



International
Labour
Organization

ILO LFS add-on module on Volunteer Work (v1)

for PAPI and CAPI

July 2020

GENERAL CONVENTIONS

Conventions used in the ILO LFS add-on module

- Regular text: Indicates text to be read by the interviewer
- *Italics*: Indicates interviewer instructions or aids, not to be read out loud
- CAPS: INDICATES RESPONSE CATEGORIES AND FILTERS NOT TO BE READ OUT LOUD
- (Parenthesis): Indicates that a choice or a substitution must be made
- [Blue text]: Indicates questions that may be included/excluded as per national circumstances
- [Red text within square brackets]: Indicates text that must be adapted as per national circumstances
- **Bold text**: Indicates question numbers, section headings, skips, and other structural items

IDENTIFICATION OF VOLUNTEER WORKERS (VOL)				
FOR RESPONDENTS OF WORKING AGE (>=N)				
INTERVIEWER READ: The next questions are about work that people may do without expecting to receive payment or something else in return.				
VOL_1	In the last [4 weeks/30days] that is from [DATE] up to [DATE/yesterday] did you [volunteer/do voluntary work] or spend any time helping ...			
	<i>READ AND MARK ALL THAT APPLY</i>			
	Friends, neighbors, strangers? <i>help given to members of own family excluded</i>	a	<input type="checkbox"/>	
	Organizations, associations, clubs, institutions [(such as NGOs, religious organizations, sports clubs, schools, on-line groups, etc.)]? (The/Your) community?	b	<input type="checkbox"/>	
	Nature, wild/street animals [(such as dogs, cats, birds, fish, etc.)]? DID NOT PROVIDE UNPAID HELP	c	<input type="checkbox"/>	
		d	<input type="checkbox"/>	
		e	<input type="checkbox"/>	
<i>IF VOL_1=a,b,c,d CONTINUE WITH VOL_3, ELSE IF VOL_1=e CONTINUE WITH VOL_2a</i>				
INTERVIEWER READ: Besides providing unpaid help, people may do something to donate food or other products to people or to organizations, like charities, NGOs or [religious institutions].				
VOL_2a	In the last [4 weeks/30days] did you spend any time buying, collecting or distributing donated products or goods?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
VOL_2b	Did you spend any time preparing products or goods to be donated? <i>e.g. cooking, cleaning, arranging, packaging, fixing, ironing or something else</i>	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
<i>IF VOL_2a=1 OR VOL_2b=1 CONTINUE WITH VOL_3, ELSE CONTINUE WITH [VOL_5 OR END THE INTERVIEW]</i>				
VOL_3	What kind of help did you provide? Please name all activities that you can remember. <i>If the respondent hesitates, remind the YES answers offered in VOL_1, VOL_2a or VOL_2b</i> <i>Name of activities must contain description of tasks</i>			
VOL_3a	ACTIVITY 1	_____ <i>MAIN TASKS</i> ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
VOL_3b	ACTIVITY 2	_____ <i>MAIN TASKS</i> ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
VOL_3c	ACTIVITY 3	_____ <i>MAIN TASKS</i> ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
VOL_4	In total, during the last [4 weeks/30 days], did you spend more than one hour providing all the help you just named?	YES	01	<input type="checkbox"/> → CVA
		NO	02	<input type="checkbox"/> → END
VOL_5	Now, please think about the last 12 months that is from [DATE] last year up to [DATE] this year. Did you [volunteer/do voluntary work] or spend time providing unpaid help during this time?	YES	01	<input type="checkbox"/> → END
		NO	02	<input type="checkbox"/> → END

CHARACTERISTICS OF VOLUNTEERING ACTIVITIES (CVA)			
<i>FOR RESPONDENTS OF WORKING AGE (>=N), WHO REPORTED AT LEAST ONE ACTIVITY IN VOL_3 AND ANSWERED WITH YES TO VOL_4</i>			
<ul style="list-style-type: none"> • IF ONE ACTIVITY REPORTED IN VOL_3, THEN ASK THE NEXT QUESTIONS FOR THAT ACTIVITY • IF TWO ACTIVITIES REPORTED, THEN ASK THE NEXT QUESTIONS FOR EACH ACTIVITY • IF THREE ACTIVITIES REPORTED, THEN: <ul style="list-style-type: none"> - ESTABLISH WHAT ARE THE TWO ACTIVITIES, ON WHICH MOST OF THE TIME WAS SPENT IN THE LAST [4 WEEKS/30 DAYS] - ASK THE NEXT QUESTIONS FOR EACH OF THE TWO ACTIVITIES 			
INTERVIEWER READ:			
Now, I would like to ask you some questions about the help you provided in [ACTIVITY].			
CVA_1	Whom did you help in this activity?		
	FRIEND, NEIGHBOUR, STRANGER	01	<input type="checkbox"/>
	ORGANIZATION, ASSOCIATION, INSTITUTION, CLUB, BUSINESS	02	<input type="checkbox"/>
	COMMUNITY	03	<input type="checkbox"/>
	NATURE, STREET/WILD ANIMALS	04	<input type="checkbox"/>
	FAMILY MEMBER OR RELATIVE	05	<input type="checkbox"/>
			→ 2nd ACTIVITY OR END
CVA_2	How many hours did you spend in this activity in the [reference week/ last week/last 7 days]?	_____ HOURS ENTER "0" (ZERO) IF NO WORK IN [REFERENCE WEEK/ LAST WEEK/7 DAYS]	
		_____ MINUTES	
CVA_2b	How often did you do this activity in the last [4 weeks/30 days]?	Every day 01 <input type="checkbox"/> Every week (NOT EVERY DAY) 02 <input type="checkbox"/> Less often (NOT EVERY WEEK) 03 <input type="checkbox"/>	
CVA_3	And how many hours did you spend on [ACTIVITY] in total, in the last [4 weeks/30 days]?	_____ HOURS ENTER "999" IF CAN'T REMEMBER	
CVA_4	What is the main reason why you helped in this activity?		
	WANTED TO HELP (WAS AKED/OFFERED TO HELP)	01	<input type="checkbox"/>
	WANTED TO LEARN A PROFESSION/TRADE	02	<input type="checkbox"/>
	WANTED TO ACCUMULATE WORK EXPERIENCE	03	<input type="checkbox"/>
	REQUIRED TO COMPLETE [SCHOOL/UNIVERSITY/COLLEGE/COURSE]	04	<input type="checkbox"/>
	LEGAL/CONTRACTUAL OBLIGATION	05	<input type="checkbox"/>
	THREATENED INTO DOING IT	06	<input type="checkbox"/>
	SOCIAL/PEER PRESSURE	07	<input type="checkbox"/>
OTHER	08	<input type="checkbox"/>	
	(SPECIFY): _____		
CVA_5	Did you do it because someone promised to teach you a profession or to help you accumulate work experience in a profession?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
			→ 2nd ACTIVITY OR END
CVA_5b	Did you help because you have an agreement to receive in return help in your job or business?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
			→ 2nd ACTIVITY OR END

CVA_6	Who organized this activity?			
	RESPONDENT'S PLACE OF WORK	01 <input type="checkbox"/>		
	ANY OTHER ORGANIZATION ASSOCIATION, INSTITUTION, CLUB, BUSINESS	02 <input type="checkbox"/>	→ CVA_8	
	COMMUNITY	03 <input type="checkbox"/>	→ CVA_9	
	PERSON HELPED BY THE RESPONDENT	04 <input type="checkbox"/>	→ CVA_9	
	RESPONDENT HIMSELF/HERSELF	05 <input type="checkbox"/>	→ CVA_9	
	OTHER PERSON (SPECIFY): _____	06 <input type="checkbox"/>	→ CVA_9	
CVA_7	Did your employer pay you for the time spent in this activity, or gave you a bonus [e.g. additional paid leave or paid time off]?	YES	01 <input type="checkbox"/>	→ 2 nd ACTIVITY OR END
		NO	02 <input type="checkbox"/>	
CVA_8a	What is the name of the organization and what does it do?	_____ (NAME)		
CVA_8b		_____ MAIN ACTIVITY		
CVA_8c		ISIC CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CVA_9	Sometimes, people who help unpaid receive meals, small gifts or money to cover expenses like transport, food, accommodation. Did you receive anything in this activity?	YES	01 <input type="checkbox"/>	→ 2 nd ACTIVITY OR END
		NO	02 <input type="checkbox"/>	
CVA_10	What did you receive?			
	MARK ALL THAT APPLY			
	MONEY	a <input type="checkbox"/>		
	MEAL/FOOD	b <input type="checkbox"/>		
	ACCOMMODATION	c <input type="checkbox"/>		
	TRANSPORT	d <input type="checkbox"/>		
	OTHER (SPECIFY): _____	e <input type="checkbox"/>		
IF CVA_10=a CONTINUE WITH CVA_11, ELSE, EITHER RETURN TO CVA_1 AND ASK QUESTIONS ABOUT THE 2 nd ACTIVITY OR END THE INTERVIEW				
CVA_11	What amount of money did you receive?	_____ AMOUNT ENTER [9999] IF CAN'T REMEMBER OR REFUSES		