



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 (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 away6

ID14a. Time interview started (GMT)

ID14b. Time interview ended (GMT)

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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	DC2	DC3		DC4	DC5				DC6
Line Number	NAME	SEX		Relationship to household head	AGE (in completed years)	(If under 5 years) Months since last birthday		Marital status	
		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

- Head1
- Spouse2
- Own child.....3
- Step child4
- Adopted child.....5
- Grandchild.....6
- Brother/sister7
- Niece/nephew 8
- Brother/sister-in-law...9
- Son-in-law/daughter-in-law.....16
- Parents10
- 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

FOR FIVE YEARS OR OLDER

	DC7	DC8	DC9	DC10	DC11	DC12
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Line Number	Does [NAME] have difficulty seeing, even if he/she is wearing glasses? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot see at all...4	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot hear at all...4	Does [NAME] have difficulty walking or climbing steps? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do at all...4	Does [NAME] have difficulty remembering or concentrating? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do at all...4	Does [NAME] have difficulty with self-care such as washing all over or dressing, feeding, toileting etc? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 Cannot do at all...4	Using your usual language, does [NAME] have difficulty communicating; for example, understanding or being understood? READ RESPONSES No, no difficulty...1 Yes, some....2 Yes, a lot...3 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? YES....1 ➡ED4 NO.....2	Write the ID CODE of the respondent Copy ID from the roster	Have you (NAME) ever attended school? YES....1 ➡ED6 NO.....2	What was the main reason you (NAME) never attended school? ➡ 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. IF DATE OF INTERVIEW IS IN OR AFTER FEBRUARY 2024 -->> SCHOOL YEAR 2023/24 IF DATE OF INTERVIEW IS BEFORE FEBRUARY 2024 -->> SCHOOL YEAR 2022/23	Did you (NAME) attend school at any time during the (SCHOOL YEAR)? Yes.....1 No.....2 ➡ NEXT SECTION / PERSON	In what level were you (NAME) enrolled during the (SCHOOL YEAR)?	Are you (NAME) currently attending school (either in person or virtual)? Yes....1 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 SS326 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 I63 Post literacy II64	Col ED7; Highest qualification attained None.....1 FSLC.....2 MSLC3 JSS5 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
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SECTION D1: EMPLOYED AT WORK (ATW)

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

ATW_1	In the last seven days, did you (NAME) work for someone else for pay, for one or more hours? <i>READ IF NEEDED:</i> <i>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"/>	
ATW_2	In the last seven days, did you (NAME) run or do any kind of business, farming or other activity to generate income? <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>			
ATW_3	In the last seven days, did you (NAME) help in a household business or farm? <i>READ IF NEEDED: 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="text"/>	→AGF_1b
		NO	02 <input type="text"/>	

SECTION D2: TEMPORARY ABSENCE (ABS)

ABS_1a	Do you (NAME) have a paid job or income generating activity, but did not work in the last seven days?	YES	01 <input type="text"/>	→ ABS_2
		NO	02 <input type="text"/>	
ABS_1b	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="text"/>	
		NO	02 <input type="text"/>	→AGF_1a
ABS_2	Why did you (NAME) not work in the last seven days?			
		WAITING TO START NEW JOB OR BUSINESS	01 <input type="text"/>	→AGF_1a
		LOW OR OFF-SEASON	02 <input type="text"/>	
		WORKING TIME ARRANGEMENT, FLEXI TIME, NATURE OF WORK (FOR EXAMPLE, OFF-SHORE OIL WORKERS)	03 <input type="text"/>	→AGF_1b
		VACATION, HOLIDAYS (ANNUAL LEAVE)	04 <input type="text"/>	→AGF_1b
		SICKNESS, ILLNESS, ACCIDENT	05 <input type="text"/>	→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"/>	
ABS_3	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"/>		
ABS_4	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)

AGF_1a	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
AGF_1b	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
AGF_2a	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
AGF_2b	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
AGF_2c	In general, in the past, have these products mainly been sold or kept for household use?		
	Mainly sold	01 <input type="checkbox"/>	→MJJ_1

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

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

MJJ_1	<p>In the last seven days/Typically, did you (NAME) have more than one job or income generating activity?</p> <p>1=ONE JOB/BUSINESS Go to MJJ_2a</p> <p>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>
MJJ_2	<p>INTERVIEWER TO READ:</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>	
MJJ_2a	<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>-----</p> <p>OCCUPATIONAL TITLE, IF ANY</p>
MJJ_2b		<p>-----</p> <p>MAIN TASKS AND DUTIES</p>
MJJ_2c		<p>-----</p> <p>ISCO</p>
MJJ_3a	<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>-----</p> <p>MAIN ACTIVITY</p>
MJJ_3b		<p>-----</p> <p>GOODS OR SERVICES</p>
MJJ_3c		<p>-----</p> <p>ISIC</p>
MJJ_4	<p>Do you (NAME) work...?</p> <p>1=As an employee</p> <p>2=In your own business/farming activity</p> <p>3=Helping in a household business</p> <p>4=As an apprentice, intern</p> <p>5=Helping a household member who works for someone else</p>	<p>1 <input type="checkbox"/> → MJJ_8a</p> <p>2 <input type="checkbox"/> → MJJ_6</p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> → MJJ_8a</p> <p>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)

MJJ_5	Who usually makes the decisions about the running of the household business?		
	<i>READ</i>		
	You (NAME)	0 <input type="checkbox"/> 1 <input type="checkbox"/>	
	You (NAME) together with others	0 <input type="checkbox"/> 2 <input type="checkbox"/>	
	Other household member(s) only	0 <input type="checkbox"/> 3 <input type="checkbox"/>	→MJJ_8b
	Other person(s) only	0 <input type="checkbox"/> 4 <input type="checkbox"/>	→MJJ_8b
The following set of questions is for those self-identified as self-employed (self-identified in MJJ_4)			
MJJ_6	Does your (NAME's) business hire any paid employees on a regular basis?	YES 0 <input type="checkbox"/> 1 <input type="checkbox"/>	
		NO 0 <input type="checkbox"/> 2 <input type="checkbox"/>	
MJJ_7a	Can you (NAME) set the price of the products or services that you offer yourself?	YES 0 <input type="checkbox"/> 1 <input type="checkbox"/>	→MJJ_9a
		NO 0 <input type="checkbox"/> 2 <input type="checkbox"/>	
MJJ_7b	Why cannot you (NAME) set the price? Is it because?		
	<i>READ</i>		
	Another enterprise or agent sets the price	0 <input type="checkbox"/> 1 <input type="checkbox"/>	→MJJ_9a
	Prices are set by the customer(s) (a take it or leave it offer)	0 <input type="checkbox"/> 2 <input type="checkbox"/>	→MJJ_9a
	Government defines the price by law/regulation	0 <input type="checkbox"/> 3 <input type="checkbox"/>	→MJJ_9a
	Prices are negotiated with the customer	0 <input type="checkbox"/> 4 <input type="checkbox"/>	→MJJ_9a
	It's the going rate on the market	0 <input type="checkbox"/> 5 <input type="checkbox"/>	→MJJ_9a
	Other (specify): _____	0 <input type="checkbox"/> 6 <input type="checkbox"/>	→MJJ_9a
The following set of questions is for those identified as employees, apprentices, or those assisting household members (selfidentified in MJJ_4). Questions from MJJ_8d onwards are also addressed to contributing household workers.			
MJJ_8a	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"/>	
MJJ_8b	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

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

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

MJJ_8k	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"/>	
MJJ_8l	Does your (NAME's) employer pay contributions to a pension fund or a health insurance fund for you? <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"/>	
MJJ_8m	Do you (NAME) get paid annual leave?	YES	01	<input type="checkbox"/>	
		NO	02	<input type="checkbox"/>	
		DON'T KNOW	97	<input type="checkbox"/>	
MJJ_8n	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			
MJJ_9a	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"/>
MJJ_9b	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"/>
MJJ_9c	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="text"/>	
MJJ_10	Which year did you (NAME) begin working in this business or place?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YE AR
		9997 FOR DON'T KNOW →SJJ_1a	
MJJ_11	And which month?	JANUARY 01 <input type="text"/>	
		FEBRUARY 02 <input type="text"/>	
		MARCH 03 <input type="text"/>	
		APRIL 04 <input type="text"/>	
		MAY 05 <input type="text"/>	
		JUNE 06 <input type="text"/>	
		JULY 07 <input type="text"/>	
		AUGUST 08 <input type="text"/>	
		SEPTEMBER 09 <input type="text"/>	
		OCTOBER 10 <input type="text"/>	
		NOVEMBER 11 <input type="text"/>	
		DECEMBER 12 <input type="text"/>	
		DONT'KNOW 97 <input type="text"/>	
MJJ_12	How many hours do you (NAME) usually work per week in your main job?	
IF MJJ_1==2: I am now going to ask you some questions about your (NAME's) second job or business activity.			
SJJ_1a	In this second job, what kind of work do you (NAME) do? <i>Examples: Cattle farmer – breed, raise and sell cattle; Policeman – patrol the streets; Cook – plan and</i>	_____ OCCUPATIONAL TITLE, IF ANY	

SJJ_1b	prepare meals; Primary school teacher – teach children how to read and write.	----- MAIN TASKS AND DUTIES
SJJ_1c		----- ISCO
SJJ_2a	What is the main activity of the establishment or business where you (NAME) work? <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>	----- MAIN ACTIVITY
SJJ_2b		-----

13

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

17

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

	(Range from 1 to 7)	
SJJ_5c	How many weeks do you (NAME) usually work each month including the main job and secondary job? (Range from 1 to 4)
SJJ_5d	How many months do you (NAME) usually work each year including the main job and secondary job? (Range from 1 to 12)

SJJ_6	During the last four weeks, did you (NAME) look for additional or other paid work? 1=YES 2=NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
SJJ_7	Would you (NAME) want to work more hours per week than usually worked, provided the extra hours are paid? 1=YES 2=NO <p style="text-align: center;">Go to SJJ_10</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
SJJ_8	Could you (NAME) start working more hours within the next two weeks?	

SJJ_14	<p>What is the main reason why you (NAME) want to change your employment situation?</p> <p>1=PRESENT JOB(S) IS/ARE TEMPORARY 2=TO HAVE A 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=OTHER (SPECIFY):</p> <p>Go to End <input type="text"/></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
SJJ_10	<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? 2 = DAILY? 3 = WEEKLY? 4 = FORTNIGHTLY (EVERY TWO WEEKS)? 5 = MONTHLY? 6 = ANNUALLY? 7 = NO PAYMENT</p> <p><i>(This covers both the main activity and secondary activity)</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7→ SJJ_13
SJJ_11a	<p>Do you (NAME) usually receive any commissions?</p> <p>1 = YES 2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
SJJ_11b	<p>Do you (NAME) usually receive any tips?</p> <p>1 = YES 2 = NO</p>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
SJJ_12	<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"/> >=5k and <10k <input type="checkbox"/> >=10 and <20k <input type="checkbox"/> >=20k and <30k <input type="checkbox"/> >=30k and <50k <input type="checkbox"/> >=50k and <70k <input type="checkbox"/> >=70k and <100k <input type="checkbox"/> >=100k and <500k <input type="checkbox"/> >=500k <input type="checkbox"/>
SJJ_13	<p>Do you (NAME) want to change your current employment situation?</p> <p>1 = YES 2 = NO Go to End</p>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

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

SECTION F: UNEMPLOYMENT AND OUT OF LABOUR FORCE

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

UM_6	<p>Would you (NAME) have liked to work in a paid job or business last week?</p> <p>1=YES Go to UM_9</p> <p>2=NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
UM_7	<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</p> <p>2 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)</p> <p>3 = HEALTH REASONS</p> <p>4 = RETIRED OR TOO OLD FOR WORK</p> <p>5 = NO DESIRE TO WORK</p> <p>6 = TOO YOUNG TO WORK</p> <p>7 = PREGNANCY</p> <p>8 = DISABLED OR UNABLE TO WORK</p> <p>9 = FUTURE JOB ARRANGED 10 = OTHER</p> <p>(SPECIFY): <input type="text"/></p> <p>Go to UM_13</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
UM_8	<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</p> <p>2 = 3 MONTHS - LESS THAN 6 MONTHS</p> <p>3 = 6 MONTHS - LESS THAN 9 MONTHS</p> <p>4 = 9 MONTHS - LESS THAN 1 YEAR</p> <p>5 = 1 YEAR - LESS THAN 3 YEARS</p> <p>6 = 3 YEARS - 5 YEARS</p> <p>7 = MORE THAN 5 YEARS</p> <p>8 = DON T KNOW</p> <p>Go to UM_10a</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
UM_9	<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</p> <p>02 = WAITING TO BE RECALLED TO FORMER JOB</p> <p>03 = HEALTH REASONS</p> <p>04 = PREGNANCY</p> <p>05 = DISABLED OR UNABLE TO WORK (HANDICAPPED)</p> <p>06 = HOUSEWIFE/HOMEMAKER (FAMILY CONSIDERATIONS/CHILD CARE)</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06

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

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

Main language in which the interview was conducted:

End of survey