
| <b>AGF_4</b>  | In the last seven days, on how many days did you (NAME) do this work?  |   | _____ <i>NUMBER OF DAYS</i>   |        |
|               |  | DID NOT DO THIS WORK LAST WEEK  | 97 <input type="checkbox"/>   | →AGF_6 |
| <b>AGF_5</b>  | How many hours per day did you (NAME) spend doing this work in the last seven days?  |   | _____ <i>HOURS PER DAY</i>  |        |
| <b>AGF_6</b>  | How many hours per week do you (NAME) usually spend working in farming, rearing animals, and/or fishing?   |   | _____ <i>HOURS PER WEEK</i>   |        |
| →Section F    |  |   |   |        |

**SECTION E: CHARACTERISTICS OF MAIN AND SECONDARY JOB, WORKING TIME, AND INCOME**

|               |   |  |
|---------------|---|--|
| <b>MJJ_1</b>  | <p>In the last seven days/Typically, did you (NAME) have more than one job or income generating activity?<br/>                 1=ONE JOB/BUSINESS <b>Go to MJJ_2a</b><br/>                 2=MORE THAN ONE JOB/BUSINESS</p> <p><i>If the respondent is employed at work in the last seven days, both main job and secondary job must have at least one hour of work in the last seven days.</i></p> | <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>  |
| <b>MJJ_2</b>  | <p><b>INTERVIEWER TO READ:</b></p> <p>I am now going to ask you some questions about your main job, that is the income-generating activity in which you (NAME) usually work the most hours.</p>   |  |
| <b>MJJ_2a</b> | <p>In your (NAME's) main job, what kind of work do you do?</p> <p><i>Examples: 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></p>  | <p>-----<br/>                 OCCUPATIONAL TITLE, IF ANY</p>   |
| <b>MJJ_2b</b> |   | <p>-----<br/>                 MAIN TASKS AND DUTIES</p>  |
| <b>MJJ_2c</b> |   | <p>-----<br/>                 ISCO</p>   |
| <b>MJJ_3a</b> | <p>What is the main activity of the establishment or business where you (NAME) work?</p> <p><i>This is also known as your “your place of work”. Examples include: Police Department – public safety; Restaurant – preparing and serving meals; Transport company – long distance transport of goods.</i></p>  | <p>-----<br/>                 MAIN ACTIVITY</p>  |
| <b>MJJ_3b</b> |   | <p>-----<br/>                 GOODS OR SERVICES</p>  |
| <b>MJJ_3c</b> |   | <p>-----<br/>                 ISIC</p>   |
| <b>MJJ_4</b>  | <p>Do you (NAME) work...?</p> <p>1=As an employee<br/>                 2=In your own business/farming activity<br/>                 3=Helping in a household business<br/>                 4=As an apprentice, intern<br/>                 5=Helping a household member who works for someone else</p>  | <p>1 <input type="checkbox"/> →MJJ_8a<br/>                 2 <input type="checkbox"/> →MJJ_6<br/>                 3 <input type="checkbox"/><br/>                 4 <input type="checkbox"/> →MJJ_8a<br/>                 5 <input type="checkbox"/> →MJJ_8a</p> |

*The following set of questions is for workers who self-identify as helping in a household business (self-identified in MJJ\_4)*

|              |  |  |         |
|--------------|--|--|---------|
| <b>MJJ_5</b> | Who usually makes the decisions about the running of the household business? |  |         |
|              | <i>READ</i>  |  |         |
|              | You (NAME)   | 0 <input type="checkbox"/><br>1 <input type="checkbox"/> |         |
|              | You (NAME) together with others  | 0 <input type="checkbox"/><br>2 <input type="checkbox"/> |         |
|              | Other household member(s) only   | 0 <input type="checkbox"/><br>3 <input type="checkbox"/> | →MJJ_8b |
|              | Other person(s) only   | 0 <input type="checkbox"/><br>4 <input type="checkbox"/> | →MJJ_8b |

***The following set of questions is for those self-identified as self-employed (self-identified in MJJ\_4)***

|               |   |  |         |
|---------------|---|--|---------|
| <b>MJJ_6</b>  | Does your (NAME's) business hire any paid employees on a regular basis?           | YES 0 <input type="checkbox"/><br>1 <input type="checkbox"/> |         |
|               |   | NO 0 <input type="checkbox"/><br>2 <input type="checkbox"/>  |         |
| <b>MJJ_7a</b> | Can you (NAME) set the price of the products or services that you offer yourself? | YES 0 <input type="checkbox"/><br>1 <input type="checkbox"/> | →MJJ_9a |
|               |   | NO 0 <input type="checkbox"/><br>2 <input type="checkbox"/>  |         |
| <b>MJJ_7b</b> | Why cannot you (NAME) set the price? Is it because ....?                          |  |         |
|               | <i>READ</i>   |  |         |
|               | Another enterprise or agent sets the price  | 0 <input type="checkbox"/><br>1 <input type="checkbox"/>     | →MJJ_9a |
|               | Prices are set by the customer(s) (a take it or leave it offer)                   | 0 <input type="checkbox"/><br>2 <input type="checkbox"/>     | →MJJ_9a |
|               | Government defines the price by law/regulation                                    | 0 <input type="checkbox"/><br>3 <input type="checkbox"/>     | →MJJ_9a |
|               | Prices are negotiated with the customer   | 0 <input type="checkbox"/><br>4 <input type="checkbox"/>     | →MJJ_9a |
|               | It's the going rate on the market   | 0 <input type="checkbox"/><br>5 <input type="checkbox"/>     | →MJJ_9a |
|               | Other (specify): _____  | 0 <input type="checkbox"/><br>6 <input type="checkbox"/>     | →MJJ_9a |

***The following set of questions is for those identified as employees, apprentices, or those assisting household members (self-identified in MJJ\_4). Questions from MJJ\_8d onwards are also addressed to contributing household workers.***

|               |  |                             |  |
|---------------|--|-----------------------------|--|
| <b>MJJ_8a</b> | In this job are you (NAME) working in....? |                             |  |
|               | <i>READ</i>                                |                             |  |
|               | Federal government                         | 01 <input type="checkbox"/> |  |
|               | State government                           | 02 <input type="checkbox"/> |  |
|               | Local government                           | 03 <input type="checkbox"/> |  |

|               |  |    |                          |         |
|---------------|--|----|--------------------------|---------|
|               | State-owned enterprise   | 04 | <input type="checkbox"/> |         |
|               | Private sector (including paid apprentices)                              | 05 | <input type="checkbox"/> |         |
|               | Farm(s)  | 06 | <input type="checkbox"/> |         |
|               | Household(s), as a domestic worker                                       | 07 | <input type="checkbox"/> |         |
|               | NGO  | 08 | <input type="checkbox"/> |         |
|               | Co-operatives  | 09 | <input type="checkbox"/> |         |
|               | International organization / Diplomatic mission                          | 10 | <input type="checkbox"/> |         |
|               | Religious organization   | 11 | <input type="checkbox"/> |         |
|               | Other (specify): _____   | 12 | <input type="checkbox"/> |         |
| <b>MJJ_8b</b> | Which of the following types of pay do you (NAME) receive for this work? |    |                          |         |
|               | <i>READ AND MARK ALL THAT APPLY</i>                                      |    |                          |         |
|               | A wage or salary   | a. | <input type="checkbox"/> |         |
|               | Payment by piece of work completed                                       | b. | <input type="checkbox"/> |         |
|               | Commissions  | c. | <input type="checkbox"/> |         |
|               | Tips   | d. | <input type="checkbox"/> |         |
|               | Fees for services provided   | e. | <input type="checkbox"/> |         |
|               | Payment with meals or accommodation                                      | f. | <input type="checkbox"/> |         |
|               | Payment in products  | g. | <input type="checkbox"/> |         |
|               | OTHER CASH PAYMENT (Specify): _____                                      | h. | <input type="checkbox"/> |         |
|               | NOT PAID   | i. | <input type="checkbox"/> | →MJJ_9a |

|               |  |  |  |                    |
|---------------|--|--|--|--------------------|
| <b>MJJ_8c</b> | Do you (NAME) have a written contract or oral agreement for the work you do?                   | YES, WRITTEN CONTRACT<br>YES, ORAL AGREEMENT<br>NO<br>DON'T KNOW   | 01 <input type="checkbox"/><br>02 <input type="checkbox"/><br>03 <input type="checkbox"/><br>97 <input type="checkbox"/>   | →MJJ_8j<br>→MJJ_8j |
| <b>MJJ_8d</b> | Does your (NAME's) contract or agreement specify the number of hours you are supposed to work? | YES<br>NO  | 01 <input type="checkbox"/><br>02 <input type="checkbox"/>   | →MJJ_8f            |
| <b>MJJ_8e</b> | Are you (NAME) at least guaranteed that you will get some work or hours in your job?           | YES, MINIMUM HOURS OR WORK GUARANTEED<br>CONTACTED WHEN NEEDED   | 01 <input type="checkbox"/><br>02 <input type="checkbox"/>   | →MJJ_8g<br>→MJJ_8g |
| <b>MJJ_8f</b> | What are your (NAME's) agreed or contractual working hours per week in this job?               | _____<br>HOURS PER WEEK<br>997 FOR DON'T KNOW  |  |                    |
| <b>MJJ_8g</b> | Is your (NAME's) contract or agreement....?  | <i>READ</i><br>For a specified period of time<br>Until the date a task is completed<br>Permanent or until retirement<br>Ongoing with no specified end date   | 01 <input type="checkbox"/><br>02 <input type="checkbox"/><br>03 <input type="checkbox"/><br>04 <input type="checkbox"/>   | →MJJ_8k<br>→MJJ_8k |
| <b>MJJ_8h</b> | How long in total is your (NAME's) current agreement?  | DAILY CONTRACT/AGREEMENT<br>LESS THAN ONE MONTH<br>1 TO LESS THAN 3 MONTHS<br>3 TO LESS THAN 6 MONTHS<br>6 TO LESS THAN 12 MONTHS<br>12 TO LESS THAN 24 MONTHS<br>TWO YEARS OR MORE<br>NO SPECIFIED DURATION   | 01 <input type="checkbox"/><br>02 <input type="checkbox"/><br>03 <input type="checkbox"/><br>04 <input type="checkbox"/><br>05 <input type="checkbox"/><br>06 <input type="checkbox"/><br>07 <input type="checkbox"/><br>08 <input type="checkbox"/> | →MJJ_8j            |
| <b>MJJ_8i</b> | Which of the following applies to your (NAME's) current agreement?                             | <i>READ AND MARK ALL THAT APPLY</i><br>It covers a period of training (apprentice, trainee, research assistant, etc)<br>It is part of an employment creation program<br>It is for substitute work<br>It covers a probation period<br>NONE OF THE ABOVE | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/>  |                    |
| <b>MJJ_8j</b> | Which of the previous 12 months did you (NAME) work in this job?                               | CURRENT MONTH -11<br>CURRENT MONTH -10   | 01 <input type="checkbox"/><br>02 <input type="checkbox"/>   |                    |

|  |                            |   |
|--|----------------------------|---|
|  | <i>MARK ALL THAT APPLY</i> | CURRENT MONTH -9 03 <input type="checkbox"/><br>CURRENT MONTH -8 04 <input type="checkbox"/><br>CURRENT MONTH -7 05 <input type="checkbox"/><br>CURRENT MONTH -6 06 <input type="checkbox"/><br>CURRENT MONTH -5 07 <input type="checkbox"/><br>CURRENT MONTH -4 08 <input type="checkbox"/><br>CURRENT MONTH -3 09 <input type="checkbox"/><br>CURRENT MONTH -2 10 <input type="checkbox"/><br>CURRENT MONTH -1 11 <input type="checkbox"/><br>CURRENT MONTH 12 <input type="checkbox"/> |
|--|----------------------------|---|

|               |   |                               |                             |  |
|---------------|---|-------------------------------|-----------------------------|--|
| <b>MJJ_8k</b> | Is your (NAME's) employer responsible for deducting any taxes on your income or is that your responsibility?                          | EMPLOYER IS RESPONSIBLE       | 01 <input type="checkbox"/> |  |
|               |   | (YOU ARE/NAME IS) RESPONSIBLE | 02 <input type="checkbox"/> |  |
|               |   | NOT APPLICABLE                | 03 <input type="checkbox"/> |  |
|               |   | DON'T KNOW                    | 97 <input type="checkbox"/> |  |
| <b>MJJ_8l</b> | Does your (NAME's) employer pay contributions to a pension fund or a health insurance fund for you?<br><br><i>MARK ALL THAT APPLY</i> | PENSION FUND                  | 01 <input type="checkbox"/> |  |
|               |   | HEALTH INSURANCE              | 02 <input type="checkbox"/> |  |
|               |   | NONE OF THE ABOVE             | 97 <input type="checkbox"/> |  |
| <b>MJJ_8m</b> | Do you (NAME) get paid annual leave?  | YES                           | 01 <input type="checkbox"/> |  |
|               |   | NO                            | 02 <input type="checkbox"/> |  |
|               |   | DON'T KNOW                    | 97 <input type="checkbox"/> |  |
| <b>MJJ_8n</b> | Would you (NAME) get paid sick leave in case of illness or injury?  | YES                           | 01 <input type="checkbox"/> |  |
|               |   | NO                            | 02 <input type="checkbox"/> |  |
|               |   | DON'T KNOW                    | 97 <input type="checkbox"/> |  |

**The following set of questions is for all respondents in employment**

|               |  |       |                             |
|---------------|--|-------|-----------------------------|
| <b>MJJ_9a</b> | In what kind of place do you (NAME) typically work?  |       |                             |
|               | AT YOUR (NAME'S) OWN HOME  | 01    | <input type="checkbox"/>    |
|               | AT THE CLIENT'S OR EMPLOYER'S HOME   | 02    | <input type="checkbox"/>    |
|               | AT A FARM, AGRICULTURAL LAND OR FISHING SITE   | 03    | <input type="checkbox"/>    |
|               | AT A BUSINESS, OFFICE, FACTORY, FIXED PREMISE OR SITE  | 04    | <input type="checkbox"/>    |
|               | ON THE STREET OR ANOTHER PUBLIC SPACE WITHOUT A FIXED STRUCTURE                                      | 05    | <input type="checkbox"/>    |
|               | IN/ON A VEHICLE (WITHOUT DAILY WORK BASE)  | 06    | <input type="checkbox"/>    |
|               | DOOR-TO-DOOR   | 07    | <input type="checkbox"/>    |
|               | OTHER  | 08    | <input type="checkbox"/>    |
|               | CANNOT SAY   | 97    | <input type="checkbox"/>    |
| <b>MJJ_9b</b> | How many persons including you (NAME) work at your place of work?                                    | 1     | 01 <input type="checkbox"/> |
|               |  | 2-4   | 02 <input type="checkbox"/> |
|               |  | 5-9   | 03 <input type="checkbox"/> |
|               |  | 10-19 | 04 <input type="checkbox"/> |
|               |  | 20-49 | 05 <input type="checkbox"/> |
|               |  | 50+   | 06 <input type="checkbox"/> |
| <b>MJJ_9c</b> | Is the business you (NAME) work for registered in the Corporate Affairs Commission (CAC, or National | YES   | 01 <input type="checkbox"/> |
|               |  | NO    | 02 <input type="checkbox"/> |

|   |  |   |
|---|--|---|
|   | Business Register)?  | DON'T KNOW 97 <input type="checkbox"/>  |
| <b>MJJ_10</b>   | Which year did you (NAME) begin working in this business or place?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>YE AR<br>-----<br>9997 FOR DON'T KNOW →SJJ_1a  |
| <b>MJJ_11</b>   | And which month?   | JANUARY 01 <input type="checkbox"/><br>-----<br>FEBRUARY 02 <input type="checkbox"/><br>-----<br>MARCH 03 <input type="checkbox"/><br>-----<br>APRIL 04 <input type="checkbox"/><br>-----<br>MAY 05 <input type="checkbox"/><br>-----<br>JUNE 06 <input type="checkbox"/><br>-----<br>JULY 07 <input type="checkbox"/><br>-----<br>AUGUST 08 <input type="checkbox"/><br>-----<br>SEPTEMBER 09 <input type="checkbox"/><br>-----<br>OCTOBER 10 <input type="checkbox"/><br>-----<br>NOVEMBER 11 <input type="checkbox"/><br>-----<br>DECEMBER 12 <input type="checkbox"/><br>-----<br>DONT'KNOW 97 <input type="checkbox"/> |
| <b>MJJ_12</b>   | How many hours do you (NAME) usually work per week in your main job?   | .....   |
| <b>IF MJJ_1==2:</b> I am now going to ask you some questions about your (NAME's) second job or business activity. |  |   |
| <b>SJJ_1a</b>   | In this second job, what kind of work do you (NAME) do?<br><br><i>Examples: Cattle farmer – breed, raise and sell cattle;<br/> Policeman – patrol the streets; Cook – plan and</i> | -----<br>OCCUPATIONAL TITLE, IF ANY   |

|               |  |                                       |
|---------------|--|---------------------------------------|
| <b>SJJ_1b</b> | <i>prepare meals; Primary school teacher – teach children how to read and write.</i>   | -----<br><i>MAIN TASKS AND DUTIES</i> |
| <b>SJJ_1c</b> |  | -----<br><i>ISCO</i>                  |
| <b>SJJ_2a</b> | What is the main activity of the establishment or business where you (NAME) work?<br><br><i>This is also known as your “your place of work”.<br/>Examples include: Police Department - public safety;<br/>Restaurant - preparing and serving meals; Transport Company - long distance transport of goods).</i> | -----<br><i>MAIN ACTIVITY</i>         |
| <b>SJJ_2b</b> |  | -----                                 |

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|                                |   |  |
|--------------------------------|---|--|
|                                |   | <i>GOODS OR SERVICES</i>   |
| <b>SJJ_2c</b>                  |   | -----<br><i>ISIC</i>   |
| <b>SJJ_3</b>                   | In this second job, do you (NAME) work...?<br><br>1=As an employee<br>2=In your own business activity<br>3=Helping in a household business<br>4=As an apprentice, intern<br>5=Helping a household member who works for someone else | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 |
| <b>SJJ_4</b>                   | How many hours do you (NAME) usually work per week in your second job?  | .....  |
| <b>IF MJJ_1==1 OR MJJ_1==2</b> |   |  |
| <b>SJJ_5a</b>                  | Total hours usually worked per week in main job and secondary job ( <b>MJJ_12 + SJJ_4</b> )<br><br><i>(Enumerator to check and confirm with respondent)</i>   | .....  |
| <b>SJJ_5b</b>                  | On how many days do you (NAME) usually work each week including the main job and secondary job?   | .....  |

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|              |   |  |
|--------------|---|--|
|              | 1=YES<br>2=NO<br><p style="text-align: center;"><b>Go to SJJ_10</b></p> | 1 <input type="checkbox"/><br>2 <input type="checkbox"/> |
| <b>SJJ_9</b> | How many additional hours per week could you (NAME) work?               | .....  |

|               |   |  |
|---------------|---|--|
|               | (Range from 1 to 7)   |  |
| <b>SJJ_5c</b> | How many weeks do you (NAME) usually work each month including the main job and secondary job?<br><br>(Range from 1 to 4)   | .....  |
| <b>SJJ_5d</b> | How many months do you (NAME) usually work each year including the main job and secondary job?<br><br>(Range from 1 to 12)  | .....  |
| <b>SJJ_6</b>  | During the last four weeks, did you (NAME) look for additional or other paid work?<br>1=YES<br>2=NO   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 |
| <b>SJJ_7</b>  | Would you (NAME) want to work more hours per week than usually worked, provided the extra hours are paid? 1=YES<br>2=NO<br><p style="text-align: center;"><b>Go to SJJ_10</b></p> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 |
| <b>SJJ_8</b>  | Could you (NAME) start working more hours within the next two weeks?  |  |

|                       |   |   |
|-----------------------|---|---|
| <p><b>SJJ_14</b></p>  | <p>What is the main reason why you (NAME) want to change your employment situation?</p> <p>1=PRESENT JOB(S) IS/ARE TEMPORARY<br/> 2=TO HAVE A BETTER PAID JOB<br/> 3=TO HAVE MORE CLIENTS/BUSINESS<br/> 4=TO WORK MORE HOURS<br/> 5=TO WORK FEWER HOURS<br/> 6=TO BETTER MATCH SKILLS<br/> 7=TO WORK CLOSER TO HOME<br/> 8=TO IMPROVE OTHER WORKING CONDITIONS<br/> 9=OTHER (SPECIFY):</p> <p><b>Go to End</b> <input type="text"/></p> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9  |
| <p><b>SJJ_10</b></p>  | <p>What is the easiest way for you (NAME) to tell us your wages or salary or earnings before taxes or any other deductions? Would it be....</p> <p>1 = HOURLY?<br/> 2 = DAILY?<br/> 3 = WEEKLY?<br/> 4 = FORTNIGHTLY (EVERY TWO WEEKS)?<br/> 5 = MONTHLY?<br/> 6 = ANNUALLY?<br/> 7 = NO PAYMENT</p> <p><i>(This covers both the main activity and secondary activity)</i></p>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 → <b>SJJ_13</b>  |
| <p><b>SJJ_11a</b></p> | <p>Do you (NAME) usually receive any commissions?</p> <p>1 = YES<br/> 2 = NO</p>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2  |
| <p><b>SJJ_11b</b></p> | <p>Do you (NAME) usually receive any tips?</p> <p>1 = YES<br/> 2 = NO</p>   | 1 <input type="checkbox"/><br>2 <input type="checkbox"/>  |
| <p><b>SJJ_12</b></p>  | <p>What is your (NAME'S) hourly/daily/weekly/fortnightly/monthly/annually (chosen above) wage or salary or earnings before deductions?</p> <p><i>(This covers both the main activity and secondary activity. Include commissions and tips.)</i></p>   | <5k <input type="checkbox"/><br>>=5k and <10k <input type="checkbox"/><br>>=10 and <20k <input type="checkbox"/><br>>=20k and <30k <input type="checkbox"/><br>>=30k and <50k <input type="checkbox"/><br>>=50k and <70k <input type="checkbox"/><br>>=70k and <100k <input type="checkbox"/><br>>=100k and <500k <input type="checkbox"/><br>>=500k <input type="checkbox"/> |
| <p><b>SJJ_13</b></p>  | <p>Do you (NAME) want to change your current employment situation?</p> <p>1 = YES<br/> 2 = NO <b>Go to End</b></p>  | 1 <input type="checkbox"/><br>2 <input type="checkbox"/>  |

|             |  |  |
|-------------|--|--|
|             | 2=NO <b>Go to UM_6</b>   | <input type="checkbox"/> 2   |
| <b>UM_5</b> | How soon are you (NAME) expecting to start working in this job or business?<br>1=WITHIN 1 MONTH OR LESS<br>2=IN 1 MONTH TO 3 MONTHS<br>3=IN MORE THAN 3 MONTHS | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3 |

**SECTION F: UNEMPLOYMENT AND OUT OF LABOUR FORCE**

|             |   |   |
|-------------|---|---|
| <b>UM_1</b> | In the last four weeks, did you (NAME) do anything to:<br>(a) Look for any kind of paid work?<br>1=YES<br>2=NO<br>(b) Try to start any kind of business?<br>1=YES<br>2=NO<br><b>If "No" in both UM_1a and UM_1b go to UM_4; otherwise continue</b>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><br><input type="checkbox"/> 1<br><input type="checkbox"/> 2  |
| <b>UM_2</b> | In the last four weeks what kind of working/business arrangement were you (NAME) looking for?<br>1=FULL-TIME<br>2=PART-TIME<br>3=ANY WORKING ARRANGEMENT  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><br><input type="checkbox"/> 3  |
| <b>UM_3</b> | In the last four weeks what have you (NAME) done to search for paid work (job) or to start a business?<br><br><i>MARK ALL APPLICABLE OPTIONS</i><br><br>01 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION<br>02 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS<br>03 = PLACED/ANSWERED ADVERTISEMENT(S)<br>04 = SEARCHED THROUGH JOB ADVERTISEMENT(S) / SEARCHED THE INTERNET<br>05 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS<br>06 = LOOKED FOR LAND, BUILDING EQUIPMENT TO APPLY FOR PERMIT TO START OWN BUSINESS OR FARMING<br>07 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND<br>08 = SOUGHT FINANCIAL ASSISTANCE TO LOOK FOR WORK OR START A BUSINESS<br>09 = OTHER (SPECIFY): <input type="text"/><br><b>Now go to UM_8</b> | <input type="checkbox"/> 01<br><input type="checkbox"/> 02<br><br><input type="checkbox"/> 03<br><input type="checkbox"/> 04<br><br><input type="checkbox"/> 05<br><input type="checkbox"/> 06<br><input type="checkbox"/> 07<br><br><input type="checkbox"/> 08<br><input type="checkbox"/> 09 |
| <b>UM_4</b> | Was this because you (NAME) had already arranged to take up paid work (job) or to start a business at some later date?<br>1=YES   | <input type="checkbox"/> 1  |

|             |   |  |
|-------------|---|--|
| <b>UM_6</b> | <p>Would you (NAME) have liked to work in a paid job or business last week?</p> <p>1=YES    <b>Go to UM_9</b><br/>2=NO</p>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2   |
| <b>UM_7</b> | <p>What was the main reason you (NAME) did not want to work last week (Monday to Sunday)?</p> <p>1 = SCHOLAR/LEARNER OR STUDENT<br/>2 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)<br/>3 = HEALTH REASONS<br/>4 = RETIRED OR TOO OLD FOR WORK<br/>5 = NO DESIRE TO WORK<br/>6 = TOO YOUNG TO WORK<br/>7 = PREGNANCY<br/>8 =DISABLED OR UNABLE TO WORK<br/>9 = FUTURE JOB ARRANGED 10 = OTHER</p> <p>(SPECIFY): <input type="text"/></p> <p><b>Go to UM_13</b></p> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9 |
| <b>UM_8</b> | <p>For how long have you (NAME) been without work and trying to find paid work (job) or start a business?</p> <p>1 = LESS THAN 3 MONTHS<br/>2 = 3 MONTHS - LESS THAN 6 MONTHS<br/>3 = 6 MONTHS - LESS THAN 9 MONTHS<br/>4 = 9 MONTHS - LESS THAN 1 YEAR<br/>5 = 1 YEAR - LESS THAN 3 YEARS<br/>6 = 3 YEARS - 5 YEARS<br/>7 = MORE THAN 5 YEARS<br/>8 = DON T KNOW</p> <p><b>Go to UM_10a</b></p>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8                                   |
| <b>UM_9</b> | <p>What was the main reason why you (NAME) did not try to find paid work (job) or start a business in the last four weeks?</p> <p>01=AWAITING THE SEASON FOR WORK<br/>02 = WAITING TO BE RECALLED TO FORMER JOB<br/>03 = HEALTH REASONS<br/>04 = PREGNANCY<br/>05 = DISABLED OR UNABLE TO WORK (HANDICAPPED)<br/>06 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)</p>  | <input type="checkbox"/> 01<br><input type="checkbox"/> 02<br><input type="checkbox"/> 03<br><input type="checkbox"/> 04<br><input type="checkbox"/> 05<br><br><input type="checkbox"/> 06   |

|               |  |   |
|---------------|--|---|
|               | <p>07 = UNDERGOING TRAINING TO HELP FIND WORK<br/> 08 = NO JOBS AVAILABLE IN THE AREA<br/> 09 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK<br/> 10 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS<br/> 11 = LOST HOPE OF FINDING ANY KIND OF WORK<br/> 12 = NO TRANSPORT AVAILABLE<br/> 13 = SCHOLAR OR STUDENT<br/> 14 = RETIRED/TOO OLD TO WORK<br/> 15 = TOO YOUNG TO WORK<br/> 16 = LACK OF CAPITAL<br/> 17 = FUTURE JOB ARRANGED<br/> 18 = OTHER REASON (SPECIFY):</p> | <input type="checkbox"/> 07<br><input type="checkbox"/> 08<br><input type="checkbox"/> 09<br><input type="checkbox"/> 10<br><input type="checkbox"/> 11<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17 |
| <b>UM_10a</b> | <p>If a work in a paid job or in a business were offered, would you (NAME) have been able to start work last week (Monday to Sunday)?</p> <p>1=YES <b>Go to UM_13</b><br/> 2=NO<br/> 3=DON T KNOW</p>  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3  |
| <b>UM_10b</b> | <p>Or, could you (NAME) start working within the next two weeks?</p> <p>1=YES <b>Go to UM_13</b><br/> 2=NO<br/> 3=DON T KNOW</p>   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3  |
| <b>UM_11</b>  | <p>What was the main reason why you (NAME) were not available for paid work (job) last week (Monday to Sunday)?</p> <p>1 = STUDENT OR SCHOLAR/LEARNER<br/> 2 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)<br/> 3 = HEALTH REASONS<br/> 4 = RETIRED/TOO OLD TO WORK<br/> 5 = NO DESIRE T O WORK<br/> 6 = TOO YOUNG T O WORK<br/> 7 = PREGNANCY<br/> 8 = DISABLED OR UNABLE TO WORK<br/> 9 = OTHER, specify</p>  | <input type="checkbox"/> 01<br><input type="checkbox"/> 02<br><input type="checkbox"/> 03<br><input type="checkbox"/> 04<br><input type="checkbox"/> 05<br><input type="checkbox"/> 06<br><input type="checkbox"/> 07<br><input type="checkbox"/> 08<br><input type="checkbox"/> 09   |
| <b>UM_12</b>  | <p>If paid work (job) or a business opportunity became available, how soon can you (NAME) start?</p> <p>1 = WITHIN A WEEK<br/> 2 = WITHIN TWO WEEKS<br/> 3 = WITHIN FOUR WEEKS<br/> 4 = LATER THAN FOUR WEEKS FROM NOW<br/> 5 = NO DESIRE TO WORK OR UNABLE TO WORK (IN A PAID JOB OR BUSINESS)<br/> 6 = DON'T KNOW</p>  | <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 0<br><input type="checkbox"/> 2<br><input type="checkbox"/> 0<br>3<br>04<br>05<br>06   |

|              |   |  |
|--------------|---|--|
| <b>UM_13</b> | Have you (NAME) ever worked for pay or profit or helped unpaid in a household business?<br><br>1=YES<br>2=NO <b>Go to UM_16</b>   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2   |
| <b>UM_14</b> | How long ago was it since you (NAME) last worked?<br><br>01=LESS THAN 3 MONTHS<br>02 = 3 MONTHS - LESS THAN 6 MONTHS<br>03 = 6 MONTHS - LESS THAN 9 MONTHS<br>04 = 9 MONTHS - LESS THAN 1 YEAR<br>05 = 1 YEAR - LESS THAN 3 YEARS<br>06 = 3 YEARS - 5 YEARS<br>07 = MORE THAN 5 YEARS<br>08 = DON T KNOW  | <input type="checkbox"/> 01<br><input type="checkbox"/> 02<br><input type="checkbox"/> 03<br><input type="checkbox"/> 04<br><input type="checkbox"/> 05<br><input type="checkbox"/> 06<br><input type="checkbox"/> 07<br><input type="checkbox"/> 08   |
| <b>UM_15</b> | What was the main reason you (NAME) stopped working in your last job/business?<br><br>01=HEALTH REASONS<br>02     = CARING FOR OWN CHILDREN/RELATIVES<br>03     = PREGNANCY<br>04     = OTHER FAMILY/COMMUNITY RESPONSIBILITIES<br>05     = GOING TO SCHOOL<br>06     = LOST JOB/JOB ENDED/LAID OFF/BUSINESS SOLD/CLOSED DOWN<br>07     = CHANGED RESIDENCE<br>08     = DISSATISFIED WITH JOB<br>09     = RETIRED/TOO OLD TO WORK<br>10     = OTHER (SPECIFY): <input type="text"/> | <input type="checkbox"/> 01<br><input type="checkbox"/> 02<br><input type="checkbox"/> 03<br><input type="checkbox"/> 04<br><input type="checkbox"/> 05<br><input type="checkbox"/> 06<br><input type="checkbox"/> 07<br><input type="checkbox"/> 08<br><input type="checkbox"/> 09<br><input type="checkbox"/> 10 |
| <b>UM_16</b> | What is the main way that you (NAME) support yourself?<br><br>1= SUPPORTED BY PERSON IN THE HOUSEHOLD<br>2= SUPPORTED BY PERSON NOT IN THE HOUSEHOLD<br>3= FROM SAVING OR MONEY PREVIOUSLY EARNED<br>4= RECEIVE OLD AGE OR DISABILITY PENSION<br>5= RECEIVE CHILD SUPPORT/FOSTER CARE GRANTS<br>6= RECEIVE ANY OTHER WELFARE GRANTS<br>7= HAVE OTHER SOURCE OF SUPPORT, E.G. BURSARY, STUDY LOAN<br>8= OTHER (SPECIFY): <input type="text"/><br><b>Go to End</b>                    | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8   |

Main language in which the interview was conducted: .....

**End of survey**